Counselor's Perceptions on
Enlisting the Involvement of a Client's Support Network:
A Multicultural Counseling Competency

By

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TABLE OF CONTENTS

ACKNOWLEDGEMENTS ..... **ii**

ABSTRACT ..... **viii**

CHAPTER I: INTRODUCTION **1**

Background of the Study 2

Statement of the Problem 2

Significance of the Study 3

Purpose of the Study 4

Research Design 4

Research Questions 4

Primary Questions 4

Secondary Questions 5

Theoretical and Conceptual Framework 5

Delimitations 6

Limitations 6

Assumptions 7

Definition of Terms 7

Organization of the Study 9

CHAPTER II: REVIEW OF THE LITERATURE **10**

Introduction 10

Topic Sections 10

Cultural Barriers in the Counseling Relationship 10

History of Multicultural Counseling Competence 12

Themes in Multicultural Counseling Competence 16

The Importance of Multicultural Counseling Competence 16

Characteristics, Features, Dimensions, and Parameters of MCC 16

Training and Supervision in Multicultural Counseling......................................17

Assessing Multicultural Counseling Competence 20

Consulting with a Client's Network of Support...23

Cultural Considerations in Consultation...24

Family Systems Approach 26

Family Systems Consultation 28

Consultation with Religious/Spiritual Leaders 30

Summary 34

CHAPTER III: RESEARCH METHODOLOGY...38

Background of the Study 38

Research Questions 38

Rationale 38

Setting of the Study 41

Data Sources 41

Data Collection Methods 44

Interviews 47

Data Analysis 48

Data Management Plan 50

Trustworthiness and Transferability 50

Summary 52

CHAPTER IV: RESULTS 56

Organization 56

Restatement of the Problem 56

Description of the Participants 57

Analysis of the Data 59

Issues and Barriers 59

Cultural Values and Language 59

Socio Economic Status Issues 64

Degrees of Difficulty Engaging 64

Theory and Techniques 69

Continuing Education 75

Level of Awareness 83

Summary 93

CHAPTER V: DISCUSSION 94

Summary 94

Implications for Theory and Practice 97

Figure 1: Axial Coding..99

Recommendations 100

Recommendation 1: Seek out Continuing Education for Multicultural Counseling Competencies 100

Recommendation 2: Develop Research Based Empirically Tested Techniques and Counseling Theory Practices 101

Recommendation 3: Develop a Resource of Counselors and Translators from

Other Cultures 103

Recommendation 4: Consider Counseling Pro Bono or Developing a Sliding Scale for Lower SES Clients 104

Recommendation 5: Educate Others Regarding the Involvement of a Client's Support Network 105

Unanticipated Conclusions and Implications 105

Further Inquiry..106

Summary...107

REFERENCES...108

APPENDICES...124

A-EMAIL SCRIPT ASKING FOR PARTICIPATION IN THE STUDY..........124

B-INFORMED CONSENT...125

C-DEMOGRAPHIC INFORMATION FORM...126

D-INTERVIEW PROTOCOL...127

ABSTRACT

The American Counseling Association's Code of Ethics (2014), states that Licensed Professional Counselors (LPCs) recognize that support networks hold various meanings in the lives of clients and consider enlisting their support. The purpose of this study was to assess how well LPCs understand relevant multicultural issues and how effectively they can encourage members of a client's social network to provide appropriate support. Researchers have shown that support networks are an integral part of a person's life and are essential for mental wellness. Social relationships are hypothesized to be helpful in two ways: indirectly, by buffering stress in difficult times; and directly, by providing assistance, emotional support, and a sense of belonging that can alleviate or buffer stress as well as improve satisfaction with life, whether or not stress is present (Caplan & Caplan, 2000; Dalgard & Tambs, 1997). Enlisting the involvement of a client's support network, while complex, becomes especially complicated when the counselor and the individuals with whom they consult come from different cultural backgrounds. The findings from this study indicate there are various barriers to consulting with a client's support network, such as language, socio economic status of the client, and the LPCs cultural awareness. The findings further indicated that while LPCs have developed the skills to consult and involve a client's support network in counseling, there is still a need for further training to enhance them.

Chapter I

INTRODUCTION

It is often said that we must walk a mile in someone's shoes before we can understand them; however, as a counselor it is not practical to do this so we must consider alternative methods to know our clients. One technique counselors often use to understand a client is the use of a genogram in which the counselor maps out a client's family and their relationships. Typically, a genogram documents a generation or two prior to the birth of a client and any subsequent generations represented by the client's children or grandchildren. The process of gathering information on a client to better understand them is done primarily from self-report methods, sometimes from the notes psychologists and caseworkers forward to the counselor. However, reports on clients are often in reference to a problem as defined by the professional. Research asserts that a client's network of support can be a viable source of information to understanding a client if the client desires their support network be consulted ACA (2014). This is in reference, particularly to counselors having the ability and skill to consult with clients of different ethnic and cultural backgrounds than that of the licensed professional counselor. The literature further states that a counselor must first be aware of their own beliefs and biases before they can understand those of their clients (Arredondo, 2004).

Most Counselor Education graduate programs utilize various methods to teach multicultural awareness in counseling. In 2005, the American Counseling Association included in its code of ethics, the requirement that counselors be aware of multicultural differences in their clients and be proficient at involving the client's "support network" in the therapy. Since this was a new addition to the code in 2005 that would infer that

therapists prior to 2005 were not under this requirement but now they are. This does not mean though, that counselors were unaware of the issues involved in multicultural differences, and the barriers that these differences can create. Further, in 2014, The ACA Code of Ethics reaffirmed this requirement.

After a thorough review of the literature, it is noted that there is not a sufficient amount of research on how to consult with a client's network of support. More specifically, the literature does not address family consultation in a multiculturally aware and sensitive manner. This is an area of opportunity to be addressed in this dissertation.

Background of the Study

As society continues to expand and transportation has become more available, families and their cultures have become more expansive over various towns, states, and even continents. It is not uncommon for a family in the 21st century to live on more than one continent and have several different family members from various races, cultures, and belief systems. It is within this paradigm that counselors practice their profession of helping clients and their families.

The profession of counseling can historically trace its roots as far back as the existence of people who kept records. Around 1004-971 B.C., King David of Israel had an uncle named Jonathan who was a counselor. This is referenced in the Judeo-Christian Bible "Also Jonathan David's uncle was a counselor, a wise man, and a scribe:" (1 Chronicles 27:32a, NASB). Thus indicating that more than three thousand years ago, the influence of counselors existed; Albeit, this role was probably different in scope from the role of the counselor today.

Statement of the Problem

An important subject in the ACA Code of Ethics (2014) is the emphasis on the need for counseling professionals to be proficient at addressing multicultural and diversity issues. Subsection "A.1.d. Support Network Involvement," was first introduced in the ACA Code of Ethics (2005). It states that:

> Counselors recognize that support networks hold various meanings in the lives of clients and consider enlisting the support, understanding and involvement of others (e.g., religious/spiritual/community leaders, family members, and friends) as positive resources, when appropriate, with client consent. (p.4)

The most current ACA code, 2014, reaffirms this client resource. Upon reviewing the literature, it was found that a wealth of research exists on spiritual/religious leaders consulting with counselors, and counselors consulting with spiritual/religious leaders, and their belief systems, however it did not often indicate how to apply this information attained to the actual counseling. Although it is required that Counsel for Accreditation of Counseling and Related Educational Programs (CACREP) accredited schools teach these competencies to counseling students, it is an area in which training for this competency is sometimes lacking. Further, this area is often lacking in the continuing education required for licensed professional counselors to maintain their licensure. Consequently, In view of this omission, further research is needed on how licensed professional counselors in the southwestern region of the United States view and maintain their self-awareness regarding multicultural issues and how to enlist a client’s support network.

Significance of the Study

The ACA Code of Ethics (2014), states that counselors need to be proficient at consulting with the client’s support network. For a counselor to help their client, they

need to understand the personal beliefs and values that motivate the client. The client is most often the most knowledgeable about who their support network consists of and may give the counselor permission to consult on such topics as their personal beliefs and values with their support network. To be effective, a counselor must be proficient at reaching out to this community. If this skill is lacking, a counselor may make assumptions that cause the client to feel misunderstood, and thus feel harmed. The ACA Code of Ethics (2014) states: "Counselors act to avoid harming their clients, trainees, and research participants and to minimize or to remedy unavoidable or unanticipated harm" (pp.4-5). It is significant in that counselors are required to be proficient at protecting their clients, and yet it is clear that counselors need to continue their education on this topic to reach this competency.

Purpose of the Study

The purpose of this study was to determine how licensed professional counselors enlist the involvement of a client's support network and how counselors view their multicultural counseling competence. This study is unique because it addresses a required multicultural competency of counselors that was not previously addressed prior to 2005, how to enlist the involvement of a client's support network. Consequently, this suggests that counselors prior to 2005 may not have developed the skill of enlisting the involvement of a client's support network. Accordingly a gap exists in the literature that this study seeks to address.

Research Design

Research Questions

Primary Question

What are the multicultural issues licensed professional counselors encounter when engaging a client's support network?

Secondary Questions

How do licensed professional counselors perceive their own multicultural awareness?

How do licensed professional counselors address multicultural barriers when engaging a client's support network?

Theoretical and Conceptual Framework

The following two theories were utilized throughout this study: family systems theory and grounded theory, (Bowlby-West, 1983; Charmaz, 2002). This study utilized grounded theory with an emphasis on Charmaz' research methods. One of the main purposes of grounded theory is to "demonstrate relations between conceptual categories and to specify the conditions under which theoretical relationships emerge, change, or are maintained" (Charmaz, 2002, p.675). Grounded theory entails developing increasingly abstract ideas about research pertaining to participant's meanings, actions, and words and seeks specific data to fill out, refine, and check the emerging conceptual categories (Charmaz, 2005). Charmaz, (2006) asserts that the credibility of a study is determined by the relevance, substance, scope, and depth of the data. Among the guidelines she proposes to ensure adequacy of data quality, Charmaz suggests gathering data that: captures a range of contexts, perspectives and timeframes. Charmaz further states that data can provide rich details in respect to the view and actions of participants; as well as looking beneath superficial layers of data and considering the value of data for the purpose of comparison and category development.

According to Corey (2007), if therapists are working with an individual from a cultural background that gives special value to including grandparents, aunts, and uncles in the treatment, it is easy to see that family approaches have a distinct advantage over individual therapy. Therefore family therapists have the opportunity to do some networking with members of the extended family.

Delimitations

The purpose of this study was to learn more about licensed professional counselor's in the southwestern region of the United States and their ability to enlist involvement of a client's support network, as well as the counselor's awareness of their multicultural competencies. Ten participants were selected for this study. Selection of participants was within the range of 9 to 11 individuals, keeping within the range of other similar studies on this subject. This study utilized purposive selection of participants who met the following criteria:

- Be a licensed professional counselor, in good standing with the LPC board, in the southwestern region of the United States.
- Held their Texas LPC license for at least one year.
- Self-identified as seeing clients from various multiple cultures, and work with their support network in conjunction with their client, for at least the last year.
- Either in private practice, working with a state agency, or a non-profit organization.

Limitations

There were several limitations in this research study that had an impact on the findings. First, the data collected were self-report perceptions by the participants

regarding their skills in counseling. Secondly, the questions being asked in this research, ask counselors to evaluate their awareness about their own biases. Thirdly, multicultural competencies are an ever growing body of knowledge and will always be changing as people change. As such, the ideas are not static but a practice of being sensitive to other cultures and having a willingness to be open to learn with each and every client. However, these limitations were addressed by purposefully selecting participants known by this interviewer to be open and honest about their shortcomings as well as their skills. The results indicate that these limitations were minimized.

Assumptions

The following are assumptions that were made in this study. First, it was assumed that counselors are not fully aware of all their biases and are constantly in a state of learning more about themselves to become better counselors. Secondly, it was assumed that counselors have at least a few clients from cultures other than their own. The results of the study indicate that these assumptions were accurate with these counselors.

Definition of Terms

- **Client's Support Network**: As defined by the ACA Code of Ethics (2014): People, defined by the client, who give them emotional, spiritual, and/or physical support in any way, or combination, that the client defines as helpful (e.g., religious/spiritual/community leaders, family members, friends).
- **Consultation**: A therapeutic process in which a counselor determines along with the client, who the client's support network is, and then with the client's approval, the counselor talks with a member or "consults" with a

person from the support network with the intention of enlisting their assistance to help the client in therapy (Ingraham, 2000). Often, the term "collaboration" is used interchangeably with "consultation," however, there is a difference, and in this research the two will be clearly differentiated.

- **Culture**: refers to various patterns of human interactions that involve the thoughts, communications, actions, the language, beliefs, and values, of racial, ethnic, religious, or social groups.
- **Licensed Professional Counselor**: A professional who has earned a master's degree or higher in counseling or a related field, and has met and secured a Texas state license to counsel. (Texas Department of State Health Services, 1999).
- **Multicultural Counseling Competency (MCC)**: Cultural competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations (Sodowsky, Taffe, Gutkin, & Wise, 1994).
- **Religion**: as defined by the Fetzer Institute (1999): specific behavioral, social, doctrinal, and denominational characteristics because it involves a system of worship and doctrine that is shared within a group.
- **Spirituality**: as defined by the Fetzer Institute (1999): is concerned with the transcendent, addressing ultimate questions about life's meaning, with the assumption that there is more to life than what we see or fully understand.

Organization of the Study

This dissertation consists of five chapters: The introduction, review of the literature, research methodology, results, and discussion.

Chapter II

REVIEW OF LITERATURE

Introduction

Using a multicultural counseling perspective, this literature review will focus on counselors and the process of engaging their clients, as well as their client's support network. Multicultural counseling competence (MCC) has emerged as one of the most important and widely discussed topics in the helping and human service professions (Ridley & Kleiner 1994). It is noted that multicultural counseling is rapidly becoming a "fourth force" in the counseling field and is complementary to the other three forces of psychodynamic, behavioral, and humanistic theories (Pedersen, 1991, p. 6). In 2005, the ACA included in their code of ethics, the following statement under section A.1.d.: Counselors recognize that support networks hold various meanings in the lives of clients and consider enlisting the support, understanding, and involvement of others (e.g., religious/spiritual/community leaders, family members, friends) as positive resources, when appropriate, with client consent (pp.4-5).

This was a new addition to the code in 2005, however not a new concept in the literature as outline in the rest of this review.

Topic Sections

Cultural Barriers in the Counseling Relationship

Prior to 2014 there were many pioneering therapists and researchers who addressed the multicultural issues even though it was not a required proficiency outlined in the ACA Code of Ethics until 2005. This does not mean however, that counselors were unaware of the issues involved in multicultural differences, and the barriers they can

create. Perhaps the greatest barrier in the relationship is the counselor's lack of understanding of the socio-psychological background of the client (Vontress, 1969). Another area of interest for researchers which was discovered early on, is the counselor's need for self-awareness regarding their own culture and biases. Three major focal points of these concerns are: (a) the awareness counselors have regarding their own biases and cultural values, (b) the worldview of a client and how the counselor interprets that, and (c) whether interventions are culturally appropriate (Sue et al., 1992). Helms further reports on this phenomenon by addressing white identity development:

> In order to develop a healthy White identity, defined in part as a nonracist identity, virtually every White person in the United States must overcome one or more of these aspects of racism. Additionally, he or she must accept his or her own Whiteness, the cultural implications of being White, and define a view of self as a racial being that does not depend on the perceived superiority of one racial group over another. (Helms, 1990, 1993, p. 49)

Counselors need to be aware of their own culture and biases as well as the history of biases that other counselors have exercised in the past that have created barriers when dealing with the religious community. Skepticism toward mental health professionals by both clergy and church members is often due to bad experiences with bias and ignorance on the part of these professionals (Schultz-Ross & Gutheil, 1997). Some of the doctrines of the church community for instance, are both foreign and strange to many American mental health professionals (Duckro et al., 1992). For example, vows of obedience, chastity, and poverty are very odd in a culture that highly values wealth, freedom, and sex. Church doctrine regarding divorce, homosexuality, abortion, contraception, and female

clergy are contrary to many American values (Bergin, 1991). Given these historical issues between clergy and the counseling profession, the counselor must be more aware that consulting with various religious and spiritual leaders can be a challenge. A challenge however, that the ACA code of ethics requires addressing in a competent manner without doing harm to the clients.

History of Multicultural Counseling Competence

"Multicultural counseling competence" is defined as a combination of counselors' attitudes/beliefs, knowledge, and skills regarding experiences of racial and ethnic minorities and cultural differences from White-Americans (Sodowsky, Taffe, Gutkin, & Wise, 1994; Sue & Sue, 1999; 2002). Sue and Sue (1999) concluded that six characteristics of culturally competent counselors exists, and that culturally competent counselors are aware of these dimensions: (a) is aware of the impact sociopolitical forces have on clients; (b) is aware that differences in social class, culture, and language can present barriers to counseling; (c) acknowledges the influence of worldviews, (d) is aware of the client's view of the counselor's expertness, trustworthiness, and how the lack of similarities influence the clients' receptiveness of the counselor; (e) is aware that skills and knowledge are needed for appropriate communication to fit different cultural groups; and (f) is aware of counselors' racial biases.

While the general development of counseling competencies is a broad subject with no exact point of beginning to reference, there are many historically important points of reference such as the Vail conference of 1973, which launched an important discussion regarding psychological practice and cultural diversity (Korman, 1974). The Vail conference historically is seen as a time that graduate training programs began to

include training in the area of MCC. It was further concluded that it was considered unethical for counselors to counsel culturally diverse persons if they are not competent in this area. A few years later, an article titled “Barriers to Effective Cross-Cultural Counseling” (Sue & Sue, 1977) contributed to the early discussion in multicultural competence (Ridley & Kleiner, 2003). In the article, Sue & Sue, assert that communication often breaks down due to the counselor’s inability to understand cultural messages from the client, and that the values of traditional counseling in the United States differ substantially from those of third world countries. Both awareness and knowledge competencies are two obviously essential prerequisites for developing adequate multicultural skills. These skills include three capacities: being able (a) to conduct culturally sensitive interviews and assessments (Cheung, Leong, & Ben-Porath, 2003; Dana, 1993); (b) to form accurate, unbiased conceptualizations (APA, 1993); and (c) to plan and implement unbiased, effective treatment plans (APA, 1993; 2003). Sue et al. (1992) introduced a landmark paper outlining three competencies-beliefs and attitudes, knowledge, and skills. These three competencies have served as a foundation for numerous research articles over the last several decades. Sue et al. (1992) issued a call to the profession to implement multicultural standards for the fields of counseling, psychology, and the academic setting. In the mid 1980s the American Association for Counseling and Development (AACD) began to implement these competencies into their standards. One seminal writing titled *Operationalization of the Multicultural Counseling Competencies,* was a follow up document which expanded on the first American Multicultural Counseling and Development (AMCD) competencies document, (Sue, Arredondo, & McDavis, 1992), while 31 of the statements remained the same in both

documents, the latter not only retained the original tenants, but also added rebuttals to some criticisms that had emerged in the four years between the two documents. The focus in both documents is on the counselor's interpersonal skills, regarding clinical practice, and less focus on training, assessment, research, and organizational development. It was within this framework that competencies for multicultural counseling began to emerge. Such areas of competence to be addressed were assessment of skills, training, and research. In the early 1990's assessment and measurement tools began to be developed and utilized both in research and academic settings. In 1999, Divisions 17 and 45 of the American Psychological Association (APA, 1999) also endorsed the guidelines for cultural competence, marking the association's commitment to culturally competent services and training. Constantine and Ladany (2001) made the following suggestions:

> There is a need for a broader conceptualization of the construct of multicultural competence so that counselors can fully understand how it can be achieved. They proposed that MCC consists of six dimensions or competencies: (a) self-awareness, (b) general multicultural knowledge, (c) multicultural counseling self-efficacy, (d) ability to understand unique client variables, (e) effective counseling alliance, and (f) multicultural counseling skills. The authors suggested that the level of a counselor's overall MCC can be determined by identifying what level has been achieved by the counselor in each dimension. (Constantine & Ladany, 2001, pp. 482-498).

The need for multiculturally aware counselors has become more evident as refugee populations have increased across North America in the last 2 decades. Families and individuals from different cultures often share experiences associated with relocating

from a home culture to a host culture and with marginalization in one or both, emphasizing the urgency for therapists to address the needs these experiences create Mock (1998). Mock, cites the United Nations High Commissioner for Refugees (1981) as stating that the 20th century has been called "the century of the uprooted" due to the immensity of migration and refugeeism during that period. A trend that does not appear to be slowing down (Camarota, 2001; U.S. Committee for Refugees, 2004). The development of cultural competence as ethical practice recently was highlighted when the American Psychological Association (APA, 2002) approved the *Guidelines for Multicultural Education and Training: Research and Practice for Psychologists*. As the field of school psychology began to expand with literature addressing multicultural issues, it had to make changes to its standards. For example, in 1992, NASP revised its ethical principles to include training in areas of bilingual assessment and interventions which became an integral part of the school psychologist's profession (Rogers, 2005).

In *Multicultural Counseling: Research on Perceptions of School Counselors,* the authors, Robinson and Bradley, found rural school counselors held lower self-awareness scores on the Multicultural Counseling Inventory (MCI) than in areas of knowledge and skills (2005). Robinson and Bradley suggested in their findings that many graduate training programs focus on knowledge and skills and techniques to use with other cultures, but do not emphasize personal awareness (Robinson & Bradley, 2005, pp. 30-35).

A recent phenomenon is learning by immersion. According to Tomlinson-Clark and Clark (2010), Immersion in a different culture heightens an individual's personal racial and cultural awareness (Tomlinson-Clarke & Clarke, 2010, p. 169). When graduate

students can be involved with other cultures through student exchange programs, immersion can be experienced. As the extant literature reveals, cultural immersion experiences by design enhance the counselor's level of multicultural competence (Hu, Andreatta, Liping, & Sijian, 2010).

Themes in Multicultural Counseling Competence

Multicultural Counseling Competency (MCC) typically is divided into five categories. These five categories are: (a) asserting the importance of MCC; (b) characteristics, features, dimensions, and parameters of MCC; (c) MCC training and supervision; (d) assessing MCC; and (e) specialized applications of MCC (Ridley & Kleiner, 2003). These various themes have been discussed at length throughout the study.

The Importance of Multicultural Counseling Competence

A review of the literature reveals a rich and extensive discussion of multicultural counseling competence. The need for training, supervision, and practice, are extensive issues that resound throughout the literature. Since Sue and colleagues' (1982) initial assertion, many psychologists have continued to assert the importance of MCC to the counseling profession.

Sue et al. (1992) suggests a philosophical change is needed in the approach to counseling to include community mindedness, inclusivity, justice, altruism, and concern for justice. To address this deficit in the profession, a rationale was outlined to include multicultural perspectives in counseling and education. The rationale for addressing these needs was attributed to the future increase in the non-white population of the United States. Silva-Netto (1994) insisted that the increasing awareness of cross-cultural

relationships in the field of counseling underscores the requirement for all counselors to develop a cross-cultural competence.

Imber-Black (1997) maintained that regardless of the role a professional plays, it is essential to have the attitudes and skills that facilitate effective cross-cultural interactions when working with children and families. Sodowsky et al. (1994) asserted that precisely because the field of counseling psychology has historically claimed to be inclusive, there is a serious need to expand the definition of counseling competencies so that professionals can provide appropriate services to individuals from all cultural backgrounds.

Allison, Crawford, Echemendia and Robinson (1996) concluded that current training in the provision of culturally appropriate psychological services to members of ethnic minorities is inadequate, and it is essential for the profession to continue to address this issue by promoting cultural competence in all psychologists. Holcomb-McCoy and Myers (1999) recognize the importance of preparing counselors to be multiculturally competent, as well, Ponterotto and Casas (1987) addressed the need for action in improving counselor training to meet the standards of MCC.

Characteristics, Features, Dimensions, and Parameters of Multicultural Counseling Competency

Sue and colleagues originally conceptualized MCC as having three components: beliefs and attitudes, knowledge, and skills (Sue et. al., 1982; Sue et. al., 1992). The first component, beliefs and attitudes, refers to how counselors think about racial and ethnic issues. These issues are typically viewed as biases and stereotypes that counselors must become aware of if they are to effectively develop a positive relationship with their

clients. Knowledge is the understanding counselors have of their own world view, their specific knowledge of cultural groups, and their understanding of sociopolitical influences on cross-cultural relationships. (Sue, et. al., 1982; Sue, et. al., 1992). According to Pope-Davis & Ding (1995), multicultural counseling is based on multiple factors.

> Multicultural counseling competencies are based on three primary factors: (a) an understanding of the different experiences that members of various cultural groups may have, (b) an understanding of the barriers that exist in communication as a result of cultural differences, and (c) a set of abilities that contributes to the cultural skills and proficiencies of a counselor. (Pope-Davis & Ding, 1995, pp. 287-311)

Sue (1998) defined cultural competence as “the belief that people should not only appreciate and recognize other cultural groups, but also be able to effectively work with them" (p. 441). Sue further asserts that possessing essential cultural skills and knowledge are key elements to achieving cultural competency and delivering effective interventions to clients of cultural groups different than their own. According to the counseling literature ethically appropriate practice is another area of concern addressed by the following authors:

- White racial identity development (Neville, Heppner, Thompson, Brooks, and Baker, 1996; Ottavi, Pope-Davis, & Ding, 1994; Richardson and Molinaro, 1996).
- Cultural empathy (Bekett, Dungee-Anderson, Cox, and Daly, 1997; Constantine, 2000; Ridley and Lingle, 1996).

- Avoidance of Eurocentric thinking (Ramsey, 1995).
- A concern for science and good practice (Castro, 1998; S. Sue, 1998)
- A commitment to establishing symmetrical relationships that empower the client within the counseling dynamic (Silva-Netto, 1994).

Training and Supervision in Multicultural Counseling

While counseling students, trainees, and interns are involved at various levels of training and supervision, trainees who have had client contact with individuals who differ from them culturally have reported an increase in their MCC as they progress in their training (Allison, Echemendia, Crawford & Robinson, 1996; Carlson, Brack, Laygo, Cohen & Kirkscey, 1998). Another training suggestion by Carlson, et al. (1998) is that students be exposed to multicultural experiences such as social events, speeches, and political rallies to help them understand the perspectives of other cultures. Students report that exposure to various multicultural events, such as racially and ethnically diverse speakers and panels contributed to their sense of multicultural counseling competence (Carlson et al. 1998; Neville et al., 1996). Other training opportunities suggested by Ottavi et. al. (1994) is for counselors to explore White racial identity development and how it affects their understanding of other cultures. For counselor training programs to incorporate MCC, they must have specific steps for implementing MCC standards throughout their curricula.

The Multicultural Competency Checklist offers a 22 item list to guide training programs in the development of multicultural competence (Ponterotto, Alexander, & Grieger, 1995). The checklist organizes each item into six major themes, including

minority representation, curriculum, counseling practice and supervision, research, student and faculty competency assessment, and physical environment.

It has been further pointed out that training programs should integrate throughout the curriculum the three primary competencies-attitudes/beliefs, knowledge, and skills-as well as, racial identity development and proficiency in multicultural terminology (Holcomb-McCoy, 2000; Holcomb-McCoy & Myers, 1999). In the area of supervision, it has been suggested that many supervisors are not adequately prepared or trained to work with counselor trainees, especially those who differ from them culturally (Ashby & Cheatham, 1996). In the last decade, several general guidelines and approaches have been suggested for supervisors, these guidelines recommend how they should relate to their supervisees to promote multiculturally competent supervision. Supervisors should be concerned not only with promoting their supervisee's level of MCC but also with addressing their own level of multicultural supervision competence (D'Andrea & Daniels, 1997).

Other guidelines for multicultural counseling supervision include developing an understanding of oneself as a cultural being, educating oneself about various cultural groups, allowing issues between the counselor and supervisor to surface in supervision, learning to use creative supervisory interventions to meet the needs of the counselor, and seeking out supervision and consultation about multicultural counseling supervision (Ashby & Cheatham, 1996).

Assessing Multicultural Counseling Competence

Following the expansion of the counseling profession in the 1990's, counselor aptitude became the focus of what researchers wanted to be able to measure, particularly

in the area of multicultural competence. Sue, (1992) asserts that assessment is a critical aspect within the field of counseling psychology used to measure knowledge, skills, and attitudes. Psychometric instruments such as Cross-Cultural Counseling Inventory-Revised, 1991; Multicultural Awareness-Knowledge-and Skills Survey, 1991; Multicultural Counseling Awareness-Scale-Form B, 1995; Multicultural Counseling Inventory, 2005; and the Multicultural Counseling Knowledge and Awareness Scale, 2002, have been implemented to continue the multicultural movement. It has been acknowledged within psychology that the United States society is becoming increasingly more diverse and members of the profession must be equipped to competently work with individuals and groups from different cultural backgrounds.

Being cognizant of the need for culturally competent counselors, assessment tools began to be developed by researchers. The following is a list of assessment tools that are some of the most widely used to assess multicultural competence. Sue and colleagues (Sue, Arredondo, & McDavis, 1992; Sue et al., 1992) report on the following measurement tools for Multicultural Counseling Competence:

- Cross-Cultural Counseling Inventory- Revised [CCCI-R] (LaFromboise, Coleman, & Hernandez, 1991)
- Multicultural Awareness-Knowledge-and Skills Survey [MAKSS] (D'Andrea, Daniels, & Heck, 1991)
- Multicultural Counseling Awareness-Scale-Form B [MCAS:B] (Ponterotto, Burkard, Rieger, Grieger, & Dubuisson, 1995)
- Multicultural Counseling Inventory [MCI] (Green at al., 2005; Sowdowsky, Taffe, Gutkin, & Wise, 1994)

- Multicultural Counseling Knowledge and Awareness Scale [MCKAS] (Ponterotto, Gretchen, Utsey, Rieger, and Austin, 2002)

CCCI-R

The Cross Cultural Counseling Inventory-Revised (CCCI-R) is a 20 item Likert-type instrument that is intended to assess a counselor's effectiveness with clients of various backgrounds. Developed by LaFromboise, Coleman, & Hernandez, (1991), the CCCI-R was the first instrument designed to test multicultural counseling competence in response to the Division 17 Report. The Education and Training Committee of Division 17 of APA identified the need to create cross-cultural counseling competencies for incorporation in training programs in 1980. Then, cross-cultural counseling was acknowledged as significant to training programs. The CCCI-R was based on areas of competence highlighted by the Division 17 position paper. Amendments were made to the measurement and recognized as CCCI-R, with reliability reported as internally consistent and content validity reported as well, with a Cronbach's alpa for the entire scale at .76 (Ponterotto, et. al., 1994).

MAKSS

The MAKSS is a 60-item self-report instrument. It consists of three subscales: 1. Knowledge, 2. Skill, 3. Awareness. Revisions have been made to this original measure in the MAKSS-Counselor Edition-Revised, MAKSS-CE-R and results are reported as adequate reliability with acceptable support for construct- and criterion-related validity of scale and subscales (Kim, Cartwright, Asay, & De'Andrea, 2003).

MCAS:B/MCKAS

The Multicultural Awareness Scale: B (MCAS:B), as well as the Multicultural Counseling Knowledge and Awareness Scale (MCKAS), are frequently used paper-and-pencil self-report measure of perceived multicultural counseling competency. Moderate convergent validity with the MCI is reported, however questionable criterion validity. A two factor model accounts for only 32 percent of variance, so reliability is not strong enough to recommend use for individual evaluative purposes (Ponterotto, Burkard, Rieger, Grieger, & Dubuisson, 1995)

MCI

The MCI is a 40-item measure that assesses competencies in four areas: (1) multicultural awareness; (2) multicultural relationships; (3) knowledge; (4) counseling skill. Good face and content validity is reported. A four factor model only accounts for 36 percent of variance, so the internal consistency and reliability are weak (Sowdowsky, Taffe, Gutkin, & Wise, 1994).

Consulting with a Client's Network of Support

Consultation for professional counselors typically involves acting on behalf of an identified client (or student) through interaction with another professional consultee or other stakeholder in the client's welfare (Brown, Pryzwansky, & Schulte, 2010; Kampwirth, 2006; Kurpius & Fuqua, 1993). However, defining the term "consultation" is as difficult as defining such terms as "counseling" and "psychotherapy." Further, widespread agreement does not exist (Gutkin & Curtis, 1999; Kurpias & Fuqua, 1993). That is, continued ambiguous use of this term makes quality research difficult (Zins, 2002). Often, the term "collaboration" is used interchangeably with "consultation," however, there is a difference.

Collaboration is a role in which the helper accepts responsibility for the mental health aspects of a case, including carrying out planned interventions and assuming joint responsibility for the case (Schulte & Osborne, 2003). For example, a community counselor may work with a client to develop parenting skills while consulting with the client's social worker from a state agency to monitor family interactions in the home to see how the client is progressing. In this case, the consultant is the social worker who is collaborating with the counselor.

As a consultant, or when consulting, there are various stages and roles. For the consultant, the first step is preparing for entry into a consultee organization or clarifying one's consultant role (Brown, Pryzwansky & Schulte, 2010). Such tasks as developing rapport with vested stakeholders (Kurpius & Fuqua, 1993) are going to be the next logical step after the initial consult. Engaging in collaborative problem solving (Lusky & Hayes, 2001), and evaluating the efficacy of interventions (Brown, 1993; Kampwirth, 2006) are all concepts used today in consultation models.

Cultural Considerations in Consultation

Granfield and Cloud (2001) noted that "though we live in a society that glorifies a meritocratic ideology of 'pulling oneself up by the bootstrap,' it is largely a cultural myth." (p.1566)

> Social relationships are hypothesized to be helpful in two ways: indirectly by buffering stress in difficult times, and directly, by providing assistance, emotional support and a sense of belonging that can alleviate or buffer stress as well as improve satisfaction with life, whether or not stress is present. (Caplan & Caplan, 2000, p. 8)

In essence, cultural considerations can affect consultation practice (Nastasi, 2006). As a community or school counselor, the counselor will counsel many clients from diverse cultures. According to Sue (1998), there is a rapid change taking place regarding the demographics of the United States. Those who were in the minority are rapidly becoming the majority. As of 2013, the state of Texas reported 38.4 percent of the population to be Hispanic, and 44% to be white, with 12.4% as black or African American, 4.3% Asian, and 1% as American Indian or Alaskan native (2013 U.S. Census Bureau).

Given the demographic changes over the last two decades, multicultural issues are to be expected in the process of consultation. Although consultation models tend to be deficient in the areas related to cultural diversity (Ingraham, 2000, 2003) and gender issues (Henning-Stout, 1994), there has been much discussion on the topic of multicultural consultation through such organizations as the American Psychological Association (APA) and the ACA. Multicultural competence is basic to effective consultation (Ortiz & Flanagan, 2002).

Corey et al. (2007) asserts that one of the major issues facing counselors is understanding the complex role that cultural diversity plays in their work. Sue (1998) makes note that cultural competency involves making hypotheses rather than premature judgments about culturally different people. Sue also notes that it is important to know when to generalize and when to individualize regarding culturally different people and having culturally specific expertise.

Pinto (1981) recommends identifying one’s own values as a key component of being a multiculturally aware counselor and has been endorsed in guidelines for

multicultural counselors (Arredondo et al., 1996). The question then becomes why an emphasis on values? Values, culturally specific or otherwise, provide the lenses through which people judge their own actions as well as the actions of others: they are standards (Rokeach, 1973).

The development of cultural empathy begins when a person develops an awareness of, and respect for, the values of people who are culturally different (Sue & Sue, 1990). Regarding cultural sensitivity on the part of the therapist, Brown, Parham, and Yonker (1996) suggest that participating in a course designed to foster racial identity may be one means individuals can use to increase their sensitivity to other cultural groups. Most important, the development of cultural empathy requires direct involvement with families from various cultural groups.

Family Systems Approach to Counseling and Consultation

Family Systems Theory is derived from *General Systems Theory*, a theoretical framework that groups various micro-level approaches known as "systems theories" (Whitchurch & Constantine, 1993). Murry Bowen was a major contributor to the theory of Family Systems. Bowen believed anxiety stimulated a person's emotional system leading to automatic and uncontrolled behavior. In families, anxiety is aroused by family struggles and pressures toward togetherness. Bowen believed the more togetherness there was with a decrease of autonomy, the more each individual is likely to experience *chronic anxiety,* which for Bowen represented the underlying basis for all symptoms. Bowen's eight concepts are as follows (Goldberg, *Family Therapy,* 1996, p 169):

- Differentiation of self
- Triangles

- Nuclear family emotional system
- Family projection process
- Emotional cutoff
- Multigenerational transmission process
- Sibling position
- Societal regression

Regarding a general overview of systems theories, it is generally accepted that persons are interrelated to one another and the environment. For example, Lerner (2002) suggests that how a parent relates to their child could equally be influenced by the child's behavior as well as the parent's behavior. This is what has been defined as "systems thinking" (Whitchurch & Constantine, 1993, p. 325). A key point of family systems theory is the idea of examining the relationships between the individual family members (Cox & Paley, 2003). Systems theories recognize living systems as "involving enormous complexities and properties that emerge from the complex organization of large numbers of parts" (Whitchurch & Constantine, 1993, p. 328). Therefore, systems must be understood as a whole and not only as separate entities. Systems theorists call this concept *holism* Whitchurch & Constantine (1993).

> An important concept in systems theory is the idea of *emergent properties.* This means that the behaviors in a system do not emerge from the component parts such as a child alone, or from the father or mother alone. Rather, they emerge from specific arrangements in the system and from the transactions among parts such as the couple, or the sibling groups. In addition, the idea of *interdependence* or *mutual influence* is central for a systems perspective. It suggests that behaviors

of the components of the system exhibit mutual influence, meaning that what happens with one component generally affects other components. (Whitchurch & Constantine, 1993, pp. 325)

Cox and Paley (2003) posit that family systems are characterized by three main characteristics derived from systems theory: wholeness and order, hierarchical structure, and adaptive self-organization. However, the counselor must take cultural and social status into consideration when attempting to understand how minority families view their interactions with their community and with their family members. Counselors must take into consideration such issues as racism, prejudice, discrimination, oppression and segregation to the development of minority children and families (García-Coll, Lamberty, Jenkins, McAdoo, Crnic, Wasik & Vazquez-García,1996).

Family Systems Consultation

Consultation with a client's support network will often involve talking to the client's extended family. Extended family influences refer to family members outside the nuclear family who exert influence on the family (Minuchin, 1974). In various cultures, extended family members may have more or less influence depending on the culture of the client. It is especially important to assess these influences when working with individuals from cultures that traditionally place a high value on the extended family such as African Americans, Chinese Americans, and Native Americans (Sue & Sue, 1999). With the client's permission to consult with the extended family members, an assessment may be made.

Consultation with family members can occur for several reasons; it is primarily utilized to help an identified client resolve an issue with their family system. When the

identified client is a child with educational or behavioral issues, there are multiple outcomes to be considered: The children's educational and personal functioning should improve, and family members should learn to cope with their children more effectively (Brown, Pryzwansky, & Schulte, 1995). Another common reason for consultation is in the area of multi-generational issues such as care for elderly family members. Family therapy can address such issues as elder abuse and neglect by assisting in the development of better communication among the caregivers.

> Fischer, Pidcock, & Fletcher-Stephens (2007) in parallel fields where family involvement is deemed useful, in areas such as substance abuse and adolescent behavior problems, family therapy helps families become aware of their own needs by facilitating the identification of elements that include family roles and locus of power and control. (pp. 27)

One system of family therapy that has evolved from integrative strategies is known as Multidimensional Family Therapy (MDFT). Liddle et al., (2006) reports that MDFT has been applied in a variety of geographic community-based settings targeting diverse populations. MDFT is a therapy of multiple subsystems that encompass the individual, family, and extra familial factors (Fischer et al., 2007). Family therapy could benefit from consultation with various family members when the identified client is an adolescent with drug abuse issues. Liddle et al. (2006) concluded, "The adolescent substance abuse and delinquency arenas, for example, illustrate how a comprehensive multisystem assessment is a critical first component of treatment with an initial focus on developing competencies toward treatment on the part of the individual" (pp. 102).

MDFT builds on changes and competencies developed by the individual to leverage progress in other subsystem components. To be successful in family consultation, consultants must establish working relationships with parents, identify the problems they are experiencing, help them identify acceptable solutions, and guide them in the process of implementing the solutions that have been identified (Fine, 1990; Sheridan, 1993). Pinto (1981) suggested that, to provide effective cross-cultural consultation, consultants must have a high level of awareness of their consulting paradigm and be able to adapt their consultation paradigm in ways that make it appropriate for their consultees.

Consultation with Religious/Spiritual leaders

Individuals have historically turned to faith in difficult as well as good times as a means of strength and support. Religious communities are an especially significant supportive infrastructure for those coping with social or health issues (Polson & Rogers, 2007). Individuals and families often seek help from clergy members (and church staff) in times of need (Polson & Rogers, 2007). There is a long-standing history of tension between religious and psychological approaches to both the science and practice of psychology (Jones, 1994; Koenig, 1997; Weaver et al., 1997). Furthermore, the APA Ethical Principles of Psychologists and Code of Conduct (APA, 2002, effective in 2003) has included religious orientation to the areas of diversity that should be understood and respected. The ACA Code of Ethics (2014) requires counselors to respect the client's request to consult with religious leaders when it may assist in the therapeutic process.

While both clergy and mental health professionals are in the helping field, there are distinct differences between the two professions. One distinguishing difference between the roles of community mental health professionals and clergy is how they deal

with mental and social problems. Mental health professionals provide treatment to alleviate pain and suffering with a focus on moving people through dysfunction to the highest form of functioning (Susman & Bruce, 2008). While both professions offer support, clergy will likely address an issue from a perspective of spiritual understanding while drawing a sense of purpose from the pain and a mental health professional often focuses on the intrinsic mental process.

The sharing of information between clergy and a mental health professional when a client consents, may allow clergy, familiar with a congregants family and history to consult with a mental health professional, who may advise counseling as an intervention for the individual or family. The complimentary process of collaboration between the two professions may enhance the client’s needs being met in a more holistic manner. Susman and Bruce (2008) highlighted that collaboration between community mental health professionals and clergy is an opportunity to improve care outcomes, however, they caution that collaboration by itself is not a panacea.

Pargment and Ano (2006) emphasized the important role played by faith, which provides hope, comfort, strength, a sense of control, and spiritual help when people are faced with illness. It is generally recognized that clergy have an important relationship with a large percentage of people that tends to cross generational lines, while the mental health professional has a relationship more generally based on crisis needs. When the two professions collaborate, there can be an improvement from a multi-dimensional perspective. Improvements in depressive symptoms, quality of life, satisfaction with medical care, and trust in the clinician–patient relationship can result from clinician–clergy collaboration (Pargment & Ano, 2006). Polson & Rogers (2007), stated:

> The counseling and referral practices prevalent in mainstream Protestant denominations in a Texas study of 51 churches revealed that clergy members refrained from making referrals for the following reasons: they did not feel qualified to deal with the problem, they had established friendships with the client or congregant, they were too busy to provide counseling, and the person needing counseling was not a church member. (pp. 72)

The authors further pointed out in this study, clergy members and church staff indicated an openness to continuing education concerning community mental health services on counseling techniques as well as when and how to initiate referrals. Farris (2006) reported on the benefits of a bidirectional referral system between mental health professionals and clergy members. In one study focusing on elder abuse and the collaborative process between clergy and mental health professionals, it was noted that the complexities of elder abuse and neglect require the collaborative efforts of diverse groups of community professionals (Teaster & Nerenburg, 2004).

Due to the difficulty in defining the elements and various meanings of faith, the scientific community has been slow to address this subject in research primarily because it is difficult to measure using quantitative methods. Cook (2004) surveyed 265 published works on the topics of spirituality and addiction and reported that "spirituality as understood within the addiction field is currently poorly defined" (p. 539). In the last two decades, there has been a large collective of empirical research that has helped define the roles religion and spirituality play in the lives of individuals.

One group that has helped much of the work in defining spiritual and religious terms in research has been the Fetzer Institute (1999). The institute concluded that the

term religious/ness, is best defined as a system of worship and doctrine that is shared within a group, and spirituality is concerned with the transcendent, addressing ultimate questions about life's meaning with the assumption that there is more to life than what we fully see or understand. These terms are defined in the “Definition of Terms” section, utilizing the Fetzer Institutes research findings on this subject.

While focusing on the topic of consultation with a client’s support network, it is important to make the distinction that clients may want the counselor to consult with their spiritual or religious leader for various reasons. Where one reason may be to clarify certain religious practices that are a point of contention between married couples of differing faith, there is the likelihood that a client may as well want their counselor to involve their spiritual or religious leader for the purpose of moral support or comfort in the therapy session. The distinction is made that a client can be spiritual or religious without being both, and the counselor should not make assumptions without clarification from the client.

The Fetzer Institute (1999) points out that while religions aim to foster and nourish the spiritual life-and spirituality is often a salient aspect of religious participation-it is possible to adopt the outward forms of religious worship and doctrine without having a strong relationship with the transcendent (p.2).

As counselors we must consider our client’s request for involvement by their spiritual or religious leader as important to the client’s health and well-being as well as a mandate of our code of ethics. The ACA Code of Ethics Preamble (2014) points out that one of the fundamental principles of professional ethical behavior is “beneficence” or working for the good of the individual and society by promoting mental health and well-

being. Empirical literature supports the notion that religion and spirituality are a strong component of health and quality of living.

In a review of more than 200 studies, positive relationships were documented with physical and functional status, reduced psychopathology, greater emotional well-being, and improved coping (Matthews, Larson & Berry, 1993; Matthews & Larson 1995). These researchers were able to demonstrate that religious and spiritual beliefs often play a positive role in adjustment and better health (Brady, Peterman, Fitchett, Mo & Cella, 1999; for review, Koenig, MuCullough, and Larson, 2001). Spirituality was a component included in the World Health Organizations Quality of Life (WHOQOL) instrument after focus groups worldwide referenced spirituality as an important element of their quality of life (The WHOQOL Group, 1995). The “will to meaning”–constructing meaning from life’s events-is an essential human characteristic which is a critical element of psychological well-being (Fetzer Institute, 1999; Ryff, 1989), and one that can lead to physical and mental discomfort if blocked or unfulfilled (Frankl, 1963).

Summary

Subsection "A.1.d. Support Network Involvement," ACA Code of Ethics (2014) states that "Counselors recognize that support networks hold various meanings in the lives of clients and consider enlisting the support, understanding and involvement of others (e.g., religious/ spiritual/community leaders, family members, and friends) as positive resources, when appropriate, with client consent” (p.4). While it is recognized by the ACA that counselors need to possess the skill set to consult with a client’s support network, the literature points out that there are barriers to this process. Perhaps the greatest barrier in the relationship is the counselor’s lack of understanding of the socio-

psychological background of the client (Vontress, 1969). Counselors and academians, realized early on that self-awareness regarding cultural issues was critical to being successful at counseling clients and began to work with researchers on this subject.

Another area of interest for researchers which was elucidated in the 1960s, is the counselors need for self-awareness regarding their own culture and biases. Three major focal points of these concerns are: counselor awareness of own cultural values and biases, counselor awareness of client's worldview, and culturally appropriate intervention strategies (Sue et al., 1992, p. 484). Both awareness and knowledge competencies are two obviously essential prerequisites to developing adequate multicultural skills. These skills include three capacities: being able (a) to conduct culturally sensitive interviews and assessments (Cheung, Leong, & Ben-Porath, 2003; Dana, 1993); (b) to form accurate, unbiased conceptualizations (APA, 1993); and (c) to plan and implement unbiased, effective treatment plans (APA, 1993; 2003).

In 2005 the ACA made it a part of the code of ethics for counselors to be multiculturally competent, and their mandate is continued in the latest ACA Code of 2014. Arredondo (2004) noted that MCC stands for ethical practice. Once the ACA code required MCC, increased research was initiated in MCCs and in the development as well as use of measurements and assessment tools.

In an article about *Multicultural Counseling: Research on Perceptions of School Counselors,* Robinson and Bradley (2005) found rural school counselors held lower self-awareness scores on the MCI than in areas of knowledge and skills. Robinson and Bradley (2005) suggested in their findings that many graduate training programs focus on knowledge, skills and techniques to use with other cultures, but do not emphasize

personal awareness. Other areas of interest for academians became better ways to enhance the MCC learning experience.

As the extant literature reveals, cultural immersion experiences by design enhance the counselor's level of multicultural competence (Hu, Andreatta, Liping, & Sijian, 2010). MCC became synonymous with extended family work due to the developing demographics of America. As quickly as the year 2016, 45% of students enrolled in public schools will be racial and ethnic minorities (U, S. Census, 2010). As of 2013, the state of Texas reported 38.4 percent of the population to be Hispanic, and 44% to be white, with 12.4% as black or African American, 4.3% Asian, and 1% as American Indian or Alaskan native (2013 U.S. Census Bureau).

Given the demographic changes over the last couple of decades, multicultural issues are to be expected in the process of consultation. Fischer, Pidcock, & Fletcher-Stephens (2007) posit:

> In parallel fields where family involvement is deemed useful, in areas such as substance abuse and adolescent behavior problems, family therapy helps families become aware of their own needs by facilitating the identification of elements that include family roles and locus of power and control. (pp. 41)

Another consideration for counselors was the need for counselors to recognize that families have differing views regarding spiritual issues, which is an area that the counselor is well advised to consult with a client's spiritual leader if the client so wishes and gives consent. Researchers point out that individuals and families often seek help from clergy members (and church staff) in times of need (Polson & Rogers, 2007). The APA Ethical Principles of Psychologists and Code of Conduct (2002) has included

religious orientation to the list of areas of diversity that should be understood and respected.

Susman & Bruce (2008) distinguished between the roles of community mental health professionals and clergy for dealing with health and social problems. Mental health clinicians provide professional treatment to alleviate pain and suffering and to move people through dysfunction to the highest form of functioning (Susman and Bruce, 2008). Clergy and religious communities offer support, continuity, and a sense of context throughout the treatment process, and therefore, they can be an asset to the counseling process when they are involved.

Issues of multicultural competence will forever be an expanding field of knowledge as long as people are differing in their views about family, politics, religion, and life in general. Given this cultural development, counselors will need to always seek to expand their knowledge with each and every new client.

Chapter III

RESEARCH METHODOLOGY

Background of the Study

The primary reason for this qualitative study was to investigate the phenomenological views of licensed professional counselor's regarding their ability to enlist the involvement of a client's support network. This research has focused more specifically, on how the awareness of the counselor's own culture and biases effect their ability to enlist the involvement of a client's support network, with this qualitative data adding to the literature and knowledge base (Newman, et al., 2003) to assist counselors in developing this skill set. This research has focused on the methodology of the research and has explained the setting, selection of the sample, data sources, data collection methods, interviews, data analysis, data management plan, trustworthiness and transferability of the study, and finally a summary of the proposal.

Research Questions

The primary research questions that have been addressed in this study are:

- What are the multicultural issues licensed professional counselors encounter when engaging a client's support network?
- How do licensed professional counselors perceive their own multicultural awareness?
- How do licensed professional counselors address multicultural barriers when engaging a client's support network?

Rationale of the Study

A qualitative research design was selected for this study due to the lack of

research pertaining to licensed professional counselor's awareness of their own culture and biases effect on their ability to enlist the involvement of a client's support network. Qualitative inquiry allows the researcher to investigate and more clearly understand the motives influencing people. When identities are internalized they become part of the self-concept, a concept that Turner (1976) defines as the relatively stable, coherent organization of characteristics, evaluations, and sentiments that a person hold about self (Charmaz, 1991; Gecas, 1982).

Having looked at the self-identities of counselors and how they interact when engaging their client's, as well as their client's support network, is critical to how effective the counselor will be in this endeavor. The motives that have been investigated are indicative of how a counselor has defined themselves and how they relate to or engage their clients. When counselors engage a client's support network, they will be utilizing a general systems theory, and most will be utilizing a family systems theory. Family system theory is derived from general systems theory, a theoretical framework that groups various micro-level approaches known as systems theories (Whitchurch & Constantine, 1993).

Berg (2009) posits that qualitative research "seeks answers to questions by examining various social settings and the individuals who inhabit these settings" (p. 8). Glesne (2011) concluded that the goal of research is "interpreting the social world from the perspectives of those who are actors in the social world, it follows that the research-methods include interacting with people in their social contexts and talking with them about their perceptions" (p. 8).

Based on Berg and Glesne's conclusions, this research will focus on a counselor's

cultural awareness and their perceptions regarding the context of when and how they engage their client's support network, as influenced by barriers that may exist. Grounded theory uses data collected to create a theory rather than trying to fit data into a theory. This is one of the main advantages of using the qualitative research method of grounded theory (Heppner & Heppner, 2004). The purpose of grounded theory is to "demonstrate relations between conceptual categories and to specify the conditions under which theoretical relationships emerge, change, or are maintained" (Charmaz, 2002, p. 675).

This study utilized grounded theory as the foundation for looking at the qualitative data. According to Strauss and Glaser (1967), grounded theory is based on the idea of "the discovery of theory from data—systematically obtained and analyzed in social research" (p. 1). The goal of grounded theory is to obtain as complete data as possible (Charmaz & Belgrave, 2012). Grounded theory utilizes both inductive and deductive reasoning when studying a phenomenon (Berg & Lune, 2012). However, after data collection and data analysis have taken place, interpretation by the researcher is necessary for understanding the participants being studied (Strauss & Corbin, 1994). Since grounded theory utilizes data to discover theory, grounded theory is ideal for circumstances in which no other theory is present. The intent for using grounded theory will be to search for themes and patterns to build a theory (Glesne, 2011). Some disadvantages of utilizing qualitative research includes the fact that it is not generalizable to populations as is a quantitative research design. Generalizability in qualitative research is a topic of debate (Chenail, 2010). In academic settings it is generally understood that quantitative research data has more generalizable utility as opposed to qualitative research data.

Setting of the Study

This study occured in the southwestern region of the United States. It utilized participants who were registered on the Texas LPC website as licensed professional counselors in good standing. The participants selected to participate in this study were selected because of their willingness to participate in the study. This study selected participants based on a combination of purposive sampling and convenience sampling. In order to conduct convenience sampling, the researcher must have availability of participants that are convenient for the researcher to reach (Glesne, 2011). Purposive sampling was employed in this study because the licensed professional counselors who participate need to meet certain criteria in order to represent counselors more accurately (Berg & Lune, 2012). These criteria are:

- Be a licensed professional counselor in the southwestern region of the United States, in good standing with the LPC board.
- Held their counseling license for at least one year.
- Self-identified as seeing clients from various cultures, and work with their support network in conjunction with their client.
- Either in private practice, working with a state agency, or a non-profit organization.

Data Sources

The population that was researched were licensed professional counselors, who were working in either private practice, a state funded counseling center, or a non-profit counseling center. These participants practice in a setting where they receive referrals from various agencies as well as, from advertising in public phonebooks or utilizing a

website. These participants are representative of other counselors in that they are motivated to work with most clients and want to be successful so their practice or work will continue to be self-sustaining. These participants not only work with individual clients, but, in addition, they have worked with the client's support network as well. It is from these counselors that the data sources were obtained. These data sources answered questions related to themes about clients and their support network as well as how the counselor sees the client's culture, the counselor's possible bias towards the client's support network, and how their culture might create barriers to effective counseling.

The weakness to this data source was that the participant's self-reported about a phenomenon that potentially looked unfavorable about the way they handle themselves and their clients. According to Taylor and Bogdan (1998), "you cannot assume that what a person says during an interview is what that person believes or will say or do in other situations" (p. 90). To address the issue mentioned above, the participants used in this research were chosen through purposive and selective sampling, identifying those counselors who have worked with various cultures successfully and are comfortable with the issues.

The counselors that were selected to participate in this study were selected because of their willingness to participate in this research. In addition, the study selected participants based on a combination of convenience sampling and purposive sampling. In order to conduct convenience sampling, the researcher must have availability of participants that are convenient for the researcher to reach (Glense, 2011).

The criteria for licensed professional counselors differs from state to state however, the ACA Code (2014), holds the same ethical standard for all counselors in each

state regarding the competency to enlist a client's support network. The number of licensed professional counselors that were selected to participate in this study were determined by the number of available volunteers, as well as by identifying comparable studies and the number of participants interviewed in those comparable studies.

Comparable studies were found that consider counselor's perceptions of such topics as addressing culture in counseling, interfaith marriage counseling, multicultural education, international students in marriage and family therapy programs, how marriage and family therapists make clinical judgments, and therapist influence in marriage and family therapy (Jumper-O'Neal, 1980; Mittal, 2002; Jankowski, 1998; Vaughn, 1999; Reyes, 2007; Chapman, 2011). In each of these studies, the researchers utilized various numbers of participants as follows: 9, 13, 10, 8, 3, and 23, counselors respectively. Taking the total number of participants in all of the studies and calculating the mean of 11 and median of 9.5, this produced a working range of 9 to 12 participants, of which, 10 were selected and interviewed. Saturation was achieved by interviewing 10 participants.

Given the relatively small size of the population within the region from which the participants were selected, the researcher was still able to select participants with which an appropriate relationship was maintained. This precaution was observed keeping within the guidelines of the ACA Code of Ethics (2014) which states in section G.1.a. "Conducting Research, counselors plan, design, conduct, and report research in a manner that is consistent with pertinent ethical principles, federal and state laws, host institutional regulations, and scientific standards governing research." It is further stated in section G.3.a. "non-professional relationships with research participants should be avoided"

(p.17). Given the following guidelines, participants were selected with which the researcher had only a professional relationship and thus avoided this ethical issue.

Data Collection Methods

The primary source of data for this study was collected from licensed professional counselors who had counseled with clients from various cultures and had involved the client's support network in the sessions. The researcher interviewed the counselors utilizing open-ended probing questions which gave them the latitude to explain their answers more in depth. "By asking questions and probing for meanings, interviewers encourage people to articulate things that they have not articulated before" (Taylor& Bogdan, 1998, p.98). The format was an in-depth, semi-standardized interview structure (Berg, 2009) that also allowed for probing questions when they were warranted. Semi-standardized interview structure allowed "flexibility by allowing interviewers both to ask a series of regularly structured questions, permitting comparisons across interviews, and to pursue areas spontaneously initiated by the interviewee" (Berg, 2009, p. 109). Within this context, the interviewer may adjust the level of language, make clarifications, and add probes throughout the interview (Berg & Lune, 2012).

The strength of this data collection method was that it gave a structure to the interview while still allowing for additional probing questions when the participant gave a broader answer that had potential for more information and data to be collected. Self report data was the weakness in the original design. This was addressed in two ways. first, was purposeful selection of participants who were known in the counseling community to be well experienced and credible. Second, credibility and trustworthiness were addressed

by member checking and third party review to verify accuracy. Once the same themes kept repeating themselves in the interviews saturation had been achieved.

The questions that were utilized in this research were drawn from the primary and secondary questions previously outlined in the research design section found on page 5. The questions are as follows:

1. What are the multicultural issues you encounter when engaging a client's network of support.
2. How do you perceive your own multicultural awareness?

   Possible follow-up questions:

   a. How do you perceive your multicultural attitude?

   b. How do you perceive your multicultural skills?

   c. How do you perceive your multicultural values?
3. Describe your continuing education regarding multicultural counseling competencies.
4. Describe any counseling theory you utilize when engaging a client's network of support?
5. Describe any special techniques you use to map out a client's support network?
6. Describe which part of a client's support network you tend to see more involved.
7. Which members of the client's network of support are most often requested to be involved by the client?
8. Which members of the client's network of support are easiest for you to engage?

9. Which members of the client's network of support are the most difficult for you to engage?
10. How do you address multicultural barriers when engaging a client's network of support?

    Possible follow up questions:

    a. What barriers come up most often?
    b. How do you attempt to resolve the issues?

All of the above questions were asked in the same sequence for each interview participant, and the researcher utilized the same wording to ensure consistency. Because the order of the questions is a salient part of the study, the questions were asked in a logical sequence so that they built on the previous questions and developed a fluid stream of thought in the participant. According to Berg and Lune (2012) "The questions will build upon each other in an order that allows participants to develop an insightful thought process."

Upon establishing the meeting time of the interview and getting settled in to the interview location, rapport was built with each interview participant by helping them feel comfortable with the process. Rapport is critical to gathering in-depth quality data from research participants because it promotes a lack of boundaries between the interviewer and the participant (Berg, 2009). With each participant, I reviewed the order in which we would proceed and let them know approximately how much time would be needed so they could plan accordingly. In addition to clarifying the process, I utilized appropriate body language and non-verbal cues so the interview participant felt more open to answer the questions in a comfortable and insightful manner. As the participant became more

comfortable with the questions, I delved deeper with probing questions based on the initial answer the participant provided in order to broaden the data and reach a rich saturation on the topic.

Since participants "may not remain interested during a long interview, and it will end in a withdrawal" (Berg & Lune, 2012, p. 128), I took into account the length of the interview based on the amount of time the participant had available, as well as their comfort level. The interviews were all conducted in 30-60 minutes, no participant requested more time.

Interviews

The first interview began with building rapport. As stated earlier on page 44, this was to establish a comfort level between the interviewer and the research participant helping the two establish comfortable boundaries. While rapport does not mean developing an over familiarity between the interviewer and the participant, rapport "is often a precursor to building trust" (Glesne, 2011, p. 141).

This first phase of the interview took between 10 to 15 minutes depending on each participant level of comfort. The remainder of the interview took between 15 and up to 45 minutes, depending on the participant's interest level and time constraints. This research utilized two methods of recording information in the interview. First, the interviewer utilized a tape recorder with participant consent, so that an accurate source of information was obtained from which to transcribe the interview, and the interviewer took hand written notes to track additional thoughts for possible follow-up questions. While conducting the interviews, Berg's (2009) ten commandments of interviewing was utilized. They include never beginning an interview cold, remembering your purpose,

presenting a natural front, demonstrating aware hearing, thinking about appearance, interviewing in a comfortable place, not being satisfied with monosyllabic answers, being respectful, practicing and being cordial, and showing appreciation (Berg, 2009).

During the initial meeting with each participant, I addressed confidentiality and explained how I would utilize a pseudonym, which the participant selected to self-identify. I reviewed the procedures with the participant and asked each participant to sign a consent form giving me permission to record and utilize the data collected in the interview. I reviewed the entire process with the participant and explained how I would record and transcribe the interview, further I hand delivered a copy of the interview for each participant to review for accuracy. During this initial phase of building rapport, I discussed the reason I chose this topic as well as gave the participant plenty of opportunity to share their own personal interests regarding why they chose to participate in the research study. Following the initial 10 to 15 minutes of building rapport, I then asked the actual interview questions.

Data Analysis

After collection of data in the interviews, I transcribed it onto a Microsoft Word document. Once all the interviews were transcribed, I hand delivered them to the participants for their review and revisions if there were any mistakes in the transcript. After making the needed corrections, I then utilized an open coding method to identify themes in the interview data. I also utilized memos and met with my committee members to review the information and prepare for the next phase. After reviewing the information the interview transcripts were analyzed utilizing computer based software to search for themes and patterns in the data.

Computer programs offer an ability to manage data with greater ease than handwritten transcriptions (Richards & Richards, 1987). After collection of all the data, I utilized NVivo 10, a qualitative research software program that analyzed the data and identify themes. I then delivered the initial themes to the interview participants, and my committee members to check for quality and continuity. Having the members check the quality increases “the credibility of the researcher’s interpretation of the participant’s perceptions” (Teddlie & Tashakkori, 2009, p. 213). I then began comparing the themes and began forming categories. The categories were then assigned various codes so that similar or repeated themes were more easily identified.

Grounded theory is a comparative method in which the researcher compares data with data to form categories and then compares the categories (Charmaz, 2002). This process of categorizing the data is described as blocking and labeling the text segments for ease of identifying a visual category by codes. The most important feature of analyzing qualitative data is to code the data correctly so it can be transferred into groups thus exposing a broader perspective (Creswell, 2009). Analysis of the data will follow the process of open coding, axial coding, selective coding, and microanalysis (Strauss & Corbin, 1990, 1998).

In each of these phases, the software, NVivo 10 was utilized, first with the open coding to separate the data into concepts. Axial coding is the next step in the process which allowed the data to be reassembled. The selective coding process allowed the data to be refined into categories and the central themes named. Then microanalysis was a combination of the two coding methods utilized to build initial categories. I then reviewed the categories and had the participants check the material for consistency and

accuracy, thus providing the research stronger validity and helped extend the research to the final process of defining the final themes. Upon completion of identifying all the themes I then wrote the results section.

Data Management Plan

Once I received approval from the institutional review board (IRB), I emailed requests to ten counselors I had purposefully selected. By mid December all ten of the counselors agreed to participate in the study and appointments were made. The reason this time was chosen was due to counselors typically having more time over the last half of December, due to the holiday season. By the end of December the interviews were complete. After completion of the data collection, analysis and writing of the study results began. Following a plan of data management the interviews were transcribed into a Microsoft Word document. The documents were then hand carried to each participant and reviewed for accuracy at which time they were returned and the data coding began. The documents were then reviewed line by line, using the software NVivo, to code the data. The coded data was then categorized into themes with the help of the committee.

Records will be maintained in a secure storage location, behind 2 locked doors as well as in a locked cabinet, for 2 years following the study. Records will be shredded after 2 years by a professional document shredding service.

Trustworthiness and Transferability

In terms of trustworthiness, rigor requires that any truth claim or knowledge claim be substantiated if they are to be considered trustworthy (Auerbach & Silverstein, 2003). Qualitative research is based on subjective, interpretive, and contextual data; whereas quantitative research attempts to control and/or exclude those elements (Auerbach &

Silverstein, 2003, Glaser & Strauss, 1967, Maxwell, 1992; Strauss & Corbin, 1998). Therefore, the rigor that is applied to quantitative research will not entirely be applicable to qualitative research.

In this research, concepts established by previous researchers that have developed over time and have become the standard for developing trustworthiness and transferability in qualitative research have been followed. Endeavoring to develop the trustworthiness and transferability of qualitative research, qualitative researchers have developed measurement concepts in line with the qualitative paradigm (Maxwell, 1992; Seale, 2003).

In terms of generalizability, this research has focused on counselors in the southwestern region of the United States, who work with families from diverse cultures. Maxwell (1992) developed five categories to judge the validity of qualitative research: descriptive validity, interpretive validity, theoretical validity, generalizability, and evaluative validity. Generalizability refers to the ability to apply the theory resulting from the study universally (Auerbach & Silverman; 2003, Maxwell, 1992), which Walsh (2003) puts under the heading of transferability.

For qualitative research, generalizability is problematic. Qualitative research is concerned with the concepts and idiosyncratic characteristics of a select group; therefore, the findings or theory may only be applicable to a similar group (Auerbach & Silverman, 2003; Maxwell, 1992; Strauss & Corbin, 1998). To maintain trustworthiness and transferability in this research, the findings have been reported as it applies to licensed professional counselors working with a client's support network in the southwestern region of the United States. A rigorous criteria has been adhered to for recording all

demographic information, as well as criteria set in earlier sections regarding qualifications for being involved in the research. With descriptive demographics closely recorded, this has clarified where transferability is possible.

Trustworthiness has been achieved through both prolonged engagement and persistent observation (Lincoln & Guba, 1985). The prolonged engagement started with the initial contact of each participant, as well as collection of the demographic data and then proceeded through the interview itself. There were several follow up interactions with the participants to verify the content and accuracy of the transcript. In addition, purposive sampling has been utilized to select a group of participants who most closely represent the demographics of licensed professional counselors in the southwestern region of the United States, who work with clients from various cultures. I have further suggested that more research be broadened to the entire state of Texas as well as the United States. Keeping in mind, if the research is expanded to cover too large a population, then the research design might be better suited to a quantitative research design since the research would be seeking generalizability instead of transferability.

Summary

The primary reason for this qualitative study was to investigate the phenomenological views of LPC's regarding their ability to enlist the involvement of a client's support network. More specifically, how the awareness of their own culture and biases have affected their ability to enlist the involvement of a client's support network. This study has occurred in the southwestern region of the United States, utilizing participants who are registered on the Texas LPC website as licensed professional counselors, in good standing, with at least one year of experience working with clients of

various cultures and practice enlisting involvement of the client's support network.

The primary research questions that will be addressed in this study are:

- What are the multicultural issues LPC's encounter when engaging a client's network of support?
- How do LPC's perceive their own multicultural awareness?
- How do LPC's address multicultural barriers when engaging a client's support network?

A qualitative research design was selected for this study due to the lack of research pertaining to licensed professional counselor's awareness of their own culture and biases effect on their ability to enlist the involvement of a client's support network. Qualitative inquiry allows the researcher to investigate and more clearly understand the motives influencing people. Berg (2009) posits that qualitative research "seeks answers to questions by examining various social settings and the individuals who inhabit these settings" (p. 8).

Glesne (2011) concluded that the goal of research is "interpreting the social world from the perspectives of those who are actors in the social world, it follows that the research-methods include interacting with people in their social contexts and talking with them about their perceptions" (p. 8). Grounded theory has been utilized to collect the data in interviews with the selected participants. The goal of grounded theory is to obtain as complete data as possible (Charmaz & Belgrave, 2012). Grounded theory utilizes both inductive and deductive reasoning when studying a phenomenon (Berg & Lune, 2012).

The participants selected for this research have not only worked with individual clients, but with the client's support network as well. It is from these participants that the

data sources have been obtained. These data sources have answered questions related to themes about clients and their support network. In addition, this study has ascertained how the participants see the client's culture, as well as possible bias toward the client's support network.

When counselors engage a client's support network, they will be utilizing a general systems theory, and most will be utilizing a family systems theory. Family system theory is derived from *general systems theory*, a theoretical framework that groups various micro-level approaches known as systems theories (Whitchurch & Constantine, 1993). The goal of grounded theory is to obtain as complete data as possible (Charmaz & Belgrave, 2012). Grounded theory utilizes both inductive and deductive reasoning when studying a phenomenon (Berg & Lune, 2012). The format utilized was an in-depth, semi-standardized interview structure (Berg, 2009) that has also allowed for probing questions when warranted.

The strength of this data collection method is that it gives a structure to the interview while still allowing for additional probing questions when the participant gives a broader answer that has potential for more information and data to be collected. The potential weakness to this data source was that the participants were self-reporting about a phenomenon that potentially could look unfavorable about the way they handle themselves and their clients. According to Taylor and Bogdan (1998), "you cannot assume that what a person says during an interview is what that person believes or will say or do in other situations" (p. 90). To address this issue, the participants used in this research were chosen through purposive and selective sampling identifying those counselors who have worked with various cultures successfully and are comfortable with

the issues.

The first interview began with building rapport. As stated earlier this established a comfort level between the interviewer and the research participant, helping the two establish comfortable boundaries. While rapport does not mean developing an over familiarity between the interviewer and the participant, rapport "is often a precursor to building trust" (Glense, 2011, p. 141). This first phase of the interview took between 10 to 15 minutes. The remainder of the interview took between 15 to 45 minutes depending on the participants interest level and time constraints.

Following the collection of all the data, I then entered the data into NVivo 10, a qualitative research software program that analyzed the data and identified themes. I then delivered the initial themes to the interview participants as well as to my committee members, to check for quality and continuity. Having the members check the quality increases "the credibility of the researcher's interpretation of the participant's perceptions" (Teddlie & Tashakkori, 2009, p. 213).

To maintain trustworthiness and transferability in my research, I have reported my findings as it applies to licensed professional counselors working with a client's support network in the southwestern region of the United States. I have adhered to a rigorous criteria for recording all demographic information, as well as criteria set in earlier sections regarding qualifications for being involved in the research. With descriptive demographics closely recorded this has clarified where transferability was possible. Trustworthiness has also been achieved through both prolonged engagement and persistent observation (Lincoln & Guba, 1985). In all instances I have followed the 2014 ACA Code of Ethics and adhered to the highest ethical principles.

Chapter IV

RESULTS

Organization

In this chapter the results from the study will be reported. This chapter is focused on the following subsections: Restatement of the problem, description of participants, analysis of the data which will describe the themes that emerged throughout the study, and a summary of the results.

Restatement of the Problem

Although counselors counsel with both individuals and their extended family, the skill of consulting with a client's support network continues to be an area that holds various meanings in the lives of clients (ACA, 2014). More succinctly, counselors develop this skill over time. Since 2005, the American Counseling Association (ACA) has made it a requirement for counselors to become proficient at this task. Previous to 2005 many researchers addressed this as a multicultural issue (Sue, 1992). Various cultures are noted for having differing views on such topics as religion, spiritual beliefs, family dynamics, and the roles they play in the life of a client. The ACA Code of Ethics (2014) states that these entities are to be considered positive resources, when appropriate, and engaged when the client consents.

Upon reviewing the literature, it was found that a wealth of research exists on spiritual/religious leaders consulting with counselors, and counselors consulting with spiritual/religious leaders and their belief systems; however the research seldom indicated how to implement this information attained to the actual counseling sessions. This is also an area that is void in the continuing education required for licensed professional

counselors to maintain their licensure. Consequently, in view of this omission, further research is needed on how licensed professional counselors in the southwest view and maintain their self-awareness regarding multicultural issues and how to enlist a client's support network. This study is designed to understand licensed professional counselors' perceptions on enlisting the involvement of a client's support network.

Description of Participants

The following is a list of demographic information for each of the 10 participants in this study. In order to maintain confidentiality and the participants' anonymity, the participants will be listed by the number in which they were interviewed.

1. The first participant is a Hispanic/Caucasian female. She is 41-45 years of age with a Masters degree in counseling. She has been counseling in private practice continually for three years. Her primary theory-base when conducting counseling is Multi-Modal.

2. The second participant is a Caucasian female. She is 31-35 years of age with a Masters degree in counseling. She has been counseling in private practice for three years, and previously she worked at a non-profit counseling center for two years, these experiences total five years in continuous practice. Her primary theory-base when conducting counseling is cognitive behavioral therapy (CBT).

3. The third participant is a Caucasian female. She is 46-50 years of age with a Masters degree in counseling. She has been counseling in private practice continuously for 11 years. Her primary theory-base when conducting counseling is CBT and family systems.

4. The fourth participant is a Caucasian female. She is 51-55 years of age with a Doctorate degree in counseling. She has been counseling in private practice continuously for 23 years. Her primary theory-base when conducting counseling is CBT.

5. The fifth participant is a Caucasian male. He is 51-55 years of age with a Masters degree in counseling. He has been counseling in private practice continuously for 21 years. His primary theory-base when conducting counseling is choice theory.

6. The sixth participant is an American Indian/Caucasian female. She is 51-55 years of age with a Masters degree in counseling. She has been counseling in private practice continuously for six years. Her primary theory-base when conducting counseling is CBT.

7. The seventh participant is a Hispanic male. He is 56-60 years of age with a Masters degree in counseling. He has been counseling in private practice continuously for 25 years. His primary theory-base when conducting counseling is family systems.

8. The eighth participant is a Caucasian female. She is 31-35 years of age with a Masters degree in counseling. She has been counseling in private practice continuously for seven years. Her primary theory-base when conducting counseling is Rational Emotive Behavioral Therapy (REBT).

9. The ninth participant is a Hispanic female. She is 41-45 years of age with a Masters degree in counseling. She has been counseling in private practice continuously for 12 years. Her primary theory-base when conducting counseling is person centered.

10. The tenth participant is a Caucasian female. She is 46-50 years of age with a Masters degree in counseling. She has been counseling in private practice continuously for 18 years. Her primary theory-base when conducting counseling is CBT.

Analysis of the Data

This section will provide information about the following themes that emerged from the interview questions with participants about engaging a client's support network: (1) issues and barriers, (2) degrees of difficulty when engaging, (3) theory and techniques, (4) continuing education, and (5) levels of awareness.

Issues and Barriers

A prominent theme that emerged from the interview questions with participants about support networks was issues and barriers in multicultural counseling. Perhaps the greatest barrier in the relationship is the counselor's lack of understanding of the socio-psychological background of the client (Vontress, 1969). Furthermore, issues were different among the various participants based on their own cultural awareness, and these issues often lead to various barriers. Three subthemes were identified under the main theme of Issues and Barriers, they were: (1) Cultural Values, (2) Language, and (3) Socio Economic Status. Cultural values and language generally came up together even though they were each handled with different strategies. Language was typically handled with securing a translator, while cultural values were addressed in a more complex manner.

Cultural Values and Language

Participant 3 made the following statement regarding general barriers:

> Well, depending on which culture it is, whether it's a family-inclusion type culture or more of an independent culture, they each have their own challenges. If it's family inclusive, meaning where extended family is invited into all decisions that are made and things of that nature, then you kind of need to find out who the primary person is that is considered, like,

> the patriarch or the matriarch of the family, and then you need to get vibes from them. And then as long as you have vibes from them, you have a tendency to do some -- have some success working with that family.

Participant 7 made the following statement regarding barriers, "Over involved grandparents, they tend to be enmeshed, not all of them, but those are the ones I have more trouble with." When asked to clarify what it meant to be enmeshed, Participant 7 went on to say "enmeshed, like too involved in every aspect of all the children's lives. Not allowing any autonomy, you know, healthy autonomy." When asked the follow up question, "How do you address this enmeshment?" Participant 7 stated, "I try to show the grandparent the benefits of authoritative parenting vs. authoritarian parenting; however, sometimes it's a cultural thing I just have to respect."

Participant 1 described one issue with clients by stating, "The first one that comes to mind is language." The issue of language came up with four participants, two of which stated that they spoke Spanish themselves.

Participant 4 described the communication barrier by stating:

> Sometimes just the communication barriers of, you know, establishing, I think, sometimes by the words we're using. Sometimes, you know, the religious barriers are often cultural issues that we have to settle on. What's going to be the basis of our communication here?

Participant 4 discussed religion and culture as a potential barrier to the counseling process and tied it back to communication. Participant 1 added to her comment about language by stating, "I would also say another issue would be an understanding or an appreciation for their cultural morals, mores, and values as they differ from my own."

Participant 5 explained a scenario in which language and cultural values created an issue in this statement:

> Particularly, one thing I've noticed, like, within the Hispanic culture is that even within our area you get, I guess what you say, some things with Hispanic culture that are sort of traditional, sort of old-world Mexico views. And then you have others who are Hispanic that are more westernized. There are those cultural differences. So a lot of times, particularly when I've worked with that population, I have to be real careful as I'm analyzing, you know, is this kind of an old-world culture where that patriarchal dominance is real prevalent? Because if it is, I may have a wife who is not going to say a lot. And if I'm encouraging her to be more assertive, that might not be acceptable in her culture.

These issues and barriers discussed by the counselors in the interviews were addressed in several manners. Participant 5 responded to the question about addressing barriers by stating:

> I've had cases where it's, say, language is a barrier. Okay? They're Spanish speaking and their English -- and my Spanish is bad enough and their English is bad enough that I don't feel like we're communicating. Then in that barrier, then I'm probably going to either elicit some help, which I have done in situations where I have someone who's fluent in that language. Or in a case where maybe it would be better if I even just refer them to someone who's more fluent, if it becomes clear that I don't feel

> like what we're trying to convey and what we're trying to exchange is working.

Participant 5 pointed out in the instance when language was a barrier, he would first attempt to acquire the services of a translator. If it was determined that a translator wasn't helping the situation, then the counselor indicated he would consider referring the client to another counselor. The issue of cultural values was brought up by Participant 10 as well, but the cultural difference was not only between the client and the counselor, but was a generational issue between the client and her mother. The client was living with a person of the opposite sex and the mother stated she was deeply bothered by this issue. The counselor who has a female daughter and stated she empathized with her client's mother, had to be cognizant not to side with the mother on this issue and attempt to remain neutral, focusing on her client's interest in this matter. The question of "How do you view your multicultural values?" was asked of each participant. This issue of seeing all clients as being of equal worth and valuing them, was addressed by Participant 2 in the following statement "My multicultural values. I believe my Christian heritage tells me to view all people as equal, so I don't see any one as any great difference from the other, they just have different practices."

Participant 4 was aware of some strong values she had regarding the structure of the family. However, she was aware that she had to separate her values from the various values her clients might have. Participant 6 explained her values in the following statement:

> Well, my values do influence me even if I'm not even aware of it. My own values that mom and dad should raise the kid and they should -- you know,

> mom should stay home. That just doesn't fly anymore. That's -- to me, that's like the perfect thing.

While appreciating and respecting the client's values, a counselor has to evaluate how those values effect the family system and interact with other member’s values that may differ from those of the client. In various cultures, extended family members may have more or less influence depending on the culture of the client. It is especially important to assess these influences when working with individuals from cultures that traditionally place a high value on the extended family as do African Americans, Chinese Americans, and Native Americans (Sue & Sue, 1999).

Participant 8 delved into detail about how this issue of respecting a client's values also interacts with respecting support members values as well. Participant 8 made the following observation:

> My multicultural values. I value others and give them respect when they differ from me. When there's a difference I don't understand I ask them to teach me about it and attempt to be open while evaluating what they are saying and how it affects their issues as well as how it affects the other people around them, or in their family.

Participant 9 made the observation that she is non-judgmental and open minded with clients, especially when they are from a culture with which she is familiar. The follow up question was then asked "How do you perceive your multicultural values when working with cultures you are not familiar with?" Participant 9 posited the following:

> I am generally open to work with new cultures, but I feel I need to do a little research first, though I don't always get that luxury, so sometimes I

> just have to ask the client if they are comfortable and be the best hostess so to speak, I can be and get to the issues without offending my client."

Socioeconomic Status Issues

Another subtheme that emerged, creating barriers in the counseling relationship was the socioeconomic status (SES) of the person the counselor was attempting to involve in counseling. Participant 4 made the following statement regarding SES, "Other issues are, you know, the level of income. You know, being able to get into their level of income and *not* put expectations on them that are just completely out of range financially." This issue came up often when attempting to engage the client's support network. The support person was often times a parent who was behind on child support payments or financially unable to pay for part of the counseling session. Participant 7 made the observation that a client's SES affected the therapy as follows:

> …the client's spouse may have to work over-time and isn't available, you know, to be involved in the counseling sessions all the time. They may not be able to afford to take the time off, in which case I try to get input over the phone.

In an effort to address the issue of a client's financial difficulties, Participant 4 stated, "When the client or their support network member cannot pay my fee, I generally offer a sliding scale that they can afford to help get them involved."

Degrees of Difficulty Engaging

A subtheme of varying degrees of difficulty engaging a client and their support network also emerged from the interviews. When the question was asked "Which member of the support network is easiest to engage?" it often overlapped with the

question "Which member of the client's support network was most often requested by the client to be involved?" Participant 2 stated, “In regards to children, we do see a lot more family involvement. And when there are children that are having academic issues, we can see quite a bit of teacher involvement when they're allowed to be involved." Participant 10 stated, "If the client requests that their friend be involved, then typically the friend was open and supportive when engaged in the counseling process." However, the question "Who is the most difficult support network member to involve in the counseling?" often overlapped with the question "Which member of the client's support network was most often requested by the client to be involved?" This issue was brought up by Participant 10 when she stated "When a wife asks that her partner be involved because he had an affair, then the partner is typically the hardest to involve in the therapy." Participants 2, 5 and 6 stated "Even though in-laws may be requested to be involved when they have partial custody of a client's child, they are defensive and hard to involve if they are part of the client's ex-partners’ family." Participant 2 stated specifically:

> The ex-partner who is behind on child support usually cannot afford the counseling and will say they just want to take me back to court, I don't want to talk with them. Typically the only way to get them involved is to let them know I'm neutral and have an ethical obligation to be fair to both parties. Also, if I explain that they only need to pay for half of the session they are more likely to become involved.

Participant 5 stated, "When a client requests co-parenting counseling to work with their ex-spouse, the ex-spouse is typically resistant when they are not financially responsible." The follow up question was asked "What does not financially responsible

usually mean?" Participant 5 further stated, "When they are behind on child support or not very involved with the child." Participant 5 went on to explain that to get the ex-spouse involved he would typically explain to the person that he was a neutral party, often court appointed and that their positive involvement would be noted in any reports.

While several participants mentioned spouses/partners as being resistant or hard to get involved in the counseling, Participant 9 stated:

> The support network person that is most requested to be involved is typically a partner, and my experience has been, you know, the easiest to engage is typically the wife when the husband has asked her to be involved in the counseling. Regardless of culture, I typically find that males are harder to get involved in the counseling when their wives request it, and I find that to be across most cultures.

In response to the follow up question asked of Participant 9 "How do you address this issue?" Participant 9 stated "I generally have to give support and empathy to the person I am attempting to engage so they are more comfortable opening up and talking."

Participant 1 stated, "The least involved support member is typically non-related family members, you know not from their side of the family but people who are married into the family." A follow up question was asked as follows "Can you explain why you think that is the case and how do you address it?" Participant 1 responded:

> I think it is typical when the counseling is to address a family split or division over an issue that splits down family lines, like divorce. In that case, people tend to support their direct family member. To address this, I try to get the two main decision makers in the counseling room together

> without the support network and get a unified front among the two adults, like in the case of divorce, the husband and wife, and then you know, get them to explain to their support network what they both jointly, have agreed upon.

Varying degrees of difficulty engaging a client's support network has generally fallen into two categories with the easiest being related to the client by family or being requested to be involved by the client. The most challenging to be involved in the counseling is either extended family not directly related to the client's family or a spouse/partner caught in an affair. Participant 3 made this general assessment with the following statement:

> If it's a child, it's the parents and grandparents and aunts and uncles. If it's an adult, it can be their spouse, their significant other, their pastor, maybe close friends. Usually, it's people that know them pretty well. I think, really, outside of family relationships, it's more of a church support group background.

Church support was mentioned by two participants in regard to involvement in counseling, through solicitation from the client's point of reference. In one instance with participant 4, church support was desirable, but not solicited. Participant 4 made the following statement:

> Grandparents. Speaking from looking at children, we often see the grandparents involved. Sometimes brothers, sisters, siblings are helpful in the adult realm. You know, I always evaluate the religious aspect, but I

> don't involve them a great deal. And I evaluate that from their perspective, how supportive that network is, but I'm not going to involve them.

Participant 4 continued by saying:

> I always evaluate the religious aspect, but I don't involve them a great deal. I have found that once a minister is involved they want to continue to check in on our progress and I have to draw a boundary to maintain the client's confidentiality. It's all good natured I'm sure but I feel like their checking up, you know kind of looking over my shoulder and second guessing the direction of the counseling.

This concern about involving a support network member, but having to limit their level of involvement was mentioned by Participant 7 as well, when asked, "Which members of the client’s support network are most often requested to be involved by the client?" Participant 7 made the following comment, "Their caseworker with court ordered clients which I tend to see a lot of. Their caseworkers are generally very helpful, if I limit their involvement. When it comes to hardest, I'd say over involved mother-in-laws." When asked about how they address the over involved members, Participant 7 said, "Listening very carefully to all parties involved so I don't make assumptions."

The issue of easiest and most difficult support network members to involve in counseling is varied among each participant. The involvement of spiritual/religious leaders is viewed differently by each participant. However, individuals have historically turned to faith in difficult as well as, good times as a means of strength and support. Religious communities are an especially significant supportive infrastructure for those coping with social or health issues (Polson & Rogers, 2007). Participant 8 found that

spiritual/religious leaders, of some clients, are easy to involve in the counseling process as indicated by her answer, "Pastors are typically easy to involve, when the client has been referred by them, and the client trusts them, and it is clear that the client wants their pastor involved."

Theory and Techniques

A theme emerged regarding theory and techniques from two questions: (1) Describe any counseling theory you utilize when engaging a client's support network? (2) Describe any special techniques you use to map out a client's support network. The techniques individuals used to map out or visualize a client's support network tended to align with their theory base in the case of family systems theorists primarily using a genogram. Eight of the ten participants utilized a genogram with the exception of Participants 8 and 9, who both used life history lines. Of the eight counselors who identified as using a genogram, four identified as being a family systems counselor, and the other four identified as cognitive behavioral and choice therapy counselors. In these cases, counselors who valued the input of family would map out the client’s support network.

According to Corey (2007):

> If therapists are working with an individual from a cultural background that gives special value to including grandparents, aunts, and uncles in the treatment, it is easy to see that family approaches have a distinct advantage over individual therapy. Therefore family therapists have the opportunity to do some networking with members of the extended family.

In the case of Participant 1, she self-reported to primarily be a family systems theorist, but she will adapt other theories when they are appropriate. Participant 1 made the following statements about genograms:

> I typically use a genogram with every client in the first session. And, uhm, it is a logical way to learn about the client's history, their current status, and the level of intimacy in the people around them. You know, kind of, who is involved, who is distant, and who is supportive as well as who is toxic. It also helps so I'm not constantly asking the client who they are referring to.

With Participant 2, she reported she was a family systems theorist, as well as a multi-modal counselor. Participant 2 explained:

> I start with the basic genogram and go through it to rule out who is not supportive. And then branch out from there to see where their friends are or where their alliances lie, whether that be in their church, their synagogue, their mosque, whether that be their teachers, whether that be social workers, workers, whatever that particular case is pertaining to, where they see people they can trust.

Participant 3 is also is a family systems theorist who uses a genogram in the initial session.

Participant 3 made the following observation:

> I never really thought about using a counseling theory when engaging. I usually think of it as reaching out and trying to bring them in. But I guess it would be a family systems approach that I would utilize. I typically use a genogram, at least for the immediate and extended family. And then if

> there are any other important people, they tend to mention those and I will write those down, especially if the person -- the client sees that as a part of their family or their network.

The follow up question was asked of Participant 3, "Do you use other counseling theories?" she responded:

> Yes, I utilize trauma-focused CBT(TFCBT), but I utilize it in conjunction with family systems, sort of like I use the Family Systems as a template to view the interrelationships, but I use the TFCBT to focus in on a particular event or issue.

Participant 4 utilized genograms primarily, but at times would use some other techniques to map out a client’s support network. Participant 4 made the following remarks about her theory and techniques:

> Family systems, yeah, family systems primarily, you know, it just fits when you want to see all the players on the field so to speak. I often have them draw it out for me. We do some genograms. But I really like to have them do it so it's the way they perceive it and envision it. I have used Styrofoam balls and toothpicks in the past.

The follow up question was asked, "When do you use Styrofoam balls and toothpicks?" Participant 4 responded, "I would use the Styrofoam and toothpicks with children since it is more spatial, and they tend to relate to that better than a linear sort of genogram."

Participant 5 described using a genogram but described his theory base as choice theory. Within the use of the genogram Participant 5 said he would ultimately give the choice to the client as to who was considered support network.

> Well, I'm pretty much a choice-oriented therapist, so I guess in that, you know, I would probably use that same kind of problem-solving model or, you know, that sort of technique in terms of, you know, who else might could help us with this, look to some of those things that might -- in terms of trying to help them sort of identify and learn what resources might be useful and helpful in engaging them in therapy or, at least, gaining information from them by using a genogram, those kind of things. The -- of course, I'm going to, you know, give them the choice."

Participant 6 stated that her theory base with which she looks at a client's network of support was REBT, Choice and CBT. Participant 6 stated the following about using the genogram.

> Well, I use the genogram on every client. And they seem to like that too because it puts it on -- you write it out where they can see it. And they're often pointing to -- now that, that step-dad had those kids. And so that helps me a lot. I keep it right there in their file.

Participant 7 utilized structured family therapy as their theory base and indicated they use a genogram with the following statement, "Well, I tend to use the genogram along with the client telling me about their history, you know an oral history of who is significant and who is involved on what level." Participant 7 went on to say that while they utilize structured family therapy when working with a family, they use the genogram

when they are working with just an individual as well. A follow-up, probing question was asked regarding the use of a genogram with an individual client as well as with families. Participant 7 stated, "I find that, uhmm, individual's issues typically involve another person, not always, but often enough to take the time to ask on the front end so I don't miss something important.

Participant 8 utilizes REBT. She made the following statement regarding how and when she uses a genogram "I tend to use REBT and identify which members of a family are blocking progress and confront that." While Participant 8 utilizes a genogram, her purpose was slightly different than any other therapist in this research, by using it to identify "blockage" as opposed to looking for a support network. The use of the genogram was still used ultimately for the purpose of getting the network of support to function better as indicated by Participant 8's response to the follow-up question, "Could you clarify how you use the genogram to map out a client's network of support?" Participant 8 clarified the question responding:

> I kind of make the assumption that the reason the client is in counseling is to identify where there is pathology. I think most people have a network of support that's working for them, just sometimes, uh, they have poor boundaries and allow someone or something to cause dysfunction in the system and they are not sure or clear why it's happening. So I'm looking for that toxic person in the genogram that is being abusive or a co-dependent relationship that the client is in denial about, and I need to confront that.

The subsequent question was asked "Do you have a particular theory you utilize when enlisting involvement from a client's support network?"

Participant 9 responded:

I am a person-centered therapist, you know, Carl Rogers, lots of unconditional positive regard especially in the initial stages when I'm attempting to build rapport with the client. I think that a client is only going to feel comfortable and open up if they feel like I care about them and I'm not judging them.

The following question asked was, "Do you use any special tools or techniques to map out a clients support network?" Participant 9 addressed this question by stating:

I listen to the client as they tell me about their relationships. I typically use a genogram and look for people who are supportive and that the client tells me they enjoy being around. If the client seems conflicted about a relationship and this is something, you know, that they bring to the therapy session, then we might begin talking about some assignments that involve talking with that person at home or in the therapy session, you know, whatever the client is comfortable with.

This approach of looking for relationships in the client's network of support is more in line with what most of the other participants described when telling how they utilized a genogram. However this was different than Participant 8 who was looking for "pathology" and confronting it.

Participant 10 stated that she uses CBT and adapts to other tools when needed. Participant 10 indicated she used a circle of support or mapping to discover a client's support network. When asked about it she stated:

> I like to use a genogram sometimes, and I use the circle of support when dealing with clients affiliated with Department of Family and Protective Services or Children’s Protective Services [CPS]. Some people call it mapping out strengths and areas of weakness. I first started using it back years ago when I worked for CPS and I liked the way it was used to identify positive influences in my client's life.

When asked a follow up question about the circle of support she described it by stating:

> You start by drawing a small circle which represents your client and then another circle a little larger that represents immediate family and those closest to the client the circles keep getting bigger and you add people who are both positive and areas of concern as well. Then you try to involve the positive people and address the negative influences by minimizing their level of influence.

Continuing Education

A prominent theme that emerged from the interview questions with participants about support networks was continuing education in multicultural counseling. The following statement is taken from the Texas State Board of Examiners of Professional Counselors website (2015):

> For the 2-year renewal cycle, the licensee will need to complete 24 hours of continuing education including the completion of the Texas

> Jurisprudence Exam. Out of the 24 hours, four hours will be required in ethics with one hour being the Jurisprudence exam.

While it is not a direct requirement from the licensing board, it is outlined in the ACA Code of Ethics (2014) that counselors maintain their skills with continuing education as it applies to diverse populations as stated:

> C.2.f. Continuing Education - Counselors recognize the need for continuing education to acquire and maintain a reasonable level of awareness of current scientific and professional information in their fields of activity. Counselors maintain their competence in the skills they use, are open to new procedures, and remain informed regarding best practices for working with diverse populations.

Given the two different agencies that govern counselors both require continuing education regarding diverse populations, the following question was asked of the participants in this research, "Describe your continuing education regarding multicultural counseling competencies."

> Participant 1: It's largely reactive depending on the clients that I see. But I also consider it ongoing once I identify a population that I am serving or will likely to continue to serve, and the internet would be my primary source.

When asked about her continuing education, Participant 2 responded:

> I don't think I've had any continuing education, well formally anyway. I do tend to consult with other therapists who have experience with a particular culture when I know they've worked with them.

A follow up question was asked of Participant 2, "Where do you think you might look for multicultural continuing education?" Participant 2 made the following observation "I would assume the larger counseling organizations, the American Association of Counselors. The conferences generally tend to have something in that area."

Participant 3 was asked to describe her continuing education regarding multicultural counseling competencies and she responded, "Well, I feel like I definitely need to take more of those to be more culturally aware. Most of what I know has come from graduate school or specific needs regarding counseling people from other cultures." The follow up question was asked of Participant 3, "You mentioned special needs regarding people from other cultures, where did you seek that continuing education?" Participant 3 responded, "I would either use the ACA library and read the latest literature on a given population or look on the internet for information about a potential client's culture." Participant 4 was asked about continuing education.

> I've done some online courses just for the CEU credits. Some of the specific, specialized training that we do often, you know, they offer a class in the multicultural aspects of it. And collaboration with colleagues is probably one of the best ways I continue with my education on this topic.

Participant 5 affirmed that he did seek continuing education and felt it was readily available through various media and seminars. When asked how he acquired his continuing education specifically as it applied to multicultural counseling, Participant 5 stated the following:

> Oh, like I said, we have a required training where I work at and we have to do it periodically. And then I also do a lot today of online issues. And I think that even makes it better in terms of the kind of education you can get, because you can get it from all across the country and different places where you're getting different perspectives.

Participant 6 states that she works primarily with court-mandated clients, but does get occasions to work with support networks when training chaperones to monitor her clients. The clients tend to need a trusted family member to supervise them, and that creates the opportunity to work with the support network. Participant 6 explained how she addresses her continuing education by saying:

> Well, I'll go to -- I'll keep doing CEUs, going to those Sex Offender Treatment Provider [SOTP] conferences every year, and the ACSI conference. The SOTP conference will typically offer some training regarding a particular culture if it is prevalent, and someone has tracked their research and published it. I'll go if it' something I work with a lot. Like for instance, they offered two trainings last year in 2014 involving inner city, at risk youth, and Hispanic adults as clients. I chose to attend the training on Hispanic adults because that is about 30 % of my client base. The training gave me some good insight and fresh perspective on my clients.

The follow up question was asked of Participant 6, "Prior to working with court-

mandated clients, was there a time that you worked with other populations? And I believe you had indicated that earlier, so did you seek other venues for your continuing education hours when you were an intern?" Participant 6 gave the following explanation:

> When I was an intern I attended the annual conferences at West Texas A & M University, the Waugh Conference, because it was like 12 CEUs in one setting. In graduate school I began attending the larger Texas Counselor Association conferences as well as the American Counseling Association conferences, and it was a chance to network as well as pick up more diverse training, you know, not just required training but stuff I was particularly interested in.

Participant 7, when asked about his continuing education practices regarding multicultural clients and issues he responded by stating:

> I typically attend 1 or 2 conferences a year to get the required stuff like the general stuff to keep abreast of what 's going on in the counseling realm. If I'm interested, or need particular hours in say like the jurisprudence stuff, I will look for it at the conferences and if it's not offered I'll get it on line.

The follow up question was asked "Do you ever specifically seek out continuing education training in multicultural areas?"

> Well, when I need it. I did have a hard time finding relevant trainings on working with the intellectually-handicapped population when I started working with this group some years back. I had to talk to a friend who was a director of a facility that provided rehab services to that population. She was able to give me lots of anecdotal information, but I couldn't find a lot

> of trainings on empirically researched information for this group of clients. There was a lot of stuff on behavioral, real concrete stuff about behavior modification, but not the deeper stuff I was looking. I was looking for information on lowering anxiety and addressing depression.

The follow up question was asked "How did you address this short coming in your continuing education?"

> Well, some OJT and asking the clients a lot of questions. But seriously, I just did a lot of search on the internet and found a few sites that specialized in services to the intellectually handicapped community and they offered some online training. I'm always looking.

Participant 8 describes her counseling theory as REBT. She states that there are a lot of continuing education opportunities for this theory, but she sees a trend that insurance companies are requiring more TFCBT in place of REBT. When asked the above question Participant 8 responded:

> Yeah, I go to the TCA conference and some local marriage and family counseling group meetings monthly. They typically have trainings on various topics put on by local therapists. I really seek out REBT trainings, it just resonates with me, but it's getting more difficult to locate in the last several years. I think ever since Ellis passed away it not being taught as much. I see most insurance companies going to TFCBT. I mean there is a lot of research on its effectiveness. I had to go to a three day training in San Antonio a couple of years ago to remain a provider for several insurance companies and keep my state contracts.

The next question asked was, "Do you feel your continuing education addresses your multicultural counseling skills?" Participant 8 responded, "I do, I get that more locally at the conferences offered here when we have open discussions at the trainings."

In the next interview Participant 9 describes herself as a Hispanic female with 12 years experience as a counselor in private practice. She reports that she speaks Spanish but it is not her primary language, so it can be a barrier to the counseling process at times. The following question was asked, "Could you describe your continuing education regarding your multicultural counseling competencies?"

> Internet and conferences, mostly local conferences but also the big ones once a year like ACA, and TCA. At the bigger conferences I like the trainings on working with other cultures, and I'm Hispanic so I find they typically offer several trainings that address that community. I guess that's not really another culture it's my culture, but I find even within my culture we have subcultures I have to watch I don't make assumptions about. For instance, Guatemala borders Mexico on the south, and I assume that we share language and culture, but I had to realize it was very different on many levels. And then add to that, me growing up in North America since I was 12 years old.

The follow up question was asked, "Do you feel like the conferences and internet meet your needs for continuing education regarding multicultural counseling skills?"

> Well, yes and no. I guess it does as far as technical information, but I find it more helpful to talk with someone within the client's support network

> who has some insight on the client's culture but also with my culture. That helps bridge the differences in culture. For instance, I had a client who was from a Guatemala who only spoke, you know she was from the mountains and spoke the native Indian language. Well the client's niece spoke Spanish and was the aunt's caretaker on some levels. The niece spoke Native Indian, primarily Spanish, and some English, so we were able to address issues easily as far as language goes and the niece was able to follow up with her aunt on detailed issues.

The last participant interviewed was Participant 10. She was asked the following question, "Could you describe your continuing education regarding multicultural counseling competencies?"

> I typically read books and attend conferences. I receive a lot of referrals from an agency that assists refugees, so I typically am given a translator from the same culture as the client. I'm pretty comfortable with a couple of the cultures I work with often, like Somalis and Hispanics. When I receive a referral to work with a client from a culture I don't often work with, I like to visit with the translator first to review some cultural awareness issues, you know, taboos, do's and don'ts of what topics to discuss. This can be challenging when I'm counseling another female client about a rape or domestic violence. I have found through trial and error, it is best to request a same-sex translator when possible. So, these topics are great to talk about at conferences so others can learn from these experiences.

The follow up question was asked "Are there any other arenas in which you seek continuing education for your multicultural competence?" Participant 10 said "Well, yeah when I have to renew my license I always seem to have to scramble to find the jurisprudence stuff on the internet, so internet, you know, googling, different topics."

Level of Awareness

A prominent theme that emerged from the interview questions with participants about working with a client's support network, was varying levels of awareness. This is consistent with what the literature says about awareness and multicultural counseling. The development of cultural empathy begins when a person develops an awareness of, and respect for, the values of people who are culturally different (Sue & Sue, 1999). Pinto (1981) recommends identifying one's own values as a key component of being a multiculturally aware counselor and has been endorsed in guidelines for multicultural counselors (Arredondo et al., 1996). The key question that was repeatedly asked of all the participants was "How do you perceive your own multicultural awareness?" Additionally there were three follow up questions. First, "How do you perceive your multicultural attitude?" Secondly, "How do you perceive your multicultural skills?" And thirdly, "How do you perceive your multicultural values?" The following responses were noted by the participants: Participant 1 responded to the question about general multicultural awareness by stating:

> How do I perceive it? I perceive mine as being open and cognizant of various dimensions of differences. I guess that's pretty general, well, I try not to make assumptions about others and ask a lot of questions. That's probably my safest strategy when I haven't done my homework and

> learned about someone's culture, I just don't make assumptions and ask. People don't typically get mad about lack of knowledge, they tend to get upset when we make assumptions. So I find I need to be aware of this issue to be successful with my clients.

The follow up question was asked, "How do you perceive your multicultural attitude, skills and values?"

> I think I'm pretty open to people of other cultures as far as my attitude goes. I think my skills as far as people skills go are pretty good, consistent, and effective. I think when it comes to values I have to watch closely and be aware of where I'm feeling like I don't agree with my client about how they handle something and it's a values issue. Uhm, like, in a patriarchal culture and the woman allows the husband to make all the decisions. A part of me wants to impose a western value system and work on assertiveness training. I did this one time and the whole family began to pull back. I spoke with the translator and even she said she thought I should talk to the wife a little more and get her view on this. Live and learn, I realized I needed to not make assumptions and be more aware of everyone's feelings.

Participant 2 stated the following regarding her multicultural awareness:

> I believe I'm pretty culturally aware. Probably, in this area, there tends to be fewer cultures present on a regular basis. I think so, I tend to get familiar with a few different cultures I work with pretty regular and I'm pretty aware of their values and culture. Like for instance I work a lot with

> lower SES white clients who are court-mandated, African Americans, and Hispanic families on a fairly regular basis. Those three cultures, a lot, so I'm pretty aware there. With other cultures I need to up my awareness and do some research prior to seeing them.

The follow up question was asked, "How do you perceive your multicultural attitude, skills and values?" Participant 2 responded:

> My attitude. I'm very open to any culture and their traditions, whatever benefits the client best is what they need to be working on. I think with my skills, there -- I have more experience dealing with multicultural women than men, so I'm more attuned to women's issues. My multicultural values, I believe my Christian heritage tells me to view all people as equal, so I don't see any one as any great difference from the other, they just have different practices.

Participant 3 was asked to talk about her multicultural awareness and made the following comments:

> I think it's pretty good. I know there are areas that I could improve upon. I look at it as a continual growth process. I guess I do become more aware as I work with various cultures since everyone generally just wants to be heard.

The follow up question was asked of Participant 3, "How do you perceive your multicultural attitude, skills, and values?" Participant 3 responded with the following observations:

> As far as openness to understanding other cultures, I think -- I feel like I'm relatively open. I'm sure that there are times that it would be more

> challenging than others. But I feel like my overall attitude is pretty good. Also, regarding my skills, I think they're adequate for right now. If I had a family that came from a different culture I wasn't accustomed to working with, I would feel very concerned about my skill level at that point, but I would then research and try to figure out how to become better. My multicultural values, I don't really know exactly what that means.

So a follow-up question for Participant 3 was, "Do you value one culture more than the other or certain elements of it?" Her response was:

> Okay. I see what you're saying. I think it would be more of a comfort level of the culture that I'm more accustomed to. I would be more comfortable with it. And I would be more apt to understand and embrace those values because I understand them and I know them. That's not to say that I couldn't understand and embrace other cultural values. I just don't know that I know enough of other values to be able to say, oh, yes, I can embrace them because I don't feel like I really know.

Participant 4 was asked, "How do you perceive your multicultural awareness?" She responded as follows:

> I think experientially I do pretty well. I have great resources. The internet helps and has really made that much, much easier to sometimes get an understanding of what might be the broader perspective, and then being able to address it from that point and then let them bring me to where they are with that.

The follow up questions were asked, "How do you perceive your multicultural attitude, skills and values?" Participant 4 followed up with this statement:

> I would say my attitude is pretty open, and regarding my multicultural skills, I would say they are continually developing depending on which tasks I'm working on. My values? I think maybe accepting is the best way I could -- I accept them for who they are.

Participant 5 was asked, "How do you perceive your own multicultural awareness?" Participant 5 responded with the following:

> Well, I mean, certainly, I have continued to educate myself through trainings, try to keep up with that. I mean, I feel like I have a pretty good grasp of -- just through that experience. And I think in some stuff I described it's sort of as I encounter people to try to evaluate, you know, how those issues may really be a factor and how I may deliver services, deliver therapy, even some of the recommendations I might make, the sources I might refer, I want to be cognizant and aware of that as I'm working with people.

Participant 5 was asked the following subsequent question, "How do you perceive your multicultural attitude, skills, and values?" Participant 5 made the following observations:

> I guess my attitude is that, you know, when it comes to sort of applying that unconditional positive regard, there's value in each and every person. There's value in each culture. There may be differences and there may be things, even some that I might not agree with, but it still makes it relevant

> and it still means -- in being sensitive to that. That if this is how a particular culture feels, say, about their religion, for example, you know, for me to be effective as a counselor, it doesn't matter whether I agree with that or not, but it matters that I'm aware of that and it matters that I'm respectful of that. Regarding my skills, I think I have pretty good skills. Like I said, you know, this has been something that was a part of my training all the way back when I went to graduate school, something that's continued. Even where I work now, we are required to do training on that because we're an ethnically and culturally diverse department and agency, so I feel like I'm pretty skilled in this as far as awareness. Regarding my values, I feel like it's true --it's important for me to be true to my values. And in this area where we live, I was raised in this area, so I feel like I'm pretty much small-town Texas country boy. Those are the values that I personally utilize. But, again, if I'm working with other people, what I have to be aware of is how those attitudes and values can be okay for me, but it's more important in that role that I'm going to respect what their values are, be more interested in understanding that, even though it might even be something that's totally opposite of what I believe. I can still be effective with that person if I have that awareness. And I don't allow my values or impose my values on them.

Participant 6 was asked, "How do you perceive your own multicultural awareness?"

> I think it's gotten much better since I started working with all these different kind of, you know, cultures out there. Not, you know, only in there, but in the -- when I was working with mental health mental retardation [MHMR], I had a lot of Hispanic kids and different cultures from my own. Different ideas about what's important, what they want. They kind of raise the kid within the family. Like, grandma would have her --have the kid for a while, then mom, and then dad. And it was a lot of back and forth for the kid, which isn't the way I thought it should be, but that didn't really matter. That's what worked for that family. So you just kind of figure out who's going to be the best person to deal with and talk to. Sometimes it would be dad, sometimes grandma coming in.

The follow up question was asked of Participant 6, "How do you view your multicultural attitude, skills, and values?"

> That's kind of tough. Multicultural attitude. I think I'm open. There are certain cultures that I'm more open to than others, because, you know, you just deal with certain kind of ideas that you think are better than others. And so I guess my attitude's pretty good, pretty open. Regarding my skills? They are progressing because I am trying to be open and realize that there's so many different ideas and values in different cultures, so I have to learn that and be open to it. Values, uh-huh. Well, it obviously does even if I'm not even aware of it. My own values that mom and dad should raise the kid, mom should stay home. That just doesn't fly anymore, and I think it's a cultural shift even in my own culture.

Participant 7 was asked the following question, "How do you perceive your own multicultural awareness?"

> Limited to the few cultures I work with, mostly Hispanic and Caucasians, some African Americans, and Somali refugees, but good with those cultures. I feel like I'm aware to the point of what would create a barrier or cause the client to feel uncomfortable.

The subsequent question was asked of Participant 7, "How do you perceive your multicultural attitude, skills, and values?"

> Well, multicultural attitude, I would say open to learn, and open in general. As far as my skills, great with the Hispanic and Caucasian cultures, I hate to admit it but I find the other cultures more challenging with the cultures I don't see as much. However, I value all persons of various cultures.

Participant 8 was asked, "How do you perceive your multicultural awareness?" She responded, "I think I'm pretty open and aware to receive clients in a non-judgmental way." When Participant 8 was asked, "How do you perceive your own multicultural attitude, skills, and values?" She responded:

> Well, I think like I previously said, regarding my attitude, I'm pretty open to work with clients in a non-judgmental way. My skills are pretty good with certain cultures that I work with on a regular basis, but with others probably lacking. My values, well mine are what they are but I try to keep those separate from others. I feel I respect others values and don't judge them unless their thought isn't a cultural issue, I mean like a thinking error, even then I probe the logic not attack it.

When Participant 9 was asked, "How do you perceive your own multicultural awareness?" Her response was:

> Pretty good with the cultures I work with. In fact, I would feel I was shorting my client if I typically didn't work with their culture and I knew another counselor who was well suited to work with this client. In other words, I would refer a client if I thought I couldn't help them, even though I'm open to work with new cultures if I'm really helping.

The follow up question was asked "How do you perceive your multicultural attitude, skills, and values?" Participant 9 responded with the following observations:

> My attitude is pretty open to work with most people. If I didn't feel I could work with a client it wouldn't be about culture it would be more about the type of therapy techniques needed or what the issues are. For instance, I am really not good at working with older married couples who are conflicted. It has nothing to do with culture. I love working with children, any child, any culture. As for my skills I feel I'm pretty good at building rapport with anyone, I love people and talking to them. I feel like I'm very patient waiting for the client to feel comfortable but also knowing when to lead into an issue when it's being overlooked. I feel like my values are congruent. I live by the idea of treating others as I would want to be treated. I also understand that people have different values so respect is key where there are differing values, I would want that respect.

Participant 10 was asked the following question, "How do you perceive your own multicultural awareness?" She responded as follows:

> It has become refined or honed with experience. I feel I am acutely aware of certain conversations that will lead into the wrong conversation if the timing is not right. As well, I think I have become very observant of my client's body language and tone of voice to know when they are comfortable or not. I think some of that transcends culture. Well, I take that back, I did have a client who was Asian and they were very stoic, not really comfortable with any light hearted joking to try to normalize an issue. However, I did pick it up very quickly and adjust my demeanor.

The follow up question was asked, "How do you perceive your multicultural attitude, skills, and values?" Participant 10 stated the following:

> I think my attitude is open to work with anyone. Even when I feel I will be challenged I still think to myself this is a challenge to see if I can win this person over. When the challenge involves another culture the worry is typically about my wondering if they will be comfortable with me, not if I am comfortable with them.

When asked, "How do you perceive your multicultural attitude, skills, and values?" Participant 10 answered with the following observations:

> I feel I have a good attitude. Sometimes I think I better check myself, I think I still get upset with stubborn teenage clients. However, I try to remind myself if I'm working harder than my client and getting frustrated I'm not helping them. As far as my skills, I think I have pretty good skills as far as working with children and their parents. I also do pretty well working with young females about such issues as self esteem, body image

> issues, self injury. And my values, well, everyone values things a little different. My clients are not any different in that sense so, I just accept their different values just like someone says they like grape and I like chocolate, different but both good.

Summary

The results of the research offered insight into the perceptions of Licensed Professional Counselors regarding their ability to enlist the involvement of a client's support network. This chapter displayed details and themes from the individual interviews with each of the Licensed Professional Counselors. Further, the researcher incorporated into the themes his thoughts after the interviews were transcribed. Pertaining to the research questions of this study, the results identified several themes including: (1) issues and barriers, (2) cultural values and language, (3) socio economic status issues, (4) degrees of difficulty engaging, (5) theory and techniques, (6) continuing education, and (7) level of awareness. The results of this study reveal that Licensed Professional Counselors need continuing education to develop their ability to enlist the involvement of a client's support network. A discussion of the findings, conclusions, implications, and future research will be presented in the next chapter.

Chapter V

DISCUSSION

In this chapter, the results of the research are summarized. Additionally, themes from the research questions are discussed. This chapter also includes a discussion of implications for theory and practice including four recommendations for practice. Finally, several opportunities for future research are presented.

Summary

This study was conducted to ascertain the perceptions of Licensed Professional Counselors (LPCs) enlisting the involvement of a client's support network. As a result of the literature review, the following research questions emerged: (1) What are the multicultural issues licensed professional counselors encounter when engaging a client's support network? (2) How do licensed professional counselors perceive their own multicultural awareness? (3) How do licensed professional counselors address multicultural barriers when engaging a client's support network?

In order to answer the research questions, the participants were 10 volunteers: Licensed Professional Counselors who had been fully licensed as LPCs in the state of Texas for a minimum of one year and had not received any complaints against their license. The participants were eight females and two males, ranging in age from 31 to 60 years. Six of the participants were of European descent, three were of Hispanic, and one was Native American. In terms of education, there were nine participants with Masters degrees and one participant with a doctorate degree. Their experience as LPCs ranged from 3.5 to 25 years. All of the participants reside in the southwest region of the United States. Ten out of 10 respondents were found to be multiculturally competent by this

researcher when comparing their responses to the ACA Code and the multicultural literature reviewed and listed in this study. Stating that they are competent does not imply that they know everything about multiculturalism, but that they are working within their level of competence and open to learn when needed.

The five major themes that emerged from the research questions concerning LPCs perceptions on enlisting the involvement of a client's support network are (1) issues and barriers in multicultural counseling competence, (2) degrees of difficulty engaging, (3) theory and techniques, (4) continuing education, and (5) level of awareness.

The first theme identified issues and barriers the participants encountered when enlisting the involvement of a client's support network. Four out of ten respondents identified the language difference between the client and themselves as a barrier. Another issue identified by three out of ten respondents creating a barrier was the client's ability to pay for services to involve their support network.

The second theme to emerge involved degrees of difficulty counselors encounter when attempting to involve the client's support network in the counseling process. Participants identified degrees of difficulty with various issues. Four out of ten respondents identified availability and willingness of family members to be involved in the counseling as an issue. Three out of ten respondents pointed out the easiest to engage were those the client requested to be involved, while one out of ten stated those clients who were court mandated were the most difficult to involve. Five out of ten respondents who work with children, reported that involvement of parents who are primary care givers were typically easy to involve. Other issues reported by two out of ten respondents, that created resistance to involvement were support network members who were behind

on child support or when an extramarital affair was the issue. The third theme to emerge was the counseling theory or types of techniques the participant used in counseling. To effectively engage the support network of the client, participants identified the technique of using a genogram and various theory bases. The technique of using a genogram was identified by eight out of ten respondents as the technique of choice for identifying the support network. The clinical interview was identified as both a primary and secondary source for gathering information on a client's support network by three out of ten respondents. Additionally, a timeline, circle of support diagram, and Styrofoam ball mobile, each utilized by one out of ten different respondents, were used to identify a client's support network.

Cognitive behavioral therapy was chosen by four out of ten respondents as the theory base of choice; family systems theory was chosen by two out of ten respondents; multimodal therapy by one out of ten respondents; choice theory by one out of ten respondents; rational emotive behavioral therapy by one out of ten respondents; and person centered therapy by one out of ten respondents. This indicated a trend in techniques and theories that are useful in identifying and involving the support network in the client's counseling. This information can be useful in identifying themes for continuing education.

The fourth theme identified was continuing education. Ten out of ten respondents, identified the internet as the main source of information for continuing their education in the area of multicultural awareness. Conferences were mentioned by five out of ten respondents. In-service training, books, graduate school, and peer consultation were each mentioned one time by four out of ten respondents. The fifth theme encompassed levels

of awareness. Ten out of ten respondents identified situations where their awareness was raised and in some situations awareness was hard to gauge. One theme in which 6 out of 10 respondents said their level of awareness was challenged was when the client's primary language was different from theirs. In this situation, respondents indicated the use of a translator typically worked or indicated the need for a referral. Three out of ten respondents indicated that their awareness was challenged when there was poor network support for the client. Financial difficulty was indicated as a driving issue to poor network involvement in the client's counseling. Nine out of ten respondents indicated that their awareness was raised when they were working with a culture similar to theirs.

These themes were the result of the individual interviews. This research provides a unique contribution regarding counselors' perceptions on enlisting the involvement of a client's support network. Subsequently, counselors might use this information to guide them with their counseling work with support networks. Further, this knowledge may affect counselors with such decisions as how to: assess client needs, when to seek continuing education, contemplation of performing pro-bono services, or seek the services of a translator. Findings from this study provided insight into clients' support networks, phenomenological experiences, and others' perceptions of their experiences. Although there are numerous studies involving multicultural competencies, this study is one of the few studies concerning the multicultural counseling competency of involving a client's support network.

Implications for Theory and Practice

Research participants in this study recognized and confirmed previous research that clients benefit when counselors involve their support network (Arredondo, Toporek,

Brown, Sanchez, and Stadler, 1996; Brown, Pryzwansky, & Schulte, 2010; Kampwirth, 2006; Kurpius & Fuqua, 1993). Also, this study supported the notion that counselors needed to raise their awareness regarding multicultural issues in counseling (Corey, Corey, & Callanan, 2007; Sue, 1989; Vontress, 1969). Most of the participants referenced their awareness level and the need for continuing education to be more effective when attempting to enlist a client's support network. Therefore, the data collected from this study have implications for counselors to utilize a client's support network to help the client, as well as for counselor educators to teach counseling students to work with a client and their support network.

Based on this study, the potential implications for theory include an added awareness of person centered counseling concepts founded by Rogers (Rogers, 1986). Given that a client needs to feel acceptance, the three conditions in person centered therapy that are necessary and sufficient for change are: empathy, congruence/genuineness, and unconditional positive regard. These concepts could be utilized with these clients to bridge the gap and create an environment where the need for acceptance could be achieved.

The interviews from this study indicated that clients and their support networks experienced barriers in counseling when cultural differences were present. In these instances unconditional positive regard for the client and their culture could help lower these barriers. Further, the interviews indicated a need for continuing education on the part of the counselors. Continuing education in the area of multicultural counseling competencies (MCC) by the counselor may create the congruence/genuineness mentioned by Rogers, in the counseling relationship with the client.

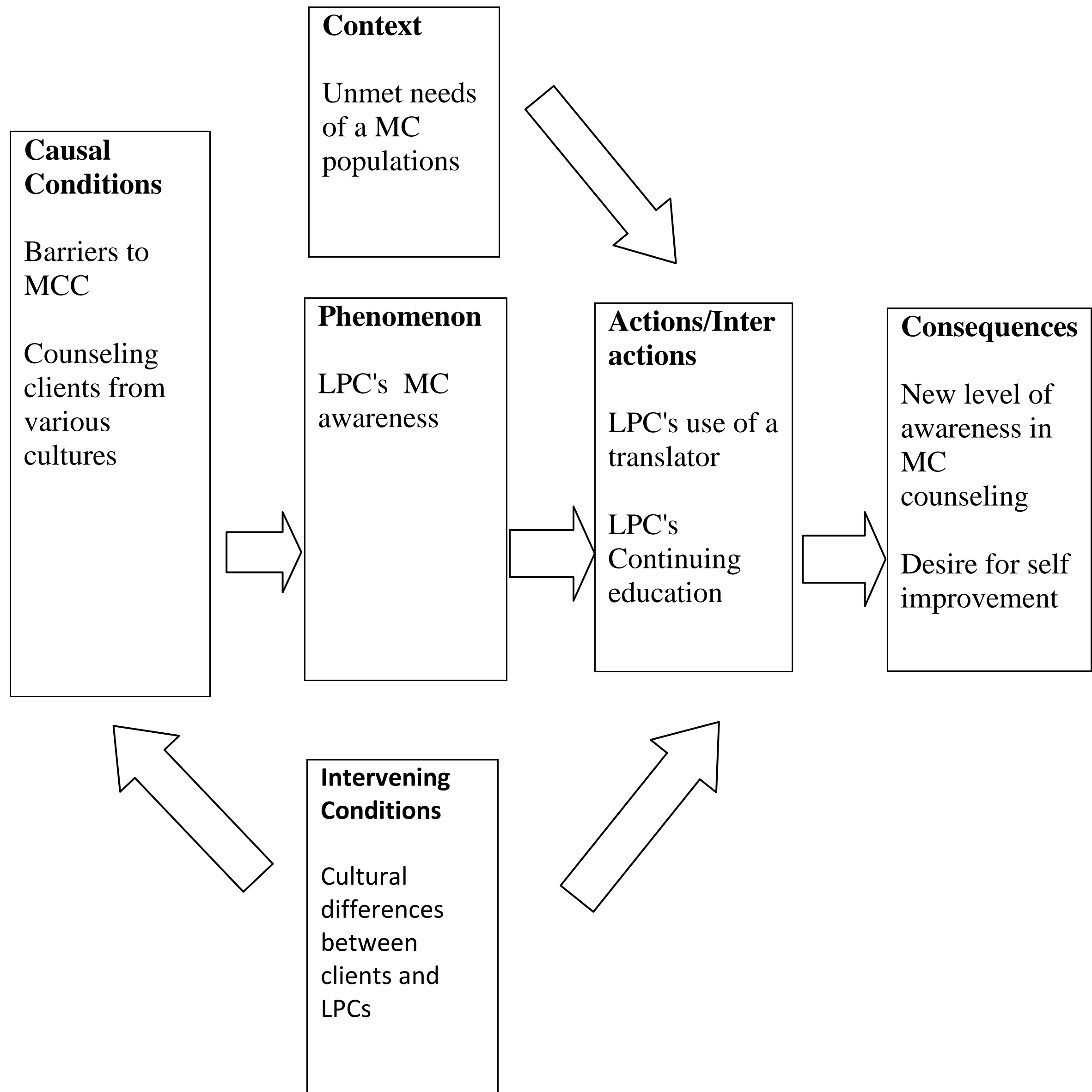

Figure 1 Axial coding diagram portraying the interrelationship of casual conditions, actions, contextual and intervening conditions, and consequences with the core phenomenon of LPCs multicultural awareness.

Recommendations

The following recommendations were developed from the interviews and input from committee members who acted as third party reviewers. Committee members reviewed the questions and made recommendations for changes that would optimize the participants responses, creating saturation of the data.

Recommendation 1: Seek out Continuing Education for Multicultural Counseling Competencies

In order to counsel client's from cultures other than that of the counselor, there is a need for continuing education in MCC (Allison, Echemendia, Crawford, & Robinson, 1996). Learning about a client's culture can bring about awareness on the part of the counselor so they can display appropriate empathy as well (Rogers, 1986). Through continuing education on specific needs of various cultures, the counselor can become more effective at addressing the operationalization and ethical practice of MCC (Arredondo, Toporek, Brown, Sanchez, & Stadler, 1996; Arredondo, 2004) and linguistic issues (APA, 1993). An example of how a client and their support network could benefit from a counselor who continues to become educated on MCC issues might occur when a regional training is presented regarding a new group of refugees and how to meet their unique needs. A counselor on the one hand will gain the immediate information taught by the presenter, but might also network with other counselors who are culturally aware and willing to consult when appropriate. There may also be information about where to attain other resources such as translators who are appropriately trained. In some instances, various cultures may be matriarchal or patriarchal. In these instances, a counselor would benefit from knowledge gained from continuing education that may not be a part of the

counselor's own culture. When engaging a client's network of support that is from a matriarchal culture, it could be beneficial to consult with the grandmother or whomever the client identifies as the head of the family. Again, this sort of cultural information is regularly covered in MCC training at major conferences, such as the Texas Counseling Association (TCA), and the American Counseling Association (ACA) conferences.

Lastly, the ACA code of ethics (2014) requires that counselors continually monitor their effectiveness as professionals and take steps to improve when necessary. The Texas LPC licensing board also requires that counselors maintain at least 24 continuing education hours of training every two years.

Recommendation 2: Develop Research Based Empirically Tested Techniques and Counseling Theory Practices

While it may feel natural to utilize techniques and theories promoted in the popular media, it may not be ethical according to the ACA Code of Ethics (2014). Not only can the client be harmed by experimental practices, but the client is missing the benefit of experiencing the most effective counseling techniques and practices that are researched and available. When enlisting a client's support network to be involved in the counseling process, one technique that is well-tested and research-based is the use of the genogram (Chrzastowski, 2011). The genogram helps the counselor collect a wealth of information about the client and will typically cover three generations. Some of the information gathered will be directly about relationships the client has with their immediate family members, to include their grandchildren, as well as potentially their grandparents which would cover five generations. Some of the information gathered when producing a genogram includes: vocations, recreational habits, medical issues,

enmeshment, dysfunction, and family patterns of interaction. The genogram then becomes a tool to reference, as the client describes the various boundaries in their relationships, both positive and negative. When a client requests that the counselor consult with their religious leader or another family member, the counselor can refer back to the genogram and ask the client how this support person interacts with various family members. This allows the counselor to identify areas of concern or positive support to later build upon. When the support network person, identified by the client, attends the session or consults with the counselor, there is the opportunity to review the genogram and get another perspective on the family relationships with the client. This will be done following the consent of the client (ACA, 2004).

Another technique that is useful for counselors in identifying the client's support network is the clinical interview. The clinical interview is used for gathering information on the client, their life situation, history, and presenting issues (Sommers-Flanagan & Sommers-Flanagan, 2012). The clinical interview can be as simple as the "SOAP" note, which is an acronym for subjective, objective, assessment and plan, when interviewing a client. The clinical interview can also be as extensive as including the mental status exam, and some assessment surveys (Corey, Corey, & Callanan, 2007). In the case of enlisting the involvement of a client's support network, the clinical interview is a technique that is recommended for further understanding by the counselor.

As for the counseling theories that are widely used when engaging a family, or their extended members, also referred to as the support network, the family systems theory seems logical. However, CBT is commonly referred to as the theory of choice by LPCs. Family systems theory is the theory of choice by Licensed Marriage and Family

Therapists (Cox & Paley, 2003). It is recommended that counselors familiarize themselves with both theories, as well as others, to gain a full understanding of the ways counselors and clients see the world they live in and to become better counselors overall.

Recommendation 3: Develop a Resource of Counselors and Translators from other Cultures

The ability to communicate effectively is one of the foundations of counseling (Carlson, Brack, Laygo, Cohen, & Kirkscey, 1998). Short of learning another language, an effective counseling session can be facilitated by the use of a translator. When a client speaks a language other than the counselor's, the counselor may decide to arrange for the use of a translator. These resources as well as access to other counselors, are available in Texas through the Department of Health Services, at no expense to the client. Other counselors in the community that are familiar working with other cultures, can be a source of referrals to find translators. As well, other counselors can be a source to consult about cultural issues when the client is from another culture. The ACA (2014) states:

> Counselors communicate information in ways that are both developmentally and culturally appropriate. Counselors use clear and understandable language when discussing issues related to informed consent. When clients have difficulty understanding the language that counselors use, counselors provide necessary services (e.g., arranging for a qualified interpreter or translator) to ensure comprehension by clients. In collaboration with clients, counselors consider cultural implications of informed consent procedures and, where possible, counselors adjust their practices accordingly. (p.4)

Recommendation 4: Consider Counseling Pro Bono or Developing a Sliding Scale for Lower Socio-Economic status (SES) Clients

Counselors are encouraged to provide some pro bono work by the code of ethics. The research in Chapter 4 indicated that most of the counselors cited the SES of the client's support network as a barrier to participating in counseling. According to the ACA Code of Ethics (2014):

> Counselors facilitate client growth and development in ways that foster the interest and welfare of clients and promote formation of healthy relationships. Trust is the cornerstone of the counseling relationship, and counselors have the responsibility to respect and safeguard the client's right to privacy and confidentiality. Counselors actively attempt to understand the diverse cultural backgrounds of the clients they serve. Counselors also explore their own cultural identities and how these affect their values and beliefs about the counseling process. Additionally, counselors are encouraged to contribute to society by devoting a portion of their professional activities for little or no financial return (*pro bono publico*). (pg. 4)

A recommendation to address this barrier to counseling is for the counselor to consider a sliding scale of fees. If a client cannot pay, though a sliding scale is offered, or can pay for a minimal amount of sessions per month, this creates an opportunity for the counselor to work with the client by providing some pro bono counseling.

Recommendation 5: Educate Others Regarding the Involvement of a Client's Support Network

Working with a client's support network is a multicultural counseling competency (ACA, 2014; Arredondo, Toporek, Brown, Sanchez, & Stadler, 1996). Counselor educators need to educate counseling students as to the benefits of consulting with and involving a client's support network in the counseling session (Brown, Pryzwansky, & Schulte, 2010; Kampwirth, 2006; Kurpius & Fuqua, 1993). Research shows that counseling student involvement in multicultural events provides beneficial learning opportunities to the student (Allison et. al., 1996; Carlson et. al., 1998). On a smaller scale, it is recommended that local conferences and counseling groups, also offer training on this topic.

Unanticipated Conclusions and Implications

This study confirmed the information in many areas as reported in the literature review. However, the interviews did not address all the topics that were presented in the literature review. The topic that was not included during the interviews, was assessment of multicultural counseling competencies. This topic may not have been included in the interviews due to the specificity of the topic which involves testing and assessment of counseling skills. Also these topics may have been excluded from the interviews because the counselors who participated in this study did not assess their MCC. An example of this exclusion might be that counselors in private practice do not typically perform assessments on themselves but rely on client, peer, and referral source feedback regarding their counseling skills.

Additionally the literature review did not encompass all of the information in the interviews. A major topic that was addressed during the interviews but not fully covered in the literature review was the language barrier encountered when counselors consult with a client's support network. The participants discussed this issue as a major barrier even when a translator was used in counseling. The participants demonstrated their awareness of this issue by discussing the client's nervousness to speak openly with a third person in the room, as well as the openness of the client possibly being affected by the gender of the translator. Future studies may benefit from focusing on how to train translators to be multiculturally competent.

In addition, the issue of the SES of the client's support network was described by participants as a major factor in the willingness of the support network members to become involved in the counseling. Several of the participants disclosed experiencing an ethical dilemma once they had started counseling and had become aware of the necessity of the involvement of the support network.

Further Inquiry

The research questions in this study included counselors' perceptions on enlisting the involvement of a client's support network. Unfortunately, one barrier that was frustrating for the counselors was the acquisition of translators that were appropriate for the client and the client's situation. Issues such as gender and culture potentially impacted the comfort level of the client in the counseling setting. Another barrier was the SES of the client's support network hindering their participation in counseling. The participants expressed frustration with these situations but did not have many solutions.

Another major topic that was not addressed in the literature review but was addressed throughout the interviews was the scarcity of continuing education to address MCC in the area of enlisting the involvement of a client's support network. Most of the participants said they accomplished getting their continuing education hours each year, but were not aware of MCC training offered.

Although information regarding counselor's perceptions on enlisting the involvement of a client's support network were gained through this study, this study did not focus on the impact of counseling being prematurely suspended or terminated due to the aforementioned barriers. Due to the lack of information gained on overcoming these specific barriers, future research might focus on continuity of care with multicultural clients when faced with barriers such as language and SES issues. Consequently, information gained regarding continuity of care for clients might inform counselors how to more effectively meet the needs of multicultural clients.

Summary

Due to the dearth of literature concerning the MCC of enlisting the involvement of a client's support network, this study added information regarding support network involvement. Specifically, counselor's perceptions on the MCC of enlisting the involvement of a client's support network, as well as themes counselors identified based on their work with clients and their support networks. This information may be useful to LPCs counseling clients and their support networks. Particularly, this knowledge may be useful to LPCs counseling clients with poor support networks. This chapter describes a summary of the results provided, implications for counselors, counselor educators, clients, and their support networks, as well as recommendations for future research.

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Appendix A

Email Script asking for Participation in the Study

Dear Licensed Professional Counselor,

My name is Stephen Jennings; I am a doctoral candidate in Counselor Education at Texas Tech University. I am currently recruiting Licensed Professional Counselors to participate in my dissertation study. To be considered for participation you must be:

-A licensed Professional Counselor in the state of Texas for at least one year.
-Self-identified as having counseled multicultural clients.
-Self-identified as having enlisted the involvement of a client's support network.

In this study I am examining how counselors view their own cultural awareness and how they go about involving a client's support network in the counseling when the client asks for it.

Participation in this study will involve meeting with me for approximately 45 minutes to an hour, at your office. The meetings will be scheduled at your convenience and will be audiotaped to ensure accuracy and completeness of information. Research participation is completely voluntary, confidential, and every precaution will be taken to ensure your anonymity in the research. Upon the completion of the study I will email you a copy of the end results if you desire a copy.

This research study has been approved by the Texas Tech Institutional Review Board. This board protects the rights of individuals who participate in research. You can ask them questions at 806-742-2064. This study is being supervised by Dr. Loretta Bradley in the Texas Tech University College of Education. She can be reached at 806-834-1031 or Loretta.bradley@ttu.edu.

If you are interested in participation or have questions about the study or participation, please contact Stephen Jennings at stephen.jennings@ttu.edu or 806-282-1138.

Thank you for your consideration,
Stephen L. Jennings, MA, LPC-S, LSOTP
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Appendix B
Information Sheet

What is this project studying?
This research project is studying licensed professional counselors' awareness and competencies, as it applies to enlisting the involvement of a client's support network. This study hopes to add information to the body of research that will help counselors working with multicultural clients.

What would I do if I participate?
The interview will take approximately one hour to complete. Meetings can be scheduled at a convenient time for you. Participation is completely voluntary. Questions may be skipped, and the participant may stop the interview at any time. You will be asked if you wish to review the transcript to provide feedback. If you wish to provide feedback I will ask for your email address, or I can mail you a printed copy. You will be asked if you can be audiotaped during the interview, and audiotapes will be electronically stored on the researchers external hard drive. Transcripts will then be uploaded on a software program that will help the researcher develop a theory from the themes described. The information will be uploaded with a pseudonym, and upon the completion of the research, the original audio will be deleted. In addition, after the research has been completed, identifying information such as email addresses, will be deleted.

May I withdraw participation if I become uncomfortable?
Yes, absolutely. Dr. Loretta Bradley and the Protection Board have reviewed the questions and find them to be suitable. However, you can stop answering the questions at any time. You may leave the interview anytime you wish. Participating is your choice.

How long will participation take?
The interview will take about 45-60 minutes.

How will I benefit from participating?
Upon completion of the study, you will be emailed the findings of the study or a copy of the study should you desire to receive this information.

If I have some questions about this study, to whom may I address my concerns?
The study is being conducted by Dr. Loretta Bradley from the Counselor Education program at Texas Tech University. If you have questions you can call her at 806-834-1031 or email Loretta.bradley@ttu.edu. As well, you may contact me, Stephen Jennings at 806-282-1138 or email Stephen.jennings@ttu.edu. You may also contact the Board that protects the rights of people who participate in research. You can ask them questions at 806-742-2064.

Appendix C

Demographic Information Form

Chosen Pseudonym:

Age Range (circle one): 20-25 26-30 31-35 36-40 41-45

46-50 51-55 56-60 61-65 66-70 70+

Gender:

Ethnicity:

Highest degree obtained:

How long have you been a licensed professional counselor?

How many years have you continually practiced counseling?

Have you ever had a complaint filed against you with the Licensure Board?

What is your primary theory base when conducting counseling?

How many years have you worked with clients from a culture different than yours?

Appendix D

Interview Protocol

I will begin the interview with the participant, by describing the research being conducted, and covering the IRB statement. I will then build rapport with the participant by asking how they are doing and asking some general questions about private practice.

1. What are the multicultural issues you encounter when engaging a client's support network?
2. How do you perceive your own multicultural awareness?

   Possible follow up questions:

   a. How do you perceive your multicultural attitude?

   b. How do you perceive your multicultural skills?

   c. How do you perceive your multicultural values?
3. Describe your continuing education regarding multicultural counseling competencies.
4. Describe any counseling theory you utilize when engaging a client's network of support.
5. Describe any special techniques you use to map out a client's network of support.
6. Describe which part of a client's network of support you tend to see more involved?
7. Which members of the client's network of support are most often requested to be involved by the client?
8. Which members of the client's network of support are easiest for you to engage?

9. Which members of the client's network of support are the most difficult for you to engage?
10. How do you address multicultural barriers when engaging a client's network of support?

    Possible follow up questions:

    a. What barriers come up most often?
    b. How do you attempt to resolve the issues?