A Qualitative Examination of African American Counselors' Experiences of Addressing Issues of

Race, Ethnicity, and Culture with Clients Of Color

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Dissertation submitted to the faculty of the Virginia Polytechnic Institute

and State University in partial fulfillment of the requirements for the degree of

Doctor of Philosophy

in

Counselor Education

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March 25, 2010

Falls Church, Virginia

Keywords:

Race, Culture, Ethnicity, Racism, Multicultural Counseling Competencies

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ABSTRACT

Although many counselors consider themselves to be culturally aware, research has
shown that deliberately and respectfully addressing race, culture, and ethnicity—particularly
with clients of color—does not occur as consistently as it should, despite empirical evidence
which documents that discussions about how racial and cultural factors shape the client's
presenting problem contribute to favorable counseling outcomes. This exploratory study used a
qualitative method to examine professional African American counselors' experiences of
discussing racial, ethnic, and cultural issues with their culturally diverse clients. Critical race
theory functioned as the research paradigm that guided this study. As a result, this study
produced seven categories and four subcategories that explored the influences, thoughts, and
understandings that came to bear on their efforts to discuss race, ethnicity, and culture with
clients of color. Participants found that candid discussions about racial and cultural matters, in
combination with a willingness to explore counselor-client differences, greatly enhanced the
therapeutic rapport with clients. Furthermore, participants provided suggestions for graduate
counseling programs to improve their multicultural curriculum, and they discussed the
importance of counselors exercising multicultural competency both within and outside of clinical
sessions. Essentially, this study examined the strategies that African American counselors use to
explore cultural dynamics with clients of color. Implications for the counseling field are also
recommended based on the findings.

ACKNOWLEDGMENTS

I am reminded of King David who praised the Lord when he said, "Give thanks to the Lord…Sing praise to Him. Tell of all His wonderful acts" (I Chronicles 16: 8-9). These words completely represent the infinite gratitude I'd like to express to my heavenly Father for making me His own and for guiding me every step of the way along the twisting path of this journey. I am grateful and humbled by Your unconditional love – Thank You Father!

Before expressing my appreciation to my committee members, I would first like to thank the entire Counselor Education Department for accepting me into this illustrious program. The counsel and instruction I received throughout my entire course of study were invaluable. (Thank you Dr. Thomas Hohenshil, Dr. Hildy Getz, Dr. Nancy Bodenhorn, Dr. Gerard Lawson, Dr. Pamelia Brott, Dr. Norma Day-Vines, Dr. Simone Lambert, and the irreplaceable Vicki Meadows and Joanna Kelly.) I would also like to thank Nicole Escuadro, my wonderful co-worker, for your excellent editing and thorough feedback. And to my unforgettable mentor, Dr. Janice Chambers, how do I thank you for setting a great example for me to follow, for your encouraging words and your positive outlook on life!

As for my committee members, where do I begin? I'm not sure if there are enough words to express my gratitude to four people who have played such vital roles in making this process run like a well-oiled machine. First, to Dr. Norma Day-Vines: As I write this I am filled with tears. I have had several wonderful teachers and professors throughout the years, but none who have believed in me while simultaneously challenging me as much as you have. It is almost as though you looked at me and saw endless possibilities, and you would not stop encouraging me until I saw that same potential in myself. I am a much better writer, critical-thinker, and researcher because of your guidance and unwavering devotion to helping me finish this journey.

Amongst the many professional experiences we've shared—presenting at conferences, co-authoring journal articles, and teaching classes—we have also shared laughter, tears (primarily mine!), personal stories, snow-blizzard slumber parties, and even our infamous "agree-to-disagree" moments. And through it all, one thing remained certain: I knew you were a cheerleader and advocate for "Team Kristy!" That said, I want to thank you for EVERYTHING, especially for welcoming me into your home and allowing me to bond with your wonderful husband and beautiful daughter!

To Dr. Serge Hein, or "Dr. Qualitative Guru" as I like to call you: Thank you so much for your feedback and dedication to teaching me how to truly bring qualitative research to life. I knew when I took your class—and you literally hit a brick wall with your hand and asked us "How do you know this is a wall?"—that I was about to embark upon something new, and that the way I processed information would never be the same. Thank you for serving on my committee and for giving me an entirely new outlook on why things *are* what they *are* and how I can introduce a *few, some, or most* individuals' lived experiences to the world.

To Dr. Nancy Bodenhorn: Thank you for your wisdom, encouragement, and passionate approach to education—and, of course, for your keen "APA eye" with respect to document formatting! Not only have you been a joy to work with on this project, but I found great pleasure in learning from your creative teaching styles, both as a student and as your teaching assistant. You helped me to realize that educating others (as well as myself) extends far beyond the traditional methods I've been taught, and that once I embrace that way of thinking I become both a teacher and a student of life. Thanks Dr. B!

To Dr. Brenda Brand: Thank you so much for agreeing to serve on my committee. Even though I had to "borrow" you from the Department of Teaching and Learning, I can say without

a doubt that your voice was a refreshing addition to the committee. From the first time I walked in your office and asked if you'd be willing to be a committee member, you proceeded to give me a pleasant "yes," followed by an even more pleasant homework assignment! I knew right then that you would hold the bar very high and expect me to meet or exceed your expectations. I hope I did just that. I also hope that you are as proud as I am to have worked together on this enterprise.

Lastly, I would like to dedicate this degree to my late father, James B. Arnold, III, and my mother, Patricia B. Arnold. Thank you both for your unconditional love and support and for teaching me that whatever my mind imagines my unique personality and endless talents can achieve it. You sacrificed so much of yourselves so that I would not have to struggle—and for that I am forever grateful. I love you both and I am so proud to be your baby girl. Thanks Mommy and Daddy! I would also like to thank my big sister, LeAnn Arnold, for being my first tutor and for helping me to complete all of the many homework assignments and science projects throughout my childhood. Oh, and thanks for reminding me that the graduation date was not as important as finishing what I started . . .Thanks Le! And to my extended family, I must thank my two beautiful grandmothers, Eura L. Bush and Virginia R. Hollis, for your "sweet potato pie" kind of love; my loving aunts, Virginia E. Hollis and the late Ruth E. Hollis, for your powerful prayers and guidance; my strong and very protective uncles, Julius H. Hollis and Michael R. Hollis, for your savvy tips and victorious outlooks on life; as well as a host of cousins for keeping me filled with joy and laughter.

I would be remiss if I did not acknowledge the unwavering support of my friends, sorority sisters, co-workers, and church members—I did it! Now, I can come outside and play! I am beside myself with pride that you choose to be my friends and share life's journeys with me.

I am abundantly blessed to have each of you in my life. A *thank you* is not enough to express my gratitude, but I hope you know I sincerely *heart* all of you. Thanks friends!

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CHAPTER ONE: INTRODUCTION

Race, culture, ethnicity—what do these terms mean? Why are these terms pivotal to the future of the counseling and helping professions? Although many counselors consider themselves to be culturally aware, research has shown that deliberately and sensitively addressing race, ethnicity, and culture—particularly with clients of color—does not occur as consistently as it should, despite empirical evidence documenting that skillful discussions about how racial and cultural factors shape the client's presenting concerns contribute to favorable counseling outcomes (Gim, Atkinson, & Kim, 1991; Knox, Burkard, Johnson, Suzuki, & Ponterotto, 2003). Day-Vines et al., (2007) enumerated a continuum and conceptual framework for broaching racial and cultural factors during the counseling process. Essentially, broaching refers to the counselor's effort to focus selective attention on racial and cultural factors that are germane to the client's counseling concerns (Atkinson, Casas, & Abreu, 1992; Gim et al., 1991; Knox et al., 2003). Therefore, this study examined the views and experiences of African-American counselors in terms of how they address race, ethnicity, and culture in their clinical practice with clients of color. More specifically, this investigation used one-on-one qualitative interviews with participants to gain an in-depth understanding of participants' perspectives on how they address racial and cultural matters with clients from diverse backgrounds (Patton, 2002). These interviews helped to facilitate an easier exploration of the research questions and interpretation of the data.

The following four research questions guided the study:

- What significance do issues of race, ethnicity, and culture have for African American counselors?

- How do counselors experience their relationship with clients and other aspects of the counseling process after addressing issues of race, ethnicity, and culture?

- How do counselors experience the content of what is shared after addressing issues of race, ethnicity, and culture?

- What are counselors' views of how issues of race, ethnicity, and culture are currently being addressed within the counseling profession in general?

Critical Race Theory served as the research paradigm for this study. Critical Race Theory (CRT) is concerned with issues of social injustice and serves as a critique of western rationality (Delgado & Stefancic, 2000; Solorzano & Bernal, 2001). More importantly, CRT emphasizes the notion that race and racism are interwoven into every aspect of the American culture (Dixson & Rousseau, 2005). Hence, this paradigmatic orientation is germane to this study, since it maintains that racial, ethnic, and cultural factors are indisputable variables that must be addressed in counseling sessions.

Background of the Study

An initial rationale for conducting this study came from the premise of how counselors were executing the multicultural competencies they learn about both in the classroom and at various professional meetings, such as the American Counseling Association (ACA) Conference. Specifically, were counselors routinely embracing these competencies as valuable tools for addressing the needs of their clients? In other words, were they recognizing that one can gain the full benefit of these competencies when they are adopted into one's lifestyle, both professionally and personally? This inquiry stems from the emerging work of Day-Vines et al. (2007) on the significance counselors place on broaching the topics of race, ethnicity, and culture in their clinical sessions. Day-Vines et al., conceptualized the term "broaching" as a counseling strategy

designed to facilitate clients' concerns race-related concerns that arise during the course of treatment. This culturally relevant strategy builds on the multicultural counseling competence III.C.7, which addresses the counselor's responsibility for attending to cultural concerns that surface during treatment (Sue, Arredondo, & McDavis, 1992). To further reinforce the need for these topics to be addressed in counseling, Day-Vines et al. specifically defined the concepts of race, ethnicity and culture. According to the authors, race is not just a biological construction, but it also encompasses one's social position and systems of power in the larger society. Ethnicity, as defined by Day-Vines et al., is not merely one's heritage, but a powerful force that molds a person's character through an array of cultural patterns. Finally, culture is defined as a varied pattern of human behavior, which includes cognition, language, customs, and values. History has shown that certain cultural attributes are valued by some and looked down upon by others (Ridley, 1984). Acknowledging cultural issues within the context of counseling can help clients feel validated and affirmed, as well as provide a springboard for identifying solutions to a client's race-related concerns (Cardemil & Battle, 2003; Sue, 2001; Thompson & Jenal, 1994).

Rationale

Although culturally responsive counseling, particularly with marginalized groups, should occur routinely in clinical settings, the counselor's broaching behavior is oftentimes deemed unnecessary or is unconsciously disregarded by many counselors (Cardemil & Battle, 2003). Therefore, the following sections emphasize the relevance of cultural factors for clients of color. The chapter begins by highlighting U.S. demographic figures, and continues with a discussion of the issues that can undermine the psychological well-being of clients from marginalized groups, including race-related stress (also known as *racial microaggression*) and color-blind racial

ideology. The chapter closes by addressing the conceptual relationships between multicultural counseling competence and the counselor's broaching behavior.

Demographic Shifts

Increasingly, the United States is becoming a pluralistic society. A compelling rationale for this study, in fact, emerged from a 2000 U.S. Census Bureau report, which predicted the likelihood for extreme demographics shifts in the United States during the decade 2000-2010. Specifically, the report indicated that the percentage of Whites (Not Hispanics) would decrease by approximately 4%, while the percentage of Blacks, Asians, and Hispanics in the U.S. would increase between 1% - 3% (U.S. Census, 2000).

Moreover, Tafoya, Johnson, and Hill (2005) addressed the recent increase in bi-racial/multi-racial individuals and the fact that recent census data have permitted people to determine for themselves their racial group membership. According to the U.S. Census (2000), which was the first census to allow persons to mark several racial categories, approximately 2.4% of individuals define themselves as multiracial. This number seems somewhat inaccurate considering the aforementioned population trends and the projected percentages for 2010 (U.S. Census). Nonetheless, it does point to the fact that racial identity has become increasingly blurred. As an example, biracial/multiracial adolescents have been known to modify their racial classification depending on the situation. Even though they claim membership in the single racial identity group of their father as a sign of respect, they also recognize themselves as multiracial amongst their peers at school (Tafoya et al.). Therefore, this has significant implications for counselors who must be culturally aware of the possible discomfort that their biracial/multiracial clients may be experiencing with respect to racial identity complexities (Tafoya et al.).

Furthermore, due to the influx of immigrants from countries near and far, and the variety of racial trends and differences they bring with them, the United States is becoming more of a cultural heterogeneous mix in comparison to its self-proclaimed homogeneity in years past (Farley, 1997; Farley & Alba, 2002). Currently, immigrants comprise 11.05% of the U.S. population. Compared to previous waves of European immigrants, however, the current influx of immigrants is less likely to assimilate within the first two generations of their arrival (Bean, Lee, Batalova, & Leach, 2005; Center for Immigration Studies [CIS], 2001; Kritz & Gurak, 2005; Sue et al., 1992). As documented by Saenz (2005) and Xie & Goyette (2002), some of the acculturative stresses that immigrants to this country typically experience are due to a number of factors, including language barriers, disparities in racial identification, and interracial marriages.

Kritz & Gurak (2005) and Bean et al. (2005) gathered past and recent data on U.S. population trends and asserted that the current *globalization wave* was occurring primarily for three reasons: the migration of highly skilled workers, the discrepancy in birth rates between Whites and ethnic minorities, and the influx of illegal immigrants into the United States. They also discussed how recent immigrants experience barriers to educational attainment, the fact that English is typically not their first language, and the acculturative stress that they experience in unfamiliar settings. Thus, in order to be effective clinicians, counselors must be prepared to address these complex issues. They must also, however, be prepared to acknowledge any biases they have about dealing with clients who are racially, ethnically, or culturally dissimilar (Fuertes, Mueller, Chauhan, Walker, & Ladany, 2002).

The homogeneous composition of the counseling force (i.e., largely Caucasian), relative to a more ethnically and culturally diverse client population may imply that counselors are not fully prepared to deal with such an array of people from different backgrounds (Sue, 2001)What

is true, however, is that given the demographic shifts discussed above, it is possible that the race of the counselor and the race of the client may differ (i.e., an Asian American counselor meeting with a Hispanic client). Consequently, counselors must prepare themselves to service clients representing a multitude of racial, ethnic, and cultural backgrounds. Given the increasing diversity of the client population, counselors must be responsive to their concerns. More specifically, counselors should be prepared to broach issues related to race, ethnicity, and culture with all of their clients.

The next section of this manuscript addresses several issues that may affect the psychological well-being of clients from marginalized groups. These issues include race-related stress, racial microaggressions, and color-blind racial attitudes.

Race-Related Stress

The cumulative effects of racism and discrimination can have detrimental consequences on the physiological and psychological well-being of ethnic minority clients. Within the counseling and psychology literature this dynamic has been referred to as *race-related stress* (Charkroborty & McKenzie, 2002; Constantine & Sue, 2007; Klonoff, Landrine, & Ullman, 1999; Klonoff & Landrine, 2000; Moradi & Hasan, 2004; Scott & House, 2005; Sodowsky, Lai, & Plake, 1991; Sue, Bucceri, Lin, Nadal, & Torino, 2007; Sue, Capodilupo, et al., 2007; Utsey, 1999; Utsey, Chae, Brown, & Kelly, 2002). For instance, Williams, Neighbors, & Jackson's (2003) research on patients with psychosis demonstrated a decisive link between race-related stress and the incidents of hypertension and cardiovascular disease. Klonoff et al. surveyed African-Americans to investigate whether racial discrimination did, in fact, contribute to psychiatric symptoms; they concluded that racial discrimination does influence psychological distress. Other studies using both clinical and nonclinical samples concluded that race-related

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stress contributed to low self-esteem, paranoia, and apathy towards one's life and personal goals (Chakraborty & McKenzie, 2002; Sue, Capodilupo, et al., 2007).

A spate of research points to the importance of counselors addressing race-related stress with clients of color. In a study emphasizing quality of life, which was conducted by Utsey et al. (2002) on a nonclinical sample of African-American, Asian-American, and Latino-American individuals, they found that one's ethnic group membership significantly impacted race-related stress and quality of life. More specifically, African-Americans yielded significantly higher scores on measures of race-related stress compared to Asians and Latinos. However, African-Americans were more likely to seek the support of their community, family, and possibly spiritual affiliations to maintain their sense of self-esteem and psychological well-being. These findings imply that clients may need to talk about issues related to race in counseling.

Scott & House (2005) measured the relationship between coping styles and psychological distress among a sample of affluent African-American adolescents. The results demonstrated that children who talked about their race-related difficulties openly were better able to cope with discrimination anxiety compared to students who avoided these discussions. This finding both reinforces the need for counselors to engage in discussions surrounding racial and cultural factors, as well as suggests the detrimental consequences of counselors who do not.

Sodowsky et al. (1991) examined the relationship between sociocultural variables (i.e. generational status, immigration status, religion, and sex) and acculturation attitudes of Hispanic and Asian-American college students, faculty, and staff. On the one hand, their findings revealed that Asian-Americans perceived racial discrimination more often than Hispanics—particularly in academic settings—due to what is known as the *model minority stereotype*, which holds that certain minority ethnic groups achieve a higher degree of success than the population average,

just by virtue of their ethnic background. Asian-Americans were also found to be less acculturated, specifically in their use of English as a second language. On the other hand, those Hispanics who appeared less acculturated and expressed instances of prejudice tended to identify more with Mexican Catholic beliefs. Irrespective of racial group membership, Hispanics and Asian Americans had similar encounters with racism and discrimination.

Moradi and Hasan (2004) examined a non-clinical sample of Arab-Americans regarding the psychological residuals of prejudice and racial discrimination since the terrorist attacks of September 11, 2001. Findings indicated an association between discrimination and psychological distress among Arab-Americans, much like that reported among African-American men and women. The research of Klonoff and Landrine (2000) documented the fact that skin color may contribute to the amount of racial stress encountered by African Americans. Their findings revealed that dark-skinned Blacks were 11 times more likely than their lighter-skinned counterparts to encounter discriminatory acts, yielding strong implications for an increase in health risks, such as hypertension, in this population Tummala-Narra (2007) asserted that given the politics of skin color within a racially charged society, counselors should be prepared to discuss these issues with their clients. These findings support the importance of a counselor's ability to broach racial and cultural factors during the counseling process.

Chakraborty and McKenzie's (2002) investigation of the relationship between racial discrimination and mental illness in the U.K. identified many similarities in the experiences of individuals of color with respect to stress. For instance, African and Afro-Caribbean mental health clients who encountered racist attacks were more likely to be diagnosed with depression and post-traumatic stress disorder. Similarly, Afro-Caribbean and South Asian patients reported higher levels of suicide attempts in areas where residential segregation was the highest.

Given the foregoing discussion, counselors must be cognizant of the various types of race-related stress and their effects on the lives of clients. The psychological and/or physiological symptoms that a client discloses in session could be highly related to encounters of racial profiling, encounters with racism and discrimination that erodes one's sense of personhood (Day-Vines et al., 2007).

Also important to this study is the term, *racial microaggression*, which refers to any non-physical form of aggression involving demeaning insinuations or other subtle insults. As reported by Sue, Capodilupo, et al. (2007), it is often difficult to determine whether these ambiguous encounters are racially laden or racially neutral. Regardless of their true racial intent, however, such encounters become another source of stress for culturally and linguistically diverse clients, as discussed below.

Racial Microaggressions

Whereas racism refers to covert and overt acts of hostility that are perpetrated on both individual and systemic levels, microaggressions refer to more nuanced forms of bias. Sue, Capodilupo, et al. (2007) defined racial microaggressions as fleeting daily interactions that communicate condescending impressions to people of color due to their racial group membership. The ambiguity associated with trying to determine whether a covert behavior can be construed as an act of racism and discrimination creates a tremendous amount of psychological distress that saps the psychic and spiritual well-being of people from marginalized groups (Sue, Capodilupo, et al.). Disturbingly, microaggressions can occur during the counseling process, the consequence of which is *countertransference,* a dynamic that undermines the therapeutic process.

After interviewing a sample of Asian-Americans, Sue, Bucceri, et al., (2007) determined that the most frequently reported microaggressions involved topics such as being an alien in their own land, issues associated with the model minority stereotype, and the exociticization of Asian-American women. Participants reported that microaggressions produced lasting effects of depreciation, animosity, and alienation within the Asian-American community toward the Eurocentric culture. Constantine and Sue (2007) conducted a qualitative study that examined Black doctoral supervisees' perceptions of microaggressions which occurred during the context of counseling. Doctoral students reported that their supervisors impeded the supervision process by invalidating racial-cultural issues, making stereotypic assumptions about Black supervisees and clients, or focusing primarily on clinical weaknesses. These studies demonstrate the damaging consequences of microaggressions and the fact these microaggressions demonstrate a lack of cultural competence, especially when they occur within the contexts of counseling and supervision.

As indicated, a counselor's oblivion to microaggressions can have a detrimental effect on the counseling process, especially since clients need opportunities to explore their sociocultural experiences during treatment. Since the objective of counseling is to promote empowerment, improved coping skills, and help the client make better decisions, it is important to explore experiences related to oppression—if they are germane to the client. The counselor's perpetration of microaggressions during a counseling session, therefore, can damage the counseling relationship since the counselor is expected to provide a warm, nurturing environment that facilitates safety and trust. Researchers have identified other damaging dynamics that have the potential to erode trust and violate the client's well-being. The next

section of this chapter addresses the consequences of ignoring racial and cultural factors during the therapeutic process.

Color-Blind Racial Attitudes

Color-blind racial ideology refers to the counselor's inability to consider the extent to which race, ethnicity, and culture impact the client's experience. Counselors who intentionally or unintentionally endorse color-blind racial attitudes are more likely to assume that people are connected by their humanity and share a universal set of experiences (Atkinson et al., 1992; Burkard & Knox, 2004; Gushue & Constantine, 2007; Neville, Lilly, Duran, Lee, & Browne, 2000; Neville, Spanierman, & Doan, 2006; Thompson & Jenal, 1994). In other words, a color blind counselor pays selective attention to those issues that all clients experience and minimizes the client's culture specific concerns of clients. These concerns can have a significant impact on one's racial identity, as in the case of clients of color who may be at varying stages of embracing their own racial and ethnic backgrounds (Helms, 1993). Such a posture can have detrimental effects on the counseling relationship because it suppresses a client's culture-specific concerns. A counselor who ignores the contextual dimensions of race ethnicity and culture may do irreparable damage to the counseling relationship—especially as it pertains to establishing rapport, developing trust, and facilitating client self-disclosure.

A growing body of research has explored the relationship between the counselor's refusal to acknowledge race and that individual's racial attitudes. For instance, Neville et al. (2000) examined the relationship between color-blind racial attitudes and racism in a sample of adults. Their findings indicated a statistically significant association between color-blind racial attitudes and racial prejudice. Researchers have obtained similar results when examining these variables with counselor trainees and practicing counselors. Neville et al. (2006) examined the relationship

between color-blind racial attitudes and multicultural counseling competence in a sample of psychology students and mental health workers. Respondents who denied the existence of racism and discrimination were viewed as being less culturally competent and less likely to integrate the client's culture specific concerns in their treatment approaches. Gushue and Constantine (2007) assessed the relationship between White racial identity attitudes (i.e. how Whites view themselves as a race) and color-blind racial attitudes in a sample of White counselors-in-training. They concluded that extreme levels of racism were associated with underdeveloped White racial identity functioning. Burkard and Knox (2004) examined the effects of color blindness, empathy, and attributions in cross-cultural counseling dyads and concluded that counselors with higher color blind racial attitudes made more negative attributions about Black clients than White clients.

The foregoing discussion implies that counselors who harbor color-blind racial attitudes are less likely to examine the contextual dimensions of race, ethnicity, and culture with their clients. An inability to discuss culture-specific issues with clients could have a negative impact on the counselor's ability to establish a therapeutic alliance, and more importantly, on counseling outcomes. Moreover, the research presented herein provides a framework for examining how experienced counselors of color explore racial and cultural factors during the counseling process.

Thompson and Jenal (1994) conducted a qualitative study involving Black female college students on a predominately White campus and White or Black *race-avoidant* female counselors, where counselors were instructed to address anything relevant to the presenting problem, except race. The results revealed that the quality of the engagement between counselor and client greatly influenced the client's level of self-disclosure, particularly as it related to race-related concerns. They found that since counselors did not invite the client to discuss racial and cultural

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factors, the clients refrained from discussing these factors. Moreover, they found that when clients made comments about race or racism and counselors did not acknowledge these statements, clients would shy away from racial topics and rarely would mention them again. This study implies that power dynamics within the counseling dyad can either promote or inhibit culture-specific discussions. That is, the counselor wields considerable influence within the counseling relationship. Given the role that counselors play in facilitating race-related discussions with their clients of color, more research is warranted that explores what counselors say and do to facilitate discussions of race, ethnicity, and culture.

Due to the importance of considering the extent to which race, ethnicity, and culture impact the client's presenting concerns, the current study examines strategies that practicing clinicians can use to broach racial and cultural factors with their clients. A number of researchers have called for qualitative methodologies to expand our understanding of certain psychological constructs, such as the counselor's broaching behavior (Burkard, Knox, Groen, Perez, & Hess, 2006; Ponterotto, 2005; Sanchez-Hucles & Jones, 2005). For instance, Sanchez-Hucles & Jones stated that qualitative inquiry provides researchers with a better understanding of the complicated experiences shared by clients of color without attributing these differences to personal deficits.

Previous research suggests that counselors who do, in fact, discuss racial and cultural factors with their clients increase their own credibility, promote trust in the counseling relationship, heighten the depth of client disclosure, and help the client feel heard and understood. Atkinson et al. (1992) examined the effects of acculturation, counselor ethnic background, and counselor cultural understanding on professed counselor reliability and cultural competence using a sample of Mexican-American college students. They concluded that counselors who recognized the significance of culture in their client's lives were viewed as being

more culturally aware by Mexican-Americans compared to those who tended to disregard cultural factors. Consequently, this information supports the idea that when counselors implement techniques that are culturally sensitive, they are more likely to build a therapeutic alliance with clients of color (Cardemil & Battle, 2003). The next section of this chapter discusses multicultural counseling competencies and the direct connection between a counselor's worldview and his or her clinical practice and how this relates to broaching race, ethnicity, and culture.

<div align="center">Multicultural Counseling Competence</div>

Multicultural counseling competence (MCC) refers to the counselor's ability to deliver culturally appropriate counseling services in a manner that recognizes the counselor's self awareness of biases, attitudes and assumptions, acceptance of the client's worldview, and the implementation of certain strategies and interventions that value and support the needs of clients from diverse backgrounds (Sue et al., 1992). Multicultural counseling competencies (MCCs) are essentially the criteria used to direct interpersonal counseling interactions with an emphasis on the culture-specific attributes of clients (Arredondo et al., 1996; Arredondo, 1999; Daniel, Roysircar, Abeles, & Boyd, 2004; Knox et al., 2003; Neville et al., 1996; Sue et al., 1992).

With regard to this study, a counselor's broaching behavior can be considered to be inextricably linked to that individual's multicultural counseling competencies. Although MCC does not guarantee that counselors will be adept at addressing racial and cultural factors in their practice, a large number of the competencies describe prerequisites that counselors would need before they can successfully broach race, ethnicity, and culture. For example, counselors are encouraged to be aware of their own biases and beliefs, have knowledge of how sociopolitical contexts affect intolerance toward marginalized groups, and display cross-cultural skills that are

ethically sound (Arredondo, 1999). Additionally, Arredondo et al. (1996) combined their

Dimensions of Personal Identity Model, which is an integrated identity model for examining the

intersection of multicultural group identity and other dimensions of human diversity, with

aspects of MCC to produce a list of explanatory statements for awareness, knowledge, and skills

domains. Although these explanatory statements do not state explicitly that counselors should

broach racial and cultural factors with their clients, they do underscore the skills counselors

would need in order to do so, such as recognizing oppressive forces, respecting the differences in

communication styles, and being active participants in social justice for clients from

marginalized groups. Essentially, the broaching behaviors that are embedded in the competencies

focus more on the systemic changes counselors can make in their practices. Bodenhorn, Jackson,

and Farrell (2005) have extended such explanatory statements to deliberate conversations with

international students and learning more about their experiences in the U.S., as a means to assert

one's cultural awareness.

Day-Vines et al. (2007) asserted that broaching behaviors constitute a method for

developing and improving upon one's MCC. Day-Vines (2007) developed the Broaching

Attitudes and Behaviors Scale to operationalize the broaching construct. Moreover, Zegley's

(2007) research on the broaching behaviors of middle school counselors demonstrated that these

behaviors accounted for 26% of the variance in a measure of MCC.

Calls for operationalizing MCC are embedded in the Council for the Accreditation of

Counseling and Related Educational Programs [CACREP] (2001) guidelines, as well as in the

American Counseling Association [ACA] (2005) code of ethics and standards of practice. For

instance, the CACREP Section II.K.2 regarding program objectives and curriculum states that,

"studies [should] provide an understanding of the cultural context of relationships, issues and

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trends in a multicultural and diverse society . . ." pp. 10). Similarly, the Section A.4.b, which

pertains to the counseling relationship in the ACA code of ethics, explicitly states that

"counselors are aware of their own values, attitudes, beliefs, and behaviors and avoid imposing

values that are inconsistent with counseling goals; counselors respect the diversity of clients,

trainees, and research participants" (pp. 4-5). However, a point of contention with the

abovementioned ethical codes and guidelines is that they do not seem to fully address the

differences in cultural concerns presented by many clients of color. The cultural references made

under the various sections in the CACREP guidelines and ACA code of ethics are general rules

that should apply to any client, rather than standards that are to be upheld when working

specifically with clients of color. In addition, there are important issues of variability that must

be addressed in terms of how each counselor interprets these guidelines and therefore

implements them in clinical practice.

Purpose of the Study

Given the salience of racial and cultural factors for clients of color, the purpose of this

study was to explore African-American counselors' experiences of addressing issues of race,

ethnicity, and culture with these clients. Moreover, results will be used to assist pre-service

counselors with initiating discussions about race, ethnicity, and culture in a manner that is both

culturally competent and sensitive to the needs of clients of color. The results from this study

will also be used to inform the current conceptual model of broaching set forth by Day-Vines et

al. (2007).

Definition of Terms

Broaching. Technique to be utilized in sessions as a means to construct culturally responsive solutions to the client's presenting problems by addressing race, ethnicity, and culture (Day-Vines et al., 2007).

Clients of Color. Refers to individuals of racial, ethnic, and cultural backgrounds other than Caucasian or Euro-American descent, i.e. African, Asian, Hispanic, Native American, Arab, etc. (Zegley, 2007).

Color-Blind Racial Attitudes. Counselors who endorse color-blind racial attitudes are more likely to assume that people are connected by their humanity and share a universal set of experiences (Neville et al., 2000).

Culture. The assorted pattern of human behavior, which includes cognitions, language, customs, and values (Day-Vines et al., 2007)

Ethnicity. Belonging to a group that shares the same characteristics, such as country of origin, language, religion, ancestry and culture. Ethnicity is a matter of biological and historical fact and is not changed by the culture in which a person grows up (Day-Vines et al., 2007).

Multicultural Counseling Competence. The criteria used to direct interpersonal counseling interactions with emphasis on culture-specific attributes of clients (Sue et al., 1992).

Race. An arbitrary social construction that has no biological significance, but better reflects how systems of dominance impinge on individuals from visible racial ethnic groups (Day-Vines, 2007)

Race-Related Stress. The cumulative detrimental effects that racism and discrimination can have on the physiological and psychological well-being of ethnic minority clients (Utsey et al., 2002).

Racial Microaggressions. Refers to "brief, everyday exchanges that send denigrating messages to people of color because they belong to a racial minority group" (Sue, Capodilupo, et al., 2007, pp. 273).

CHAPTER TWO: IS COUNSELING READY FOR CRITICAL RACE THEORY?

"Racism is so universal in this country, so widespread and deep-seated, that it is invisible because it is so normal." – Shirley Chisholm

Increasingly, the United States has become a pluralistic society. Census data indicate that between 1980 and 2000, Americans of Caucasian descent have decreased from 79 to 69% of the total U. S. population (Social Science Data Analysis Network [SSDAN], 2007). Moreover, ethnic minorities now comprise a much larger proportion of the U.S. population. For instance, the African-American population climbed slightly between 1980 and 2000, increasing from 11.52% to 12.06% of the U.S. population. Within the last two decades, the percentage of Hispanics in this country has almost doubled, rising from 6.5% to 12.5% (SSDAN). Similarly, the Asian community has more than doubled from 1.5% to 3.6% (SSDAN). These numbers, however, do not tell the whole story. Beginning in 2000, the U.S. Census Bureau permitted people to classify themselves as belonging to more than one racial group. As a consequence, biracial individuals now comprise about 2.26% of the U.S. population (SSDAN), and that number will no doubt rise with the upcoming census of 2010.

These data have important implications for counselors who will have to exhibit the requisite awareness, knowledge, and skills to work more effectively with clients from culturally and linguistically diverse backgrounds (Sue, Arredondo, & McDavis, 1992). Counselors must anticipate that as racial group membership increases, their clients will likely contend with certain levels of *race-related stress* and/or the cumulative effects of racism and discrimination—all of which could negatively impact the physiological and psychological well-being of their ethnic minority clients (Utsey, Chae, Brown, & Kelly, 2002). Studies conducted on both clinical and nonclinical samples concluded that race-related stress contributed to low self-esteem, paranoia,

and apathy towards one's life and personal goals (Chakraborty & McKenzie, 2002; Sue, Capodilupo, et al., 2007). Additionally, the Surgeon General's Report (1999) noted that issues associated with race-related stress are also inherent within mental health care. More specifically, racial and ethnic minorities frequently receive poor quality of care due to poverty, lack of health insurance, lack of geographic proximity to available services, and counselor bias in symptoms and diagnosis—with the latter potentially leading to cultural mistrust between the counselor and client, and consequently inadequate mental health care (Atdijan & Vega, 2005; National Council of LaRaza, 2005). Moreover, people of color are more likely to seek services from their primary care physicians rather than mental health providers due to the stigmas and overdiagnoses of various disorders, such as schizophrenia and mood disorders (Atdijan & Vega; Surgeon General). In the absence of appropriate mental health treatment, far too many people of color self-medicate using drugs and alcohol, thus increasing the likelihood of comorbidity or the presence of two or more mental health disorders (Atdijan & Vega). These findings support the need for culturally responsive treatment modalities.

Consistent with the demographic shifts cited above, the foreign-born U.S. population has also increased. To illustrate, in 1990 the foreign-born population comprised about 7.95% of the U.S. population; however, by 2000 the foreign-born population rose to 11.05% (SSDAN, 2007). Unlike earlier turn-of-the-century European immigrants who were more likely to assimilate rapidly, the recent wave of non-European immigrants has retained their culture of origin for longer periods of time, owing in large measure to technological advances which permit immigrants to communicate and visit their compatriots more frequently (Bean, Lee, Batalova, & Leach, 2005; Kritz & Gurak, 2005; Sue et al., 1992). Experts have also asserted that when immigrant groups retain their cultural traditions, it contributes to a sense of belonging and

psychological well-being—especially in light of the acculturative stress with which they contend (Farley & Alba, 2002).

Smart and Smart (1995) defined "acculturative stress" as the loss of self-identity and cultural or social norms that can stem from adapting to a new set of cultural and social norms. For instance, many immigrants encounter high rates of linguistic bias, racial profiling, anti-immigrant policies, and race-based hostility, which together or separately can compromise their psychological well-being (Farley & Alba, 2002; Moradi & Hasan, 2004; Sue & Sue, 2008; Smart & Smart; Utsey et al., 2002). Immigrants are also likely to encounter other forms of acculturative stress that include, but are not limited to, a longing for the homeland, difficulty negotiating English-speaking environments, as well as intra-familial strife resulting from differential assimilation rates between the self and significant others (Saenz, 2005; Xie & Goyette, 2005). In light of these stressors, counselors need to have the multicultural competence to address the culture-specific issues that can arise during the counseling process (Moradi & Hasan, 2004).

The counseling workforce, unfortunately, does not yet mirror the growing multicultural face of America. Given that counselors are predominantly White and female, some research suggests that White counselors may be less well prepared to explore the contextual dimensions of race, ethnicity, and culture during the counseling process with clients of color (Gim, Atkinson, & Kim, 1991; Burkard & Knox, 2004). This fact may be exacerbated by the fact that, in general, Whites seem to have far less inter-ethnic contact with culturally and linguistically diverse individuals, even when they reside in diverse metropolitan areas (Kritz & Gurak, 2005; SSDAN, 2007).

To gauge the level of exposure or contact that members of a particular racial group have with members of their own racial group or with members of different racial groups, the Census

Bureau uses *exposure indices*, which are based on residential patterns (SSDAN, 2007). As an example, irrespective of the geographic locale, Whites are more likely to reside with other Whites than with people of color. Whites within metropolitan Washington, DC, for example, have more than 70% exposure with other Whites (SSDAN). Likewise, within a homogenous rural community such as Roanoke, VA, Whites have more than 90% exposure with other Whites (SSDAN). Conversely, compared to Whites, people of color have far more interactions with other people of color. With the exception of Blacks—who are more likely to reside in predominantly Black enclaves—Asians, Hispanics, and American Indians living in both Washington, DC, and Roanoke, Virginia, have more contact with Whites than they do with members of their own racial and ethnic groups (SSDAN). If this statistic is generalized to the counseling profession, findings may imply that limited levels of exposure to people of color can create challenges when White counselors work with clients of color (Fuertes, Mueller, Chauhan, Walker, & Ladany, 2002; Gim et al., 1991). Previous research seems to indicate that counselors of color may have some advantages when working clients of color because of their understanding of what it means to be a member of an ethnic minority in this country (Atkinson, Casas, & Abreu, 1992; Burkard, Johnson, et al., 2006). This discussion by no means implies that Whites can only work with Whites or that people of color can only work with people of color. Nonetheless, this discussion does suggest that membership within a racial ethnic group may create a greater level of awareness regarding the sociopolitical and sociocultural realities of ethnic minority status (Atkinson et al.).

It should be noted, however, that sharing a racial group identity does not automatically attenuate issues related to interethnic conflict. In fact, counselors of color may also have difficulty working with clients from diverse backgrounds, but current research in this area is

inconclusive. Sue & Sue (2008) hypothesized that increased levels of interethnic contact have resulted in varying levels of interethnic conflict among ethnic minorities, which has the potential to negatively impact the therapeutic process. That is, the potential for cultural misunderstandings may arise when counselors and clients from different racial groups—or counselors who share racial group membership with their clients but not ethnicity—work together (Liu & Pope-Davis, 2005). For instance, one cannot assume that an Asian counselor will automatically recognize and understand the concerns of a Latino client. Additively, an African-American counselor may not have an intuitive understanding of the experiences of an African immigrant client. Be that as it may, although some research indicates that counselors of color work more effectively with clients of color, other research suggests that racial identity, as opposed to racial group membership, functions as a better predictor of a client's preference for working with specific counselors (Helms & Carter, 1992; Helms, 1993; Kwan, K.-L. K., 2005; Neville et al., 1996; Ponterotto, & Mallinckrodt, 2007).

As previously discussed, multicultural counseling competence (MCC) refers to the counselor's ability to: (a) recognize personal attitudes, biases and assumptions that may impede her or his ability to work effectively with clients from marginalized groups, (b) acquire culture-specific information about diverse client populations, and (c) develop culturally responsive strategies and interventions that promote favorable counseling outcomes (Sue et al., 1992). This tri-partite framework has been endorsed by numerous professional organizations, including the American Counseling Association [ACA], (2005), the American School Counselor Association [ASCA], (1999), and the Association for Multicultural Counseling and Development [AMCD], (Sue et al.). Moreover, the Council for the Accreditation of Counseling and Related Educational Programs [CACREP], (2001) incorporates multicultural counseling competencies in its

accrediting standards, and the ACA has endorsed culturally responsive practice as a correlate of ethical counseling practice (American Counseling Association).

Several researchers have operationalized the multicultural counseling construct in an effort to assess counselors' self-reported multicultural counseling competence (MCC) (D'Andrea, Daniels, & Heck, 1991; Holcomb-McCoy, 1999; LaFromboise, Coleman, & Hernandez, 1991; Ponterotto, Sanchez, & Magids, 1991; Pope-Davis & Dings, 1994; Sodowsky, Taffe, & Gutkin, 1991). Measures of MCC have revealed positive relationships between self-reported MCC and previous training (D'Andrea et al.; Holcomb-McCoy), multicultural case conceptualization (Constantine, Warren, & Miville, 2005), as well as racial identity functioning (Neville et al., 1996). Multicultural counseling competence appears to also be inversely related to racial color-blind attitudes and racism (Sodowsky, Kuo-Jackson, Richardson, & Corey, 1998; Shue & Lent, 2007). Research related to MCC has also guided the preparation and training of pre-service and in-service personnel and informed the delivery of culturally-relevant counseling services (Arredondo et al., 1996; Arredondo & Arciniega, 2001; Bodenhorn, Jackson, & Farrell, 2005; Ponterotto, Alexander, Charlene, & Greiger, 1995).

Critics of MCC argue that the MCC construct focuses a disproportionate amount of attention on critiquing Western counseling paradigms without proposing culturally relevant alternatives (Weinrach & Thomas, 1998). Moreover, there is disagreement on whether the profession should adopt inclusive or exclusive definitions of multiculturalism (Fong, 1994; Sue & Sue, 2008). Proponents of inclusive definitions of MCC argue that individuals possess multiple identity states that include but are not limited to race, ethnicity, culture, gender, religion, sexual orientation, age, socioeconomic status, etc (Weinrach & Thomas, 1998). Contrariwise, proponents of *exclusive* definitions of MCC argue that inclusive definitions are so broad and

encompassing that they are virtually meaningless. They further note that adopting an inclusive orientation towards MCC serves as a thinly disguised veil for not dealing with issues of race and representation directly (Fong, 1994).

Tatum (1997) asserted that encounters with racism and discrimination are inevitable for clients of color. Despite the groundbreaking contributions of MCC to the counseling field, the MCC model appears to have some limitations in its ability to centralize the role that race plays in clients' lives (Collins & Pieterse, 2007). Given the limited attention that existing counseling frameworks devote to the effects of racism and discrimination as prominent features in the lives of many clients of color, perhaps the counseling field can benefit by incorporating Critical Race Theory (CRT) as a useful conceptual tool for the delivery of culturally-responsive counseling. Essentially, CRT problematizes the impact of racism and discrimination as virulent forces of oppression which threaten to undermine the very fabric of this society (Delgado & Stefancic, 2000).

This article, therefore, examines the utility of CRT as a conceptual framework that can assist counselors who work with clients from diverse backgrounds to recognize the centrality of racism and discrimination within their clients' lives. A secondary purpose of this study is to identify and evaluate existing counseling frameworks that apply CRT tenets to the counseling process. The article opens with an historical overview of CRT, continues with a discussion of the relationship between CRT and counseling, and closes with a review of the Multidimensional Model of Broaching Behavior (MMBR). Essentially, the MMBR operates as a heuristic device that permits counselors to explore the embeddedness of racial and cultural facts within the client's presenting problem in order to facilitate the client's problem-solving efforts.

Historical Overview

According to Delgado and Stefancic (2000) Critical Race Theory (CRT) emerged in the late-1970s among legal scholars (e.g., Derrick Bell and Alan Freeman) who were dismayed by the slow pace of racial restructuring in the United States. The monumental political gains of the civil rights movement following the *Brown vs. Bd of Education, 1954* decision seemed to be stalling in achieving racial equality for all (Delgado & Stefancic; Ladson-Billings, 1998;Taylor, 1999).

Basically, CRT grew out of the Critical Legal Studies (CLS), a scholarly movement associated with the legal profession that was emerging in the 1970s, which emphasized law and social power (Ladson-Billings, 1998). Whereas proponents of CLS maintained that inequality was mainly due to discrepancies in social status, proponents of CRT attributed inequality to racial bias that resulted from notions of racial superiority and White supremacy (Ladson-Billings; Villenas, Deyhle, & Parker, 1999). Critical race theorists pay homage to the contributions of early 20th century scholars Carter G. Woodson and W.E.B. DuBois, who maintained that racism was endemic to society and helped to reinforce social hierarchies (Ladson-Billings & Tate, 1995). Critical race theorists also felt that CLS ignored the extent to which racism and racial power masterfully forced oppression on involuntary victims (Villenas et al.). They agreed with the critique that the legal definition of a right was mainly determined by social circumstance and judicially interpreted meaning, but they felt CLS overlooked rights for people based on their racial group membership (Villenas et al.). CRT scholars asserted that emphasis on legal power as it related to persons of color seemed to be a necessary but insufficient component of the larger issue, racial power. Consequently, critical race theorists

developed a separate movement. In the sections that follow, CRT will be discussed with an emphasis on those CRT components that apply most directly to counseling.

<div align="center">Ideology of Critical Race Theory</div>

Critical race theory, which assumes that racism is endemic to society, examines how racism shapes and perpetuates itself within the U.S. (Delgado & Stefancic, 2000). The ultimate goal of CRT is to transform society by eradicating racism, and by extension, all forms of oppression (Solorzano & Bernal, 2001). CRT challenges established conceptual frameworks that ignore or minimize the impact of racism and discrimination on the lives and experiences of people of color, and proposes a liberating opposition to racial oppression (Solorzano & Bernal). Specifically, critical race theory adheres to the following tenets: (a) racism is interwoven throughout the entire U.S. culture; (b) Whites have a long history of supremacy over people of color in America; (c) Whites, particularly White women, have benefitted from civil rights strategies through what is coined *interest-convergence*; (d) a Black/White binary exists, which declares that all other racial identities and groups in the U.S. are best understood through an examination of the African American experience; (e) CRT emphasizes the connection between racial power and the legal system, and finally; (f) storytelling is a powerful tool for investigating the myths and presuppositions that degrade people of color, while also validating and affirming the minority experience (Bell, 1980, 2000; Delgado & Stefancic; Dixson & Rousseau, 2005; Ladson-Billings & Tate, 1995; Ladson-Billings, 1998; Ladson-Billings & Donnor, 2005; Lalik & Hinchman, 2001; McMorris, 1999; Milner, 2007; Villenas et al.,1999). These tenets will be discussed more thoroughly in subsequent sections of this manuscript.

Matsuda, Lawrence, Delgado, & Crenshaw (1993) enumerated other tenets of the CRT movement. For instance, they challenged prevailing legal assertions of neutrality such as racial

profiling, color-blindness, and meritocracy (i.e., the notion that only the most capable and competent individuals get rewarded), as well as the rhetorical claim that racial differences do not matter. They also questioned the practice of ahistoricism, which summarily eliminates certain unpleasant aspects of history, and are adamant about recognizing the factual knowledge of people of color and their communities of origin**.** For instance, the unwillingness to acknowledge the residual effects of slavery upon generations of African-Americans is an injustice to a significant portion of American history (Balfour, 2003).

McMorris contended that the legal system tends to maintains the "status quo," and it is incumbent upon researchers to examine whether race, sex, and class are separate prejudicial variables, whether they blur, or whether one serves as a main variable in confrontations. Heretofore, the burden of proof has been placed on people of color to demonstrate that racism and discrimination were legitimate features of their lives (Bell, 2000; Lalik & Hinchman, 2001). Within the context of counseling, the expectation that clients would need to prove that racism functions as an impediment to social and psychological well-being has the potential to invalidate or minimize clients' concerns, thereby damaging their alliance and reducing the counselor's credibility (Burkard & Knox, 2004; Cardemil & Battle, 2003).

Critical race theory writings also focus on essentialism, a practice of defining a group of people by a small set of fixed properties, while ignoring the conditions under which such identities emerged. Because essentialism discounts any possibility of change or variation within groups, it can contribute to unconscious racism (Delgado & Stefancic, 2000). Other authors have examined aspects of CRT in terms of whether people of color may best protect and promote their welfare by separating from what is considered mainstream America (Bell, 2000; Espinoza & Harris, 2000; McMorris; Villenas et al., 1999).

Interest Convergence

Of particular interest to many CRT scholars is the previously mentioned theme known as *interest convergence.* This construct acknowledges factors that serve to justify the eradication of racial discrimination and/or those offering solutions for racial injustice (Ladson-Billings, 1998; Milner, 2007). This concept proposes that Whites—or any group in power—support constitutional protection and equality for people from subordinate groups . . . as long as these protections do not hinder their own status or privileges (Lopez, 2003; Milner). As Bell (1980) asserted, should equal rights for subordinate groups threaten their own interests, status, and liberties—thereby diminishing current and future privileges—that theoretical support comes into question.

Bell (2000) later argued that the interests of people of color in attaining racial equality will be welcomed only when their interests converge with the interests of Whites in policymaking positions. Bell added that if and when a convergence did occur, it would eventually be abandoned if the Whites in power began to sense that their authority or social status might be compromised. Thus, these tacit contracts serve as silent treaties (Dixson & Rousseau, 2005). As a result, assessing interest convergence involves determining the kinds of interests that people of color were allowed that did not interfere with those of Whites (Taylor, 1999). Interest convergence also occurs within the counseling research literature. For instance, a disproportionate number of studies tend to view race through the lens of one group—the White majority (Akbar, 1991; Quintana, Troyano, & Taylor, 2001). Rarely are inquiries conducted solely on the experiences of a minority group. A substantial amount of research that does examine issues related to ethnic minorities usually relies on a comparative framework in which Whites serve as the reference group (Atkinson, Bui, & Mori, 2001; Quintana et al.).

Consequently, a major limitation of these studies was identifying research that did not measure the values of people of color against the values of Whites (Akbar). Research that examines the complexities of and describes the utility of intra-racial or intra-ethnic comparisons, therefore, is highly needed so as to assist counselors in better understanding the experiences and cultural norms adopted by people of color (Akbar).

Furthermore, it is not enough to simply condense these discussions on racial and cultural concerns to the Black-White binary, which oversimplifies and alters the social history for numerous other people of color in this country (Lalik & Hinchman, 2001; Perea, 2000). While this binary primarily disparages the experiences of African-Americans by comparing them to those of Whites, conducting sessions with other clients of color without paying careful attention to their voices and presence is essentially a reassertion of the Black-White model (Akbar, 1991; Perea). Therefore, conveying the message that all other racial identities and groups in the U.S. are best understood only through this single binary further adds to the marginalization of these groups (Perea).

There is a significant overlap in the themes and ideology of CRT that undeniably manifest within the counseling field. The next section of this article will further discuss three specific tenets of CRT that relate to counseling: endemic racism in this country, color-blindness, and storytelling.

<div align="center">CRT in Counseling</div>

Critical Race Theory has tremendous utility for the counseling profession, particularly as a conduit for recognizing how race can shape a client's sociocultural and sociopolitical experiences. Of the numerous themes within CRT, at least three distinct tenets emerge that have direct applicability to counseling professionals: (1) race is endemic and is likely an issue for

clients of color and therefore must be discussed in session; (2) color-blind racial attitudes

adopted by counselors can be highly damaging to the development of trust and rapport with

clients; and (3) counselors must promote and invest in the experiential stories of clients of color.

Although these are not the only CRT tenets that relate to the counseling profession, they do offer

the most promise for transforming the counseling profession. These issues also serve as a source

of empowerment for clients from marginalized groups.

Racism in Counseling

The assertion of many CRT scholars that racism is endemic or ingrained in this society is

not as farfetched as one would like to believe. Indeed, this belief is evidenced by the relative

pervasiveness of racial profiling, medical apartheid (i.e., a long history of medical

experimentation on Black Americans), economic racism, workplace discrimination, and

environmental racism (Bell, 1980; Delgado & Stefancic, 2000; Dixson & Rousseau, 2005;

Espinoza & Harris, 2000; Ladson-Billings & Tate, 1995; Ladson-Billings, 1998; Ladson-Billings

& Donnor, 2005; Lalik & Hinchman, 2001; Lopez, 2003; McMorris, 1999; Milner, 2007; Taylor,

1999).

Scheurich (1993) distinguished among several categories of racism. Specifically, he

compared Whites' nonracialized *individualistic* view of themselves to people of color's

racialized *social group* view of themselves. He asserted that the dominant culture has been

conditioned to view themselves and their achievements in a fundamentally different way,

believing that their status comes from individual hard work or meritocracy. Conversely, people

of color tend to believe their racial group membership contributes to the inequitable distribution

of resources and power (Scheurich). Scheurich and Young later categorized these different

views or forms of racism into three categories: (a) individual racism (overt and covert acts), (b)

social racism (institutional and societal racism), and (c) civilizational racism. They further explain that individual racism consists of acts that are either explicitly public and blatant or represent a hidden form of racial bias. Social racism consists of institutional and societal racism, which are forms of discrimination centered around cultural norms, rules, policies and practices that are used to penalize racial and ethnic minorities. Finally, civilizational racism consists of assumptions that the dominant group makes regarding the experiences of living in this society. However, many of these assumptions are not valid for individuals from marginalized groups (Scheurich & Young).

Scheurich (1993) goes on to say that Whites oftentimes construe racism as overt behaviors of individuals that can be easily identified and trademarked, while people of color tend to view systemic racism as a phenomenon based on racial group membership and its maintenance of racial stratification. In essence, people of color learn throughout their lives to view themselves differently—not through their own lens or through the lens of their own race— but through the eyes of upper-middle-class Whites.

Racism has infiltrated countless institutions in this society (Sue, 2003), including the legal and educational system, as well in the mental health field, to name a few (Bell, 1980, 2000; Collins & Pieterse, 2007; Ladson-Billings & Tate, 1995). For instance, a study conducted by Brand and Glasson (2004), concluded that it was practically impossible for pre-service teachers to separate their pedagogy, and thus their style of interacting with students, from their personal beliefs and biases about different races, cultures, and ethnic backgrounds. Therefore, the goal of their investigation was to assist these teachers in being prepared to embrace the daily trials of working in multicultural classrooms and getting beyond any stereotypes or preconceived notions they may have had toward certain students (Brand & Glasson). Outside of a few studies being

done on race and culture, race has yet to be fully theorized in education. This field, therefore, suffers greatly from a lack of conceptual/systematic tools to talk about race, operationalize it, and push the educational field forward (Ladson-Billings & Tate; Lalik & Hinchman, 2001; Milner, 2007; Taylor, 1999).

These views are not unique to the field of education; indeed, they have migrated to the field of counseling where experts agree that incorporating discussions of multiculturalism is essential for the progression of this field. Consequently, due to the endemic nature of racism in this society, effective counseling interventions should allow clients to sort through any racial concerns. The counselor should validate and affirm the client's sociopolitical experience and empower the client to act on his own behalf (Cardemil & Battle, 2003; Collins & Pieterse, 2007; Day-Vines et al., 2007; Sanchez-Hucles & Jones, 2005). Counselors must initiate racial dialogue with the goal of reconciling differences and establishing the groundwork for shared cooperation in the future (Sanchez-Hucles & Jones; Taylor, 1999). Taylor notes that oftentimes there is a propensity in conversations on race to generalize complicated dynamics and to ignore the historical context in which a particular conflict developed. Counselors, regardless of their race, must acknowledge that racism endures—in part because its existence sustains the well-being of the White dominant group (Lalik & Hinchman, 2001; Sanchez-Hucles & Jones).

Racial Microaggressions in Counseling

While racism refers to attitudes, behaviors, or institutions that display covert and overt acts of hostility towards someone based on skin color at both individual and systemic levels (Sue, 2003), microaggression refer to an action that represents more nuanced forms of perpetuating bias. Sue, Capodilupo, et al., (2007) defined racial microaggressions as fleeting daily interactions that communicate condescending impressions to people of color due to their

racial group membership. The counselor, if oblivious to these microaggressions, can seriously

damage the counseling process, especially since clients need opportunities to explore their

sociopolitical experiences during treatment. The ambiguity associated with trying to determine

whether a covert behavior can be construed as an act of racism and discrimination creates a

tremendous amount of psychological distress that saps the psychic and spiritual synergy of

people from marginalized groups (Sue, Capodilupo, et al.).

In a related study, Sue, Bucceri, Lin, Nadal, & Torino (2007) interviewed a sample of

Asian-Americans to assess whether they had experienced acts of microaggression. As the

authors reported, typical microaggressions involved topics such as being an alien in their own

land, presumed intelligence, and the exoticization of Asian-American women. Participants

reported that microaggressions produced lasting effects of depreciation, animosity, and alienation

within the Asian-American community toward the Eurocentric culture. Similarly, Constantine &

Sue (2007) used qualitative methods to examine Black doctoral candidates' perceptions of any

instances of microaggression that had occurred during supervision. Doctoral students reported

that their supervisors impeded the supervision process by invalidating racial-cultural issues,

making stereotypical assumptions about Black supervisees and clients, or focusing primarily on

clinical weaknesses. In sum, these studies validate how damaging microaggressions can be if

counselors ignore racial and cultural factors during treatment with their clients of color. This

information further adds to the credibility of infusing the ideology of CRT into the counseling

field as a means of highlighting the fact that the dominant group has set standards or values

based on their experiences of normalcy, and have oftentimes completely denied or devalued the

customs, norms, and sociopolitical realities of other groups (Lalik & Hinchman, 2001).

The next tenet delves further into the dominant group's disregard for racial minorities through a race-neutral orientation referred to as color-blindness, which will be discussed in terms of how it also hinders the counseling relationship.

Color-Blindness in Counseling

Color-blind racial ideology refers to the counselor's inability to consider the extent to which race, ethnicity, and culture impact the client's experiences. Specifically, counselors who intentionally or unintentionally embrace color-blind racial attitudes are more likely to assume that people are connected by their humanity and share some universal set of experiences. In short, they do not see race when working with clients (Neville, Lilly, Duran, Lee, & Browne, 2000). Many individuals who harbor color-blind attitudes endorse the erroneous belief that denial of racism actually helps to eradicate racism (Delgado & Stefancic, 2000). Such a stance completely ignores the historic origins of racism, as well as the variety of ways it continues to be perpetrated in the U.S. (Lopez, 2003). Moreover, as reported by Lalik & Hinchman (2001) and McMorris (1999), color-blind individuals believe fervently that institutions are culturally-neutral and meritocratic.

Frequently, color-blind racial attitudes operate as racial microaggressions. For example, seemingly innocent dialogue can become a type of coded language to pathologize people of color (Dixson & Rousseau, 2005; Lalik & Hinchman, 2001; Neville et al., 2000). The language of microaggression uses certain phrases to subtly indicate race-based differences in this country, such as "at-risk," "welfare mother," or "single-family households." Racial microaggressions can also include ambiguous encounters that are difficult to label as either racially laden or racially neutral (Lalik & Hinchman; Sue, Capodilupo, et al., 2007). Race within the structure of *Whiteness* is viewed as a malady. In other words, if Whiteness is considered "normal," anything

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by comparison that deviates from Whiteness is deemed aberrant or deficient. Many scholars argue, however, that color-blindness is far less insidious and simply represents a form of politeness (Dixson & Rousseau; Ladson-Billings, 1998).

Color-blind racial attitudes may be especially damaging with clients of color, especially if the counselor ignores racial and cultural factors that may be germane to the counseling process. Essentially, the color-blind counselor pays selective attention to those issues that all clients experience and minimizes the client's culture specific concerns (Atkinson et al., 1992; Gushue & Constantine, 2007). In fact, color-blind racial attitudes may be most prevalent among counselors who are operating at lower levels of racial identity functioning. For instance, Helms & Carter (1992) compared the racial identity functioning level of White counselors and clients of color. Their White racial identity attitudes construct describes the transformations that occur among Whites as they shift from having naive and stereotyped beliefs (*contact*) about people of color, to their efforts to work towards a nonracist identity (*autonomy*) (Helms & Carter; Helms, 1993). Counselors in the Helms and Carter study who exhibited *contact* attitudes were more likely to adopt a color-blind racial ideology, which as discussed earlier may do irreparable damage to the counseling relationship—particularly if it negatively impacts establishing rapport, developing trust, facilitating client self-disclosure, and helping the client examine racial and cultural factors.

An emerging body of research documents the potential damage that color-blind racial attitudes may have on the counseling process. For instance, Neville, Spanierman, and Doan (2006) examined the relationship between color-blind racial attitudes and multicultural counseling competence in a sample of psychology students and mental health workers. Respondents who denied the existence of racism and discrimination were less culturally

competent and less likely to integrate the client's culture specific concerns in their treatment approaches. Gushue and Constantine (2007) examined the relationship between White racial identity attitudes and color-blind attitudes in a sample of pre-service counselors. Findings revealed that extreme levels of racism were associated with underdeveloped White racial identity functioning. Burkard and Knox (2004) examined the effects of color blindness, empathy, and attributions in cross-cultural counseling dyads and concluded that counselors with higher color-blind racial attitudes made more negative attributions about Black clients than White clients.

These studies imply that power dynamics within the counseling dyad can either promote or inhibit culture-specific discussions. That is, the counselor wields considerable influence within the counseling relationship. Given the role that counselors play in facilitating race-related discussions with their clients of color, more research is warranted which explores what counselors say and do to integrate discussions of race, ethnicity, and culture into the counseling process. This discussion implies that counselors have an obligation to consider the extent to which racism impacts the client's experience.

Narratives in Counseling

One method for understanding the complexities of clients' lives is through the exploration of their stories or narratives. Narrative therapy in the counseling field was developed by Michael White and David Epston in the 1990s. They constructed narrative therapy based on the notion that identities are created by people's recollection and discussion of their experiences through the sharing of personal stories or narratives (Andrews & Clark, 1996; Richert, 2003; Rockquemore & Laszloffy, 2003). Narrative therapists intend for these stories to liberate their clients and assist them in gaining personal insights into the origins of their presenting problem, thereby being able to address and overcome it (Andrews & Clark). They highly encourage clients

to be empowered against the problem and to experience personal agency. This approach is based on literary rather than psychological metaphors (Andrews & Clark). The dominant story shared by the client is a series of events, but there are usually certain aspects left out of the story, and many times those pieces can be used for healing (Williams-Clay, West-Olatunji, & Cooley, 2001). As the therapist tries to dismantle the dominant story, he will use techniques such as deconstruction (dissecting the dominant story), finding unique outcomes (exceptions to the problem), encouraging reauthoring ("restorying" a counterplot to the dominant story), employing circulation (incorporating changes in the life stories), or using a reflecting team (an observation team that comments on instances when client was embracing the preferred outcome) (Andrews & Clark; Richert).

Within the counseling setting, narrative therapy is best known for its unique approach to discussing clients' presenting problems. This approach encourages clients to tell their stories with their preferred realities, or an alternative version of the problem-laden story that they are accustomed to sharing (Morgan, 2000). Practitioners of narrative therapy are interested in those instances when clients were able to *outwit* their problems and take back their lives from those problems (Morgan). This approach assumes that clients have many skills, competencies, and beliefs that can assist them in eliminating the sway of problems in their lives (Morgan, 2005; Williams-Clay et al., 2001). Moreover, a counselor who uses narrative therapy is also concerned with helping the client reframe and re-interpret his or her stories in a manner that is cathartic, liberating, and empowering (Morgan).

When narrative therapists employ critical rate theory in their practice, they display a genuine interest in the stories shared by their clients and are very respectful, non-blaming, and do not pretend to know the outcome before it is disclosed (Morgan, 2000). However, CRT

storytelling differs from narrative therapy in that it goes beyond the social constructivist approaches seen throughout counseling techniques into issues (or stories) that are specifically related to race and representation (Delgado & Stefancic, 2000). While narrative therapy recognizes that a client's cultural experiences are oftentimes woven into their narrations, an emphasis on race is usually not pivotal to the progress of therapy (Morgan; Rockquemore & Laszloffy, 2003). Within CRT, however, storytelling underscores the realities of one's racial group membership as a source of emotional catharsis for clients of color. Critical race theory does not make the discussion of race optional. Moreover, oppressed groups have known intuitively that stories are a necessary tool for their own survival and freedom (Solorzano & Bernal, 2001).

Within CRT, *counterstorytelling,* which is a term coined by civil rights law and critical race theory expert, Richard Delgado, is typically employed. Counterstorytelling refers to the recitation of stories of those racial experiences that are rarely shared by people of color; they function as a measure for analyzing and confronting the narratives of Whites, whose stories are widely known (Dixson & Rousseau, 2005; Ladson-Billings, 1998; Solorzano & Bernal). In addition to counterstorytelling, CRT also embraces narration through chronicles, as well as other literary forms such as parables, poetry, and fiction (Ladson-Billings & Tate, 1995).

As stressed by Ladson-Billings (1998) and Milner (2007), great knowledge is produced and gained by such stories because the telling allows people of color an opportunity to name or give voice to their racialized reality and further recognizes their personal and community experiences. For instance, Day-Vines, Moore-Thomas and Hines (2005) developed a model of culturally relevant bibliotherapy, which uses literature featuring protagonists of color. These characters are used to identify themes surrounding sociopolitical realities and the centrality of the

client's racial and cultural experience in an effort to address the specific and unique developmental concerns of individuals from marginalized backgrounds. Culturally relevant bibliotherapy also serves as a tool of empowerment, as it provides clients with alternative interpretations regarding race and representation that can validate and affirm the client's sense of personhood in powerful ways. Models such as bibliotherapy support the need for researchers to further investigate ways to obtain the valuable stories and life experiences of people from diverse backgrounds.

The use of narratives in counseling should be considered a vital component of multicultural counseling competencies. Indeed, the sharing of racial or culture-specific narratives would vastly enhance the authenticity and transparency of the counseling relationship (Sue et al., 1992). Counselors would be encouraged to embrace cultural specificity over universalism as it pertains to their clients' individual experiences (Ladson-Billings & Tate, 1995). Encouraging clients to share their narratives could also help to reduce self-condemnation, since it exposes and could aid in dispelling the stereotypes and labels associated with marginalized groups (Ladson-Billings & Tate). Narration also allows clients to openly discuss their experiences, thereby likely lessening the acceptance of those skewed identities (Ladson-Billings, 1998). Counselors must be cognizant of the fact that oftentimes the dominant group validates its power through stories and thus is unsuccessful in acknowledging the narratives of the oppressed (Brand & Glasson, 2004; Ladson-Billings & Tate). Along these lines, CRT storytelling challenges the stereotyped assumptions and depictions of people of color (Ladson-Billings).

As suggested by Milner (2007), CRT narratives are particularly beneficial when a skilled counselor can help the client understand his or her stories through the process of negotiation and

validation. In other words, the client's telling of the story and the counselor's interpretation of it in a synergistic way can help bring out its true meaning in a healing way. This process also prevents the counselor's voice from overpowering that of the client. The power dynamic shared between the counselor and the client is a formidable one that must be handled appropriately and should be evenly dispersed throughout the counseling session (Constantine, Hage, Kindaichi, & Bryant, 2007).

As previously mentioned, narrative therapy and CRT storytelling are both relevant approaches for clients of color when the counselor can help the client process, examine, explore, and make meaning of past experiences (Andrews & Clark, 1996; Morgan, 2000, 2005; Ladson-Billings, 1998; Milner, 2007). However, acknowledging and bringing forth specific experiences surrounding racial encounters is the primary focus of CRT storytelling; as such, it may be more appropriate for finding a solution to the client's presenting problem (Ladson-Billings; Dixson & Rousseau, 2005). Again, a solid argument has been made regarding the benefits of encouraging clients to share their realities through CRT storytelling in counseling sessions.

In summary, while CRT certainly warrants a position within the counseling field, it must be applied in a manner that not only permits clients to speak freely about the synthesis of racial and cultural contexts, but also facilitates discussions of other types of injustices faced by clients of color, such as those pertaining to gender, class, sexual orientation, religious preferences, able-bodied status, etc. Hence, the Multidimensional Model of Broaching Behavior, in combination with this manuscript's chosen tenets of CRT—endemic racism, color-blindness, and storytelling—provide a useful conceptual framework within which counselors can acknowledge the realities of race/racism in this country. Use of this framework can also help counselors develop their multicultural counseling competencies in order to address additional areas of

concern for clients from diverse backgrounds. The next section of this article will proffer a

proposal for how to explore these experiences within counseling.

Application of CRT in Counseling

While the preceding discussion identified three tenets of CRT that relate to counseling

(endemic racism in this country, color-blindness, and storytelling), the final section of this article

will identify an application of CRT with particular utility for the counseling process. Day-Vines

et al. (2007) enumerated a continuum and conceptual framework for *broaching,* which is defined

as initiating racial, ethnic, and cultural (REC) discussions during the counseling process.

Essentially, broaching refers to the counselor's intentional effort to both initiate and respond to

racial and cultural factors during the counseling process that are germane to the client's

counseling concerns (Day-Vines et al.). The broaching model functions as an application of CRT

because it provides clients with an outlet for the expression and examination of race-related

concerns that may impact psychological well-being.

Day-Vines et al. (2007) enumerated five particular broaching styles (i.e., attitudes and

behaviors) along a continuum that counselors typically display in their clinical approach to

discuss race, ethnicity, and culture with their clients. These styles are (a) avoidant, (b) isolating,

(c) continuing-incongruent, (d) integrated-continuing, and (e) infusing. Counselors at lower ends

of the continuum experience extreme difficulty initiating or responding to racial issues that arise

during the counseling process, while counselors at higher ends of the continuum are adept at

engaging in conversations with clients that address the centrality of race to their presenting

problem(s).

The intent of the counselor's broaching behavior is to initiate and encourage discussions

about the extent to which racial and cultural factors contribute to the client's psychological

distress. The ultimate aim of the counselor's broaching behavior is not to engage in system-bashing, but to acknowledge and affirm the client's sociocultural reality, reduce psychological distress, enhance the client's personal agency by acknowledging the client's realities, and subsequently identifying more effective problem-solving and coping mechanisms (Day-Vines et al., 2007; Utsey et al., 2002).

The counselor's broaching behavior should involve a discussion of the racial, ethnic, and cultural concerns that impact the client's presenting problem (Day-Vines et al., 2007). The purpose of broaching race, ethnicity, and culture is to encourage counselors to implement their cultural competency, enhance the counselor/client therapeutic alliance, and develop a trusting climate in which clients from diverse backgrounds can comfortably disclose racialized aspects of their presenting concerns (Day-Vines et al.). Additively, the client not only discloses the presenting problem but discusses the racial overtones that may accompany those problems, especially since racial issues are regarded as taboo in this society (Cardemil & Battle, 2003; Day-Vines et al.; Liu & Pope-Davis, 2005). Previous research demonstrates that the counselor's broaching efforts can deepen the level of client self-disclosure, enhance satisfaction with the counseling process, and also reduce premature termination rates (Sue & Sundberg, 1996). For instance, Thompson and Jenal (1994) conducted a qualitative study involving Black female college students on a predominately White campus who were seeing either a White or Black *race-avoidant* female counselor. Counselors were specifically instructed to address anything relevant to the presenting problem—except race. The results revealed that the quality of the engagement between counselor and client greatly influenced the client's level of self-disclosure, particularly as it related to race-related concerns. Moreover, they found that when clients made

comments about race or racism and counselors did not acknowledge these statements, clients would shy away from racial topics and rarely would mention them again.

Culturally- and linguistically-diverse clients often grapple with issues of race and culture as they struggle to cope with the various stressors they encounter in an unfamiliar environment (Utsey et al., 2002). The client's ability to discuss these experiences within the safety of a trusting therapeutic environment can function as a source of catharsis and empowerment. As such, the broaching model dovetails with CRT in that the counselor's broaching efforts initiate discussions centered on racial experiences under the premise that these experiences are real and possibly relevant to the client's presenting problem.

The broaching model also acknowledges the fact that race may not be the most salient issue for clients of color. Clients may struggle with or acknowledge other identity dimensions that may have more relevance for them in their daily lives (Liu & Pope-Davis, 2005; Reynolds & Pope, 1991). Thus, counselors must work to avoid therapeutic impasses by being conscious of the salient issues the client is facing and address those concerns rather than impose racial or cultural topics that the client is not comfortable disclosing (Liu & Pope-Davis). The counselor's broaching efforts can serve as a diagnostic tool to assess the client's level of racial identity functioning and concomitant attitudes towards integrating racial issues into the counseling process (Day-Vines et al., 2007; Helms & Carter, 1992; Helms, 1993).

As enumerated above, the broaching continuum revolves around five behavioral styles. The first broaching style, *avoidant*, has a direct connection to the color-blind tenet of CRT (Day-Vines et al., 2007; Dixson & Rousseau, 2005; Ladson-Billings & Tate, 1995; Ladson-Billings, 1998; Lalik & Hinchman, 2001; McMorris, 1999; Villenas et al., 1999). The avoidant counselor adopts a race-neutral viewpoint and deems it unnecessary to discuss matters of race with his or

her client (Day-Vines et al.). Take, for example, the fictitious scenario of a counselor who asks

his Arab-American client about her recent vacation. In response, the client expresses her

frustration about being, in her opinion, racially profiled in the airport. The client reports that

security guards rummaged through her carry-on bag with no respect for her dignity or personal

belongings. After an awkward silence, the avoidant counselor responds by noting that getting

away to a warm climate during the winter months must have been invigorating. This counselor's

response conveys a message of not fully understanding the negative impact this experience had

on the client, and ignores the client's frustration and humiliation. Irrespective of whether the

counselor deliberately or unintentionally ignored the client's discussion about a race-related

stressor, inattention to the client's experience may erode the counselor's credibility and

trustworthiness, thereby hindering the client from developing adaptive strategies for coping with

race-related stress subsequent to the airport incident.

The second style, *isolating,* also demonstrates the counselor's inattention to racial and

cultural factors (Day-Vines et al., 2007). Isolating counselors broach racial and cultural factors in

a very perfunctory manner. Essentially, although the counselor feels compelled to address these

factors with the client at least once during the course of treatment (Day-Vines et al.), the

counselor's broaching efforts do little in the way of addressing the client's core concerns

regarding race, ethnicity, and culture. Using the same scenario with the Arab-American traveler,

the isolating counselor would reply: "Well, I recognize that as an Arab-American this must have

been a humiliating experience for you. I'm sure this was a major stressor during your travels.

That being said, maybe we should work on helping you develop better coping skills with difficult

situations." Even though the counselor acknowledges the incident as having racial overtones, the

counselor's efforts in supporting the client are minimal. In fact, the emphasis is on the client's inadequacy, thereby causing the client to possibly internalize the issue as being her fault.

Continuing-incongruent, or the third style of broaching, involves counselors realizing that issues involving race, ethnicity, and culture do exist in this country and therefore must be intentionally discussed with his or her clients of color. The drawback with this style is that counselors tend to have these discussions based on myths and stereotypes (Day-Vines et al., 2007). The "continuing-incongruent counselor" might say to his Arab-American client: "Well, in my research on the Arab culture, I find that feelings of anger and hostility are very prevalent in your culture. It is a known fact that this anger makes your people a prime target for terrorist behaviors. Therefore, let's address these feelings of frustration that you are having at this very moment." Here again, the client's supposed limitations (lack of self-control) are accentuated, thus conveying a message that *she* is the problem. As a consequence, the client may begin to experience frustration or strong resentment towards her counselor for such an offensive response, possibly leading to pre-termination of therapy. In any case, the counselor has not provided the client with an adequate set of resources to negotiate encounters with racism and discrimination.

The *integrated-congruent* style is the first of two styles that counselors can use to dialogue openly with clients from diverse backgrounds about race, ethnicity, and culture. Counselors who embrace this style are better skilled at infusing these issues into clinical strategies and interventions (Day-Vines et al., 2007). Here, the counselor identifies individually-oriented counseling strategies, techniques, and interventions that promote client well-being by infusing race, ethnicity, and culture into the counseling process. The "integrated-congruent counselor" working with the Arab-American client would respond in the following manner: "I see that you are highly upset by the security guards' mishandling of your personal items, as well

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as by their blatant act of racism toward you since they distinctly singled you out amongst all the other travelers. I can only imagine how you feel at this very moment and how you feel about traveling in general. Racial hatred has increased dramatically since 9/11. I'm wondering what impact this incident and perhaps other racist incidents have had on you personally." This statement displays the counselor's genuine concern for the client's welfare, and has appropriately identified racism as a pervasive force in the client's social experience. The counselor's concern suggests that he or she does not expect the client to prove discrimination. This allows the client to feel supported and free to disclose additional racial and cultural experiences, which could lead to the development of appropriate responses to such indignities.

Finally, the *infusing* style, much like that of the previous category, involves the advanced counselor who is highly sensitive to the needs and concerns of clients of color and consistently encourages them to freely discuss their concerns throughout treatment (Day-Vines et al., 2007). These counselors are prepared to take their clients' concerns beyond the counseling setting and act as an advocate for them in the sociopolitical arena (Day-Vines et al.). Their involvement with issues surrounding race, ethnicity, and culture goes beyond their profession and into their personal lives. The "infusing counselor" would address the Arab-American client in a similar manner to the integrated/congruent counselor, but would take the conversation even further through advocacy behaviors or client empowerment. The fifth counselor might say: "I am fully aware of the racial profiling that occurs with Arab-American travelers. The security guards at the airport are very aware of their actions and are deliberately choosing Arab travelers for supposed security checks. If you're interested, I'd like to invite you to join a support group for Arab American women to talk about their needs." A client working with such a counselor is more

likely to trust her counselor, feel completely supported, and view her counselor as a strong

advocate for her welfare.

More recently, Day-Vines (2010) has extended the continuum to a Multidimensional

Model of Broaching Behavior that includes the following specific domains pertaining to race,

ethnicity, and culture: (a) intra-individual, (b) intra-racial, ethnic, cultural issues, (c) inter-racial,

ethnic, cultural issues, (d) inter-counseling issues and dynamics.

<p style="text-align:center">Multidimensional Model of Broaching Behavior</p>

Counselors who broach *intra-individual* issues assist the client in introspective thinking

as it pertains to their experiences with race, ethnicity, and culture (Day-Vines, 2007). For

instance, the counselor may initiate a discussion with the previously mentioned client on how

this experience at the airport has affected her level of racial identity and the way she views

herself in public. Additionally, the counselor may examine the impact of the client's other salient

identity dimensions such as gender, religious orientation, or social class issues (Reynolds &

Pope, 1991). This type of discourse considers the multiple identity contexts that may shape the

client's experience. Further, the discourse facilitated between the counselor and client may

contribute to a decrease in symptoms and help normalize the clients' experiences, as well as

encourage psychological healing. Such a discussion captures the complexities associated with

her experience and acknowledges that although race is important, other identity dimensions may

also impact her experience (Day-Vines).

Secondly, counselors may broach *intra-racial, ethnic, cultural* concerns that pertain to

within-group disparities that exist between the client and the individuals with whom he or she

shares a common racial, ethnic, or cultural background (Day-Vines, 2007). Here, the client may

struggle with conflicting views that are in direct opposition to those of the members in his or her

group (Day-Vines). For example, the Arab-American client may feel that she is a victim of racial-profiling at the airport, while some members of her family suggest that she is being too sensitive and exaggerating what happened at the airport. Such tensions and disagreements increase levels of psychological distress that clients must contend with on a daily basis. Issues related to differing acculturation levels within families and communities can also create psychological distress for clients. (Atkinson et al., 2001; Gim et al.,1991; Moradi & Hasan, 2004; Sodowsky, Lai, & Plake, 1991).

Next, counselors may broach *inter-racial, ethnic, cultural* issues by assisting clients in dealing with the variations between their culture of origin and the majority culture, which also involves assisting them in articulating their experiences with racism and discrimination that are endemic to society (Bell, 1980, 2000; Day-Vines, 2007). Here again, the counselor disregards the racial salience of the Arab-American's experience and responds in a discriminatory manner that is insensitive to the client's frustration. Once again, the psychological distress of feeling inadequate begins to manifest in the minds of clients of color and has the potential to effect their daily interactions (Day-Vines; Utsey et al., 2002). Likewise, when counselors ignore these issues—i.e., display racial microaggressions—the client has to address yet another setting that minimizes the concerns experienced by persons from diverse backgrounds, thus augmenting the psychological distress (Sue, Capodilupo, et al., 2007)

Finally, counselors have a responsibility to be aware of, and sensitive to, *inter-counseling* dynamics and monitor the counselor-client relationship (Day-Vines, 2007). For instance, when the client explains the airport situation to this counselor, she responds by acknowledging that this is not an easy topic to discuss and asks if her racial/ethnic differences makes it even harder to share. Here, counselors are fully aware of the differences that exist between themselves and

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their clients and how this may influence their counseling relationship at any given time. In other words, they respect the importance of these differences (Cardemil & Battle, 2003; Day-Vines). Moreover, counselors may reinscribe racialized power dynamics within the counseling relationship. For this reason, these four domains are presented to articulate situations under which counselors may utilize broaching behavior with clients of color (Day-Vines).

Benefits of Broaching using CRT

From a CRT perspective, counselors who choose to broach issues of race can move a client's discourse from a personal level to a broader societal context, which can be used as a diagnostic tool (Ladson-Billings & Donnor, 2005; Lalik & Hinchman, 2001; Liu & Pope-Davis, 2005; Milner, 2007). Such issues then becomes institutional, systemic, and collective concerns for all . . . rather than an individualized burden solely encumbered by people of color. More specifically, this shift accommodates identity dimensions that underscore the role race plays in shaping clients' experiences (Day-Vines et al., 2007; Milner). Counselors must learn to move past simply assessing their theories of knowledge. Instead, they must move towards more open communication about racial, ethnic, and cultural factors, as well as other forms of oppression that effect their clients' lives—with the end goal being liberation, empowerment, and personal transformation (Cardemil & Battle, 2003; Day-Vines et al.; Dixson & Rousseau, 2005; Ladson-Billings & Donnor; Lalik & Hinchman; Sanchez-Hucles & Jones, 2005).

The final section of this manuscript discusses the primary limitation of infusing CRT into one's counseling practice. Even though the need for broaching race, ethnicity, and culture in this society is long overdue, it must be done with awareness and intelligence (Ladson-Billings, 1998).

A Limitation of CRT in Counseling

One noteworthy critique of CRT—and thus a downside for hastily infusing CRT into counseling—is the tendency to focus only on race when dealing with matters that affect culturally diverse people. A person's identity, particularly someone from a diverse background, is intricately woven into many aspects of existence, such as social class, gender, religion, ability/disability, and sexual orientation to name a few (Reynolds & Pope, 1991). The multiple layers of identity are aspects that culturally diverse individuals have to navigate on a daily basis. And while race constitutes an important dynamic that impacts the client's social and psychological experience, it is not always the sole or primary concern for clients of color (Brand & Glasson, 2004; Cardemil & Battle, 2003; Day-Vines et al., 2007; Espinoza & Harris, 2000; Ladson-Billings, 1998; Ladson-Billings & Donnor, 2005; Lalik & Hinchman, 2001; Lopez, 2003; McMorris, 1999; Milner, 2007; Reynolds & Pope; Sanchez-Hucles & Jones, 2005; Villenas et al., 1999). For instance, in the case of the Arab-American traveler, in addition to race-related bias, the client was simultaneously confronted with issues related to her gender and possibly her religious orientation—perhaps even her cultural patterns of dress. Critical race theory does not address other significant identity dimensions that may have salience for the client.

Conclusions

As presented in this manuscript, CRT scholars acknowledge that the experiences of people of color are legitimate, fitting, and critical to comprehending, examining, and teaching about racial subordination in many fields, particularly counselor education (Solorzano & Bernal, 2001). Critical race theory is committed to social justice, provides a sense of freedom or a transformative reaction to different types of oppression such as racism, and proffers an

interdisciplinary theoretical justification for taking seriously oppositional accounts of race (Delgado & Stefancic, 2000; Dixson & Rousseau, 2005; Ladson-Billings & Tate, 1995; Ladson-Billings, 1998; Ladson-Billings & Donnor, 2005; Lalik & Hinchman, 2001; McMorris, 1999; Milner, 2007). As a derivative of Critical Legal Studies, CRT has taken a particular stance against legal doctrine and methodology with the specific goal of highlighting the discrepancies between legal versus racial power (Bell, 1980, 2000). This construct boldly acknowledges that biased facts are oftentimes used to support the interests of the dominant White group, who in turn views their position as unassailable (Ladson-Billings; Milner; Villenas et al., 1999). Critical race theory proposes that by using an epistemology derived from historical/cultural communities of identity, culturally relevant communities will eventually surface (McMorris). Scholars must engage in forms of scholarship that make transformations of their work more flawless and recognize that this novice scholarship may disturb the White status quo*,* This, however, is what activism demands, particularly if there is a genuine commitment to the needs and concerns of people of color (Delgado & Stefancic).

"The right to play in the game is meaningless, if you are powerless to change the rules"

– Greta McMorris

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CHAPTER THREE: METHOD

Rationale for Qualitative Design

This study was conducted based on an interest in learning about counselors' experiences with addressing racial and cultural factors with their clients. In keeping with the tenets of qualitative inquiry, I focused on the meaning that each participant assigned to his or her lived experience (Heppner, Kivlighan, & Wampold, 1999). I concentrated on the context of participants' experiences and have attempted to make sense of their experiences by using whole text qualitative analysis to code and categorize data based on categories that emerge from the participants' disclosures (Patton, 2002).

Qualitative inquiry is the most appropriate method for understanding individuals' experiences and the value they place on those experiences (Heppner, et al., 1999; Patton, 2002). As noted in previous chapters, little is known about counselors who discuss issues of race, ethnicity, and culture with their clients and how they address these topics with their culturally and linguistically diverse clients (Day-Vines et al., 2007). For this reason, I used the structured open-ended interview format, or pre-selected interview questions that allow participants the most responsiveness when describing their experiences, to conduct one-on-one interviews with participants in order to gain an in-depth and more accurate report of participants' perspectives on their efforts to address racial and cultural factors with clients (Patton). These aspects of qualitative inquiry help facilitate easier exploration of the research questions and interpretation of the data.

This approach to studying how counselors address race, ethnicity, and culture is informed by the tenets of Critical Race Theory, which delves into the socially constructed nature of race and racism and opposes all forms of oppression (Delgado & Stefancic, 2000). Thus, the intent of

this study is to explore African-American counselor's experiences of discussing racial and cultural factors with clients of color. More specifically, this study explores the experiences and meanings that inform counselor's efforts to discuss racial, ethnic, and cultural issues during the counseling process. The following research questions guided this study:

- What significance do issues of race, ethnicity, and culture have for African American counselors?

- How do counselors experience their relationship with clients and other aspects of the counseling process after addressing issues of race, ethnicity, and culture?

- How do counselors experience the content of what is shared after addressing issues of race, ethnicity, and culture?

- What are counselors' views of how issues of race, ethnicity, and culture are currently being addressed within the counseling profession in general?

The next section delineates the data collection and data analysis procedures used for this study. The researcher's stance and reflexivity are acknowledged before discussing the specifically methodology, as they are essential components within qualitative inquiries.

Method

Researcher Stance

Researcher Stance: I am a 31-year old African-American female who grew up in the Bible Belt of Decatur, Georgia, with my family in a middle-class suburban neighborhood. Both my parents and grandmothers were college graduates and therefore instilled in my sister and me the same educational values. I can still hear my father saying, "Kristy, work smart not hard. You get more accomplished that way." My family was highly involved in community/political affairs, both local and federal, and they believed that having an unwavering political stance was

necessary to be considered an upstanding citizen. Idle chit-chat regarding what *should be* done and how the government is not *up to par* was not our family's forte. We were taught to *do something* about *it* and be a person who effects change! We are all members of several social, political, and career-oriented organizations, and we often find ourselves surrounded by familiar faces within these organizations. My family's work ethic was impeccable, and at times burdensome, as taking sick or personal days was an anomaly throughout most of my childhood. This notion came from the working-class elders in my family, who encouraged their successors to pursue more prosperous dreams, while maintaining the loyalty and character of their working class predecessors. Overall, I grew up surrounded by plenty of love and encouragement, as well as strong morals/values, discipline, respect, and protocol, which oftentimes could be disregarded while relaxing in the comfort of our home with close family and friends.

Over time I have come to realize that I cannot escape these well-nurtured values, opinions, and personal beliefs, particularly those fully grounded in equality for all mankind. These beliefs became ingrained in me through many conversations with my older relatives. Many of them remember the segregated south and their countless encounters with racism, even after the removal of Jim Crow Laws. Even though they shared many of the intricate details of their past experiences, oftentimes my parents withheld information about experiences that were too painful to recount. Presumably, they found relief in knowing that their children would never face those types of situations. However, in my lifetime I too have memories etched in my mind of being reminded that I was just a *little Black girl* in certain settings, particularly in school or on family vacations to extravagant resorts. For instance, most of my life I've attended Predominantly White Institutions (PWIs), from elementary school through college. Therefore, being a minority within my classrooms was something I grew accustomed to and almost

conditioned to accept. I knew *the rules* that I had to follow at all times, e.g., being highly articulate when I spoke (since I represented the *entire* Black race), never turning in assignments late or asking for an extension—no matter the circumstance (because it meant that I was lazy or incompetent), and never ever arguing, disputing, disagreeing with, or challenging classmates and/or teachers (as these represented behaviors displayed by angry, out of control *types* of people).

While my identity as a woman has had a significant impact on my life decisions, my racial and ethnic backgrounds have been more salient in guiding and ultimately finalizing my decisions. I have always loved being African-American and have a profound regard for my race and our significant contributions to American society. And studying the history of slavery and the brutality that my ancestors encountered made me even prouder of my African-American heritage. There is an invaluable pride that consumes the very essence of my existence. I am a direct descendent of the strength of Nat Turner and Harriet Tubman, the insights of W.E.B. Du Bois, the perseverance of Martin Luther King, Jr., and the soul of Ella Fitzgerald. However, even though I find value in all racial and ethnic groups, I have not found that to be the case from others regarding my race. My mind is troubled by how this country's written heritage, such as the Declaration of Independence or the Constitution, were penned so eloquently with an inherent foundation rooted in equality and good will towards all mankind—despite the fact that acts of blatant or repressed hatred, based on the color of one's skin, continue to dictate the depth of our relationships and overall interactions with one another.

As a counselor, the same concerns regarding racial and cultural disparities have also seeped into my counseling sessions. For instance, most of my counseling experiences have been in working with children, individually and collectively. Oftentimes my clients would say, "Ms.

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Kristy, you're pretty cool and I feel like I can talk to you about anything." And, when I asked why, they would casually respond, "You know, because you're Black like me." Along similar lines, I recently completed a clinical internship with a non-profit counseling agency where I provided services for adults; I found this experience to be most enlightening. Specifically, one of my female African-American clients boldly commented in our first session, "Wow, I sure am glad to have you. The last time I had a Black counselor was years ago, and the last counselor (a White female) didn't understand me or Black folks at all." She went on to explain that she felt as though her counselor never fully connected with her, nor understood the pressures of being both an African-American and a lesbian in a small rural conservative town.

Considering these and other similar counseling experiences, I began to realize that there was a deeper message in my client's song, so to speak. They were essentially saying that they did not feel as though their non-Black counselors understood their stories or, even worse, cared to hear and process their stories. I strongly believe that their commentary should not be taken lightly. Moreover, several underlying themes come to mind as to what these statements might reflect about these clients' experiences with counseling: a possible lack of trust, lack of therapeutic rapport, feeling disengaged and/or uncomfortable with counselors, or even worse— that they felt as though their racial and cultural identity dimensions were being devalued or ignored.

Thus, based on the above reflections, I have both personal and professional views regarding addressing race, ethnicity, and culture with clients of color. I believe that addressing racial and cultural matters in session should occur and counselors should be forthright in having discussions about how race, ethnicity, and culture impact the client. These discussions will help clients normalize their experience, may reduce the amount of premature terminations for clients

of color, and increase the amount of clients of color who consider counseling. Presumably, the counseling process would gain legitimacy within communities of color as a safe haven to discuss ones' personal affairs without being judged.

Because every researcher plays a role within his or her own project, my presuppositions regarding a counselor's approach to addressing race, ethnicity, and culture are laced throughout my manner of inquiry, my personal history, and what I believe to be true about African-American counselors' views on diversity within the counseling field. I particularly recognize the role I played within the research through both my commitment to having explicit discussions about race and representation with previous clients and the fact that I purposefully selected participants who explored race, ethnicity, and culture with their clients. Moreover, during the interviews I was reminded of my experiences as a teaching assistant and doctoral supervisor in which, I worked to convince students of the importance of addressing racial and cultural matters with clients of color. Participant's visceral responses and reactions reinforced my contention that these discussions were an essential part of the counseling process.

I strongly believe that addressing race, ethnicity, and culture allows for a more authentic and trusting relationship between counselor and client. I also assume that clients of color who share their stories seem to be relieved to no longer bear the burden of proof as it relates to racial or cultural discrimination they have experienced. All of these factors, as well as others, were considered when approaching this research and conducting each interview.

Participant Selection

After receiving ethical approval from the Virginia Tech Institutional Review Board, purposeful sampling was used to select persons for this study, as this form of sampling enables the researcher to identify and select prospective participants who could offer useful insights into

the phenomenon of interest—in this case, experiences and assessments pertaining to race, ethnicity, and culture (Patton, 2002). To initiate the process, I emailed counselors who, based on their publications and presentations at national conferences, are known to explore racial and cultural subjects with clients of color. The counselors were practicing clinicians within the tri-state area of Maryland, Northern Virginia, and the District of Columbia. They received an email with a personal introduction and a brief explanation of my investigation [Appendix E].

My intent was to interview a homogeneous sample of licensed African-American counselor educators or members of counseling-related fields who addressed issues of race, ethnicity, and culture with their clients. A small homogeneous sample was chosen as a means of obtaining more in-depth information about this particular subgroup and gathering information that could lead to possible implications for the counseling field (Patton, 2002). The criteria for study participation specified that participants must be (a) U.S. slave-descended African-Americans; (b) practicing counselors, with post-graduation working experience; (c) counselors who used counseling techniques that involved discussions surrounding race, ethnicity, and culture with clients, particularly clients from diverse backgrounds; and (d) counselors who worked with clients of a different racial and ethnic background from themselves. It was also important to identify a participant sample of both males and females of varying ages. Therefore, no specifications regarding age and gender were featured. Each participant received a $20 gift card for each completed interview, which lasted no more than two hours.

While all participants met the above criteria, they also had additional characteristics that augmented the individual attributes they brought to the study. Some participants were both counselor educators and practicing counselors, while others worked primarily within university settings. Participants varied in their years of experience, ranging from five to 30+ years of

clinical experience. Overall, participants brought a wide scope of expertise to the study through a variety of personal and professional angles.

Data Collection Procedures

Given the controversial nature of this particular phenomenon, I thought it would be best to conduct individual interviews in order to allow each participant to speak freely and not feel pressured or silenced by the influence of members within a group, such as what could occur in a focus group setting (Patton, 2002). Consequently, data were collected through one-on-one open-ended interviews, using an interview guide [Appendix G] of previously selected questions in addition to experiences that participants mentioned that warranted further probing (Patton, 2002). This form of qualitative interviewing allowed me to have flexibility in probing and deciding when it might be beneficial to explore particular subjects in greater detail, or even ask questions about new areas of interest that were not originally anticipated in drafting the interview guide (Patton). These formal interviews were conducted at a mutually agreed-upon location.

Prior to the interviews, I intended to conduct rapport-building meetings (i.e., "structuring interviews") in an informal natural setting for the purpose of obtaining an informed consent from each participant (Becker, 1986). An extended letter of the initial email would also be distributed at the structuring interview [Appendix F]. These pre-interviews were intended to establish trust between the participant and I, to inform the participant of all the implications of taking part in the study—particularly as it related to ethical concerns—and to discuss other related matters such as issues of confidentiality, potential risks, reciprocity, and their voluntary nature of participation [Appendix A]. Due to several scheduling conflicts, only one participant was able to set aside time for a pre-interview, while the other four participants were not able to fit this structuring interview into their schedules. With regard to confidentiality, each participant was asked to

choose (or was assigned) a pseudonym and transcripts were altered to remove any identifying information.

During the interviews, a digital recorder was used as a means to record the interview. Additionally, notes were taken during each session to assist me in developing any additional questions based on topics that might have surfaced during the interview. The interviews ranged in length from forty five minutes to one and one half hours, and this study should therefore be viewed as an exploratory study, which can serve as a catalyst for further research on this topic. The interview protocol also included follow-up interviews with participants, if deemed necessary. Each audio recording was secured in a locked filing cabinet at my home and will remain securely stored for a minimum of three years after the study is completed.

Throughout data collection, journaling was also used as a means of self-understanding and self-evaluation. Reflexive journaling "reminds the qualitative inquirer to be attentive to and conscious of the cultural, political, social, linguistic, and ideological origins of one's own perspective and voice as well as the perspective and voices of those one interviews and those to whom one reports" (Patton, 2002, pp.65). Additionally, it was the goal of this researcher to incorporate the language and principles of 21st century science into naturalistic qualitative inquiry, which served to emphasize empirical findings rather than personal perspectives or opinions—the latter being solely limited to journal reflections (Patton). Journal entries also included insights into my position as the researcher, along with insights about the strengths and weaknesses of this study. This reflexive journal served as an important resource in drafting the findings and implications of this study.

Data Analysis Procedures

Whole text analysis was used to identify relevant text in the interview transcripts and to develop codes and categories from excerpted text. The transcript of each participant's experiences addressing race, ethnicity, and culture with clients of color was expected to provide a sense of the participant's lived experience. Over the span of several weeks, I carefully reviewed each of the transcripts and excerpted segments of text that were revealing of an aspect of the phenomenon of interest. Using a line-by-line approach, I excerpted relevant segments of text. Each excerpt was then assigned one or more codes, which are labels that capture the explicit and implicit meaning of the excerpt. During the process of coding, I also developed reflective memos on thoughts, feelings, and ideas that were prompted for me by the coding. Memos are an important way to document ideas and other information of relevance to the analysis as it proceeds.

After completing the coding stage of the analysis, I used Patton's (2002) thematizing technique to group the codes. All of the data were coded before initiating the next phase of the analysis, which involved comparing the codes for similarities and distinctions before clustering them into categories, which is a creative synthesis of ideas, using a simple cut-up and file into a folder approach. This technique involved cutting up the excerpts and their accompanying codes and placing them into folders representing the various categories that emerged from the data. From here, I assigned labels to each category. If any of the categories addressed the same aspect of the phenomenon of interest, I combined them. Finally, I thoroughly reviewed all of the categories to determine whether revisions were required. Amongst the revisions, the initial list of categories decreased in number from twenty two to seven, and four subcategories also emerged. This process involved refining categories that overlapped, collapsing categories that were

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redundant, or revising some categories into subcategories, which capture more specific aspects of a category and allow for a more fine-grained analysis of the data.

Member Checks

A final stage of the analysis involved completing a member check (Patton, 2002) with each participant. Specifically, after the interview transcripts were analyzed and the findings developed into a written report, each participant was contacted by e-mail and asked to provide feedback about the adequacy of the discussion of findings. Participants were also asked to read through their quotes and provide any feedback as to whether they felt that any information had been taken out of context. Each participant was given two weeks to review the materials and provide feedback about how adequately they captured his or her experiences of addressing race, ethnicity, and culture with clients of color. Member checks required approximately 30 minutes of each participant's time. Given the above information, the total time commitment for all portions of the study was approximately 3.0 to 3.25 hours for each participant.

CHAPTER FOUR: RESULTS

The U.S. is becoming increasingly pluralistic; yet the population diversity in this country is not reflected in the racial makeup of the counseling force, which has remained fairly homogeneous (i.e., White and female). This discrepancy is exacerbated by the fact that the client population for counselors has also become more diverse. Census data indicate that between 1980 and 2000, the White population decreased from 79 to 69% of the US population (Social Science Data Analysis Network [SSDAN], 2007; U.S. Census Bureau, 2009). During the same period ethnic minorities increased dramatically. For instance, the African American population climbed by 26.3%, the Hispanic population rose by 58.6%, and the Asian American population increased by 69.8% (SSDAN; U.S. Census Bureau). Beginning in 2000, census counts permitted people to classify themselves as belonging to more than one racial group. As a result, biracial individuals now comprise 2.26% of the U.S. population (SSDAN; U.S. Census Bureau). These numbers point to the fact that immigrants represent a growing segment of the U.S. population. In fact, the foreign born population now comprises 11.05%, which represents a 36.3% increase since 1990 (U.S. Census Bureau). Two of the largest immigrant populations were born outside of this country, 40% of Hispanics and 68% of Asians. Given current demographic shifts, ethnic minorities will soon represent a numerical majority in the U.S.—and this has important implications for the delivery of multiculturally competent counseling services.

Exposure Indices

The virtual homogeneity of the counseling force, and the fact that people tend to reside in areas where they are mainly exposed to members of their own racial group, may limit the amount of access and connectivity different racial groups have with one another (Farley, 2005; Wilkes & Iceland, 2004). To illustrate this phenomenon, the census data reports *exposure indices*. These

indices use residential patterns to gauge the amount of exposure or contact members of a particular racial group have with members of their own racial group, as well as with members from different racial groups (Farley).

In a study conducted by Farley (2005), findings revealed that the median index of exposure, on a scale of 1 to 100, of Whites to African Americans within 30 of the 50 metropolitan areas within the United States was 3.51, where an index of one means that an individual has no exposure to African Americans and a score of 100 means that an individual has only minimal exposure. Similarly, Logan (2001) revealed that although Whites comprise 69% of the U.S. population, more than 80% of Whites tend to reside in communities with other Whites. In marked contrast, Blacks constitute 13% of the population, but on average reside in communities that are more than 50% Black. Hispanics, who make up 12.5% of the U.S. population. live in neighborhoods comprised of 45.5% Hispanics. The average Asian family lives in a neighborhood that is 17.9% Asian; yet they represent 3.6% of the total U.S. population (U.S. Census Bureau, 2009). These findings suggest that (1) Whites seem to experience the most segregated existence, and (2) although people of color are more likely to reside with others who share their same racial designation, they too may have less familiarity and interaction with other racial-ethnic minority groups (Logan).

These percentages imply that in the absence of meaningful and sustained contact with various racial ethnic groups, people—and by extension counselors—may be limited in their ability to understand the socio-cultural and sociopolitical realities of people of color. Moreover, a number of studies suggest that the counselor's inability to facilitate discussions about the contextual dimensions of race, ethnicity, and culture may impede the counseling process (Atkinson, Casas, & Abreu, 1992; Burkard, Johnson et al., 2006; Fuertes, Mueller, Chauhan,

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Walker, & Ladany, 2002; Gim et al., 1991). Given the relative geographic isolation between racial groups, the current study aimed to explore how, in fact, counselors discuss sensitive topics of race with their clients. High levels of racial isolation may imply that counselors are less well-equipped to explore the contextual dimensions of race, ethnicity, and culture with clients during treatment.

The next section of this manuscript addresses several issues which may diminish the psychological well-being of clients from marginalized groups. Despite the fact that they live in relative isolation, people of color experience a tremendous amount of race-related stress for which they may seek support in the context of counseling

Race-Related Stress

A growing body of research has examined the cumulative effects of racism and discrimination and the detrimental consequences on the physiological and psychological well-being of ethnic minority clients. Within the counseling and psychology literature, this dynamic has been referred to as *race-related stress* (Charkroborty & McKenzie, 2002; Constantine & Sue, 2007; Harrell, 2000; Klonoff & Landrine, 2000; Moradi & Hasan, 2004; Scott & House, 2005; Sodowsky, Lai, & Plake, 1991; Sue, Bucceri, Lin, Nadal, & Torino, 2007; Sue, Capodilupo, et al., 2007; Utsey & Ponterotto, 1996; Utsey, Chae, Brown, & Kelly, 2002). Studies conducted on both clinical and nonclinical samples concluded that race-related stress contributed to low self-esteem, paranoia, and apathy towards one's life and personal goals (Chakraborty & McKenzie; Sue, Capodilupo, et al.).

Williams, Neighbors, and Jackson's (2003) research on patients with psychosis demonstrated a decisive link between race-related stress and the incidents of hypertension and cardiovascular disease. Likewise, Utsey et al. (2002) surveyed a nonclinical sample of African

American, Asian-American, and Latino-Americans, and found that ethnic group membership significantly impacted race-related stress and quality of life. Of the three groups, African Americans experienced the highest levels of ethnic identity and race related stress. Moreover, they developed healthy coping mechanisms to enhance their quality of life, such as seeking the support of their community, family, and spiritual affiliations. Moradi and Hasan (2004) examined a non-clinical sample of Arab-Americans regarding the psychological residuals of prejudice and racial profiling since the terrorist attacks of September 11, 2001. Findings indicated an association between discrimination and psychological distress among Arab-Americans, much like that reported among African American men and women. Moreover, Yip, Gee, and Takeuchi (2008) researched the effects of racial discrimination on the distress of both U.S. native and immigrant Asian American. Results revealed that while ethnic group membership (e.g., Chinese, Filipino, etc.) and age played a role in how U.S. native participants experienced race-related stress, there were no noteworthy differences between immigrants and U.S. natives. Both groups experienced significant psychological stress due to racial discrimination and felt equally degraded. These findings imply that irrespective of clinical or nonclinical samples and differences amongst ethnic minorities, people of color tend to deal with a substantial amount of stress.

Studies also revealed that race-related stress does not arise solely at the adult stage in a person's life, but can occur along a lifespan continuum (Jackson et al., 2006; Yip, Gee, & Takeuchi, 2008). For instance, Scott and House (2005) measured the relationship between coping styles and psychological distress among a sample of affluent African American adolescents. The results demonstrated that compared to adolescents who avoided discussions about racial concerns, adolescents who talked about their race-related difficulties openly were

better able to cope with discrimination and anxiety. Similarly, Hwang and Goto (2008) assessed the instances of discrimination that Asian and Latino college students experienced and whether their perceptions of discrimination increased the likelihood of four major categories of stress: psychological distress, clinical depression, anxiety, or suicidal ideation. Findings demonstrated that relative to their White counterparts, Asian and Latino college students experienced heightened levels of risk for all categories.

Investigations centered around sociopolitical issues of class, racial stratification, and social inequality also give rise to psychological distress for people of color. For instance, Downey (2006) measured the environmental racial inequality in Detroit in 2000, specifically assessing the negative effects and health risks of landfills referred to as Toxic Release Inventory facilities and their proximity to Black communities, in comparison to predominately White communities. He found that heavily populated communities of Blacks were significantly closer to Toxic Release Inventory facilities than White neighborhoods, suggesting racial status was a striking component when explaining environmental inequality amongst Detroit residents.

Speech patterns have also been associated with racial wage inequality. Grogger (2008) interviewed several Black and White participants from the 1997 National Longitudinal Study of Youth who have since entered the workforce and compared the wages they have earned while employed. He found that after playing their audio-taped interviews to graduate student listeners and controlling for several variables, such as education, gender, and work-related skills, speakers who were distinctly identified as Black earned 17% less than their White counterparts. Similarly, Atkins (1993) assessed the thoughts and attitudes of employment recruiters toward individuals who spoke either, what is considered, Black English or Appalachian English. Higher percentage ratings from the recruiters were associated with negative attributions or thoughts regarding the

respondent's speech. Results revealed that speaking both forms of English led to extreme negative reactions and the decreased likelihood of being hired. Recruiters rated 58% of Appalachian English speakers and 93% of Black English speakers negatively, diminishing their probability of being hired.

Compared to previous waves of European immigrants, the current influx of immigrants is less likely to assimilate within the first two generations of their arrival. Thus, they too experience race-related stress (Bean, Lee, Batalova, & Leach, 2005; Center for Immigration Studies, 2001; Kritz & Gurak, 2005; Sue, Arredondo, & McDavis 1992). Immigrants are uniquely challenged to combat acculturative stress in adapting to a new culture. They have the added task of confronting issues of language, a sense of grief and loss of the homeland, shifting gender roles, cultural conflict, loneliness, isolation, and depending upon the circumstances of migration, post-traumatic stress syndrome, all of which can have adverse effects on the acculturation process (Finch, Kolody, & Vega, 2000; Hwang & Goto, 2008; Moradi & Hasan, 2004; Yip, Gee, & Takeuchi, 2008).

Studies have also investigated the coping strategies implemented by people of color when faced with the negative implications of race-related stress. Holder and Vaux (1998) examined the relationship between routine and race-related stressors on the job satisfaction of African Americans who worked in predominately White work settings. They found that race-related stressors exacerbated the stress levels of Black professionals, despite the fact that job satisfaction remained stable when respondents were supported by colleagues and maintained an internal locus of control. Similarly, Lewis-Coles and Constantine (2006) assessed the extent to which African Americans' experiences of race-related stress contributed to their use of culture-specific coping methods, i.e. Afro-cultural coping strategies. Findings revealed that while African

American women tended to rely on collaborative religious problem-solving through religious and spiritual connections and a strong corpus of friends and family members, African American men managed their stress through the use of self and a higher being.

The counseling dyad serves as a microcosm of society, and this study specifically investigated the impact of race-related stress on clients of color, as well as how counselors have assisted clients with processing their thoughts and feelings around that stress. Inasmuch as race-related stress may compromise the daily well-being of clients, client well-being can also be compromised when counselors reinscribe racial inequality and inappropriate power dynamics onto the counseling relationship. The discussion that follows addresses consequences of the counselor's refusal to consider the contextual dimensions of race, ethnicity, and culture on the counseling process.

<div align="center">Race-Avoidant Approaches</div>

Studies suggest that race-avoidant counseling approaches, i.e. completely or partially avoiding discussions centered on race and culture, may impede progress when working with clients of color. Thompson and Jenal (1994) conducted a qualitative study with Black female college students on a predominately White campus where they received treatment by White or Black *race-avoidant* female counselors. Race-avoidant counselors in the study were instructed to address anything relevant to the presenting problem—except race. The results revealed that the quality of the engagement between counselor and client greatly influenced the client's level of self-disclosure, particularly as it related to race-related concerns. Thompson and Jenal also found that since counselors did not invite the client to discuss racial and cultural factors, clients refrained from discussing these factors. Furthermore, they found that when clients made

comments about race or racism and counselors did not acknowledge these statements, clients would shy away from racial topics altogether.

Neville et al. (2006) examined the relationship between color-blind racial attitudes and multicultural counseling competence in a sample of psychology students and mental health workers. Respondents who denied the existence of racism and discrimination were viewed as being less culturally competent and less likely to integrate the client's culture specific concerns in their treatment approaches. These studies imply that power dynamics within the counseling dyad can promote or inhibit culture-specific discussions. That is, counselors wield considerable influence within the counseling relationship, and when they use this power to implement techniques that are culturally sensitive, they strengthen the therapeutic alliance with clients of color (Atkinson et al., 1992; Fuertes et al., 2002; Gim, Atkinson, & Kim, 1991).

The Surgeon General's Report (1999) also noted that issues associated with race-related stress are inherent within mental health care. Specifically, racial and ethnic minorities frequently receive poor quality of care due to poverty, lack of health insurance, lack of geographic proximity to available services, and counselor bias—all of which can influence the identification of symptoms and the designation of a particular diagnosis. These variables can contribute to cultural mistrust between the counselor and client as well as inadequate mental health care (Atdijan & Vega, 2005; National Council of LaRaza, 2005). People of color limit the services they seek from mental heal providers due to stigma associated with mental illness and the propensity for mental health providers to overdiagnose disorders such as schizophrenia and mood disorders (Atdijan & Vega). In the absence of appropriate mental health treatment, far too many people of color self-medicate using drugs and alcohol, thus increasing the likelihood of comorbidity or the presence of two or more mental health disorders (Atdijan & Vega). More

recently, the American Medical Association issued a formal apology to the African American community for the organization's history of racial segregation and inequality which has compromised the well-being of African Americans for more than 100 years (Baker et al, 2008). These findings support the need for culturally responsive treatment modalities, and the current study revealed methods utilized by counselors to have forthright discussions with clients of color about racial and cultural matters.

The foregoing discussion implies that relative to a more ethnically and culturally diverse client population, counselors may not always possess the requisite awareness, knowledge, and skills to deliver culturally responsive counseling services (Sue & Sue, 2008). The current study, therefore, examined how counselors explore racial and cultural topics with clients through utilizing culturally competent techniques.

<center>Multicultural Counseling Competence & Ethical Standards</center>

Multicultural counseling competencies refer to the counselor's proficiency in: (a) recognizing one's own attitudes and biases, as well as the sociopolitical realities of clients from marginalized groups, (b) understanding factual information about clients, and translating this understanding into culturally relevant strategies, techniques, and (c) implementing culturally appropriate counseling interventions (Arredondo et al., 1996; Sue, Arredondo, & McDavis, 1992). The multicultural counseling competencies have received support from the Council for the Accreditation of Counseling and Related Educational Programs [CACREP] standards (2009) and the American Counseling Association [ACA] Code of Ethics and Standards of Practice (2005) (Arredondo, 1999; Daniel, Roysircar, Abeles, & Boyd, 2004; Knox et al., 2003; Neville et al., 1996; Sue et al., 1992). Specifically, within the ACA Code of Ethics counselor educators are obligated to train counselor trainees to attend to the culture-specific needs of clients of color.

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As noted in section F.11.c. of the ACA Code of Ethics, "Counselor educators actively infuse multicultural/diversity competency in their training and supervision practices. They actively train students to gain awareness, knowledge, and skills in the competencies of multicultural practice" (p. 16).

As they relate to this study, multicultural counseling competencies are oftentimes the driving force in sharpening counselors' abilities to build rapport and fully serve clients of color. As counselors not only become aware of their own biases and beliefs, but also manage them in session, they are more likely to acknowledge the concerns of clients from marginalized groups and identify their culture-specific needs, which allow counselors to assist clients of color with resolving their issues (Arredondo, 1999). Moreover, counselors who utilize the multicultural counseling competencies when working with clients with diverse backgrounds are seemingly more comfortable and open to unfiltered dialogue centered around racial and cultural matters (Daniel, Roysircar, Abeles, & Boyd, 2004). This study examined both the techniques and the approaches used by African American counselors to explore race, ethnicity, and culture with their clients of color.

<div align="center">Research Paradigm</div>

This study examined the ways in which the value of Critical Race Theory (CRT) as a research paradigm can assist counselors who work with clients from diverse backgrounds recognize the centrality of racism and discrimination within their clients' lives. Critical Race Theory scholars assert that racism is endemic to American society. At its heart, CRT problematizes the impact of racism and discrimination as virulent forms of oppression that threaten to undermine the very fabric of society (Delgado & Stefancic, 2000). Critical Race Theory validates the prevalent nature of racism and examines how racism shapes and perpetuates

itself within the U.S. (Delgado & Stefancic, 2002). Ultimately, CRT aims to eradicate racism

and, by extension, all forms of oppression, thereby transforming society (Solorzano & Bernal,

2001). It challenges traditional conceptual frameworks that disregard or minimize the impact of

racism and discrimination on the lives and experiences of people of color, and proposes a

liberating opposition to racial oppression (Solorzano & Bernal).

At least three distinct tenets emerge from the CRT framework, which have direct

applicability to counseling professionals: (1) race is endemic and is likely an issue for clients of

color and must therefore be discussed in session; (2) color-blind racial attitudes adopted by

counselors can be highly detrimental to the development of trust and rapport with clients; and (3)

counselors must promote and invest in the experiential stories of clients of color. Although these

are not the only CRT tenets that relate to the counseling profession, they offer the most promise

for transforming the counseling profession.

The persistence of racism and discrimination that CRT scholars argue exist in this society

can be seen in the relative pervasiveness of racial profiling, medical apartheid, economic racism,

workplace discrimination, and environmental racism (Bell, 1980; Delgado & Stefancic, 2000;

Dixson & Rousseau, 2005; Espinoza & Harris, 2000; Ladson-Billings & Tate, 1995; Ladson-

Billings, 1998; Ladson-Billings & Donnor, 2005; Lalik & Hinchman, 2001; Lopez, 2003;

McMorris, 1999; Milner, 2007; Taylor, 1999). Racism has penetrated a variety of institutions in

this society, such as our legal and educational systems, as well as the mental health field.

Despite this reality, existing counseling frameworks devote little consideration to the effects of

racism and discrimination as prominent features in the lives of many clients of color.

Consequently, Critical Race Theory has tremendous value for the counseling profession,

particularly as a means for recognizing the ways in which race can shape clients' sociocultural and sociopolitical experiences.

With respect to the first distinct tenet of the CRT framework—that racism is endemic to this society—effective counseling sessions should allow clients to work through any racial concerns. Through counseling interventions, the counselor should validate and affirm the client's sociopolitical experiences and empower the client to act on his or her own behalf (Cardemil & Battle, 2003; Collins & Pieterse, 2007; Day-Vines et al., 2007; Sanchez-Hucles & Jones, 2005). Furthermore, a skilled counselor should initiate racial dialogue in order to reconcile differences and establish the foundation for shared cooperation in the future (Sanchez-Hucles & Jones, 2005; Taylor, 1999).

Color-blind racial ideology, the second tenet, refers to the counselor's inability to take into account the extent to which race, ethnicity, and culture impact their client's experiences. A color-blind counselor is less likely to see race when working with clients, assuming that people are connected by their humanity and share universal experiences; this attitude can lead counselors to diminish or ignore any racial or cultural specific concerns (Neville, Lilly, Duran, Lee, & Browne, 2000). As a consequence, counselors who use a color-blind approach in their counseling sessions may do irreparable damage to the counseling relationship, particularly as it concerns establishing rapport with the client, building trust, facilitating client self-disclosure, and aiding the client to examine racial and cultural factors (Helms & Carter, 1992).

Finally, the third tenet from the CRT framework, Critical Race Theory storytelling focuses on issues—or stories—specifically related to race and representation. It differs from narrative therapy by going beyond the social constructivist approaches seen throughout counseling sessions (Delgado & Stefancic, 2000). While narrative therapy recognizes that

clients' cultural experiences are oftentimes woven into their narrations—and while narrative

therapists have a genuine interest in the stories shared by their clients—it does not emphasize

race as pivotal to the progress of therapy (Morgan; Rockquemore & Laszloffy, 2003). Within

CRT, storytelling underscores the realities of one's racial group membership as a source of

emotional catharsis for clients of colors; in other words, the discussion of race is not optional.

Moreover, oppressed groups have known that stories—and specifically, storytelling—are

necessary tools for their own survival and freedom (Solorzano & Bernal, 2001).

<div align="center">Purpose</div>

This study examined African American counselors' experiences and attitudes when

addressing issues of race, ethnicity, and culture with clients of color, specifically the statements,

strategies, approaches, and beliefs about initiating conversations about race with clients.

Moreover, this study utilized the clinical practices shared by participants as a means to identify

implications for training current and pre-service counselors on how to initiate discussions about

race, ethnicity, and culture in a manner that is both culturally competent and sensitive to the

needs of clients of color. The following questions guided this study:

1) What significance do issues of race, ethnicity, and culture have for African American counselors?

2) How do counselors experience their relationship with clients and other aspects of the counseling process after addressing issues of race, ethnicity, and culture?

3) How do counselors experience the content of what is shared after addressing issues of race, ethnicity, and culture?

4) What are counselors' views of how issues of race, ethnicity, and culture are currently being addressed within the counseling profession in general?

The following section outlines the data collection and the whole text inductive data analysis procedures used for this study, beginning with the researcher's role within the body of work.

Method

Researcher Role

As an African American female counselor, I hold both personal and professional views about race, ethnicity, and culture with clients of color, and as components of my existence my views could be erased or ignored while conducting this study. Although I could not discount my viewpoints during the interview process, I sought to maintain a neutral position of trying to capture the lived experiences of African American counselors and not impose my personal agenda. I did not, however, allow the natural course of the interviews to be diminished by trying to avoid the inevitable—my own existence since each researcher is a variable within his or her own project. Specifically, my presumptions regarding the counselor's broaching behaviors were laced throughout my theoretical manner of inquiry, personal history, and what I believed to be true about African American counselors' views on diversity within the counseling field. For instance, I strongly believe addressing race, ethnicity, and culture allows for a more authentic and trusting relationship between counselor and client. I further propose that clients of color seem to be relieved to no longer bear the burden of proof as it relates to racial or cultural discrimination they have experienced. All of these factors were not only considered when approaching this research, but were present while conducting each interview. Consequently, at different junctures during the research, I implemented the use of a reflective journal to try to suspend the influence of any assumptions on the findings of this study.

Participant Selection

A technique known as purposeful sampling was used to select counselors for this study. Purposeful sampling involves choosing individuals who provide informative experiences of the phenomenon of interest (Patton, 2002). This particular sampling technique involves networking or asking someone who has a wealth of knowledge about the phenomenon being studied and can provide illuminative experiences related to the study. (Patton). Specifically, I consciously chose African American counselors who did not subscribe to race-avoidant approaches, as they tend to be knowledgeable about the minority experience in this country through their personal experiences and assessments of addressing race, ethnicity, and culture. Their personal understanding likely contributes to a high level of sensitivity to different identity dimensions of people of color (Cardemil & Battle, 2003). These attributes appear consistent with the multicultural counseling competencies prescribed by Sue, Arredondo, and McDavis (1992), with the American Counseling Association Code of Ethics and Standards of Practice (2005), and Helms's (1993) criteria for positive racial identity functioning which refers to a healthy acceptance of one's own racial group membership. I contacted counselors who had either conducted research on racial and cultural matters or had presented at various conferences and were known for their sense of racial solidarity and commitment to ethnic minority clients and the African American experience. The counselors practiced or are still practicing in Maryland, Northern Virginia, and the District of Columbia. They received an email from me with a personal introduction and a brief explanation of the investigation [Appendix E].

A homogeneous sample of five licensed African American counselor educators or members of counseling related fields were interviewed, who reported consistent efforts to address race, ethnicity, and culture with their clients. Due to the small community of African

American counselors in the greater Washington, DC metropolitan area, this sample size was chosen as a means of obtaining more in-depth information about African American counselors and to gather information that would lead to possible implications for the counseling field (Patton, 2002). The criteria for study participation specified that participants (a) had to have African ancestral origins (but who also identified as African Americans); (b) maintained an active caseload of clients; (c) had post-graduation work experience; (d) utilized counseling techniques that involved discussions surrounding race, ethnicity, and culture with clients, particularly clients from diverse backgrounds; and (e) worked with clients who were different from themselves racially and ethnically. Although efforts were made to obtain balance by age and gender, these identity dimensions were not prerequisites for participating in the study. Each participant received $20 gift cards for each completed interview, lasting no more than two hours. Below, I present a brief description of each of the five participants:

Lena is a 45-year old proud wife and mother. She earned her Ph.D. in Counselor Education from a predominately White institution (PWI) and took approximately four multicultural-related courses while in graduate school. As a Licensed Professional Counselor with 20 years of clinical experience, Lena is the founder of both a private practice and a group-home in a predominately White suburban community, and she serves between 40-60% clients of color.

Nelson, a part-time private practice owner and full-time professor, is married with children. He is a 58-year old National Certified Counselor (LPC) with 20+ years of clinical experience who serves approximately 80-100% clients of color. Additionally, he works within the Psychoeducational Studies department at a Historically Black College or University (HBCU).

While completing his doctoral program at a PWI, he participated in five multicultural competency courses and later obtained his Ph.D. in Counseling Psychology.

Diane, a 40-year old Licensed Professional Counselor, was born in the Caribbean but moved to the United States as a child. While she was not born in this country, she has an Afro-Caribbean background; she not only self-identifies as African American, but was socialized as an African American by her mother and maternal relatives. She also expressed similar views as other participants regarding racial oppression in this country and how it has impacted her both personally and professionally. Diane currently holds a master's degree in Counseling Psychology from an HBCU, where she participated in a minimum of six courses dedicated to diversity and multiculturalism. She currently works for a counseling agency with 18 years of clinical experience and serves approximately 80-100% clients of color.

Wilson, a renowned author of both academic and literary works, is a 75-year old full-time professor at an HBCU. He obtained his Ph.D. in Counselor Education from a PWI, having attended two classes focused on diversity and multiculturalism. Before dedicating himself to a full-time career in academia as an associate professor, he worked for five years at a counseling center located at his alma mater. He serves 60-80% clients of color. Wilson plans to retire from academia in the near future.

Patricia, an avid reader and fan of books written primarily by African American women, is a 50+ year old Counselor Educator with roughly 30 years of clinical experience. She obtained her Ph.D. from a PWI and could recall having taken only one course dedicated to multicultural competency. As a Licensed Professional Counselor, Patricia has primarily worked with the substance abuse population and serves approximately 80-100% clients of color.

Data Collection

Given the controversial nature of discussing issues related to race and representation, I decided to conduct individual interviews so as to provide each participant the space to speak freely without feeling pressured by others in a focus group structure (Patton, 2002). Data were obtained through individual open-ended interviews, using an interview protocol [Appendix G] of questions chosen prior to the interviews. Throughout the interview I explored certain topics at my discretion in order to address issues that arose serendipitously (Patton).

Next, a meeting was scheduled via email, and the formal interviews were conducted at a mutually agreed-upon location. Originally, I had intended to conduct a "structuring interview" in order to build rapport prior to the formal meeting so that respondents could complete the informed consent (Becker, 1986). Several of the participants, however, indicated that time constraints prevented them from scheduling two meetings and requested a copy of the interview questions in advance of the formal meeting in order to gather their thoughts and share detailed experiences concerning present and former clients. Consequently, we agreed to meet once. At that time they received and signed the consent form and chose a pseudonym before interviewing, to ensure confidentiality.

Although, I recognized the value of pre-interviews in facilitating trust between the participant and researcher, and informing the participant of all the implications of being in this study, I found that honoring the participant's time and adjusting to their schedules took precedence over conducting structure interviews. Establishing rapport throughout the interviews, even without the pre-interviews, was not difficult considering the fact that within the small community of African American mental health providers, a certain level of familiarity and comfort oftentimes is an immediate component of each interview. Through shared racial and

cultural backgrounds, there was a connection that significantly contributed to a participant's ability to speak freely and candidly with me.

A digital recorder was used to record the interviews. During the interview, I took notes to assist in the development of additional questions based on subjects that emerged. Participants were informed in their extended letter and consent forms that a possible follow-up interview and member checks (Patton, 2002) would occur after data collection was completed. After the interviews were completed, they were downloaded onto a CD-ROM that was secured in a file cabinet until all of the data were collected and analyzed. Interviews ranged in length of time from forty five minutes to one and half hours. Therefore, this study is best viewed as an exploratory study, and three years after the completion of the study the data will be destroyed.

Throughout the data collection process, note-taking and occasional journaling served as a means of self-understanding and self-evaluation. According to Patton (2002), reflexive journaling is important for the following reason:

> [It] reminds the qualitative inquirer to be attentive to and conscious of the cultural, political, social, linguistic, and ideological origins of one's own perspective and voice as well as the perspective and voices of those one interviews and those to whom one reports. (pp.65)

Additionally, my goal was to incorporate the language and principles of 21st century science into naturalistic qualitative inquiry, which served as a manner of emphasizing empirical findings rather than personal perspectives or opinions, which should be solely limited to journal reflections (Patton).

Data Analysis

The transcripts of each participant's experiences of addressing race, ethnicity, and culture with clients of color provided a genuine sense of the participant's lived experience. Over several weeks, I reviewed the transcripts and excerpted and coded them through whole text analysis. With the use of a line-by-line approach, I excerpted the most segments of information that addressed my research interests. Next, I assigned the appropriate codes that captured the overt and covert meaning of each excerpt. When excerpts had a significant amount of information, I assigned more than one code to each excerpt as a means of fully capturing the participant's experience. The analysis began by exploring then confirming common themes (Patton, 2002). Throughout data analysis, Patton's (2002) thematizing was the most effective method to group codes: (a) conduct open-coding upon receipt of the transcripts of the interviews to help identify categories, (b) separate the codes into categories, (c) interpret categories according to the abovementioned research questions and report salient findings in manuscript form. Throughout the coding process I maintained a journal of reflective memos on my thoughts, feelings, and ideas to aide in developing codes that resignated with racial and cultural matters in counseling.

Next, codes were compared for similarities and distinctions before clustering them into a creative synthesis of categories and sub-categories by developing a document with codes only from each participant's transcript. Codes were placed subsequently into categories that captured the overall meaning of each code and each category received an assigned label, resulting initially into twenty two categories. From here, if any of the categories addressed the same aspect of the phenomenon of interest, they were combined, and if any categories would best capture the research interest as a subcategory they were placed as a property of a category. Finally, revisions were made and redundant categories were collapsed together or placed as subcategories,

allowing seven categories and four subcategories to emerge with chosen quotes that were

excerpted from each participant's transcript placed in the final document for a substantial

analysis of the data.

<div align="center">Results</div>

As discussed below, seven categories emerged from the analysis of the participants'

experiences of addressing race, ethnicity, and culture with clients of color. Quotes from the

interview transcripts assist in elucidating each category and thus the impact of discussing racial

and cultural matters with clients.

Benefits of Addressing Race, Ethnicity, and Culture with Clients of Color

The participants described their perspectives on how advantageous it was to initiate

discussions about race, ethnicity, and culture with clients of color. They viewed addressing these

topics with clients as a means to enhance the therapeutic alliance and significantly increase

client's self-disclosure, which leads to more favorable outcomes for their presenting concerns.

For instance, Patricia conveyed her thoughts about this issue in the following way:

> I think it has helped because it has made it okay to talk about anything because the race,
>
> ethnicity, and culture certainly that is always there and there is an overlay. People might
>
> not know how to come to me. In fact I don't think anyone has ever come to me,
>
> specifically because they want to talk about race, ethnicity, and culture. But opening it up
>
> so they can talk about that, I think made it a little easier to talk about everything else
>
> because there was nothing that was off limits. There were no elephants in the room.

Participants saw the advantages of facilitating culture-specific discussions allowed clients

to delve deeper into their issues and ask themselves the difficult questions that will undoubtedly

lead to personal gratification and long overdue answers. Most participants viewed that by

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probing further into racial and cultural experiences with clients of color, counselors are shedding light on experiences that have significantly impacted their lives. Diane described her thoughts about this when she explained:

> The work of any counselor is to help a person articulate what they are feeling, what has happened to them. Now that they have a language to [describe their experiences] they are more open to discussing [them], or they are more apt at discussing [them]. . . "this is what you know, this is where you are trying to get to, but this is what you have to do in the middle. What is preventing you from doing that?"

In addition, when racial matters were significant portions of the client's issue and participants addressed them with their clients, they described clients as having increased self-awareness and that clients were more likely to address additional concerns that came up during the counseling process. To illustrate this point, Wilson described his thoughts from a case in which he challenged a client to think about how she may be contributing to a situation,

> I think she – just a sense of insight and awareness that maybe she needed to get herself – some of that came out in her romantic relationships, other types of relationships. But, sometimes when people don't see things they always blame other people…It is somebody else, it is not me. Then they realize it is me too.

Furthermore, all participants believed that providing a safe environment for conversations about such charged topics gave clients an opportunity to grow and gain insight. For instance, Nelson explained his thoughts about the benefits:

> I say intrinsic because there is a benefit both for the client as well as for the counselor. …my experience over the last thirty years has been that the relationship is really important, the bonding that goes on within that relationship is important, and the self-

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disclosure that the client gives leads to a wonderful understanding, and insightful

understanding by the client of himself, his problem and the resolutions to it.

Participants described instances when clients who dealt with racial and cultural matters

were appreciative of the counselor's candid discussions, and they stated that their clients were

more focused on how they wanted to proceed in counseling sessions, as well as in dealing with

their challenges outside of those sessions. Some participants found clients appreciated direct and

candid discussions about all of their concerns, even when they were racially charged; they

described instances when clients benefitted from, not only the discussion itself, but from the

counselor's non-traditional methods of counseling. For example, Lena explained:

> They will say to me, "Doctor, I can appreciate your directness, that you don't sugarcoat
>
> it. You come straight down Main Street with me and I know where it is that you are
>
> seeing that you see some deficits or some possible room for improvement in the way I
>
> process"…She can appreciate that because where she is, she needs someone to call her
>
> into accountability for her dysfunction and her misbehaviors. . .

Moreover, most participants saw the true benefit of discussing race, ethnicity, and culture

with clients is to ensure that their entire well-being is addressed. Most participants believed it is a

counselor's responsibility to help clients explore core issues and concerns related to their social

and psychological well-being. Lena addressed the therapeutic alliance that occurs when clients

feel heard and understood when she stated:

> I think the key point here is being able to establish relationships to where people
>
> genuinely know that you are concerned about their mental wellness, their physical
>
> wellness and their spiritual wellness. You…genuinely are committed to their wellness.
>
> And, that makes a difference. It makes the difference. If you can establish that and they

genuinely see that is part of who you are and it is not fabricated, there is an authenticity. People will tell people, "look go to that person right there. That is who you need to see."

Lastly, some participants saw the benefits of addressing race, ethnicity, and culture are not limited to clients of color. They strongly believed that all clients, irrespective of racial or ethnic background, would find open discussions about their cultural experiences liberating and when discussed openly, these conversations could lead to personal revelations about their inner-most challenges. Diane noted:

Again, it is a natural obvious part of who we are and it confirms that whether race, ethnicity, color is not just for Black people. It is for everyone. We all play a part in that. So for me, it teaches me that these very issues should be shared with everyone that you come in contact with. Especially as a counselor to help people to talk about and describe and to get to know themselves better, "what do you see?"

The benefits of addressing race, ethnicity, and culture with clients of color greatly augmented the client's understanding of themselves by giving them permission to freely express their concerns without reservations and thus led to resolving these concerns in a healthy manner.

Culture-specific Approaches Used to Address Race, Ethnicity, and Culture with Clients of Color

Although they varied in the types of strategies they used to explore the contextual dimensions of race, ethnicity, and culture, all participants described strategies for exploring race, ethnicity, and culture during the counseling process. Most of their strategies were multi-dimensional and were not formulaic. Many times, several participants used an extensive line of questioning that focused on cultural differences or experiences in order to assist clients with disclosing information related to their concerns. Most participants had several examples of how they introduced these topics. The following description, expressed by Patricia, was a compelling

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example of how participants invite clients to speak freely and openly about race, ethnicity, and culture:

> "So I see on your form" or if somebody again looks like me, "you appear to be African American", or "you appear to be someone of African American descent. Is that correct? Or you might have noticed that I am somewhat older than you. My accent suggests that I am from a different part of the country. How do you feel about working with someone who is whatever? A woman, or whatever." "Oh, it doesn't bother me." "Okay, I just wanted to check it out with you. And if, at some point, you ever feel like I am not completely understanding things or there is something I am missing because we are not exactly the same, I want you to know that it is okay for you to bring it up and we will talk about it. And, we'll talk about it if there is something that I don't understand or I am not getting or I need more clarity on, then I am open to learning and part of what we do here is make sure we are on the same page." . . . "I don't want to assume, and I don't want you to assume that I think I know everything about you. Again, if I am ever not getting it right or if I am missing something, please feel free to bring it up."

This excerpt illustrates how important participants thought it was to clearly convey to the client that no topics are off limits, and if at any time the counselor is not accurate in their summation of what clients share, it is safe for clients to correct the counselor. Participants went on to state that there is no specific moment to broach racial and cultural matters with clients, so much as it is important to facilitate an organic conversation around the topics. Wilson, for instance, stated that he did not "think there [was] any fixed time where you can say, in the middle part of the counseling relationship we talk about this. I think when it comes up you talk about it." Most participants further expressed that addressing culture-specific concerns was not always

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introduced by them. Several participants recalled instances when clients initiated conversations about a situation that had racial, cultural, and ethnic implications; and they, as culturally competent counselors, followed the client's lead by delving deeper into the issue. Lena, who uses a very direct and forthright approach with clients, stated:

> . . . I am always curious to know, "where have you been prior to coming to here? What was that experience like?" And, they will say that they have been to other clinicians who were not persons of color and it did not work. So that opens the door, "what didn't work?. . . So they come in with the issues to me, so oftentimes I don't have to broach it until it is broached to me, then we discuss it."

Much like Lena, the other participants saw that more culture-specific approaches worked best with clients of color, particularly directive and Afro-centric techniques. They viewed timid approaches to discussing race, ethnicity, and culture as not being as effective as candid conversations. They also found that many of their clients of color did not respond well to less-straightforward counseling approaches. Diane stated when she worked with African American parents and their children, she addressed racial situations in a straightforward manner:

> It is not just a mild point that is skimmed over. . . I bring it into the room, bring it up, by following the lead of the client and where they are. . . the question will come up about how do they deal with living in America as a Black woman or as a Black man, what that has meant for them and their history and how they plan to teach, what is it that they are modeling and teaching their children. . . "well what does that suggest to you? Or how does that impact your relationship with?". . . the race, ethnicity, color comes into play, I would say, for young people when they are trying to understand the world

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Ultimately, all participants stated that they must use their multicultural counseling competencies and insight when addressing racial concerns with clients and most importantly, they must be guided by the subsequent issues presented by clients.

Exploring Counselor-Client Differences. The participants described their thoughts about counselor-client differences. Their common responses emphasized not presuming sameness, even if one shares the same racial background with a client. Some participants believed that these assumptions could lead to not fully addressing all of the clients' concerns and unintentionally omitting a pertinent issue for the client. Patricia highlighted this point when she noted:

And, so once I became more aware of that and just seeing how diverse people are, we can't make those assumptions about people and what you miss when you assume that just because either we look alike or just because we are in the same age group or we are from the same ethnicity. Whatever it is that you are assuming is similar by not being willing to acknowledge differences, what are you missing?

Furthermore, when these differences are explored they will likely enhance the therapeutic alliance and thereby decrease clients' thoughts of mistrust or judgment. All participants viewed that these discussions should occur with unconditional positive regard, and if these differences are ignored, it can greatly hinder how much they learn about their clients. They found the conversations led to deeper meanings for clients. According to Patricia, the discussions about race, ethnicity, and culture do not "have to be a struggle about areas of differences . . . there are differences and they are not bad. And to not acknowledge them is to not acknowledge all of who people are."

Some participants also realized that exploring counselor-client differences may not always be germane to the clients' concerns, but this does not negate the counselor's duty to

broach this topic. In those instances, participants described clients stating that cultural concerns had no bearing on their presenting problems; when this occurred, participants respected the client's response and moved onto address other issues that arose in session. For example, Patricia noted:

But, making it possible, making it okay to look at differences, and checking out with people early on their own comfort level with a counselor who might be somewhat different, I think is important. And, even if clients say, "oh it does not matter to me" or "I don't think about that too much", then it is okay and if it is not okay with them in the sense that if they have some discomfort to be able to put it out on the table. . .

Ultimately, engaging in candid conversations about counselor-client differences served as a catalyst for assuring clients that discussing controversial topics, such as race and discrimination, would not be prohibited. Moreover, if clients' concerns did not center on racial or cultural matters, they would not be forced to make them a focus of their treatment.

Self-Disclosure is a Part of Addressing Race, Ethnicity, and Culture

The participants viewed their self-disclosure as a conduit for promoting trust, acceptance, and rapport and fostering the therapeutic alliance. Self-disclosure assumed a number of forms, including the counselor's physical presence, probing the counselor for information, and the counselor's voluntary acknowledgement of the client's personal experiences.

Although most participants did not disclose race explicitly, their presence functioned as a visible marker of ethnic minority status that communicated a shared experience, mutual understanding, safety, and acceptance. The participants found that their clients of color were frequently relieved to learn that they (the participants) were African American, and clients experienced an immediate sense of kinship and affiliation with the participants. Participants

expressed that clients were encouraged when they encountered counselors of color, because they assumed counselors would have both a lived and intuitive understanding of their racial realities. They believed the racial similarities permitted clients to be authentic and vulnerable without the threat of intimidation, the presumption of pathology, or the projection of stereotypes. For example, Lena had clients of color who sensed intuitively that she connected with their cultural and racial experiences:

So there is almost this universal understanding, an unspoken understanding that me as an African American clinician can relate to them somewhat better from a cultural perspective, a race perspective, and all of those other perspectives that we bring when we are sharing our issues and concerns.

This description illustrates how racial and cultural connections frequently serve as important identity dimensions that assume meaning and significance between counselors and their clients.

Although all participants saw race as a salient identity dimension for many of their clients, race was not the only important cultural marker. They found that other cultural markers assumed significance for clients as well. When certain identity dimensions were not readily visible, clients sometimes challenged the participants to disclose personal information in order to establish counselor credibility. A client of Patricia's, for example, inquired about what qualified Patricia to work with substance abusers and whether she, too, was a recovering addict. When asked directly by the client whether she was an addict, Patricia stated:

No, I am not. I work with recovering addicts. I am an adult child of an alcoholic, so I have some in-depth knowledge of addiction . . . making it okay to raise questions and

dialogue about what that means if I am not exactly like you – and what are your

questions? What are your concerns of me?

It can be seen from this description that the above self-disclosure helped to foster

dialogue about the counselor-client differences. In addition to answering his questions about her

qualifications, Patricia allowed this particular client to address his concerns about her experience

and credentials and resolve his personal angst, before returning the focus to his treatment.

Whereas some participants viewed their race as an important disclosure element or had

experiences where clients challenged them to acknowledge certain identity dimensions that

moved beyond the confines of race, some participants introduced elements such as spiritual

practices and religious beliefs as a means of establishing authenticity with their clients.

Participants believed that when they were truthful with clients, their behavior modeled how to

fully trust someone with personal information, exhibit expressiveness, exude transparency, and

establish intimacy. For example, Diane wanted the client to understand that self awareness is an

essential component of counseling, and she assisted clients with acknowledging every aspect of

their lives in session. Diane used self-disclosure as a tool for modeling that self-disclosure is

integral to the process of healing and counseling:

> It is critical to not have only an understanding from how the world sees you in this
>
> particular time and why they may consider you important or not in this particular time,
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> but for you to understand your history, to understand where you come from, who you are.
>
> And helping people to delve into that as a counselor – and I also identify myself as a
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> Christian, being a Christian counselor. Again, it is not my purpose to put my beliefs on
>
> another person, but to help them ask those questions.

It is also evident from Diane's description that her use of self-disclosure is aimed at helping the client to achieve self-awareness, irrespective of the fact that others may impose external definitions on the client.

Developing Multicultural Competence is an On-Going Personal and Professional Process

All of the participants viewed cultural competence as an on-going process which was reflected in both their professional counseling efforts and their personal lifestyles. They believed the development of cultural competence functions more as a journey than a destination, and that counselors must work continuously to develop the requisite skills to counsel clients of color effectively. Participants described their evolution as counselors as ongoing, and that they are committed and passionate about maintaining an appreciation for cultural diversity.

All of the participants saw that it is imperative for counselors to stay abreast of cultural norms and practices concerning ethnic minorities in order to maintain the highest level of cultural competence. For instance, Nelson described how he uses his knowledge and understanding of multiculturalism to educate African American mentors on the importance of maintaining high levels of cultural openness when working with the children, even if they too are African American:

> I guess at my church I am executive director of our mentoring program, and there we focus on mentoring, role modeling and of course academic achievement. Right now there is a one on one match with ten females and twenty males. And right now they are all African American, this is a predominantly Black Baptist church…I make an attempt to use a multicultural approach with the mentors so they understand that although the children are Black, that they have different ethnic backgrounds or experiences and it

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should be treated that way. You don't treat every Black student the same. And I think the literature also supports that.

Similarly, other participants saw that their on-going cultural competency development is not only something they strive to maintain in their professional world, but serves as a deliberate goal within their personal lives. They believed that engaging in cultural activities during their leisure time increases the depth and breadth of their cultural awareness and understanding. Patricia, for instance, was unapologetic about her quest for knowledge and the development of her expertise in both working with African American clients and participating in predominantly African-American activities. She emphasized that the two are fluid and interconnected:

I think that some of it is in my personal dealings with people. Everything from belonging to a book club that reads works strictly by African Americans, and mostly by African American women – just how I live my life. I go to cultural events, reading books, discussing things. I have a particular perspective that I take with me as I live my life….To continue to do it. Hopefully to learn more, to be more – not sensitive, but competent because people need more than sensitivity.

Patricia's descriptions highlight how many participants maintain their cultural competency far beyond clinical training. When individuals choose to immerse themselves in cultural activities, they are more open and prepared to work with diverse clients in counseling sessions.

The participants who were also counselor educators stated that trying to separate their professional knowledge of multiculturalism from their personal affairs was virtually impossible. Wilson believed the two are inextricably bound and stated, "You cannot separate the personal from the professional because you bring that into the classroom."

All of the participants expressed that counselors who intend to address the needs of clients of color should invest a lifetime in both learning and utilizing culturally competent techniques. Participants viewed that this investment will enhance their therapeutic alliances, enlighten their minds beyond the clinical setting, and reinforce that the journey is not only relegated to their profession but is intricately woven into their personal activities.

Counselors' Approaches to Dealing with Issues of Race, Ethnicity, and Culture

The participants described their perceptions and experiences of other counselors' discussions of race, ethnicity, and culture with clients of color. Participants' encounters and discussions with colleagues about addressing these topics during session varied within work settings. The topics participants addressed included colleagues who implement race-avoidant approaches and colleagues who use culture-specific approaches with clients of color.

Race-avoidant approaches. Most participants described that before sessions began, clients divulged information about their previous encounters with some Caucasian counselors who appeared uncomfortable and unwilling to engage them around issues of race, ethnicity, and culture. For instance, Lena described clients of color who disclosed barriers they encountered between themselves and their Caucasian counselors, which led to premature termination:

> I see it is more prevalent right now with people of color. And they will say to me, "I can't go. I've gone to a White clinician but she or he were people that I could not relate to." And with that, they terminate and oftentimes seek out the services from what I have seen, from a person of color with whom they think they can relate to from a cultural context or sometimes of a religious context...I have found the majority of them will tell me that they feel that there is a connection that they can be more relaxed and more open in saying what they truly find necessary to say and not be judged.

All of the participants found that their clients seemed delighted to have found a counselor of color. In fact, the clients typically described a kind of catharsis that occurred when they finally encountered a counselor who possessed both counseling expertise and cultural understanding.

In addition to describing the delight clients expressed in connecting with a counselor of color, some participants corroborated client reports by cataloguing their experiences with referrals from Caucasian counselors who appeared uncomfortable with clients of color. Several participants were also disturbed and dismayed by the fact that many of their Caucasian colleagues referred their clients to counselors of color, even when Caucasian counselors had expertise with the specific presenting concern. Wilson described his consternation when African American students in a college counseling center were automatically referred to him. Before accepting a referral from a Caucasian colleague, Lena shared that she unabashedly explores the colleague's source of difficulties with the particular client to ascertain what factors influenced the colleague's decision to make a referral. She stated, "I think when referrals have come to me, it is always my practice to find out what is it that you did not feel comfortable about in working with that family?" Some participants experienced several instances in which they perceived that counselors felt uncomfortable and ill-equipped to work with clients of color. The following encounter again provided by Lena is illustrative of those experiences:

> Sometimes some of the White clinicians say that, "There is a family that I need you to work with." And I am like, "Okay, what are the dynamics, what is the presenting issue?" And you know that the clinician is versed and skilled in that area of expertise, but there is that cultural piece. There is a culture piece that is not included and they know that they may not feel that level of comfort.. . So it is there, but who is willing to actually embrace

it and embark upon the subject and engage in dialogue in terms of what is it this therapist

possibly needs to be able to service this client, a family that comes in that is a family of

clients, then you are not always shipping folks out.

In some instances, a few participants were concerned that even though more clinicians

are initiating conversations centered on diversity, they tend to do so with a broad and

encompassing universal approach—without attending to culture-specific issues that may be more

germane to the client. Patricia, for example, stated:

People [e.g. clinicians] raise issues of race, ethnicity, and culture but they are still

assuming that all of the theories get practiced in exactly the same way. If you do business

as usual, but you happen to bring up a discussion, certainly you are better than when you

started. But, you haven't completely addressed what the real issues are.

Patricia's comments seem to suggest that addressing the subjects of race, ethnicity, and

culture are necessary, but insufficient criteria for exhibiting multicultural counseling

competence. She notes that the practice of initiating conversations about race without altering

any other approach to the counseling process may preclude the counselor from attending fully to

the client's needs.

In one notable instance, a participant shared that although she has received several

referrals from Caucasian clinicians to work with clients of color, she did describe one Caucasian

colleague whom she perceived worked extraordinarily well with clients of color. In fact, Lena

has made several referrals to this counselor to address counseling concerns that lie beyond her

scope of expertise. As a result, several of Lena's former clients have revisited her and expressed

their gratitude for referring them to this particular counselor. Lena proudly shared:

There is only one other White clinician with whom I have sent people…. I have referred

people to her as an African American clinician, and I say to them (laughter), "look, on the

outside she appears to be a Caucasian woman, but her frame of references and the

thought in her application of what could work in your situation, she can give it to

you…and every person of color, every Black family that I have had to send, or African

American individual that I have had to send to her, is like, "Oh my God. She is sharp."

Culture-specific approaches. All of the participants viewed that they had no difficulty

discussing racial topics with clients of color due to the shared racial and cultural experiences of

being an ethnic minority in this country. However, unlike the few participants mentioned above

that currently work or have worked in predominantly Caucasian settings, some participants

worked in predominantly African American work settings and shared experiences with

colleagues who did not have difficulty discussing race, ethnicity, and culture with clients of

color. For instance, Diane, who both attended an HBCU and worked in predominantly Black

counseling centers, described experiences that were vastly different from study participants who

worked in more mainstream environments. She noted:

My experience has been unique in that I have worked with several like-minded persons

who are therapists and I worked for a human services organization that was oftentimes all

Black, from the ownership to the management to the actual staff. We had people who

understood the importance of, who were likeminded, so we shared that in common,

shared that with the clients, and it helped to give support and for it to be a support for one

another in the work that we were doing and understanding the system.

Similarly, other participants who work in counseling agencies with African American

clinicians and taught at historically Black colleges or universities had experienced clinicians who

were open to discussing race, ethnicity, and culture with clients of color. Nelson described

conversations with colleagues who reported that clients deliberately seek them out to talk about

these issues in a safe and non-judgmental environment:

> There are three other therapists in my practice. They are confronted with clients who
>
> come to them with very similar kinds of issues that relate to racism and discrimination.
>
> The discussions that I have with them tend to be pretty much similar that you read about
>
> in the literature, that the white therapists in general don't understand them and that they
>
> would prefer a Black therapist. And this comes both from the parent as well as the child.

Thus, the participants who experienced colleagues' interactions with diverse populations saw

that issues of race and culture were natural topics discussed in counseling sessions.

The participants saw that inasmuch as they may share the same racial designation with

some of their clients of color, differences in ethnicity and value orientations sometimes posed

barriers to the counseling process. To illustrate this point, Lena described a referral she received

from a Caucasian counselor to work with a West African couple:

> Mmm hmm. I have had to work with clients who were from West Africa and certain parts
>
> of Africa and some of the mindsets and operations are quite different than what we
>
> engage in here in the States. And when you look at the dynamics of the male in the home
>
> and that of the male and the female in the home and the role of the parent and the mother,
>
> father and the mother, there are some clinicians that when they come across these
>
> supposedly domineering African males it is hard for them to work with that family
>
> constructively under those types of dynamics, because they hear that the woman's voice
>
> is silent and oppressed because of the male's position in that family.

Furthermore, some participants viewed that simply being a person of color did not guarantee an understanding of other ethnic minorities' cultural experiences. Several participants described instances where they realized that counselors of color were not excluded from needing to display multicultural competency when working with ethnic minorities that were different from them. Participants found that counselors of color must also work to develop and sharpen their skills when counseling diverse populations. For example, Patricia, stated the following:

I guess the more I work with different kinds of people, the more I am open to it. The more I realize there is so much to learn and there are so many differences in areas even within groups that appear to be somewhat similar. I grew up in [New] Jersey, which has a large Latino population, but mostly Puerto Ricans. Then when I came here, El Salvadorians and Guatemalans – they are very different. So, just becoming more and more sensitized to variations within groups and the need to be as aware as possible, to listen to people, to take my own biases assumptions or whatever out of the picture; but to realize at the same time, I am who I am. So yeah, I am making an effort, but I never use the word objective because we are never objective.

All of the participants' experiences with colleagues' conversations about racial and cultural matters varied, in that they found that other counselors of color did not seem to shy away from open and explicit discussions of race, ethnicity, and culture with clients, whereas their perceptions and encounters with Caucasian counselors were quite the opposite—there seemed to be a resistance, discomfort, or avoidance in discussing cultural topics with clients, which left clients of color feeling underserved and not heard.

Generic Theories of Counseling Are Viewed As Inadequate for Clients of Color

The participants saw a need for more culture-specific counseling theories. Several

participants viewed current counseling theories as woefully inadequate for addressing the needs

of clients of color. In the following excerpt, Nelson revealed the value orientation of Caucasian

counselors and that generic techniques do very little to address the concerns of African-

Americans:

> In my early counseling with African Americans, it just didn't seem like the psycho-
>
> dynamic approach really fit with African American clients, so my thinking was that we
>
> had to use more of an action-oriented approach based on the issues that African
>
> Americans have. The Directive Approach by Williamson and the behavioral approaches
>
> appear to be something that was doable, that was workable.

Moreover, some participants were concerned about what they saw as the grave difference

between theoretical concepts learned in the classroom and the actual application of those

concepts within sessions. Frequently, conventional theories and techniques did not address the

specific and unique needs of clients of color, and they found that developing a relationship by

affirming and validating the clients' concerns seemed to put clients at ease. Lena, for example,

stated:

> I think theory sometimes does not always meet up with application. Application does not
>
> always meet up with theory…They want to feel a sense sometimes of two things—that
>
> you are skilled, you are competent, and there is some genuineness and authenticity within
>
> that individual. Here again, if they are not comfortable they are not going to open up and
>
> disclose.

In addition, a few participants stated that the counseling field must continue to develop culture-specific strategies and interventions to address the needs of diverse clients, as they believe that many of them are adequate but not sufficient. Nelson articulated this point quite well when he stated:

Thirdly, we just need more whites that are willing to learn the competencies, become certified, and work with ethnic groups different than themselves. And we need more Whites and Blacks researching, providing research out of labs, establishing research labs to assist with developing these intervention strategies.

Furthermore, participants believed that generic theories of counseling tend to disregard a non-Western cultural orientation. A few participants surmised that looking at a phenomenon from one's own cultural lens may not take into account the very unique experiences of the client. For instance, Wilson shared a former supervisee's case with an Asian client. He specifically described his thoughts around being conscious of different worldviews and keeping those thoughts in mind when working with clients that may not connect with the traditional Western worldview:

There is a case in here (pointing at his book) in terms of race and culture of an Asian woman who was influenced by Confucius worldview. . . in terms of race it was interesting for me to learn that she was mutilated on her job because her arm got caught in a machine….The counselor went to diagnose her as [having] posttraumatic stress disorder, but the stress was not related to the trauma of the event but to her shock of believing that her ancestors caused that because she was working and not home with her two little children. Yes, that was more traumatic to her that she was going to have to find a way to apologize to the ancestors.

This excerpt demonstrates that ignoring the contextual dimensions of race, ethnicity, and culture constitutes a form of color blindness which can contribute to cultural misunderstanding and impede the counseling process. All participants believed that the best approach to working with clients of color is one that displays multiculturally competent skills that speak directly to the clients' needs, thereby helping them reach the best solution to resolve the presenting concerns. By and large, participants expressed that counselors who talked openly with clients about racial and cultural matters validated their clients' concerns and were more attuned with clients' experiences.

Coping with Racism. Some participants described instances of racial stereotypes and how clients sometimes initiate discussions about racism; and in those moments, counselors should be focused on using techniques and developing solutions to help clients to effectively cope with racism. Nelson stated that many times clients share "that they are experiencing discrimination on their job and nine times out of ten it gets around to them being Black or being Indian or being Asian or being Native American." Therefore, participants found that when clients share these types of situations, counselors should not avoid delving into this topic and helping the client to delve into his or her feelings about this experience. Additionally, participants described instances when clients were very upset about negative racial experiences and needed assistance with fully assessing the role that they played in their encounters with others. Helping clients of color to effectively negotiate perceived encounters with racism and discrimination is not to automatically assume that they are the victims of racist assault, but to help them self-reflect on their behaviors in all interactions with others. Wilson described a group counseling case about this matter when he expressed:

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There was a case of an angry Black female who was in the group. She was blaming her

professor, "He is racist," blah, blah, blah. And we noticed that she had a lot of anger, so

we got her to evaluate whether it was him or whether he is reacting to your anger. "If you

act the same way toward him as you are presenting in this group" – we asked her to go

back and be polite and do things a different way, he changed his attitude. It wasn't him

necessarily, it was him reacting to her anger toward him and disrespect as a student.

The above excerpt illustrates that Wilson wants to both acknowledge client's frustration, but also

provide "due diligence" in assisting him or her to consider the event in its entirety, which will

either affirm clients' feelings about a racist encounter or will enlighten them about their

misperceptions of others' intentions. An illustrative comment by Wilson highlights the

counselor's role in facilitating this balance:

So sometimes it is racism, sometimes it is Black responsibility, Black anger that causes a

reaction. And we have to look at that in counseling, otherwise we are not helping the

client. If we are saying, "okay, you are right. All whites are racist and he is probably

treating you unfairly". . . Especially, if race or culture is a part of the presenting problem

or underlying problem. My belief is that if it is not, then there is no reason to make it a

problem. But, usually in multi-racial and multicultural situations you tend to have some

conflict.

Essentially, all participants believed the current counseling theories taught in graduate

counseling programs and exercised in sessions do not fully meet the needs of clients of color.

The participants consistently stated that counselors must be more considerate of their client's

unique concerns and thereby implement theories and techniques that meet those culture-specific

concerns.

Promoting Improved Training and Preparation as It Relates to Multicultural Competence

All participants viewed that graduate counseling programs should infuse multicultural competence throughout the curriculum. Many believed that the current curriculum used in most programs is limited to one or two multicultural counseling courses with minimal emphasis on diversity throughout other courses. For instance, Patricia described how graduate programs should go about creating an inclusive program of study that exceeds stand alone courses on diversity:

> I think if graduate programs are serious, it is not only advocating for those discussions to take place, but looking at counseling courses and not just the multicultural counseling class. But looking at all of the counseling classes and infusing issues of diversity, different perspectives, acknowledging that counseling theories and techniques, all of that…All of that needs to be infused with some awareness of issues of diversity, building cultural competence, and as a part of that, then discussions of race, ethnicity, and culture become embedded in that whole process.

Participants found that counseling programs must develop a more proactive approach when addressing multicultural competency with beginner counselors. Lena felt that the counseling profession needed to do a better job of preparing counselor trainees for the inevitable demographic shifts in this country:

> I think the little band-aid approach that I have seen, that we have taken up to this point, maybe one or two courses in culture diversity and a couple of seminars – to me that is weak and watered down. I think when you look at the demographics in terms of how our country is changing – I think we have got to assert ourselves more in terms of being able to produce skilled, committed clinicians who are prepared to work with all people…

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In addition, some participants described thoughts about how instructors should facilitate deliberate discussions in class that address diversity in a manner that both informs and challenges counselor trainees to be more comfortable with multicultural subject matters. Diane addressed this when she stated:

> I say you need to have classroom discussion, you need to have curricula that address such topics, professors who talk about and are not afraid to talk about it in mixed company because it is still uncomfortable to say black, white, African, African-American, race, injustice. . . you should have classes that concentrate on those issues or on those concepts, but it should be a natural discussion. . .

All participants saw that due to the limited number of classes focusing on multiculturalism, many novice counselors graduate with inadequate knowledge of how to counsel people from culturally diverse backgrounds. Some participants described a significant difference between the profound discussions surrounding race, ethnicity, and culture within counseling programs at HBCUs, compared to what they perceived as superficial conversations that occur within programs at PWIs. To illustrate this point, Nelson, a graduate of a PWI who is currently employed at an HBCU, viewed that although it is important for instructors teaching at HBCUs to continue to have these discussions with their students, it is critical for students attending PWIs to be taught racial and cultural subject matters on a deeper structural level in order to prepare them to work with clients that are ethnically different from them:

> I mean, if you are at a predominately white institution, there appears to be one or two courses, whereas at a black university there are multiple kinds of courses as well as a student body [who] tends to be predominantly black as well as African and Caribbean students and some white students. This makes for a much better mix and I think a much

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better training…..But, I don't know if this is trickling down to the schools where it is really needed. I don't know if the counselors are getting the necessary training in order to be effective with African American and other racial [clients].

Overall, participants described how counseling programs can increase their students' multicultural competency and awareness, with a strong emphasis on infusing these discussions into the entire counseling program of study. Nelson, for example, went so far as to recommend graduate schools offer a specialized "master's degree in multicultural counseling." Ultimately, all participants viewed that one or two courses centered on working with diverse populations are not enough to adequately prepare counselor trainees to meet the culture-specific needs of a people in a pluralistic society.

Discussion

In this study, African American counselors' perspectives and approaches to addressing race, ethnicity, and culture with clients of color were explored. Participants shared their candid thoughts about the strategies they used to engage their clients in conversations about the salience of certain identity dimensions (e.g. race, ethnicity, and culture) to their clients' presenting concerns and experiences. Seven categories and four subcategories emerged, each of which underscore the importance of acknowledging the client's racial, ethnic, and cultural concerns during treatment. Findings demonstrated that counselors were deliberate and intentional about exploring the contextual dimensions of race, ethnicity, and culture using strategies such as exploring differences between the counselor and client, direct questioning, responding to clients' initiation of race related concerns, validating those concerns, and helping clients distinguish between racism and personal responsibility. Within this study, participants experienced using self-disclosure as a vehicle for modeling the importance of personal insight and awareness as

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integral to the healing process. Participants described the consequences of not broaching the client's racial reality. Finally, participants discussed the inadequacy of generic theories of counseling and touted the importance of developing strategies and interventions that promote multicultural counseling competence.

The following discussion is organized into three broad topics that focus on both addressing and informing current literature about counselors' discussions of race, ethnicity, and culture with clients. First, participants self-reported that they were intentional about discussing issues related to race, ethnicity, and culture with their clients. Second, participants who worked in predominantly White settings expressed concerns about *some* of their Caucasian colleagues who summarily referred their clients of color to counselors of color, even when they had expertise with the clients' presenting concern. In marked contrast, participants who worked in predominantly Black counseling settings described their work settings as being more conducive to meeting the needs of clients of color. Third, participants asserted that the multicultural counseling movement has made limited progress in the training and preparation of pre-service counselors.

Presumably, participants selected for this study were deemed a priori by the researcher to have heightened levels of multicultural counseling competence, racial identity functioning, and social consciousness. These attributes seemed to facilitate participants' abilities to address the subjects of race, ethnicity, and culture with their clients. Participants in this study maintained that talking freely and openly about racial concerns when they were relevant to the client's presenting problem communicated to clients that such discussions were not only appropriate, but were valued and necessary. By inviting clients to explore their race-related concerns, participants validated and affirmed the clients' experience, permitted the client to be transparent and

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vulnerable, helped clients engage in deeper levels of self-awareness, alleviated client distress, and facilitated the therapeutic alliance.

The findings in this study appear consistent with the Continuum of Broaching Behavior enumerated by Day-Vines et al., (2007). Day-Vines et al. delineated a continuum and conceptual framework for considering the extent to which counselors *broach*, or initiate conversations about race and representation during the counseling process. According to the Continuum of Broaching Behavior (Day-Vines et al.), counselors can exhibit one of five broaching styles with clients.

The first broaching style, *avoidant*, is exemplified by a counselor who assumes a race-neutral viewpoint and evades the client's race-related concerns. The second style, *isolating,* is similar to the avoidant style in that the counselor is not attentive to race and broaches cultural factors in an obligatory manner. The *continuing-incongruent*, or third style of broaching, refers to counselor acknowledgement that race, ethnicity, and culture are germane to the client's presenting problem, but relies on ineffective integration and synthesis of broaching issues into treatment. Consequently, counselors operating within the first three categories of the continuum broach ineffectively.

The *integrated-congruent* style of broaching is the first of two styles wherein counselors openly address race, ethnicity, and culture with clients of color. Essentially, integrated-congruent counselors recognize and accept the cultural meaning clients attach to their experiences and they can translate their awareness of the client's cultural meanings into culturally relevant counseling strategies and interventions. Finally, the *infusing* style, much like that of the preceding category, involves the advanced counselor who is extremely sensitive to the needs of clients of color, encourages them to candidly discuss their concerns in sessions, and is willing to engage in

systemic change in an effort to advocate for clients in the sociopolitical realm (Day-Vines et al., 2007).

Each of the counselors in this study stated emphatically that they explored the contextual dimensions of race, ethnicity, and culture with their clients. Their counseling skills appeared consistent with the integrated-congruent broaching category, wherein counselors exhibited sensitivity towards discussing issues about race and representation during treatment. Participants were intentional and deliberate about having these discussions with clients. For instance, Diane asked her African American clients directly about how issues related to race impacted them both in a historical and a contemporary context. Similarly, Nelson emphasized the importance of considering cultural beliefs and traditions when working with clients in order to avoid miscommunication and misdiagnosis. Patricia asserted that she normalizes discussions about race, which in turn facilitates subsequent conversations that surface during treatment. In each case, participants seemed to recognize and accept the cultural interpretations clients attributed to their experiences, felt comfortable both initiating and responding to their clients' race-related concerns, communicated without losing empathy towards clients, and integrated race-related conversations into the treatment in meaningful ways. Even during a group counseling session when Wilson's female client asserted that she had been subjected to racist treatment by a professor, Wilson did not disregard the client's position and feelings, even as he held her accountable for her reactions towards perceived encounters with racism and discrimination. Wilson helped his client recognize that changing her demeanor may improve the classroom climate. Essentially, the counselors in this study have more than just an intellectualized understanding about race, they have the ability to facilitate client self-awareness and improved decision-making among their clients (Day-Vines, Booker, Steen, & Arnold, 2010). Ultimately,

the integrated-congruent counselor's goal is not to engage in system-bashing but to acknowledge and affirm the client's sociocultural experience, alleviate psychological distress, and enhance the client's personal agency by acknowledging her or his sociopolitical realities, thereby identifying more effective problem-solving and coping mechanisms (Day-Vines et al., 2007; Utsey et al., 2002).

Fuertes et al. (2002) found that counselors who perceived themselves as socially conscious, multiculturally competent, and functioning at heightened racial identity levels also self-reported that they explored the contextual dimensions of race, ethnicity, and culture with their clients. Moreover, they noted that this form of broaching behavior resulted in favorable counseling outcomes. Like the therapists in the Fuertes et al., study, participants in the current study considered race as relevant to the clients' concerns and described themselves as sensitive to the clients' culture-specific experiences. Similarly, Zhang and Burkard (2008) who surveyed clients' thoughts about their counselors' explicit discussions of race, ethnicity, and culture, found that clients viewed the counselors as credible clinicians and were able to develop a positive working alliance when counselors were open to racial, ethnic, and cultural discussions.

Participants experienced their straightforward dialogue about race, ethnicity, and culture as being welcomed and appreciated by clients. Their unabashed ability to broach sensitive topics concerning clients' encounters with race and representation signaled to clients that participants made efforts to understand the client in a cultural context and allowed participants to go beyond surface counseling conversations and delve into issues that may be racially charged. These discussions helped facilitate client self-awareness and greater depth of self-disclosure. Patricia noted that creating a safe climate in which clients can talk about racially charged issues facilitated subsequent discussions and signaled to the client that no topic was off limits.

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According to the broaching continuum, integrated-congruent counselors have the skill set to have difficult conversations and thereby enhance the therapeutic alliance (Day-Vines et al., 2007). Findings in this study were consistent with Thompson, Worthington, & Atkinson's (1994) study that found a counselor's explicit discussions about how race shapes clients' concerns and experiences increased the depth of the client's levels of insight and personal awareness.

Participants in this study experienced that although racial concerns were frequently embedded in clients' presenting problems, sometimes these discussions moved beyond race to address other salient client identities, such as gender and spirituality. This finding suggests that although race functions as a virulent force in the lives of many clients, other identity dimensions may assume significance for clients as well. Day-Vines et al., (2007) asserted that the counselor's broaching behavior reflects her or his ability to consider multiple identity dimensions such as gender, social class, religious affiliation, sexual orientation, etc. Counselors must be vigilant about recognizing the client in a cultural context and not reduce the client's experience to race alone. Additively, participants disclosed that when race was not germane to the client's presenting concern, they would not impose their agenda onto the client. This seems consistent with the ethical principles associated with autonomy, or allowing the client to self-determine an appropriate course of action during the counseling process (ACA, 2005). Participants noted that clients orchestrated a reciprocal relationship with regard to self-disclosure. Just as clients were expected to explore intimate details of their personal lives, there were instances when they wanted participants to be equally forthcoming, as in the case with Patricia's client who wanted to know whether she too was an addict. Similar to Burkard et al. (2006), who revealed the positive outcomes of therapist self-disclosure about race and racism, participants in this study also found that sharing personal experiences with clients greatly augmented the therapeutic alliance.

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Although timing was an important component of the intentional practices that participants relied upon to explore the client's race-related concerns, participants did not achieve consensus about when to address these topics with clients of color. Participants experienced that the specific timing of these discussions was not as important as it was to explore clients' concerns in an appropriate cultural context. Although participants were prepared to address racial, ethnic, and cultural concerns, they reported that at times clients would initiate discussions about race, ethnicity, and culture. Cardemil and Battle (2003) asserted that the timing of the counselor's broaching efforts are contingent upon a host of factors including but not limited to trust, the client's level of self-awareness and openness to these conversations, and the salience of racial and cultural issues to the client.

Participants recognized that their physical presence was a visible racial identity marker for clients of color that often led clients to presume a sense of sameness and identification with their counselors. Lena described her African American clients as feeling a sense of relief when they discovered her race. She noted that there was this "unspoken understanding" that her clients experienced, and thus made them feel that she was better able to relate to their concerns because of their shared racial group membership. Findings in this study suggested that participants believed the therapeutic alliance had more to do with their own racial self-awareness, attentiveness to issues of race and representation, and the ability to understand clients in their cultural context as opposed to merely their shared racial group membership with clients of color. For instance, Nelson mentioned the workshops he facilitates with African American mentors and how he explains to the mentors that they must keep in mind that their mentees may be African American, but that they come from different economic backgrounds and share a different set of values. Counselors operating with less self-awareness may have difficulty understanding the

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racial realities of clients of color. Findings from this study were consistent with the results of Fuertes and Brobst's (2002) investigation that favorable counselor evaluations and multicultural counseling competencies were significant predictors of ethnic minority's client satisfaction with the counseling process. Similarly, Parham and Helms (1981) found that client's preference for a counselor was better predicted by racial identity functioning than by racial group membership alone.

Participants expressed that the development of one's cultural competency goes beyond the classroom and textbook theories and interventions. Participants stated on numerous occasions that they were interested in gaining an understanding of others' worldviews—and this often occurred through seeking out cultural experiences in one's personal life, which ultimately enhanced their counseling efforts. For instance, Patricia described her personal interest in literacy and cultural events as a means of enhancing her level of multicultural counseling competence. Participants believed cultural competency was not simply a skill to use in session, but was deeply rooted in their values and lifestyle orientations. They expressed that they were curious to learn about others, and they found gratification in nurturing this curiosity both within and outside the counseling dyad. This point was expressed by Wilson, who explained to a former counselor trainee who worked with a devout Buddhist, that to not recognize the spiritual element of a client's concern would make the counselor seem detached from the client's experience, which may lead to cultural misunderstanding and perhaps even mistrust.

As it pertains to participants' colleagues, those who worked in predominantly White settings were disturbed and dismayed by the fact that some of their Caucasian colleagues were unable to assist clients of color with their presenting concerns. Participants perceived this inability to work effectively with clients of color as being less about limits of the counselor's

bounds of competence and more about the reluctance to engage clients around issues of race and representation. If this is the case, this appears to be an egregious violation of counselors' ethical responsibility to "understand the diverse cultural backgrounds of the clients they serve" (ACA, 2005, pg. 4) in meaningful and substantive ways.

According to the Broaching Continuum (Day-Vines et al., 2007), avoidant counselors ignore the contextual dimensions of race, ethnicity, and culture during the counseling process, preferring instead to focus on race-neutral or the universal concerns of clients. The consequence of ignoring the client's sociocultural and sociopolitical concerns may result in client dissatisfaction with the counseling process, added psychological distress, and premature termination (Day-Vines, Booker, Steen, & Arnold, 2010). In fact, participants in the study reported that some of their clients perceived they were prematurely terminated due to their racial and cultural differences. Moreover, participants corroborated clients' perceptions with their own self-reports of referrals made to them by their Caucasian peers. It is possible that those counselors who experience difficulty addressing the contextual dimensions of race, ethnicity, and culture may be more predisposed to the premature termination of ethnic minority clients. This finding may be related to Farley's (2005) discussion of *exposure indices*, a measurement of how socially isolated people are from one another. As such, racial isolation may breed cultural misunderstanding, which may also contribute to counselor's difficulty or discomfort working with clients of color. More disturbingly, the research of Neville, Spanierman, and Doan (2006) demonstrated that color-blind racial attitudes were associated with a lack of cultural competence and cultural insensitivity. A notable exception to the tendency, however, was a colleague that Lena mentioned—a Caucasian counselor who is able to effectively engage clients of color around issues of difference. Lena's recollection reinforces the notion that racial identity

functioning is a better determinant of counselor's broaching efforts than racial group membership alone. This assertion is supported by Day-Vines et al. (2007) who drew parallels between counselors operating at higher levels along the broaching continuum and counselors operating at higher levels of racial identity functioning.

In comparison to participants who worked in predominantly White settings, those who worked in predominantly Black settings reported colleagues as being not only culturally competent, but also extremely comfortable with broaching race, ethnicity, and culture with clients. These participants seemed to share similar viewpoints and implemented clinical interventions that allowed them to apply culture-specific techniques and skills when working with clients of color. Given the earlier discussion that the counselor's broaching ability was more a correlate of racial identity functioning than racial group membership, again, it is likely that participants felt comfortable working with clients of color because of their own self-awareness and multicultural competence.

The setting in which participants worked seemed to influence the facility with which they were able to have open discussions about race, ethnicity, and culture with clients. Participants in this study described different encounters with other colleagues in the field with respect to demonstrating multicultural counseling competence when working with clients of color.

Finally, participants consistently experienced that continuing education units - and specifically course curricula addressing cultural competencies - is limited, at best. All the participants agreed that graduate counseling programs must develop a more deliberate and intentional approach to infusing multiculturalism throughout the entire course of study. They believed counselor trainees are far more likely to embrace cultural competency and sensitivity when it is demystified and taught in such a manner that educates them on the significance of

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learning different cultures and ethnic backgrounds. This assertion correlates with a myriad of

conceptual articles that emphasize the importance of graduate programs teaching pre-service

counselors to operationalize the multicultural counseling competencies as a tool to enhance their

clinical skills, and more importantly, prepare them for working with a wide variety of clients of

color. (Arredondo, 1999; Arredondo & Arciniega, 2001; Ponterotto, Alexander, & Grieger,

1995; Sanchez-Hucles & Jones, 2005).

Fifty years after its inception into the profession, the implementation of the multicultural

counseling competencies encouraging counselors to demonstrate their awareness, knowledge,

and skills remains a noteworthy issue within the counseling field. Within this study, participants

expressed grave concerns about the seemingly unintentional practices of counselors to not fully

utilize or embrace their multicultural counseling competence when working with clients of color.

Limitations of the Study

While the experiences of the participants produced seven categories pertaining to how

counselors address race, ethnicity, and culture, the findings cannot be generalized to all African

American counselors or to all counselors within the field. First, given the emotionally charged

nature of the topic, counselors may have responded in socially desirable ways. The most evident

limitation was the possibility that counselors did not fully share their thoughts and/or opinions

regarding race, ethnicity, or culture. Due to either personally knowing certain participants prior

to the study or establishing instant rapport with others, it is likely that aspects of the participants'

opinions may have been masked by the presumption of familiarity and shared experiences. If

participants felt as though they needed to only make "politically correct" statements due to the

highly controversial nature of this topic, the study and its efforts to enhance the current

conceptual framework of broaching race, ethnicity, and culture in counseling were unfortunately

compromised. However, it should be noted that I felt a level of transparency and candor were revealed during the interviews, and oftentimes within qualitative studies several researchers believe these factors present new data and consequently a new avenue to explore in future studies.

A second limitation was that the study did not examine how race-avoidant counselors would respond to a similar set of questions. Consequently, the experiences of the participants are not able to be generalized to all counselors of color. Based on their research, professional presentations, and personal activities dedicated to people of color, the participants chosen for this study were deemed multiculturally competent when addressing issues surrounding race, ethnicity, and culture. Therefore, their answers to the interview protocol represent the scope and professional opinions of counselors who are seemingly comfortable with these topics and rarely shy away from discussing them with clients. However, the perspectives of counselors who tend to avoid these topics in session were not represented and would likely present a significantly different viewpoint on the findings of this study, and ultimately a different contribution to the counseling field. Moreover, the perspectives of other counselors of color cannot be presumed to be the same as the five African American counselors chosen for this study. Nonetheless, exploring why some counselors do not practice or fully utilize their cultural competency skills would also assist counseling graduate programs in better understanding the reservations of counselor trainees and how to help them alleviate those fears and reservations.

A third limitation of this study was not being able to conduct the structuring interviews with each participant and the length of the formal interviews. These pre-interviews would have allowed participants to ask questions that they may not have considered during the formal interview. The structuring interview would have allowed an even deeper sense of the

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participants' experiences with clients of color to be explored and taken into account while editing the questions for the formal interview. Moreover, not delving deeper into those experiences during the interviews was also a limitation, and the study is therefore best viewed as an exploratory study. Thus, participants' experiences of addressing race, ethnicity, and culture with clients of color could have been examined more fully.

A final limitation of the study was the researcher, a young African American female who delved into each counselor's personal beliefs and attitudes regarding race, ethnicity, and culture. These individuals were of the same race, but were from different age groups, were born and raised in different geographic regions, of a different gender, from different ethnic backgrounds, and possibly even different social class backgrounds. To compensate for these differences, at times I found myself straying from the conventional interviewing style and approaching participants with more of a conversational style. Fortunately, no one asked to be removed from the study, nor expressed any discomfort with the interview format or subject matter. That said, I recognized that such hesitation could have impacted the richness of the data or led to dropping out of the study, which would have greatly changed the scope of this investigation.

Implications for Counseling Practice

Considering the significant amount of literature that highlights the importance of counselors discussing racial and cultural matters with clients of color (Atkinson, Casas, & Abreu, 1992; Cardemil & Battle, 2003; Gim et al., 1991; Constantine et al., 2007; Day-Vines et al., 2007; Knox et al., 2003; Sanchez-Hucles, & Jones, 2005; Sue, Arredondo, & McDavis, 1992) along with the counseling field's implementation and emphasis on utilizing multicultural counseling competencies in session (American Counseling Association, 2005; Arredondo et al.,

1996; Ponterotto et al., 1995;), this study provided several paths for future scholars to delve further into the need for counselors to broach race, ethnicity, and culture with clients of color.

First, given the participants' reports of the positive outcomes they experienced with clients after addressing racial and cultural matters, researchers may want investigate the experiences and views of clients who have worked with counselors who were amenable to discussing race, discrimination, and similar controversial topics with clients.

Second, as discussed herein, several participants shared reports of clients' experiences with counselors who did not address cultural and ethnic topics in session. Participants recalled instances when colleagues, primarily Caucasian, would refer clients of color to work with counselors of color due to a lack of competence on how to address their clients' needs or a lack of being able to build a therapeutic rapport with racially and culturally diverse clients. Given this finding, scholars may want to examine clients' reports and experiences of counseling processes where race, discrimination, and the like were not discussed due to avoidance behaviors of the counselor. Interviewers could inquire about what was said and done that made clients feel inadequate or why they felt many of their issues were seemingly ignored.

Third, findings from this study can serve as a rationale for counselor-education training programs to explore counselor trainees' comfort level with broaching race, ethnicity, and culture with clients of color and examining the process and outcomes of students addressing these topics with their clients. Specifically, researchers should explore the timing or when to broach racial and cultural matters and how embedded it is into the clients' concerns. It is imperative for counselor trainees to embrace and acknowledge their own views about race, as well as become comfortable with addressing race, ethnicity, and culture with clients of color, particularly as the counseling field prepares for the growing demographic shifts that will inevitably occur within

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clinical settings (U.S. Census Bureau, 2009). Moreover, participants shared that cultural competence was not only a skill with which they were comfortable, but that it was a part of their lifestyle. Thus, counseling programs must begin to help students recognize that enhancing their cultural competence is not a form of drudgery; instead, it should be considered a skill that has the potential to be worthwhile and greatly expand their knowledge both professionally and personally. Furthermore, exploring the relationship between counseling programs within different academic settings, i.e. Historically Black Colleges or Universities versus Predominately White Institutions, and how they instruct counselor trainees to address race, ethnicity, and culture, would be a highly informative investigation as well.

Fourth, in-service training focused on multicultural competency would be of value for experienced counselors. While it is certainly essential for counselor trainees to obtain and develop their cultural competency, it stands within reason that experienced counselors will likely need refresher courses, workshops, or Continuing Education Units to keep them abreast of the most current techniques and interventions to implement in sessions with clients of color.

Finally, a continuation of assessing counselor's racial identity functioning (Helms, 1993) would be a noteworthy measure of how and why counselors do or do not broach race, ethnicity, and culture with clients of color. The findings from this study imply that racial identity functioning (as opposed to racial group membership) had a greater impact on being able to establish and maintain rapport with clients of color. When counselors are secure and confident with their racial composition, they presumably have fewer reservations or discomfort in discussing racial and cultural matters with clients. Overall, the findings from this study led to an array of topics for future research, theory, and practice focused on counselors' techniques, skills, competencies, and attitudes toward addressing race, ethnicity, and culture with clients of color.

Conclusions

The findings from this study provided insight on the perspectives of counselors who welcome and initiate discussions of race, ethnicity, and culture with clients of color. They candidly shared experiences of how these discussions added great value to the therapeutic rapport they were able to build with clients, and that forthright conversations about racial and cultural matters are necessary for modern-day counseling practices. Furthermore, participants stated that counselors must be prepared, when necessary, to disclose elements of their personal experiences in order to relate to clients and relieve them of their fears surrounding counselor-client differences. Additively, all participants expressed grave concerns about using generic counseling theories with clients of color and provided suggestions on how to fully incorporate multicultural competency into the entire course of study for graduate counseling programs.

Participants in the current study demonstrated an openness toward broaching racial and cultural factors, recognized sociopolitical realities that people from marginalized groups confront, initiated and responded to discussions regarding racial and cultural factors, and identified culturally relevant counseling strategies and interventions to work with clients of color. These counseling approaches are indicative of counselors operating at the higher end of the Continuum of Broaching Attitudes and Behaviors enumerated by Day-Vines et al. (2007). Specifically, counselors in this study seemed to function at the *integrated-congruent* category of the model, wherein they were willing to examine the extent to which race shapes the client's presenting concern.

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Appendix A: Informed Consent

Virginia Tech Institutional Review Board: Project No. 08-159
Approved March 26, 2008 to March 25, 2010

Informed Consent
VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY
Informed Consent for Participants in Research Projects Involving Human Participants
Title of Research Project: An Investigation of African-American Counselors' Experiences of Addressing Race, Ethnicity, and Culture with Clients of Color
Co- Principal Investigator: Kristy Arnold, M. Ed., Educational Leadership & Policy Studies, Virginia Polytechnic Institute and State University

I. Purpose of this Project

The purpose of this study is to investigate African-American counselors' experiences of initiating discussions about race, ethnicity, and culture with clients of color. The research will involve interviewing participants who have counseling experience with clients of color. I will be asked to share my experiences on this topic during one or two one-on-one interviews with Kristy Arnold, the co-principal investigator.

II. Procedures

I am willing to take part in the above-mentioned interview and possibly a follow-up interview with Kristy Arnold sharing my experiences of discussing race, ethnicity, and culture with clients of color. This interview will take no more than two hours and will take place in a location chosen by me or a mutually agreed upon place. All of the above activities that I participate in will occur over a period of approximately two weeks.

III. Risks

I have been informed that the risks associated with participating in this study are minimal.

IV. Benefits

Kristy Arnold will provide me with a copy of any publications that result from this research if I request them. A potential benefit of participating in this research is that I may gain new professional or personal insights that may be of value to me in my work as a counselor. The data collected from me during this research will be used to develop one or more papers for publication in scholarly journals or for presentation at professional conferences. The data from this research may also be used for other research purposes.

V. Extent of Anonymity and Confidentiality

I am aware that my identity, and that of any individuals whom I mention, will be known only to Kristy Arnold and Dr. Norma L. Day-Vines. I am also aware that the information collected from me during this study will be kept confidential within the limits allowed by law. I understand that the above-mentioned interview will be audiotape recorded and later transcribed. When transcribing the taped interview, Kristy Arnold will use pseudonyms (i.e., false names) for my name and for the names of any other individuals whom I mention. These pseudonyms will also be used in preparing all written reports of the research. Any details in the taped interview that could identify me or any individuals whom I mention will also be altered during the transcription process. Kristy Arnold will be the only person with access to the tape recorded interview and it will be stored securely. It is possible that the Institutional Review Board (IRB) at Virginia Tech may view this study's collected data for auditing purposes. The IRB is responsible for overseeing the protection of human subjects who are involved in research.

VI. Compensation

I will receive $20 for each data-gathering interview in which I participate. As mentioned above, two such interviews may be needed. Compensation for each interview will be paid to me at the completion of the interview.

VII. Freedom to Withdraw

I understand that my participation in this study is entirely voluntary and that my refusal to participate will involve no penalty or loss of benefits to which I am otherwise entitled. If I choose to withdraw from the study, any information about me and any data that I have provided will be destroyed. As mentioned above, I will receive $20 for each research-based interview that I complete. To receive compensation for an interview, I will need to attend the entire interview. Also, I am free to choose not to answer any question or not to complete any activity without penalty.

VIII. Participant's Responsibilities

I voluntarily agree to participate in this study. I have the following responsibility: to participate in one or two interviews of two hours or less in total.

IX. Participant's Permission

I have read and understand the Informed Consent and the conditions of this study. I have had all of my questions answered. I hereby acknowledge the above and give my voluntary consent:

_____ Date _____
Signature of Participant

_____
Printed Name

_____ Date _____
Signature of Principal Investigator

_____
Printed Name

Should I have any pertinent questions about this study or its conduct, or participants' rights, I may contact:

Kristy Arnold , Co-Investigator (770) 314-3312 kmarnold@vt.edu
Dr. Norma L. Day-Vines, Committee Chair, Principal Investigator
(703) 538- 8474 ndayvine@vt.edu
David M. Moore (540) 231 – 4991 moored@vt.edu
Chair, Virginia Tech Institutional Review Board for the Protection of Human Subjects
Office of Research Compliance
1880 Pratt Drive, Suite 2006 (0497)
        Blacksburg, VA 24061

Appendix B: Approval Letter

WVirginiaTech
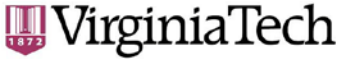
Office of Research Compliance
Institutional Review Board
2000 Kraft Drive, Suite 2000 (0497)
Blacksburg, Virginia 24061
540/231-4991 Fax 540/231-0959
e-mail moored@vt.edu
www.irb.vt.edu
FWA00000572 (expires 6/13/2011)
IRB # is IRB00000667

DATE: March 2, 2010

MEMORANDUM

TO: Norma Day-Vines
Kristy Arnold

FROM: David M. Moore

Approval date: 3/26/2010
Continuing Review Due Date: 3/11/2011
Expiration Date: 3/25/2011

SUBJECT: **IRB Expedited Continuation 2:** "A Qualitative Examination of Counselors' Experiences of Addressing Issues of Race, Ethnicity, and Culture with Clients of Color", IRB # 08-159

This memo is regarding the above referenced protocol which was previously granted expedited approval by the IRB. The proposed research is eligible for expedited review according to the specifications authorized by 45 CFR 46.110 and 21 CFR 56.110. Pursuant to your request, as Chair of the Virginia Tech Institutional Review Board, I have granted approval for extension of the study for a period of 12 months, effective as of March 26, 2010.

Approval of your research by the IRB provides the appropriate review as required by federal and state laws regarding human subject research. As an investigator of human subjects, your responsibilities include the following:

1. Report promptly proposed changes in previously approved human subject research activities to the IRB, including changes to your study forms, procedures and investigators, regardless of how minor. The proposed changes must not be initiated without IRB review and approval, except where necessary to eliminate apparent immediate hazards to the subjects.
2. Report promptly to the IRB any injuries or other unanticipated or adverse events involving risks or harms to human research subjects or others.
3. Report promptly to the IRB of the study's closing (i.e., data collecting and data analysis complete at Virginia Tech). If the study is to continue past the expiration date (listed above), investigators must submit a request for continuing review prior to the continuing review due date (listed above). It is the researcher's responsibility to obtain re-approval from the IRB before the study's expiration date.
4. If re-approval is not obtained (unless the study has been reported to the IRB as closed) prior to the expiration date, all activities involving human subjects and data analysis must cease immediately, except where necessary to eliminate apparent immediate hazards to the subjects.

cc: File

Invent the Future

VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY
An equal opportunity, affirmative action institution

156
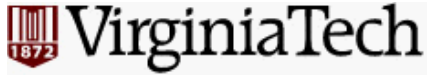
Institutional Review Board
Continuing Review Request Form

VirginiaTech

INSTRUCTIONS: Email completed form and the study's current consent form (if applicable) to irb@vt.edu (PDFs preferred). Unless the protocol was originally approved as Expedited, also email a copy of the current (i.e., incorporating all amendments) Research Protocol / Initial Review Application.

1. IRB NUMBER:

08-159

2. PROJECT TITLE:

A Qualitative Examination of Counselors' Experiences of Addressing Issues of Race, Ethnicity, and Culture with Clients of Color

3. PRINCIPAL INVESTIGATOR

Name: **Kristy Arnold**	Email address: **kmarnold@vt.edu**

4. PROJECT STATUS:
☐ Enrollment is open
☐ All subjects have completed research interventions and the research remains active only for long-term follow-up of subjects
☒ Remaining research activities are limited to data analysis
☐ No subjects have been enrolled
☒ Other, please explain: **Preparing for the final defense**

5. PROVIDE THE NUMBER AND DEMOGRAPHICS OF ENROLLED PARTICIPANTS:

5 African American counselors

☐ Unknown
☐ Not applicable

6. HOW MANY PARTICIPANTS HAVE DISCONTINUED PARTICIPATION AND WHY?

☒ None
☐ Not applicable

7. BRIEFLY SUMMARIZE THE STUDY PROGRESS, PRELIMINARY FINDINGS, AND ANY RECENT LITERATURE THAT MAY BE RELEVANT TO THE RESEARCH, IF ANY:

I am currently editing the final draft and preparing to defend this semester before the April 2nd deadline

☐ None

8. DESCRIBE ANY ANTICIPATED OR UNFORESEEN COMPLICATIONS OR EVENTS:

☒ None

9. DESCRIBE ANY COMPLAINTS RECEIVED AND HOW THEY WERE HANDLED:

☒ None

Institutional Review Board
Amendment Request Form

VirginiaTech

INSTRUCTIONS: Email completed form and all revised and/or new study documents to irb@vt.edu (PDFs preferred).

Note: The project's IRB-approved Research Protocol (previously entitled Initial Review Application) must be kept current and followed throughout the life of the project. It is advised that it be reviewed prior to the submission of an amendment request to ensure all changes are reflected. All study documents are subject to audit.

1. IRB NUMBER:

08-159

2. PROJECT TITLE:

A Qualitative Examination of Counselors' Experiences of Addressing Issues of Race, Ethnicity, and Culture with Clients of Color

3. PRINCIPAL INVESTIGATOR

Name: **Dr. Norma Day-Vines**	Email address: **ndayvine@vt.edu**

4. REQUESTING AMENDMENT TO:

☒ Research Protocol (or Initial Review Application)
☐ Consent form
☐ Recruitment materials
☐ Data document (e.g., survey instrument, interview questions)
☐ Research personnel
☐ Other

5. DESCRIBE THE AMENDMENT BEING REQUESTED:

Note: with each requested change, provide a detailed description of where within the study documents (e.g., Research Protocol, survey instrument, etc.) the changes are reflected (e.g., page number, question #, etc.)

The revisions for this study are on page 9 section 27 F of the IRB Application. Initially, the co-investigator planned to transcribe the interviews herself. However, after careful consideration, a professional transcriptionist will be hired to transcribe the interviews for the sake of expediting the advancement of the study.

> **Section 27 F will now state:**
> **A transcriptionist will be hired to transcribe the audio recordings so as to expedite the advancement of the proposed study. Upon receipt of the transcriptions, Kristy Arnold will produce codes and themes. The co-investigator will be using the selected pseudonyms to refer to participants.**

6. HAVE THESE REQUESTED CHANGES BEEN INITIATED?

☒ No
☐ Yes, why were these changes initiated prior to being approved (see bottom of page)?

7. HOW WILL THE PROPOSED AMENDMENT AFFECT STUDY PARTICIPANTS?

> **This amendment will not affect the participants in any way, as all interviews have already been conducted with each participant. Their identities will remain confidential, and the transcriptionist will have a separate Consent Form to further ensure participant confidentiality.**

Appendix E: Email Notification to Participants

A Qualitative Examination Of African American Counselors' Experiences Of Addressing Issues Of Race, Ethnicity, And Culture With Clients Of Color

Hello (Participant's Name),

I am Kristy Arnold, a Ph.D. Candidate at Virginia Tech in the Counselor Education program. I recently received your information from (List Person's Name) and he/she recommended that I speak with you about possibly participating in my study. The research is centered on addressing race, ethnicity, and culture with clients of color. Per your publications, presentations at local and national conferences, or based on (List Person's Name) knowledge of your counseling skills, you have been identified as someone who is very familiar with this topic. I would love to speak with you in detail about this project. If you could please email me your phone number (or provide an alternate number) and time to call at your earliest convenience, I would greatly appreciate it.

Thank You,

Kristy Arnold, M.Ed.

Ph.D. Candidate: Counselor Education

Educational Leadership & Policy Studies

School of Education

Virginia Tech

Appendix F: Structuring Interview Letter

A Qualitative Examination Of African American Counselors' Experiences Of Addressing Issues Of Race, Ethnicity, And Culture With Clients Of Color

Dear Participant:

Thank you for considering participation in this study. In interviewing you, I hope to develop a detailed understanding of your experience of addressing race, ethnicity, and culture with clients of color. I am completing this study as a requirement for my dissertation defense within my Counselor Education Ph.D program.

Your participation in the study will involve two interviews with me, and a possible third. The first interview, which we are doing today, gives us an opportunity to become better acquainted and to learn more about each other's backgrounds. It also allows me to explain the nature of my study and my reasons for selecting you, and to answer any questions you may have. Before our second interview takes place, please take some time to think about your experiences as they relate to the topic that we are exploring. I would like you to think broadly about your experiences of addressing race, ethnicity, and culture with your clients of color. For example, reflect on your experiences in initiating these topics, how you came to value these topics within session, specific courses or training you have taken that dealt with multicultural competency, and counseling skills in general. Reflect on your observations of your clients' comfort level when discussing their racial and cultural experiences. These issues, of course, deal with only some aspects of your experience of addressing race, ethnicity, and culture with clients of color. Please reflect on any experiences that you see as relevant to this topic.

Some of these experiences may stand out more in your mind than others. For each of these experiences, please consider the thoughts, feelings, and any bodily sensations that occurred

for you at that time. I would also like you to reflect on the context for each of these experiences. This might include the circumstances or events that led up to the experience, the physical setting, and any of the clients that were present. As you think about your experiences, you may want to write down important thoughts or details so you can refer to them during our next interview. However, this step is not required for participation in this study.

During our next interview, I will ask you a number of questions about your experience of addressing race, ethnicity, and culture with clients of color. Please respond to these questions in whatever way you feel is most appropriate. I will ask you to describe your experiences in as much detail as possible. It is important for you to describe your actual experiences, just as they happened for you. Remember, there are no right or wrong answers in this type of study: I want to learn about your experiences, whatever they may be for you. As I mentioned earlier, a third or follow-up interview may be needed so I can fully explore your experiences on this topic. Also, you will be asked to conduct a member check or confirmation check on how well I have accurately and comprehensively protrayed your experience of addressing race, ethnicity, and culture with clients of color. This review of the findings will take approximately 30 minutes and you will be given two weeks to submit your feedback.

Lastly, I want to remind you that your participation in this study is entirely voluntary. Your identity will be kept confidential at all times and you are free to withdraw from the study at any time without penalty. If you have any questions about the study or if you would like to discuss anything else with me, please don't hesitate to call at (770) 314-3312. I look forward to our interview!

Best wishes,

Kristy M. Arnold, M.Ed.

Appendix G: Interview Protocol

A Qualitative Examination of African American Counselors' Experiences of Addressing Race, Ethnicity, and Culture with Clients of Color

I would like to start our interview by exploring your history of addressing racial, ethnic, and cultural issues with clients and what addressing these issues means to you.

1) Could you please describe for me your earliest experiences of addressing issues of race, ethnicity, and culture with clients of color?

When did you first become aware of the need to address issues of race, ethnicity, and culture with clients? Were these topics taught in a course or some form of training? If so, could you please describe that for me.

2) Could you please describe for me what has prompted you to address issues of race, ethnicity, culture with clients of color?

3) What does addressing issues of race, ethnicity, and culture with clients mean to you as a counselor?

4) What does addressing issues of race, ethnicity, and culture with clients mean to you personally?

5) What role do you see this practice (discussing issues of race, ethnicity, and culture with clients) playing within counseling?

Now I would like to explore how you actually address issues of race, ethnicity, and culture with clients of color.

6) Could you please describe for me how you start discussing these issues with a client?

What, exactly, do you say to the client when you address these issues?

Is there anything else that you do when you address these issues?

At what point in the counseling sessions do you discuss these issues?

You may find it helpful to focus on a particular client who stands out in your mind. Can you think of someone like that?

7) Please tell me about any other discussion of issues of race, ethnicity, and culture that occurs after this initial discussion of the topic.

Are issues of race, ethnicity, and culture discussed again in later sessions?

If so, could you please describe that for me?

What prompts you to discuss these issues again in later sessions?

Now I'd like to shift our focus to the impact that addressing issues of race, ethnicity, and culture has had on various aspects of your work with clients.

8) Please describe for me any ways that clients have responded after you have addressed issues of race, ethnicity, and culture with them.

9) Please tell me about any ways that addressing these issues has influenced your relationship with the client.

Has addressing them affected your rapport with the client? If so, how?

Has addressing race, ethnicity, and culture affected the therapeutic alliance? If so, how?

10) Please tell me about any ways that addressing issues of race, ethnicity, and culture has influenced the process of the sessions that followed.

11) Please tell me about any ways that addressing issues of race, ethnicity, and culture has influenced the content of the sessions that followed.

12) Could you describe any ways that addressing issues of race, ethnicity, and culture has influenced the therapeutic outcomes for the client?

13) Describe any ways that addressing these issues have influenced you, as far as your work with the client.

In the last part of our interview, I would like to focus on a few additional topics, including how you have been affected as a result of discussing racial, ethnic, and cultural issues with clients, your experience of other therapists' discussion of these issues with clients, and any goals you have for yourself, as far as discussing them with clients in the future.

14) Please tell me about any ways you have been affected professionally as a result of addressing issues of race, ethnicity, and culture with your clients.

15) Please tell me about any ways you have been affected personally as a result of addressing issues of race, ethnicity, and culture with your clients.

16) What has been your experience, as far as other therapists' discussion of racial, ethnic, and cultural issues with their clients?

17) Please tell me about anything you have done within the counseling profession to promote the practice and encourage counselors to discuss racial, ethnic, and cultural issues with clients.

18) Do you have any recommendations for graduate counseling programs, as far as how they can help to increase counselor discussion of racial, ethnic, and cultural issues with clients? If so, what would they be?

19) Please tell me about anything you have done to promote issues of race, ethnicity, and culture outside of the counseling profession.

20) Do you have any goals for yourself, as far as discussing issues of race, ethnicity, and culture with clients of color in the future?

21) Is there anything else that you think would be important for me to know?