

Consumers' Perceptions of Cultural Competence in the Counseling Relationship: A

Phenomenological Study

By

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Abstract

Consumers of mental health services are recognized as experts due to their rich lived experiences. Because of their expert status, they are expected to play a vital role in the re-shaping of mental health systems by determining what culturally competent services look like and how services are provided to culturally diverse populations. Therefore, it is essential that the consumers' voices, choices and roles in transforming the mental health system are included in assessing the cultural competence of mental health counselors (New Freedom Commission, 2003). There is a significant gap in the literature regarding the consumers' unique perspective (Pope-Davis et al., 2002). There is a need for both qualitative studies and studies that focus on consumers to gain a deeper, richer insight of the consumers' perspective (Rubin & Rubin, 1995). A qualitative phenomenological design was used to give voice to three participants regarding their perceptions of cultural competence in the counseling relationship. Phenomenological interviews were used to explore in depth and with diversity the participants' subjective meaning of the lived experience (Denzin & Lincoln, 2003). Constant comparative research methods were used to analyze the data. Four themes naturally emerged from the data. Theme 1) Defining Cultural Competence was discussed as being inclusive of all differences; not focusing solely on race or ethnicity, including more than recognizing obvious differences, and counselors' willingness to raise and engage in the issue of culture. Theme 2) Counselor Attitude participants

voiced that counselors' attitude plays a significant role in whether certain topics are broached and how much is shared about the topic. They reported what counselors convey through their attitude and interactions as being more important than what they convey verbally. Theme 3) The Counseling Relationship was discussed in regard to the importance of counseling relationships that fosters an environment of safety where sharing information and teaching and learning is reciprocal between counselor and consumer and Theme 4) Counselor Attributes were found to be more important than counseling techniques and theories. The findings are presented in a discussion of themes with narratives developed about each case.

Dedication

To Terrence Ramon Stuart, for planting the seed for me to pursue a doctorate and, for the love, support and strength that is never-ending.

Son, you are second to none.

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Table of Contents

| | |
|--|----|
| Dedication..... | iv |
| Acknowledgments | v |
| List of Tables | x |
| Table 1: Research Questions and Related Interview One Questions..... | x |
| Table 2: Quality and Rigor Strategies..... | x |
| Chapter Four Table 1: Participants Demographics | x |
| Chapter Four Table 2: Iterations of Analysis..... | x |
| Chapter One: Introduction | 1 |
| Background for the Study | 4 |
| Rationale for the Study | 5 |
| Statement of the Problem..... | 5 |
| Purpose of the Study | 6 |
| Research Questions..... | 7 |
| Delimitations of the Study | 8 |
| Limitations of the Study | 8 |
| Definition of Terms | 9 |
| Chapter One | 12 |
| <i>Chapter Two</i> | 12 |
| <i>Chapter Three</i> | 13 |
| Summary..... | 14 |
| Chapter Two: Review of the Literature | 15 |
| Contextual Foundation..... | 15 |
| <i>Theoretical Framework</i> | 15 |
| Cultural Competence | 19 |
| <i>Historical Overview</i> | 19 |
| <i>Current Status</i> | 22 |
| <i>Efficacy</i> | 24 |
| <i>Ethics</i> | 26 |
| <i>Developing Cultural Competence</i> | 28 |
| <i>Cultural Competency Assessments</i> | 28 |
| <i>Counselor Training Programs</i> | 30 |
| <i>Training Program Research</i> | 31 |
| The Importance of Consumer and Counselor Perspectives | 32 |
| <i>The Consumers' Perspectives</i> | 32 |
| <i>The Counselor's Perspectives</i> | 34 |
| Research Traditions | 35 |
| <i>Qualitative Research</i> | 36 |
| <i>Quantitative Research</i> | 38 |
| Summary | 39 |
| Chapter Three: Methodology..... | 40 |
| <i>Overview of the Study</i> | 40 |

| | |
|---|----|
| Research Design | 41 |
| <i>Research Methods</i> | 42 |
| <i>Research Questions</i> | 42 |
| Role of the Investigator | 44 |
| Participant Selection Process | 47 |
| <i>Access and Entry</i> | 48 |
| <i>Recruitment Process</i> | 48 |
| <i>Participants</i> | 50 |
| <i>Confidentiality</i> | 51 |
| <i>Risks</i> | 52 |
| <i>Benefits</i> | 53 |
| <i>Setting for Interviews</i> | 53 |
| <i>Instrumentation</i> | 54 |
| <i>Freedom to Withdraw</i> | 54 |
| <i>Informed Consent</i> | 54 |
| Data Collection Process | 55 |
| Quality Assurance Process | 56 |
| <i>Confirmability</i> | 56 |
| <i>Credibility</i> | 56 |
| <i>Dependability</i> | 58 |
| <i>Rigor</i> | 58 |
| <i>Transferability</i> | 59 |
| <i>Trustworthiness</i> | 59 |
| <i>Verification</i> | 60 |
| Data Management | 61 |
| Data Analysis | 61 |
| Summary | 63 |
| Chapter Four: Consumers' Experiences of Cultural Competence in the Counseling Relationship: A Phenomenological Study | 64 |
| Abstract | 66 |
| Objective | 66 |
| Methods | 66 |
| Results | 66 |
| Conclusions | 66 |
| Objectives | 68 |
| Methodology | 69 |
| <i>Data Sources</i> | 70 |
| <i>Subjects</i> | 70 |
| <i>Design</i> | 71 |
| Measurement | 72 |
| Data Analysis | 72 |
| Results | 75 |
| <i>Key Findings</i> | 75 |

| | |
|--|-----|
| <i>Cultural Competence</i> | 76 |
| <i>The Counseling Relationship</i> | 76 |
| <i>Counselor Attributes</i> | 78 |
| <i>Counselor Attitude</i> | 79 |
| Conclusions..... | 80 |
| <i>Implications</i> | 82 |
| <i>Future Directions</i> | 83 |
| References..... | 85 |
| Chapter Five: Journal Article: Implications for the Training, Practice, and Supervision of Culturally Competent Counselors from the Consumers’ Perspectives..... | 88 |
| Abstract..... | 90 |
| Background for the Development of the Implications..... | 91 |
| Method..... | 92 |
| Participants..... | 93 |
| Procedures..... | 93 |
| Data Analysis..... | 94 |
| Results..... | 94 |
| Definitions of Cultural Competence..... | 95 |
| The Counseling Relationship..... | 96 |
| Counselor Attributes..... | 97 |
| Counselor Attitudes..... | 98 |
| Discussion..... | 99 |
| Counseling Practice..... | 99 |
| <i>Definitions</i> | 99 |
| <i>Relationships</i> | 99 |
| <i>Attributes and Attitudes</i> | 100 |
| Counselor Education and Supervision..... | 101 |
| <i>Definitions</i> | 101 |
| <i>Relationships</i> | 101 |
| <i>Attributes and Attitude</i> | 103 |
| Counseling Profession..... | 104 |
| <i>Definitions</i> | 104 |
| <i>Relationships</i> | 104 |
| <i>Attributes and Attitude</i> | 105 |
| Limitations of the Study..... | 105 |
| Conclusions..... | 106 |
| References..... | 109 |
| Appendix A: Institutional Review Board Initial Review Application..... | 113 |
| Appendix B: Institutional Review Board Request for Full Board Review..... | 130 |
| Appendix C: Letter of Introduction..... | 133 |
| Appendix D: Advertisement Flyer..... | 134 |
| Appendix E: Recruitment Flyer..... | 135 |

| | |
|---|-----|
| Appendix F: Informed Consent for Participants in Research Projects Involving Human Subjects | 136 |
| Appendix G: Background and Interview Data Questionnaire | 141 |
| Appendix H: Letter of Invitation | 142 |
| Appendix I: Study ID/Code | 144 |
| Appendix J: Behavioral Health Care Providers | 145 |
| Appendix K: Questions for Interview One | 146 |
| Appendix L: Bio-Sketch | 147 |
| Appendix M : Training in Human Subjects Protection | 148 |
| Appendix N: Institutional Review Board Expedited Approval Letter | 149 |
| Reflections on the Development of Manuscripts..... | 150 |
| References..... | 153 |

List of Tables

| | |
|--|----|
| Table 1: Research Questions and Related Interview One Questions..... | 55 |
| Table 2: Quality and Rigor Strategies..... | 69 |
| Chapter Four Table 1: Participants Demographics..... | 81 |
| Chapter Four Table 2: Iterations of Analysis..... | 83 |

Chapter One: Introduction

The statement “if you want to know something about me, ask me” is used often by individuals during everyday conversations and is heard frequently when conversing with people from diverse backgrounds. The phrase “nothing about us without us” was used repeatedly during conversations at the 2004 Alternatives Conference held in Denver, Colorado, the 2005 Alternatives Conference held in Phoenix, Arizona, and the 2006 Alternatives Conference held in Portland, Oregon. The Alternatives Conference is a national conference sponsored by consumers who receive or have received mental health services for consumers of mental health services. Consumers want to exercise their voice and choice to make decisions about their lives. They want to be heard and understood from their unique perspectives within the context of their culture. Consumers like other individuals are rendered voiceless when their perspectives are not sought.

This lack of voice is often apparent in the counseling profession (Davis & Osborn, 2000). It is not unusual for consumers of mental health services to find themselves devoid of both voice and choice with regard to the mental health services they receive. A particular area in the counseling profession that lacks consumer voice is cultural competence. Several definitions of cultural competence exist in the counseling literature. Knowledge and skills coupled with insight and awareness that foster an effective working relationship with diverse groups is one definition of cultural competence (D’Andrea, Daniels, & Heck, 1991). Shearer and Davidhizar (2003) defined it as providing culturally sensitive care to others in an appropriate manner. Cultural competence was defined by Sue (1998) as “ the belief that people should not only appreciate and

recognize other cultural groups but also be able to work effectively with them” (p.440). Cultural competence is further defined as liberating one’s self from both personal and professional cultural conditioning and training (Sue & Sue, 1999). Such freedom allows practitioners to accept, understand, and embrace the legitimacy of differing worldviews resulting in more culturally appropriate intervention strategies that are effective when working with diverse groups. Finally, cultural competence is the awareness, knowledge, and skills that counselors achieve to work effectively with individuals from diverse backgrounds (Sue & Sue, 2003).

Traditionally, consumers have not been asked about their counseling experiences with regard to cultural differences. There is a need for cultural competence assessments to include the consumers’ perspectives (Fuentes, Bartolomeo, & Nichols, 2001). Researchers are beginning to recognize that the views and perspectives of consumers matter significantly and the counseling profession can no longer afford to overlook the consumers’ perspectives as such an oversight could result in counseling outcomes being compromised (Davis & Osborn, 2000). Through the findings from the study the researcher was able to add consumers’ voices in the discourse regarding cultural competence.

The discourse about what constitutes cultural competence began more than four decades ago and remains at the forefront of the counseling profession as evidenced by the vast amount of literature available on the topic. There is ongoing dialogue among counseling professionals, counselor educators, and scholars about the knowledge and skills needed to provide culturally competent mental health services. The discussion also addresses bridging the gap between knowledge and practice. Much of the discourse still centers on the counselors’ perceptions and not the consumers. As suggested by the New Freedom Commission (2003) there is an increasing

call for consumers of mental health services to assume a more active role in assuring that mental health counselors are culturally competent. During the past forty years the charge has increased for counselors to be more competent in providing counseling services to culturally diverse populations (Kim & Lyons, 2003). As a result, a set of multicultural counseling competencies were developed as a guideline for providing effective multicultural services (Sue, Arredondo, & McDavis, 1992). These competencies were operationalized four years later (Arredondo et al., 1996). This was achieved by developing language that specifically identified and described ways to master and put into practice the competencies (Arredondo et al.). The Association of Multicultural Counseling and Development (AMCD) developed 31 competencies and 119 explanatory statements (American Association of Counseling and Development, 1994). Awareness, knowledge, and skills continue to be the basic standards for providing services that are culturally competent. Many professional counseling associations currently adhere to similar competencies including the American Counseling Association (ACA, 1995), American Psychological Association (APA, 1992), and Association for Counselor Education and Supervision (ACES, 1993).

In addition to the counseling profession adopting the multicultural counseling competencies, accredited counseling programs adhere to the same set of standards. The development and expansion of individual multicultural courses or multicultural experiences infused throughout accredited counselor education training programs are growing rapidly. This has resulted in new challenges that require a collaborative approach that will assess cultural competence from the perspective of the consumer as well as from the counselor.

The counselors' perceptions of cultural competence have been captured through numerous self-reporting assessment instruments that counselors-in-training and professional counselors use to assess their own cultural competence. The same is not true of the consumers' perceptions as many of the most widely utilized assessments do not take into account the perspective of the consumer (D'Andrea, Daniels, & Heck, 1991). The mental health consumer will play a vital role in re-shaping the mental health system. It is necessary that the mental health consumers' voices be included with the voices of other experts in the field of counseling in assessing the cultural competence of counselors. Now is the time for consumers to have voice in assessing cultural competence in the counseling profession (New Freedom Commission on Mental Health, 2003). For this study cultural competence was examined from the consumer's perspective. In describing their counseling experiences relevant to the cultural competence of counselors, the participants ensured their voices will be heard. The findings inform the counseling profession and fill a gap in the literature.

Background for the Study

Pope-Davis et al. (2002) reported finding only one study that examined the consumer's perspective of the cultural competence of counselors. This led to the question of why researchers have failed to examine cultural competence from the perspective of the consumer. The need to add the consumers' lived experiences and perspectives to what is already known about the counselors' lived experiences and perspectives was identified through a review of the literature. Through close examination of the consumers' experiences and discovering what may or may not be helpful in a counseling relationship with individuals from diverse backgrounds, a greater understanding of the consumers' perceptions is provided to overcome barriers that may prevent

counselors from providing services that are culturally competent. The voices of consumers and their unique perspectives can inform research and aid counselor educators and professional counselors to teach and provide services that are culturally competent (Quinn, 1996).

Rationale for the Study

Ten years ago the use of qualitative methods for cultural competency research had not been widely used and much of the research did not contribute to the understanding of cultural competence from the consumers' perspective (Ponterotto, 1998). Denzin and Lincoln (2003) suggested that research is a multicultural process because it provides questions that are shaped by diversity. The qualitative nature of this study allowed the researcher to examine the consumers' perspective more closely and to give voice to those considered to be underclass (Denzin & Lincoln). For the purpose of this study underclass includes more than a lack of income; it encompasses other characteristics that make up the quality of life (Will & McGrath, 1995). The underclass share a commonality with consumers of mental health services in that American society often portrays both groups of people as a threat to economic, moral, and social order (Bullen & Kenway, 2004). The unique perspective of the consumers' lived experiences relative to counselors' cultural competence resulted in rich, thick descriptive data that can be useful for assessing cultural competence in the counseling profession.

Statement of the Problem

The absence of consumer's perspectives and voices in the discussion and in the assessment of culturally competent counselors is indeed a problem. In a review of current relevant literature there is a lack of research about the consumers' perceptions and expectations with regard to counseling (Pope-Davis, Liu, Toporek, & Brittain-Powell, 2001). Vontress and

Jackson (2004) identified perception as a major factor in the development of a relationship between counselor and consumer. The counselors' multicultural counseling competence is important in fostering effective treatment outcomes when working with consumers who are ethnically and racially diverse (Kim & Lyons, 2003).

Purpose of the Study

This study was conducted to give voice to consumers of mental health services and to find meaning as consumers shared, explored, and described their counseling experiences relevant to cultural competence. Additional purposes of the study were to address the gap in the literature, and inform the counseling profession, service agencies, and the general public about consumers' experiences of cultural competence in the counseling relationship. In-depth information was elicited from the participants to expand the knowledge base about what constitutes a culturally competent counselor. The results are presented in a discussion of themes with narratives developed about each case. The researcher obtained rich, thick data through the use of qualitative research methods, semi-structured interviews, and open-ended and flexible questions. The researcher sought to explore through the use of qualitative methods of inquiry the depth and breadth of understanding that quantitative methods of inquiry could not provide. The findings and implications, and future research suggestions were presented as a way to bridge the gap between theory and practice.

The central concept of cultural competence was explored through the participants' comments. The researcher was able to identify how consumers define cultural competence and assign meaning to their counseling experiences in regard to cultural competence. Additionally, participants described what they believed to be minimum qualifications for a counselor to be

culturally competent. The consumers' voices resulted in a deeper understanding of cultural competence in the counseling relationship. The consumers' perceptions were not sought as a means to provide a definitive answer to what constitutes culturally competent counseling; they were sought as a means to provide awareness and knowledge to understand how consumers experience cultural competence in the counseling setting and how they make meaning of the experiences.

Research Questions

The method of inquiry for the study was a phenomenological design employing a series of two semi-structured interviews with the participants to garner the depth and breadth of their experiences about the topic. The study focused specifically on cultural competence in the counseling relationship from the perspective of the consumer. The four research questions for the study were:

How do consumers of mental health services define cultural competence?

What are the personal experiences that shape consumers' beliefs and attitudes about cultural competence?

What do consumers describe as significant cultural experiences in their counseling relationship(s)?

What do consumers describe as being minimum qualifications for a counselor to be culturally competent?

Delimitations of the Study

In order to participate in the study the respondents had to be residents in the Roanoke Valley area. Roanoke is a city located in the southwestern portion of the Commonwealth of Virginia. The cities of Roanoke and Salem, the counties of Botetourt and Roanoke, and the town of Vinton make up the Roanoke Valley metropolitan statistical area (MSA). According to the United States Bureau of the Census (2000) 84.9 % of the population was identified as white, 13.6% as black and 2.8 as other. Gender is reported as 47.4 % male and 52.6 % female. Participants were sought through the VOCAL Network which is a network of consumers of mental health services, by consumers of mental health services, for consumers of mental health services (Vocal Network, 2005).

Limitations of the Study

The findings of the study are limited to the experiences of the small number of selected participants. To self identify as consumers of mental health services, reside in the same geographical region, and belong to the same organizational affiliation might be viewed as a limitation as well. However, that participants had some commonalities is conducive to phenomenological studies as recommended by Creswell (1998). Readers can judge for themselves based on the detailed information provided about the findings of the study whether the results are transferable to other settings. The experiences are indicative of the consumers' self-report perspectives only, and what they were willing to share with the researcher.

Definition of Terms

Many of the terms used throughout the study have different meanings when used in different contexts and by different groups of individuals. For clarification, professionals in the field of counseling recognize and accept the language used in the study. The defining of words for the purposes of the study served to ensure that all readers would have a general understanding of terminology used in the field of counseling and by the investigator. The 2005 American Counseling Association Code of Ethics uses the terms multicultural/diversity competence and multicultural/diversity counseling. The terms diversity/multicultural and the terms consumer/client were used interchangeably for the purposes of the study. The terms used were defined as follows:

- Broaching - counselors' attempts at exploring racial and cultural factors during the counseling relationship (Day-Vines et al., 2007).
- Consumer – a person who has in the past or is currently utilizing mental health services (New Freedom Commission, 2003). A person who has experienced a serious mental illness (VOCAL Network, 2005); an adult who currently or has had during the past year a diagnosable behavioral, emotional, or mental disorder that meets the diagnostic criteria as specified in the *Diagnostic and Statistical Manual for Mental Disorders Fourth Edition Text Revision* (DSM –IV- TR) (American Psychiatric Association, 2000).
- Culture – “membership in a socially constructed way of living, which incorporates collective values, beliefs, norms, boundaries, and lifestyles that are co-created with others who share similar worldviews comprising biological, psychosocial, historical, psychological, and other factors” (ACA, 2005, p. 20).

- Cultural Competence – knowledge, skills, and insight; an awareness that fosters an effective working relationship with diverse groups (D’Andrea, Daniels, & Heck, 1991). Estrada, Durlak, and Juarez (2002) defined cultural competence as a set of competencies that one acquires in the following sequence (a) an open attitude, (b) an interest in learning about diverse groups, and (c) the acquisition of knowledge about individuals. Shearer and Davidhizar’s (2003) definition is simply to provide culturally sensitive care to others in an appropriate manner. Ramsey (2000) reported that variables such as race, ethnicity, gender, sexual and affectional orientation, geography, class, age, and religion are categories of differences that define cultural competence. Sue (1998) defined cultural competence as possessing not only awareness and appreciation, but also an ability to work effectively with other cultural groups. Finally, cultural competence was seen as the ability to liberate one’s self from both personal and professional cultural conditioning and training (Sue & Sue, 1999).
- Diverse Populations - ethnic minorities, individuals with limited abilities, disorders, or impairments (Drummond, 2004).
- Diversity – characteristics by which persons may prefer to self-define. Such characteristics may include, but are not limited to age, gender, sexual identity, religious/spiritual identification, social and economic class background and residential location (i.e. urban, suburban, rural) Arredondo & D’Andrea (as cited in Ivey, D’Andrea, Ivey, & Simek-Morgan, 2002). Diversity in the business world has the same meaning as multiculturalism in the mental health field and will be used interchangeably for the purposes of the study (Arredondo & Toporek, 2004). Diversity according to ACA (2005)

is defined as “the similarities and differences that occur within and across cultures, and the intersection of cultural and social identities.” (p. 20).

- Lived experiences – actual events that occur in an individual’s life and how the individual makes meaning of those events (Rossman & Rallis, 2003).
- Multicultural - race, ethnicity, and culture are the focus (Ivey et al., 2002).
- Multiculturalism – includes but is not limited to affectional orientation, age, class, disability, ethnicity, gender, nationality, race, religion, and social class (Stone, 1997).
- Multicultural counseling – a counseling relationship in which both the consumer and counselor are from different cultural groups, and may hold different assumptions regarding social realities, and subscribe to different world views (Das, 1995).
- Multicultural/Diversity counseling – “counseling that recognizes diversity and embraces approaches that support the worth, dignity, potential, and uniqueness of individuals within their historical, cultural, economic, political, and psychosocial contexts.” (ACA, 2005, p.20).
- Multicultural/Diversity competence - “a capacity whereby counselors possess cultural and diversity awareness and knowledge about self and others, and how this awareness and knowledge is applied effectively in practice with client and client groups.” (ACA, 2005, p.20).
- Multiculture- a way in which to communicate about the various cultures that each has (Ivey, Ivey, Myers, & Sweeny, 2005)

- Recovery - a process in which people participate in every aspect of community living after experiencing mental health issues to include working, living and learning (New Freedom Commission on Mental Health, 2003).
- Social justice – equality, fairness, persons being given their due, and nondiscriminatory (Boutain, 2004).

Organization of the Document

Chapter One

Chapter one was presented to introduce the study and provide a general description of the research project. An introduction to and rationale for using a phenomenological design was set forth. The need and significance of examining the cultural competence of counselors from the perspective of the consumer of mental health services was presented. Addressed in chapter one were the rationale for undertaking such a project, a statement of the problem, the purpose of the study, the research questions, limitations of the study, definition of terms, and a summary. The call for consumer involvement and the need for qualitative research methods when describing the cultural competence of counselors were noted. The researcher described and gave voice to the participants regarding their perceptions of cultural competence and what they considered to be the minimum qualifications of a culturally competent counselor.

Chapter Two

In chapter two, literature was presented that provided pertinent background information related to the cultural competence of counselors. The review of the literature helped establish a contextual foundation; explain the three frameworks that guided the study; provide a historical overview; recognize the current status of the consumers' voices in matters such as culturally

competent counselors; identify the position of the Council for Accreditation of Counseling and Related Educational Programs (CACREP); examine the need, efficacy, and ethics of developing cultural competence; examine counselor training programs as well as training program research; describe the significance of including the consumers' perspective; discuss the importance of the counselors' perspective; examine qualitative and quantitative methods of inquiry; look at cultural competency assessments; and discuss implications for the counseling profession. A summary concluded the chapter.

Chapter Three

The research methodology for the study was presented in chapter three. A thorough explanation was provided regarding data collection and procedures for providing and obtaining information, analyzing data, and reporting the findings. The research design detailing the research methods and research questions were presented. The participant selection as well as confidentiality, informed consent, and access and entry were detailed. The data collection, role of the investigator, and quality assurance highlighting credibility, dependability, and transferability were explained in the chapter. Specific information about data management, data analysis, and implications was provided. A summary completed chapter three.

The researcher prepared two manuscripts in lieu of the traditional chapters four and five. The manuscripts were written with the guidance of the dissertation co-chairs. The dissertation committee deemed the manuscripts satisfactory for submission to the *Journal of Multicultural Counseling and Development* and the *Psychiatric Rehabilitation Journal*. Each of the journals is a top tier journal in the field of counseling and counseling psychology. They are widely known and read by counseling professionals. The purpose of the manuscripts was to provide a brief

summary of the findings and to provide information regarding how counselors can apply the findings in the counseling relationship. The manuscripts are intended to inform readers of consumers' perceptions of cultural competence.

Summary

The researcher described the rationale and purpose in the overview of the study. The research questions were formulated to give voice to the consumers' perspectives as the cultural competence of counselors was explored and described in-depth the meaning that participants assigned to those lived experiences. The researcher defined the terms used throughout the study, described both delimitations and limitations of the study, and set forth the organization of the document. While numerous researchers mention the need for qualitative studies to garner the perspective of the consumer, the majority of studies continue to focus on reporting the counselors' perspective. This failure to heed the call to address cultural competence from the consumer's perspectives prevails while at the same time the United States continues to become a more diverse society. Due to this trend there is an urgent need for counselors to be culturally competent and for consumers to have a voice in determining what cultural competence looks like in the counseling relationship. The researcher's intent was to provide an in-depth examination of the consumer's experiences relative to the counselor's cultural competence, and to explore how meaning is assigned to those experiences.

Chapter Two: Review of the Literature

The purpose of the study was to give voice to consumers of mental health services and to find meaning as consumers shared, explored, and described their counseling experiences relevant to cultural competence. Additional purposes of the study were to address the gap in the literature, and inform the counseling profession, service agencies, and the general public about consumers' experiences of cultural competence in the counseling relationship. Chapter two consists of a review of relevant literature. The beginning sections of the chapter provides a contextual foundation that includes a review of theoretical, conceptual, and historical overviews, current status of cultural competence in the counseling relationship, and the 2001 Council for Accreditation of Counseling and Related Educational Programs (CACREP) standards literature. The next section is a review of the literature as it relates to cultural competence. The need to develop cultural competence, the efficacy, and the ethics of providing culturally competent services is described. Literature regarding cultural competence, counselor training programs, and training program research is presented. The last section of the chapter contains the consumer and counselor perspectives as well as the functions of perspectives in qualitative and quantitative modes of inquiry. The chapter ends with a summary.

Contextual Foundation

Theoretical Framework

Multicultural counseling competencies, social justice, and phenomenological research are the three theoretical frameworks that provided the contextual foundation for the study. Literature was reviewed regarding cultural competence, lack of consumer perspectives and

voice, and the need for qualitative research methods which had not been widely used for cultural competency research (Ponterotto, 1998). The literature provided support and a contextual foundation for the three frameworks used for the study. Because a phenomenological approach served as the theoretical basis for the design of the study literature regarding phenomenological approaches was reviewed as well. Theoretical justifications were not employed, as the study relied on the participant's explanation, rather than being guided by a predetermined theoretical perspective. When examining social justice as well as other areas such as oppression and social action, Multicultural Counseling Competencies (MCC) can provide a theoretical framework (Speight & Vera, 2004). A review of MCC follows.

Multicultural Counseling Competencies (MCC) provided the theoretical framework for exploring the cultural competence of counselors from the consumers' perspectives. Ivey, Ivey, Myers, and Sweeney (2005) reported, "The multicultural counseling and therapy metatheoretical framework places cultural issues at the core of all helping theories while simultaneously endorsing theoretical theories, assuming that they are adapted to meet individual and group needs". The Association of Multicultural Counseling and Development (AMCD) general competency domains, as identified by Arredondo and Arciniega (2001), include counselor awareness of self-values and biases, client worldviews and culturally appropriate strategies and interventions. Three other domains "(A) Beliefs and Attitudes, (B) Knowledge and (C) Skills" (p.266) are interdependent areas of competency.

Lonborg and Bowen (2004) reported that multicultural competencies might provide a framework that assists in both interpreting and responding to the challenges that professionals regularly face. MCC have been used for more than a decade to assist counselors in developing

awareness, knowledge, and beliefs in an effort to provide effective counseling to people from diverse backgrounds. Counseling professionals continue to face challenges in providing multi-culturally competent counseling to consumers. MCC focus on the counselor's ability to provide services that are culturally appropriate for the individual being served. Arredondo and Arciniega (2001) reported the basic philosophy of MCC is that every counseling relationship is multicultural because no one is monocultural.

Arredondo and Arciniega (2001) suggested that various aspects of diversity be included when preparing counselors to practice. To be effective, the helping and human services educational programs (e.g. counselors, psychologists, clinical social workers) must require more than theoretical and factual content acquisition. Both personal and professional characteristics must be observed and evaluated (Kerl, Garcia, McCullough, & Maxwell, 2002). In 1981 a committee was assembled for the purpose of developing MCC. It was some twenty years later that the competencies were endorsed. The ultimate goal for developing those competencies was social justice (Arredondo & Perez, 2003). Sue, et.al (1998) stated "Multiculturalism is about social justice, cultural democracy, and equity" (p. 5).

Social justice served as the second theoretical framework for the study. The Ethics of Social Justice as identified by Rossman and Rallis (2003) "relies on the principles of fairness and equity to judge which actions are right or wrong" (p.72). In 1971 Rawls (as cited in Rossman & Rallis) talked about social justice extending beyond the recognition of individual rights. Fundamental liberties would be included in a perspective such as he proposed. He further reported the need for redistribution of opportunities and resources. While the redistribution may not be equal, he argues that it would be equitable. A researcher utilizing this perspective would

be encouraged to devote considerable attention to individuals who had not previously been given voice. “If we begin our inquiries by trying to understand the subordinates group’s experiences, the limits of conceptual frameworks based on the dominant group’s experiences can be revealed” (Bond, Belenky, & Weinstock, 2000, p. 9). Social justice is a concept that has several definitions, some of which are contradictory (Merrett, 2004). Social justice is fluid, with definitions that change with time and vary across disciplines (Boutain, 2004). It is the core of MCC (Arredondo & Perez, 2003). The MCC were reported to be interventions at the organizational level that represents social justice in action (Ivey & Collins, 2003). Vera and Speight (2003) reported that in order to achieve social justice there needs to be a commitment. The commitment that counselors exhibit toward issues of social justice and equality are lasting and appears to extend past their professional identity (Day-Vines et al., 2007). Such a commitment would have to come from the counseling profession as a whole, not from individual counselors. Social justice efforts foster care and concern about the welfare of others (Young, 2000).

The researcher exhibited the same care and concern while using a phenomenological approach as the third framework for the study. A phenomenological study is the qualitative research genre that provided the design framework for the study. Phenomenological studies are defined as looking at the lived experiences of a small number of individuals (Rossman & Rallis, 2003). This type of study design aided in the development of the research questions, in maintaining focus, and in collecting and analyzing the data. It allowed the researcher to better understand the lived experiences as presented by the study of participants. The participants engaged in dialogue and reflection that unveiled the meaning of their experiences as suggested by Rossman and Rallis.

Cultural Competence

Historical Overview

The literature reviewed regarding perceptions of cultural competence provided the historical perspective for assessing cultural competence in mental health counselors. The emerging body of literature clearly demonstrated that there is not only a need for counselors who are culturally competent, but, there is also a need for counselors who are able to bridge the theory to practice gap. In examining population changes in the United States, Baruth and Manning (2003) stated, "To say that American society is growing more diverse is an understatement" (p. 396). It was projected that minority populations will make up more than 40% of the United State's total population by the year 2025 (Bureau of the Census, 2001). While the makeup of the United State's population is changing, the makeup of counselors remains virtually the same in that racial and ethnic minority practitioners are still under-represented (New Freedom Commission on Mental Health, 2003). The New Freedom Commission on Mental Health found that:

Unfortunately, the mental health system has not kept pace with the diverse needs of racial and ethnic minorities, often under-serving or inappropriately serving them. Specifically, the system has neglected to incorporate respect or understanding of the histories, traditions, beliefs, languages, and value systems of culturally diverse groups. (p.49)

Liberating one's self from both personal and professional cultural conditioning and training is yet another of the many definitions for cultural competence. Such freedom allows practitioners to accept, understand, and embrace the legitimacy of differing worldviews. This would result in

more culturally appropriate intervention strategies that are effective for working with diverse groups of people (Sue & Sue, 1999)

MCC provide counselors with acceptable standards for practice that is culturally informed and effective. In an effort to strengthen the counseling relationship, issues of diversity must be broached throughout the counseling relationship (Day-Vines et al., 2007). By addressing such issues therapeutic alliances as well as intimacy between consumer and counselor is cultivated, diminishing cultural conflict that may arise in the counseling relationship. As a result counseling outcomes are enhanced because issues of diversity are discussed at a deeper than superficial level allowing for maximum psychological growth (Day-Vines, et al.). Sue and Sundberg (1996) reported additional enhanced counseling outcomes that included: increased counselor credibility, consumer satisfaction, more in-depth consumer disclosures, and a higher return rate for follow-up sessions.

There is ongoing debate regarding counselors' consensus of MCC (Dillard, 2005). There has been considerable research highlighting the need for counselors to be adequately trained to work effectively with diverse groups of people Pedersen, 1988; Speight, Myers, Cox, & Highland, 1991; Sue, 1990; Sue, Arredondo, & Caves, 1992; Sue & Zane, 1987 (as cited in Estrada, Darla & Scott, 2002). Inadequately and inappropriately trained counselors may not recognize the significant role of culture in the counseling relationship, and therefore, may not provide appropriate treatment (Baruth & Manning, 2003). For example, an inadequately or inappropriately trained counselor may use the same counseling techniques or interventions with every client who presents with a particular issue. What might be an appropriate intervention for a white male might be an inappropriate intervention for a black male, resulting in barriers in the

counseling relationship. Barriers that deter ethnic minorities from seeking mental health services include but are not limited to mistrust, discrimination, and differences in how individuals communicate (New Freedom Commission on Mental Health, 2003). In the same report it was concluded that as minority populations continue to experience significant, rapid growth, without immediate systemic attention, mental health disparities would significantly deepen too.

Kim and Lyons (2003) reported that the past forty years has witnessed an increasing call for counselors to be more competent in an effort to decrease mental health disparities. The Association of Multicultural Counseling and Development developed multicultural competencies in an attempt to assist mental health practitioners to develop the skills needed to work effectively with diverse individuals (American Association of Counseling and Development, 1994). The MCC were designed to help counseling professionals address cultural issues that may be operational in the counseling relationship or in the consumer's life (Fuertes, Bartolomeo, & Nichols, 2001). Numerous professional associations have set forth guidelines and ethical considerations for counseling consumers from diverse groups. The MCC have been adopted by The American Counseling Association (ACA), the Association of Multicultural Counseling and Development (AMCD), and the Association for Counselor Education and Supervision (ACES) as well as two divisions of the American Psychological Association (APA) (Fuertes et al., 2001). The American Mental Health Counseling Association, according to Thomas and Weinrach (2004), to date, had neither voiced their stance nor come out in support of MCC.

While there is support for MCC there are those who question the need for them. An article by Patterson (2004) reported "it is becoming increasingly recognized that professional competence is inherent in the personal qualities of the mental health practitioner. The competent

mental health counselor is one who provides an effective therapeutic relationship” (p. 69). Additionally, a competent mental health counselor was defined as one who establishes an effective relationship and the diversity of the individuals in the relationship has no bearing on the relationship. Patterson reportedly found insufficient evidence for the efficacy of MCC and concluded that MCC are not necessary for working with multicultural consumers. Weinrach and Thomas (2004) reported that the MCC fosters viewing the consumer as a member of a specific group (i.e., labeling). In labeling consumers as members of a specific group the counselor runs the risk of perceiving that everyone in that group is the same. As a result counselors are not compelled to learn about the various perspectives of the group. In an effort to avoid generalizing about the group that a consumer may belong to, the counseling focus should not be on the group with which the consumer identifies with but should focus on the individual. Such a focus serves to illuminate the uniqueness of each individual and does not perpetuate stereotyping people based on their cultural backgrounds (Vontress & Jackson, 2004).

Current Status

There is awareness and acknowledgement among counseling professionals that diversity is extremely important in the counseling profession. The Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2001), the American Counseling Association (ACA, 1995), the American Psychological Association (APA, 1992), and the Association for Counselor Education and Supervision (ACES, 1993) are several of the professional organizations that have taken the lead in developing cultural competencies for counselors. Guidelines and ethical considerations are set forth that specifically address the

potential harm that counselors may cause if cultural competencies are not achieved (CACREP, 2001).

Missing from the discussion is the consumers' perspective regarding culturally competent counselors. The counselors' ability to provide counseling that is culturally informed continues to be a major concern in the counseling profession. Therefore, it is crucial to understand the effects that cultural competence has on the counseling relationship. Stringfellow and Muscari (2003) found that "systems in support of services to persons with psychiatric disabilities are recognizing the benefits of developing a significant place for mental health consumers in shaping policy and services" (p.142). The New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America. Final Report* (2003) addressed the necessary role of the mental health consumer in transforming the current mental health system. Further, the need for a comprehensive strategic plan was identified. It was anticipated that such a plan would lead to improvements in the areas of enhanced efforts in recruiting and retaining a workforce, for addressing diversity, and for skills training.

Additionally, the New Freedom Commission on Mental Health (2003) found that there is a need for consumer participation along with practitioners in the conception, development, and implementation of the mental health system of care. The report goes further and recommends that culturally competent, quality services be easily accessible to mental health consumers. Behavioral health systems continue to struggle in their efforts to serve diverse populations (Stanhope et. al., 2005). Stringfellow and Muscari (2003) reported that consumers were found to play a vital role in policy development, and such roles are seen as beneficial by systems that support persons with psychiatric disabilities.

Efficacy

There is no shortage of research regarding the efficacy of counselors who provide services that are culturally competent. For more than twenty years, research relative to assessing the effectiveness of counselors who are culturally competent has dominated the counseling profession and the literature (Ponterotto & Furlong, 1985). However, there are those who believe that a counselor must not only be competent in therapeutic skills, but must be multi-culturally competent as well in order to be effective in counseling individuals from diverse backgrounds. The authors discussed the assumption that counselors who are culturally competent provide more effective services. The effective services were reported as resulting from the counselor's ability to effectively establish a therapeutic relationship; employ appropriate counseling interventions; and, provide treatment that is culturally appropriate to the individual being served (Pope-Davis et al., 2002). Cultural competence is perceived as being a major factor in the counseling relationship (Pope-Davis, Liu, Toporek, & Brittain-Powell, 2001). Vontress and Jackson (2004) identified perception as a major factor in the development of a relationship. Counselors who address cultural issues were thought to be more trustworthy. Consumers reportedly disclosed more freely and deeply, and were more satisfied with the services received as indicated by follow-up treatment (Sue & Sundberg, 1996).

There has been significant discussion and research in support of preparing counselors to deal with diverse groups of people. Multicultural counseling was reported to be an endeavor to mix cultural views and create a broad social base toward understanding problems in a pluralistic society. The ultimate outcome would result in providing the most effective services for consumers of mental health services. Counselors would be instrumental in assisting their clients

to embrace their own culture while at the same time being part of a larger culture (McFadden, 1996). A relationship was found between effective counseling outcomes and counselor's cultural competence (Sue & Sue, 1999). Hernandez, Issacs, Nesman, and Burns (1998) reported that the mental health status of consumers improved when the treatment was culturally relevant. MCC according to Arredondo (1999) provided basic direction for ensuring that both education and practice were ethical with regard to culture. In the same report it was concluded that MCC armed counseling professionals with skills that are necessary to effectively serve the diverse groups of people they are likely to encounter. Finally, multicultural counseling competencies or culturally competent counselors were reported to equate to ethical practice (Arredondo & Toporek, 2004). The MCC were thought to demonstrate best practices in the counseling profession and to be useful as a guide when conducting empirical studies (Coleman, 2004).

The literature is plentiful regarding the efficacy of MCC. While not as plentiful, there was also literature examined that did not concur with MCC being efficacious. Weinrach and Thomas (2002) in conducting a critical analysis of MCC reported a lack of evidence to support that mastering the MCC makes one a better counselor. The lack of empirical data that would address the validity of MCC; various evaluators rating the same counselor as culturally competent; and MCC mastered through experiential exercises being generalized to real-life settings were also highlighted as being problematic. The authors concluded that counseling professionals have to decide for themselves whether MCC are efficacious. Numerous counselors, psychologists, and training programs have signified their commitment to the MCC by their endorsement of the MCC (Arredondo & Toporek, 2004).

Ethics

Ethics are defined as standards for conduct, with such standards being based on moral principles. They are designed to provide guidelines that assure that research participants are protected from deceit and harm (Rossman & Rallis, 2003). Many professional organizations (e.g., counselors, physicians, attorneys, etc.) have written criterion that serves as a guide for member conduct of the profession. Through those guidelines members have specific rules that establish behaviors that are in line with the vision and/or mission of the organization. The 2005 *American Counseling Association (ACA) Code of Ethics and Standards of Practice* hereafter referred to as “the Code” and *The Ethical Principles of Psychologists and Code of Conduct* (American Psychological Association, 2002) hereafter referred to as the “Ethics Code” serves as two widely known codes of ethics utilized by those in the counseling and counseling psychology profession. ACA is an organization that is dedicated to the professional and educational growth and enhancement of the counseling profession. It is dedicated to setting professional and ethical standards to assist counseling professionals to expand their knowledge base (American Counseling Association, 2006). APA is an organization that represents psychologists worldwide and is dedicated to the advancement of psychology as a science and as a profession (American Psychological Association, 2002).

There are five major goals and eight major sections set forth by the ACA Code of Ethics. The goals consist of (a) ensuring that ACA members, potential members, and individuals served by members clearly understand the ethical responsibilities, (b) supporting the ACA’s mission, (c) developing standards that depict ethical behavior and best practices, (d) providing direction to assist members with establishing a professional approach that will most effectively serve the

consumer as well as advance the values of the profession, and (e) serving as the cornerstone for handling complaints lodged against members. The major sections focus on (a) the therapeutic relationship, (b) confidentiality, privileged communication, and privacy, (c) being responsible to the profession, (d) member relationships with other professionals, (e) evaluation, assessment, and interpretation, (f) supervision, training, and teaching, (g) scholarship, and (h) resolving ethical issues (American Counseling Association, 2005).

The 2002 APA Ethics Code highlights five general principles and ten ethical standards. The principles include: (a) beneficence and nonmaleficence, (b) fidelity and responsibility, (c) integrity, (d) justice, and (e) respect for people's rights and dignity. The ethical standards are (1) resolving ethical issues, (2) competence, (3) human relations, (4) privacy and confidentiality, (5) advertising and other public statements, (6) record keeping and fees, (7) education and training, (8) research and publication, (9) assessment, and (10) therapy (American Psychological Association, 2002).

The ACA Code (2005) specifically addresses practicing within the scope of the practitioner's competence and expertise. Section C.2: Professional Competence C.2.a. Boundaries of Competence:

Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national credentials, and appropriate professional experience. Counselors gain knowledge, personal awareness, sensitivity, and skills pertinent to working with a diverse client population. (p.9)

To do otherwise is deemed unethical and potentially harmful to those receiving such services (ACA, 2005; APA, 2002). Arredondo and Toporek (2004) voiced that by adhering to the MCC,

practitioners provide services that are ethical as well as culturally responsible. Consumer evaluations were reported to be a means for determining the efficacy of services provided (Constantine, 2002).

Developing Cultural Competence

Diaz-Lazaro and Cohen (2001) conducted a study using qualitative methods and found that in addition to the knowledge obtained through coursework, cross-cultural contact is a necessary component for developing cultural competence. The authors concluded that counselors in training felt that to be more culturally effective, more interaction with diverse groups is necessary. In another study utilizing psychological phenomenological research methods designed to identify events that influence counselor development results indicated that field experience and experiential learning was vital to counselors' development. Also, the research findings indicated personal counseling for counselors as being influential in the development of multicultural competence. Personal counseling afforded the counselors in training an opportunity to experience what it is like to be a consumer (Furr & Carroll, 2003). Estrada, Durlak, and Juarez (2002) suggested that achieving MCC requires more than mastering a single course in a counseling program. However, they reported that exposure to even one course could enhance competency and encourage the desire to further develop knowledge about diversity concepts.

Cultural Competency Assessments

Researchers continue to examine the competence of counselors through counselor training programs and assessments such as the Multicultural Awareness-Knowledge-Skills Survey (MAKSS) (D'Andrea, Daniels, & Heck, 1991) the Revised Multicultural Experience Inventory (MEI) (Ramirez, 1999) and the Guided Inquiry (Heppner & O'Brien, 1994) (as cited

in Diaz-Lazaro & Cohen, 2001). The current literature indicates that assessments for evaluating counselor effectiveness are in widespread use (Ponterotto & Furlong, 1985). Such literature provides a well-documented historical overview of the counselors' self-perceptions of cultural competence. However, there appears to be limited research currently available that assesses cultural competence from the consumers' perspective. The use of "client rating scales" is one of the most popular ways to assess counselor effectiveness from the consumers' perspective. The scales are adequate for describing how many consumers report their counselors as being effective. The scales do not address why the consumers feel that way. They also fail to address what characteristics the "effective" counselor possesses. In an effort to transform the mental health system and promote recovery it is imperative that the consumers' perception of cultural competence be included (New Freedom Commission on Mental Health, 2003).

As the effectiveness of counseling has an impact on treatment outcomes, Ponterotto and Furlong (1985) critiqued six rating scales for evaluating counselor effectiveness. The Barrett-Lennard Relationship Inventory (BLRI; Barrett-Lenard, 1962), the Counselor Effectiveness Rating Scale (CERS; Atkinson & Carskadon, 1975), the Counselor Effectiveness Scale (CES; Ivey, 1971), the Counselor Evaluation Inventory (CEI: Linden, Stone & Shertzer, 1965), the Counselor Rating Form (CRF; Barak & LaCrosse, 1975), and the Counselor Rating Form-Short Version (CRF-S; Corrigan & Schmidt, 1983) (as cited in Ponterotto & Furlong, 1985) were critiqued. The assessment scales measure areas such as counselor attractiveness, expertness, empathic understanding, consumer/client rapport, consumer attitude toward counselors, and counselor credibility. The investigators examined how often the rating scales were utilized between the years 1974 and 1984 and found that the rating scales were often used for

methodological convention with inadequate consideration given to the reliability, validity, and internal consistency of the instrument. Validity generalizations were found to be inappropriate for most of the studies that were reviewed, so it was concluded that reliability and validity must be given more attention (Ponterotto & Furlong, 1985).

Counselor Training Programs

CACREP accredited programs adhere to competencies that are designed to assist counselors-in-training in becoming more multi- culturally competent (2001). Das (1995) reported that the quality and depth of a majority of the counselor education training programs are insufficient when it comes to meeting the needs of culturally diverse groups. According to Watt, Robinson, and Lupton-Smith (2002) training counselors to become culturally diverse is complex. Researchers found that traditional approaches such as skills based models and role-play was seen as ineffective methods for teaching cultural competence. Such traditional approaches must be replaced with models that promote integrity, congruency, truthfulness, and genuineness through the counselors' personal awareness and self investigation (Torres-Rivera, Phan, Maddux, Wilbur, & Garrett, 2001). In a qualitative study by Tomlinson-Clarke (2000) it was found that students in a multicultural training course voiced a need for more in-depth training and for additional multicultural challenges and experiences.

There continues to be debates regarding the use of real world contexts as pedagogical tools for the enhancement of learning (Granello, 2000). The author went further to explore the misconception that knowledge is automatically transferable from one context to another. Both beginning and experienced counselors were found to be equally effective in counseling sessions (Stein & Lambert, 1995). It was revealed in one study that counselor skillfulness in cultural areas

seems to have a greater impact on outcomes than does training and experience. Additionally, while the variable of skillfulness was seen as important, no evidence was found that current teaching methods increase counselors' skillfulness (Whiston & Cocker, 2000). Training programs may better prepare counselors-in-training through utilizing a lengthy internship (Patterson, 2004) that allows for an opportunity of continuous interaction and immersion with those whom will be served (Vontress & Jackson, 2004). For such an internship to provide repeated interactions with diverse groups of people it would be designed in the same manner and cover the same amount of time as does teaching, clinical, and supervision counseling internships. Patterson reported a lengthy internship may be the best way to impart the necessary knowledge to become a culturally competent counselor when living in the community of the diverse populations that a counselor may serve is not feasible. Vontress and Jackson reported that practitioners should not be fearful of interacting and immersing themselves with those whom they serve.

Training Program Research

In counselor training programs no significant differences were found in self-perceived multicultural competence between graduates of CACREP accredited and non-accredited programs. Holcomb-McCoy and Myers (1999) attributed the findings to the adoption of multicultural competencies in CACREP- accredited programs. At the time of the study CACREP standards were fairly new (3 years). It was suggested that this might have been an insufficient amount of time for CACREP-accredited programs to be fully implemented. Also, the varying definitions of multiculturalism between CACREP and AMCD may have been a contributor to the findings. Additionally, post-degree work experience with diverse groups was discussed as a

venue for acquiring subsequent multicultural competencies which had no relationship with whether counselors graduated from a CACREP or non-CACREP –accredited program. In a study by Stein and Lambert (1995) experienced counselors were found to be no more effective when counseling diverse groups than non-experienced counselors. In a national study, Steward, Morales, Bartell, Miller, and Weeks (1998) found that counselors-in-training who complete specific multicultural coursework or who experience multicultural content across courses did not demonstrate embracing nor having a more clear understanding of multicultural competence.

The Importance of Consumer and Counselor Perspectives

The Consumers' Perspectives

The consumers' perspectives of cultural competence are often still overlooked in spite of concerns continuing to be voiced and researched by counseling professionals. When conducting a study on consumer perspectives of counselor's cultural competence, Pope-Davis et al. (2001) reported a lack of "empirical studies" that addressed the consumer's perspective of a counseling relationship with a counselor who is culturally competent. A lack of research regarding consumers' expectations was also noted. Reportedly, the studies most closely related to examining the consumer's perspectives of multicultural counseling experiences were those that focused on consumer/counselor matching (Pope-Davis et al., 2002).

Much of the literature addresses areas such as preferences for counselor characteristics (Atkinson, Furlong, & Poston, 1986; Ponterotto, Alexander, & Hinkston, 1988), and the effects of client race on perceptions of counselors (Fisher, Matthews, Robinson-Kurpius, & Burke, 2001; Pomales, Claiborn, & LaFromboise, 1986). Consumers' perspectives are often included

for measuring variables of counseling when evaluating the therapeutic process (Fuentes, Bartolomeo, & Nichols, 2001).

In a review of the literature relative to the consumer's perspective of counselor's cultural competence, Fuentes et al. (2001) found that there was no assessment measures designed to capture consumers' perspectives about the cultural competence of the counselor. There was a lack of research regarding the relationship between counselors' MCC and the process or outcome indexes in a counseling relationship. There was little known about how MCC would play out in the counseling relationship. Additionally, the authors reported that including the consumer's voice was consistent with the traditional focus of the counseling profession; to acknowledge, respect, and include the consumer's lived experience. Such experiences have been included when evaluating the counseling process through the use of self report. Because the focus of therapy is the consumer, their perspectives may yield useful information and insights about the therapeutic process (2001).

Researchers in the counseling field have documented many efforts in examining and reporting on the cultural competence of counselors. According to Stanhope, et al. (2005) the majority of the assessments focused on the three domains of attitude, knowledge, and skills as had been previously identified by the American Psychological Association (1982). During the last several decades the concept of cultural competence has been at the forefront of the counseling profession, however, counseling diverse populations in an effective manner was found to still be a controversial issue (Holcomb-McCoy, 2000) for the profession. There is ongoing debate regarding counselors' consensus of MCC (Dillard, 2005).

The Counselor's Perspectives

The counselor's perspectives regarding cultural competence in the counseling relationship is important because of the continuous significant rapid demographic shifts that require counselors to have the awareness, knowledge, and skills to work effectively with various racial, ethnic, and cultural groups (Day-Vines, Patton & Baytops, 2003). Demographics in the United States are changing however the makeup of the counseling profession is not keeping pace (Day-Vines et al., 2007). Tomlinson-Clarke (2000) found that theory, practice and research were indicative of the consensus in the counseling profession regarding the need for awareness, knowledge and sensitivity.

Vinson and Neimeyer (2003) talked about the competencies serving as a guideline for best practices. When considering best practices in the mental health profession, the competencies are considered to be integral (Stanhope et al., 2005). Counselors as a group believe that they are multiculturally competent according to a study conducted by Holcomb-McCoy and Myers (1999). The counselors who participated in the study reportedly felt most competent in the areas of awareness, definitions, and skills. Knowledge and racial identity dimensions were areas in which counselors felt less competent. Counselors tended to be less knowledgeable about the consumer's worldview. It was noted however, that they are most knowledgeable about their own worldview.

Greiger and Ponterotto (1995) found that a good number of counselors were not sufficiently prepared to assess and intervene with culturally diverse consumers. When counselors are unable or unwilling to address cultural factors, the counseling relationship might be hindered and counseling outcomes damaged. This would result in an obvious violation of the counselor's

ethical responsibility to deliver services that are culturally appropriate. The counselor has an obligation to recognize the cultural meaning that the consumer assigns to phenomena. The counselor is also responsible for fostering consumer empowerment by translating their knowledge of culture into practice. Standards for effective and culturally aware practices are set forth in the MCC (Day-Vines et al., 2007).

Research Traditions

A basic premise for conducting research is to contribute to the knowledge base. There continues to be an ongoing debate about which research methods are most appropriate for making such contributions. Whether using quantitative or qualitative research methods, it is necessary for an Institutional Review Board (IRB) to review and approve the proposal, ensuring that necessary procedures are in place to protect human subjects from being placed at risk (Rossman & Rallis, 2003). Anonymity, confidentiality, conflict of interest, dual relationships, duty to warn, duty to protect, and mandatory reporting are also essential to both types of research designs and have to be continuously monitored (Kitchener, 2000). Research methods should be chosen based on the research question(s) and what the researcher hopes to learn (Creswell, 1994). The research question(s) and purpose of the study is what drives the research (Creswell, 2003).

Qualitative and quantitative are two traditions of research that were presented in a non-adversarial manner. Both methods were discussed in terms of each being empirical with data gathering, data analysis and interpretation of data being central to both (Ponterotto, 2005). The research methodologies were discussed briefly to highlight the usefulness of each tradition.

Because of the research questions for the study, the most appropriate methodology was qualitative.

Qualitative Research

Qualitative research is interpretive in nature. The researcher examines how the nature of reality is socially constructed (Denzin & Lincoln, 2003). The word qualitative is defined as not placing emphasis on quantity; instead the creation of experiences and the meaning assigned to those experiences is emphasized. The focus is on the process. Specific as opposed to general is thought to be an appropriate means for setting forth the lived experience (Ponterotto, 2005). The phenomena to be studied are examined in the context of the relationship with the researcher (Denzin & Lincoln, 2003). Qualitative researchers become investigators who engage in in-depth exploration according to Shank and Villella (2004). The researcher becomes immersed in the research process. The investigator's values, personal history, and perceptions about various characteristics (e.g., gender and age) cannot be separated from the research (Havercamp, 2005). Fuertes et al. (2001) identified qualitative research methods as useful; as such designs would uncover data that is both revealing and informative. Qualitative research is not static, it is fluid and open; its aim is to discover (Havercamp). Qualitative research designs are general and flexible and evolve over the course of the study with goals that include developing understanding and theories, examining multiple realities that stem from the participants' perceptions, and describing behaviors that occur naturally (McMillan, 2004).

Extensive research has been conducted on qualitative research as evidenced by the increase in the number of articles published concerning methodology. In a study on qualitative publications Shank and Villella (2004) reported an increase in the number of qualitative research

articles published in the *Journal of Educational Research*. The number of published articles has grown from one article per year to one article per issue. The focus of the articles included broad topics such as literacy with a multicultural dimension, assessment, policy studies, teacher education, concept learning, and classroom techniques. In the same study the researchers examined ten years of scholarly publications on qualitative research. It was concluded that researchers who published in top tier research journals had not progressed significantly in recognizing the benefits of qualitative research (2004).

A phenomenological tradition was used for the purposes of the study. McMillan (2004) described phenomenology as examining the same experience in various ways and that reality is the individual participant's meaning assigned to the experience. Phenomenological studies attempt to understand the lived experience of a small number of individuals by engaging in multiple in-depth interviews over a period of time (Rossman & Rallis, 2003). The researcher gains a more complete understanding of the phenomenon of study through the extensive period of time spent with the participant conducting in-depth interviews (McMillan). Textual descriptions are the basis of data analysis in phenomenological studies. The textual descriptions provide an in-depth account of what the phenomena is and how it is experienced. Readers are able to better understand the experience (McMillan & Shumacher, 2001). In analyzing qualitative data the researcher has more latitude for interpretation. The researcher relies on and pulls from personal histories, intuitions, experiences, and from readily available knowledge and creativity (Havercamp, 2005). Thick, descriptive accounts of events constitute qualitative data.

Denzin and Lincoln (2003) provide an excellent summary regarding qualitative research, "Qualitative research is many things to many people. Its essence is twofold, a commitment to

some version of the naturalistic, interpretive approach to its subject matter and an ongoing critique of the politics and methods of postpositivism” (p.13). It is process oriented, concerned with how individuals make meaning of their life experiences, relies on the researcher as the primary instrument, involves fieldwork, is descriptive, and inductive (Creswell, 1994; Del Siegle, 2006; Merriam, 1988).

Quantitative Research

Testing of hypotheses is what defines quantitative research. Experimental research is the only type of research that can test hypotheses to establish cause and effect relationships (Gay & Airasian, 2000). An experimental research design is used to test the impact of some treatment (training) on some outcome (counselors’ knowledge), controlling for all other factors that may influence the outcome. Outcomes are measurable and depicted by amounts, ratings, or scores (Rossman & Rallis, 2003). Numbers constitute quantitative data. Findings are represented through statistical analysis or measures (i.e., statistical tables, graphs). Quantitative researchers’ focus is on the causal relationship between variables; its emphasis is not on the process.

Quantitative research rests on the belief that the physical and social realities are independent of the individual’s experience. Experiences are objectively tested and defined and reported to be free of interviewer bias. Quantitative researchers proclaim working within a framework that is value-free. More reliance is placed on inferential methods that are empirical, resulting in the inability to capture the participants’ perspectives. The researcher’s interpretation (i.e., etic) of the participants perceptions (i.e., emic) can still be utilized in quantitative research (McMillan, 2004). Unreliable is one term used to describe the interpretive methods that quantitative researchers use. The empirical methods and materials are also termed non-objective

and impressionistic. There is no concern placed on providing rich, thick descriptions. It is believed that detailing is not conducive to the process of developing generalizations. Reporting findings in third person prose is indicative of quantitative researchers and thought to be impersonal (Denzin & Lincoln, 2003).

Summary

Multicultural counseling competencies, social justice, and a phenomenological research approach were the theoretical frameworks for the study. A historical overview as well as the current status of cultural competency was discussed. The efficacy, ethics, and development of cultural competence were examined. Consumer and counselor perspectives, counselor training programs, training program research, and research methods were described. The need for consumer voice and choice in designing and assessing culturally competent behavior health systems and services was presented. Information was presented on the need for consumer assessments to be independent of those that assess the counselor's cultural competence (New Freedom Commission, 2003; Stringfellow & Muscari, 2003). Also discussed was the need for cultural competency assessments that are more comprehensive, systematic and inclusive for both the service providers as well as for the agencies. To meet those needs and be fully inclusive and accurate, it seems necessary that the consumers' perceptions be included throughout the process (Gamst et al., 2004).

Chapter Three: Methodology

Overview of the Study

The purpose of the study was to give voice to consumers of mental health services and to find meaning as consumers shared, explored, and described their counseling experiences relevant to cultural competence. Additional purposes of the study were to address the gap in the literature, and inform the counseling profession, service agencies, and the general public about consumers' experiences of cultural competence in the counseling relationship. Chapter three includes a presentation of the research methodology for the study. The research questions, design, participant selection, and data analysis are presented. The indicators of the rigor and quality of the research were described. A chapter summary is also provided.

In research designs the research question should be what determines the method of inquiry (McMillan, 2004). As the researcher sought to answer questions from the consumers' perspectives, qualitative methods of inquiry guided the study. Qualitative researchers recognize the value and appropriateness of using qualitative methods when describing a phenomenon that is not well known and from the individual's perspective (i.e., emic) (Morse & Field, 1995). A qualitative type of inquiry is an appropriate choice for giving voice to and empowering consumers of mental health services.

A phenomenological qualitative research approach was used to gain a rich, in-depth analysis and understanding of the consumers' perceptions of cultural competence in the counseling relationship. The phenomenological approach relies heavily on interviews (Seidman, 2006). Through interviewing each participant twice voice was given to the participants' insights

and perceptions using their own words and their own context. The study provided insights to add to the body of knowledge in the areas of cultural competence and consumer perspectives when assessing counselors' cultural competence in providing services to diverse groups of people. A descriptive explanatory study was used to examine and explain the participants' beliefs, attitudes and events regarding cultural competence in the counseling relationship as suggested by McMillan & Shumacher (2001).

Outlined below are the sequential steps the researcher followed to conduct the study (a) selecting the participants, (b) obtaining participants' consent, (c) obtaining the participants' completed background questionnaire, (d) conducting the first interview of the two interview sequence, (e) transcribing the data, (f) analyzing the data, (g) developing the narrative, (h) mailing the narrative to the respective participant prior to the second interview, and (i) scheduling the second interview. The second interviews were conducted following steps 4-8 as described above. Additional steps followed included (a) making revisions to the narratives, (b) adding revisions to the analysis/narrative, (c) analyzing across cases, and (d) identifying themes.

Research Design

The investigator used a phenomenological approach, employing a descriptive study as the strategy of inquiry as suggested by Rossman and Rallis (2003) to examine the essence of the lived experience. The phenomenological approach is designed to be used with a small number of people to gain an understanding of the phenomenon under study. A deeper understanding of the participant's perceptions, perspectives, and understandings of a particular situation can be provided (Rossman & Rallis). This approach was used to examine the participants' perceptions of the meaning of events, as opposed to events as they exist external to the person. In addition,

the approach provided an understanding of the experience through the participant's eyes (Merriam, 1988). By using a phenomenological method of inquiry the investigator was able to identify themes across participants' experiences through the analysis of the interview data. Qualitative research methods such as the phenomenological approach are beneficial in the quest to gain an in-depth understanding of the consumers' perceptions of cultural competence. By using a qualitative method of inquiry the investigator is able to examine both how and why participants act certain ways (McMillan, 2004).

Research Methods

A qualitative phenomenological approach using two semi-structured interviews for each participant was the methodology used for the study. Data management and data analysis was consistent with the approach and are discussed in detail in subsequent sections. Rubin and Rubin (1995) found that qualitative research methods allow the researcher to disentangle complex relationships. Additionally, there was a call for research methods that would result in a more comprehensive level of understanding. Pope-Davis et al. (2001) also voiced the need for more qualitative methods to be used in shaping the conceptualization of cultural competence. Ponterotto (1998) reported that the use of qualitative methods for cultural competency research was just beginning to be widely utilized. Both the phenomenological method of inquiry and the methods of interpretation are widely known and accepted in the field of qualitative research.

Research Questions

Qualitative studies typically have an emerging research design that evolves throughout the study. The investigator did have some structure regarding the data collection process, however, the research design was not completely known until data collection was completed

(McMillan, 2004). The study focused specifically on the cultural competence of counselors. The research questions were:

1. How do consumers of mental health services define cultural competence?
2. What are the personal experiences that shape consumers' beliefs and attitudes about cultural competence?
3. What do consumers describe as significant cultural experiences in their counseling relationship(s)?
4. What do consumers describe as being minimum qualifications for a counselor to be culturally competent?

The interview guide technique was used and the researcher determined the order in which questions were posed and how the questions were asked of each individual participant. The interviews were contextual and conversational in nature. Additional probes emerged from the participant's conversation (McMillan & Shumacher, 2001). Protocol questions for the initial interview were designed to ascertain the consumers' perspectives of culturally competent counselors. The guiding interview protocol questions were:

1. Describe your personal definition of cultural competence.
2. Describe your counseling experience(s) in relation to cultural competence.
3. Describe any instance(s) when the counselor demonstrated cultural competence during a counseling session.
4. Describe any instance(s) when the counselor demonstrated a lack of cultural competence during a counseling session.

5. Describe what attributes you believe a counselor would need to possess to be culturally competent.
6. Is there anything that you would like to add that might not have been previously addressed?

Table 1 depicts the relationship between the research questions, interview protocol questions, and probes that were used for the first interview. The questions for the second interview were not pre-determined. The questions emerged from the information gleaned from the initial interview.

Role of the Investigator

The primary investigator is the Director of Counseling at a community college. She is a Licensed Social Worker with seven years experience as a mental health counselor at a community mental health center. In addition to working as a counselor, the primary investigator has supervised master level interns and beginning counselors. She holds certifications in distance counseling, sex offender counseling, psychosocial rehabilitation, forensic counseling, and family mediation. Throughout the data collection process, the investigator's role included suspending any preconceived ideas or personal experiences that might unjustifiably influence what was heard or seen as opposed to what the participant actually revealed. Such suspension usually referred to as bracketing or epoche can be extremely difficult for an investigator who has personally experienced the phenomenon under study (Anfara, Brown, & Mangione, 2002). When analyzing data researchers acknowledge and understand their biases as well as the perspectives they bring to the study (McMillan, 2004).

The primary investigator acknowledges that what was heard and seen might be influenced by her personal experiences, ideas, and biases. She is currently pursuing a Ph.D. in Counselor Education. She is an African-American female in the age range of 45-55. She has taught a cultural

diversity course and provided clinical supervision to counselors-in-training. She holds a Race and Social Policy Certificate of Advanced Graduate Studies from Virginia Tech. The investigator provides consultation regarding cultural diversity to an organization primarily operated by consumers of mental health services for consumers of mental health services.

Table 1

Research Questions and Related Interview One Questions

| Research Questions | Interview One Questions |
|---|---|
| 1. How do consumers of mental health services define cultural competence? | 1. Describe your personal definition of cultural competence. Probe: Describe other ways you have heard cultural competence defined. 6. Is there anything else you would like to add? |
| 2. What are the personal experiences that shape consumers' beliefs and attitudes about cultural competence? | 2. Describe your counseling experience(s) in relation to cultural competence. Probe: Describe how these experiences affected the counseling (i.e., therapeutic) relationship? 6. Is there anything else you would like to add? |
| 3. What do consumers describe as significant cultural experiences in their counseling relationship(s)? | 3. Describe any instance(s) when the counselor demonstrated cultural competence during a counseling session. Probe: Describe your response to the instance and whether you acknowledged that the counselor demonstrated cultural competence. 4. Describe any instance(s) when the counselor demonstrated a lack of cultural competence during a counseling session. Probe: Describe your response to the instance and whether you acknowledged that the counselor demonstrated a lack of cultural competence. 6. Is there anything else that you would like to add? |
| 4. What do consumers describe as being minimum qualifications for a counselor to be culturally competent? | 5. Describe what attributes you believe a counselor would need to possess to be culturally competent. Probe: Describe how these attributes might affect the counseling relationship. 6. Is there anything else that you would like to add? |

The investigator through her seven years of experience as a mental health practitioner and ten years of consulting for consumer run organizations greatly values the consumers' autonomy and input. The investigator is a member in good standing with the American Counseling Association (ACA) and adheres to the current *Code of Ethics and Standards of Practice*. The foundational ethical principles, non-maleficence (do no harm), beneficence (benefit others), autonomy (freedom of action and of choice), fidelity (honest/trustworthy/and quality of loyalty/faithfulness), and justice (fairness) as set forth by Kitchener (2000) were ongoing throughout the study.

All study documents consisting of the Initial Review Board Application, Request for Expedited Board Review, study forms, investigators' bio-sketches, and documentation of Training in Human Subjects Protection (See Appendices A- M) were submitted to the Human Subjects Committee Institutional Review Board (IRB) of Virginia Polytechnic Institute and State University ensuring that necessary procedures were in place to protect the participants. Confidentiality, conflict of interest, dual relationships, duty to warn, duty to protect, and mandatory reporting were ongoing human subject issues that were closely and continuously monitored as suggested by Kitchener (2000).

Each of the semi-structured, in-depth interviews were informal conversations in which the participants did much of the talking. In qualitative inquiry the investigator is the primary data collection instrument (Creswell, 1998) for the knowledge that will be gleaned. The transcribed interviews were the primary source of information for the study. The themes emerged from the data analysis. Each interview after being transcribed was returned to the participant for review

and discussion during the second face-to-face meeting. The researcher then made any noted additions or changes that the participant recommended.

Participant Selection Process

Consistent with the phenomenological approach, the investigator conducted two in-depth, semi-structured interviews with the purposefully selected sample as suggested by Rossman and Rallis (2003). Qualitative researchers believe that sampling procedures and data collection cannot be separated (Goldstein & Reiboldt, 2004). The participants selected for the study were selected because of their experience with the phenomenon of study and because of their willingness to describe those experiences as suggested by McMillan (2004). Purposeful criterion sampling as characterized by qualitative research methods was utilized to ensure that each participant had experienced the phenomenon of inquiry. Selection of those participants who met the criteria and who had lived experience of the phenomenon yielded rich, thick descriptions (Creswell, 1998). Participants were not selected for ease of recruitment.

Participants for the study were identified through the VOCAL Network. It is a network of consumers of mental health services, by consumers of mental health services, for consumers of mental health services (Vocal Network, 2005). As participants were expected to participate in two interviews, the Roanoke Valley region was the target location to allow for ease of access to the participants and for timeliness in conducting both interviews.

Individuals who participate in the Vocal Network willingly self-identify as consumers of mental health services. Individuals who are recipients of mental health services are often faced with labeling and stigmatization, by selecting participants through the Vocal Network,

individuals were spared from responding to questions of a sensitive nature that they may not have been willing to disclose (e.g., are you a recipient of mental health services?).

Access and Entry

The process of access and entry began with the researcher's initial thoughts of conducting the study. Throughout every phase the primary investigator concentrated on how access and entry would occur. Through attending consumer sponsored conferences, providing consultation to a consumer run non-profit organization, and being a participant in the 2004 and 2005 national meetings sponsored by the United States Department of Health and Human Services on Transforming the Public Mental Health System, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services the researcher was able to identify individuals for the study who were considered to be key informants (McMillan, 2004) or gatekeepers (Rossman & Rallis, 2003). The meetings were well attended by consumers and afforded the researcher the opportunity to begin the establishment of credibility and rapport building which Lincoln and Guba (1985) report to be critical to conducting fieldwork. The participants were the individuals within their community who held information that offered in-depth knowledge about the subject of the study as suggested by Rossman and Rallis.

Recruitment Process

After gaining approval through Virginia Tech's IRB (See Appendices A and B for Initial Review Application and Full Board Review Form) the process for recruiting participants began. Recruitment efforts included eight sequential steps: (a) the primary investigator initiated email and telephone contact with the Vocal Network Program Director to explain the study before gaining access to the network's members, (b) the Letter of Introduction, Advertisement Flyer,

Recruitment Flyer, and Informed Consent form (See Appendices C-F) were emailed/mailed to the Program Director for perusal, (c) a meeting was scheduled with the Program Director, (d) the primary investigator met with the program director and further explained the study and answered questions that the program director had, (e) the program director and primary investigator scheduled a meeting date to meet with Vocal Network members to explain the study and answer questions, (f) members were given the Advertisement Flyer, Recruitment Flyer, and Informed Consent Form (Appendices D-F) during the meeting, (g) members had the choice to sign the informed consent form immediately after the meeting or mail it to the primary investigator within two weeks after the meeting in the self addressed stamped envelope provided to them during the meeting, and (h) members were given verbal instruction along with the primary investigator's email and telephone contact information so that they could later contact the primary investigator if they wanted to participate in the study. That eliminated the need for anyone else to know who had agreed to participate in the study. All of the participants resided within the Roanoke Valley Metropolitan Statistical Area.

The primary researcher made an oral presentation about the purpose of conducting the research. To supplement the oral presentation, each person in attendance had their questions answered in an attempt to fully inform all parties who met the study criteria and were willing to participate in the study. Upon receipt of the signed consent form participants were given the Background and Interview Data Questionnaire (See Appendix G) to complete and return to the investigator in the self addressed stamped envelope provided to them. Once the primary investigator received the completed questionnaire a Letter of Invitation (See Appendix H) was mailed to participants informing them of the date, time, and location of their first interview. In an

effort to ensure that everyone received the information within the same time frame, several methods of communication was used. Correspondence was sent via electronic mail (email) and United States Postal Service (USPS) mail. Email allowed for faster response time, however, in the event that some participants did not utilize email technology all participants received the correspondence by both email and USPS mail. All correspondence mailed to the participants was certified through the USPS. The participants had to sign for the certified mail as a way to eliminate the correspondence falling into the hands of someone other than the intended recipient. The participants were able to peruse the informed consent, verbalize any questions during the oral presentation, and get clarification before completing any documents and before scheduling the first interview.

Participants

The criteria to participate in the study included being 18 years of age or older at the time of volunteering, voluntarily and willingly self identify as being a consumer of mental health services, receiving mental health services for at least 12 months, seeing more than one counselor, seeing a counselor for at least three months, and had experienced cultural competence in a counseling relationship. All participants resided within the Roanoke Valley Metropolitan Statistical Area. Participants were asked to contact the primary investigator to signify their willingness to participate in the study within two weeks after the oral presentation. As a result of the low number of participants, the primary investigator asked the VOCAL Network Program Director to recommend potential participants. This still yielded a low number of respondents. The participants were asked to identify individuals who might be willing to participate in the study. The researcher followed-up with other behavioral health centers in the same geographical

location in an effort to get additional participants for the study. Participants meeting all the criteria as set forth in the informed consent (See Appendix F) and in the correspondence to set up interviews with participants (See Appendix G) were selected as they agreed to participate in the study. A unique aspect of the phenomenological research method is the typical small sample size (Rossman & Rallis, 2003). Creswell (1998) identified a range of 5 to 25 participants who have direct experience with the phenomenon being studied as the typical sample size. The study consisted of three participants. Participants were interviewed until they no longer provided new insights that resulted in changes in the categories as suggested by Lawson, Hein, and Stuart (in press).

The participant's responsibilities were to (a) Read and understand the consent form before signing it, (b) Complete, sign, and return the background questionnaire, (c) Complete two, one-hour interviews, (d) Review the transcripts of each interview, (e) Make changes to the transcribed interviews, (f) Return the transcribed interviews to the primary investigator within two weeks after they were mailed to you, (g) Respect and maintain the privacy and confidentiality of others, (h) Tell the investigator that you did not want your information to be used for the study, and (i) Tell the investigator if you wanted to withdraw from the study.

Confidentiality

It was essential that the data collection method be consistent with ethical principles of conducting research. Institutional Review Board (IRB) approval was granted through Virginia Polytechnic Institute and State University (Virginia Tech) for the content of the informed consent form (See Appendix F). Confidentiality was maintained through the use of pseudonyms and by eliminating and/or removing to the extent possible all information that could readily

identify a participant. Study ID/Codes were created and used on all data documents for the purposes of indentifying participants without divulging their identity (See Appendix I). The data consisted of interview questions, audio and video-taped interviews, and transcripts that are stored personally by the primary investigator in a secured, locked location known only to the primary investigator. The study code list is stored personally by the primary investigator in a secured, locked location independent of the data documents and known only to the primary investigator. The data is accessible to the primary investigator only. The audio and video-taped interviews and transcriptions will be destroyed after the investigator concludes the data analysis, disseminates the results, and completes all written reports and oral presentations. Audio and video-tapes will be removed from their casings and cross-shredded. All written documents will be destroyed through the process of cross-shredding.

Risks

Risks to participants could have been more than minimal due to the sensitive nature of the topic. Potential risk factors included loss of privacy, the reputation of both consumer and counselor, and social and emotional risks. Participation in the study could have resulted in recalling unpleasant feelings and thoughts experienced during an actual counseling session. Recalling some of these experiences could have brought forth unknown and unwanted feelings and discomfort. Risks to participants were minimized by asking questions in an open-ended, nonjudgmental manner and by allowing them to answer completely or stop at any time before moving to the next question. Prior to the first interview each participant was provided a list of local service providers (See Appendix J) in the event they experienced more than minimal distress and wanted to seek counseling. Had a participant experienced more than minimal

distress the investigator would have discussed options with the participant. If requested the interview would have ended. The contact list consisted of both private counselors and community counseling agencies to ensure that participants could seek mental health services should the need arise regardless of ability to pay. Neither the primary investigator nor Virginia Tech had any funds to pay for such services. The costs of any services resulting from participation in the study would have been paid for by the participant.

Benefits

The benefits expected from the study included giving voice to consumers of mental health services, creating a venue in which to describe their lived experiences, and increasing awareness of issues regarding counselors' cultural competence in the counseling relationship. In addition, the larger societal benefits can be added to the body of literature pertaining to issues of culturally competent counselors and the counseling relationship. No promise or guarantee of benefits were made to encourage participation in the study.

Setting for Interviews

All interviews were conducted in the Virginia Tech Counseling Center at the Roanoke Higher Education Center in Roanoke, Virginia. The Counseling Center was selected in keeping with conducting research in a natural setting. McMillan (2004) reported that because a setting influences the behaviors of individuals, settings should not impose any type of control or have any type of constraints for participants. Public transportation and parking were easily accessible at the location. The facility was handicap accessible as well. The interview site was convenient to the participants who resided in the Roanoke Valley area. The Roanoke Center houses Virginia Tech's Counselor Education Counseling Center used for counseling practicum and internships.

Counseling clinical supervision sessions are conducted and videotaped at the site. Each room had the capacity for video-taping to occur behind locked doors. Security Officers patrol the facility throughout the hours of operation. Emergency mental health service provider information was available. The location offered a safe, comfortable setting for conducting interviews.

Instrumentation

In qualitative studies the participants provide the data (McMillan, 2004). Semi-structured interviews were the data collection method for the study. The data were captured on both audio and video-tape cassettes. The primary investigator, interview protocol questions, tape recorder, video recorder, new blank audio and video-tapes, notepad, and ink pens were the instruments used to record results of the interviews.

Freedom to Withdraw

Participants were not compensated for their participation in the study and were free to withdraw at any time without penalty. They were also free to not answer any question(s) without penalty. Due to the sensitive nature of the topic, the researcher would have determined that a participant should not continue in the study if it posed a threat to the participant or others.

Informed Consent

Each participant was asked to read and sign the informed consent form prior to receiving the background questionnaire and having the first interview scheduled. A statement regarding audio and video-taping the interviews was included in the informed consent form. The consent form had a separate signature line for participants to consent to audio and video-tape the interview. The areas of risk assessment, special needs, power differentials, non-discriminatory language, and avoidance of suppressing, falsifying, or inventing findings, anticipating

repercussions of conducting research on certain populations and misuse of results to the advantage of one group over another were of continuous concern and closely monitored throughout the study. Participants were informed in the areas of confidentiality. Identifying information was eliminated and pseudonyms were used to maintain confidentiality. Study ID/Codes (See Appendix I) were used on all data documents.

The primary investigator conducted the consent process. The consent process was described in detail during the information/invitation meeting that was held with members of the Vocal Network. Participants were given the consent form during the information/invitation meeting. Consent took place before members were given any study documents and before any study procedures began. Time was allotted for members to read, ask questions, get additional information, and seek clarification prior to signing the Informed Consent Form. The researcher requested that an unlimited amount of time be allotted for answering questions/concerns about the consent process to assure that participants were fully informed before voluntarily consenting to participate in the research project.

Data Collection Process

Semi-structured in-depth interviews were conducted with each of the participants who met all of the criteria and were willing to participate voluntarily. Interviews allowed the investigator to examine worldviews and experiences through the participants' eyes (Rossman & Rallis, 2003). The interview guide allowed the investigator to explore in detail the areas of interest. Through the use of in-depth interview questions, the participants were asked to reflect on the meaning of the counseling experience, focus on their life history, and on specific details of the experience (Seidman, 1998). There was no new information forthcoming during the second

interview (McMillan, 2004) and the participants' insights did not result in changes in the categories as suggested by Lawson, Hein, and Stuart (in press).

The data collection procedure included two face-to-face interviews with self-identified consumers of mental health services. Semi-structured audio and video-tape recorded in-depth interviews were utilized. The investigator's questions provided the framework for the interviews. The interview protocol questions as shown in Table 1 consisted of five specific open-ended questions, probes, and a sixth question designed to capture pertinent information that may not have been addressed through the other questions.

Quality Assurance Process

In order to ensure quality and rigor in the research process a number of steps were taken. The following is a discussion of the specific quality concerns and the steps taken to enhance the research procedures.

Confirmability

In qualitative research, the researcher seeks confirmability while in quantitative it is objectivity. Qualitative researchers recognize that research is not objective. The researcher's role was to present the data, analyze the data, and report the findings in a way that allows readers to confirm whether the findings are adequate. Confirmability for the study was achieved through the use of an audit trail, management of the researcher's subjectivity, and analytic memos as suggested by Morrow (2005).

Credibility

Credibility in qualitative research is likened to internal validity in quantitative research (Morrow, 2005). The methodology used for the study offered the maximum potential for

minimizing threats to credibility and dependability inherent in the interview method as suggested by LeCompte, Millroy, and Preissle (1992). The discussion of the informed consent at the beginning of each interview served to add credibility. The investigator made every attempt to record the data thoroughly, accurately, and systematically throughout the research process and during data collection. The investigators' analytical memos reflected initial interpretations of what was seen and heard.

The use of a second interview significantly enhanced data credibility. Before the second meeting the researcher mailed the first transcribed interview to participants allowing them an opportunity to make comments/changes to their respective transcripts. Participants had the opportunity to review the investigator's interpretation of the transcription from the first interview. Participants were asked to return the transcripts containing their comments to the primary investigator prior to scheduling the second interview. Participants were asked to return the transcripts within two weeks from the date of receipt. A self addressed stamped envelope was provided to each participant for mailing the transcript back to the primary investigator. Upon receipt of the returned transcripts from the participants or not, the second interview was scheduled. The second interview allowed the participants to offer further explanation regarding the investigators' interpretation of the data collected during the first interview (Creswell, 1998). Triangulation was used to verify information through multiple sources. The multiple interviews of each participant, comparing participant information, and identifying categories and themes across cases made up the multiple sources that were used. This assisted with making certain that the phenomenon of inquiry was studied thoroughly. The credibility and rigor was thereby

enhanced (Rossman & Rallis, 2003). The use of verbatim comments was another source for enhancing credibility (Johnson, 1999).

Dependability

Dependability in qualitative research is the parallel criterion for reliability in quantitative methodology (Morrow, 2005). Dependability was enhanced through maintaining an audit trail, developing analytical memos, being cognizant of influences on collecting and analyzing the data, and tracking emerging themes as suggested by Morrow. Various strategies were used to assess the quality and rigor of the study. Fundamental tenets of qualitative inquiry that included multiple data gathering methods and prolonged engagement with the participants were employed. This ensured that the analysis and interpretation was thick, detailed, and rich (Rossman & Rallis, 2003). Qualitative researchers consider dependability a component of trustworthiness. Dependability illustrates that the type of inquiry used in the study was well documented, logical, and dependable over time as well as across various methods and researchers (Creswell, 1998; Lincoln & Guba, 1985). Table 2 depicts the procedures used to increase credibility, dependability and transferability that were utilized throughout the study.

Rigor

Rigor refers to data gathering techniques being credible and therefore the results being trustworthy. Rigor was a criterion that was used throughout to judge the research project. In addition to a clearly stated position there were other strategies that the investigator used to ensure rigor. Various methods of data gathering, thorough and systematic documentation of how data was gathered, analyzed, interpreted, reported, maintaining a journal, and writing analytical memos contributed to the trustworthiness of the study (Rossman & Rallis, 2003).

Table 2

Quality and Rigor Strategies

| Strategy Employed | Confirmability | Credibility | Transferability | Dependability |
|--------------------------|-----------------------|--------------------|------------------------|----------------------|
| Audit Trail | * | | | * |
| Prolonged Engagement | | * | * | * |
| Peer Debriefings | | * | | |
| Ethical Practice | | | | * |
| Triangulation | | * | | |
| Member Checks | | * | | * |
| Purposeful Sampling | | | * | |
| Thick Description | | * | * | |
| Code/Recode Strategy | | * | | * |

Transferability

Transferability in qualitative research equates to external validity or generalizability in quantitative research. It is the readers' ability to generalize the findings to the context (Morrow, 2005). By providing sufficient background information about the researcher, context for the research and process, information about the participants and about the relationships between the researcher and participants, the researcher achieved transferability (Morrow). Purposeful sampling and thick description were used. The use of purposeful sampling aided in the assurance that the study was credible, rigorous, and trustworthy (Patton, 2002). Thick description (Rossman & Rallis, 2003) provided information that offered insight about intentions and meanings, making interpretation possible.

Trustworthiness

Trustworthiness has different meanings depending on the research tradition being used. Trustworthiness in qualitative studies generally refers to how believable and trustworthy the data, data analysis, and conclusions are (McMillan, 2004). In quantitative studies trustworthiness

generally refers to the realization that participants might be vulnerable, placing a responsibility on the researcher to guard against harming the participant while promoting their welfare. The qualitative researcher's role is unique. The researcher is both a scientist and practitioner. As such, the researcher must develop an "Ethic of Trustworthiness" (Havercamp, 2005). Morrow (2005) reports a core criterion for examining quality or rigor is trustworthiness. The conceptual framework allows the reader to follow and understand how the conclusions for the study were reached. Additionally, ethics and practices that are competent and acceptable are the standards that were used to determine trustworthiness as suggested by Rossman and Rallis (2003).

Verification

Prolonged engagement, triangulation, peer debriefing, negative case analysis, clarifying researcher's bias, member checks, thick description, and external audits are eight verification procedures for qualitative research traditions as identified by Creswell and Miller (2000). The primary investigator in keeping with the recommendations for conducting qualitative research employed at a minimum, two of the procedures (Creswell, 1998). Verification occurred through the use of multiple procedures as shown in Table 2. Through the use of peer debriefers the investigator had available the expertise and input of intellectual peers. Such debriefings were ongoing throughout the study as progression occurred and the design underwent various changes (Rossman & Rallis, 2003). The "Community of Practice" consisted of selected peers in an advanced qualitative research course and the dissertation committee members. Each member was available individually and as a group for discussions that revolved around critical thinking as suggested by Rossman and Rallis. Additionally, each member was instrumental in providing intellectual and emotional support throughout the study.

Data Management

While numerous copies of transcribed interviews were used throughout the analysis process (Patton, 2002), audio/video-tapes and only one copy of the transcript remains in the possession of the primary investigator in a locked file cabinet. Multiple copies were destroyed through the use of a cross cutting shredder. The data consisting of interview questions, audio and video-taped interviews, and study code list were stored personally by the primary investigator in a secured, locked location known only to the primary investigator. The study code list are stored separately from the other data documents. The data is accessible to the primary investigator only. The primary investigator will destroy each audio/video-taped interview one year after the investigator concludes the data analysis, disseminates the results, and completes written reports and oral presentations. Audio and video-tapes will be removed from their casings and cross-shredded. All written documents will be destroyed through the process of cross-shredding.

Data Analysis

The data analysis was void of a theoretical framework and of preconceived themes. The researcher was not looking for “the right answer” and used a hermeneutic process that allowed the researcher to choose from an array of possible answers as suggested by Rossman & Rallis (2003). Constant comparative methods were used in which the transcripts were read, audio-tapes listened to, and video-tapes viewed numerous times to continuously look at and compare categories (McMillan & Schumacher, 2001). The researcher used an iterative process to ensure accurate findings (Thompson, 1997). Each transcription had three iterations of coding. As suggested by Stephenson and Burge (1997), during the first iteration, using surface content analysis specific words and phrases were excerpted from the transcripts and grouped together.

The researcher searched for categories of meaning within the data. During the second iteration, the researcher identified links between the words and phrases and the frequency with which thoughts and perceptions appeared within or across cases. During the final iteration, the themes were analyzed and illustrated in a narrative discussion and in table format.

Each transcript was reviewed several times and coded according to the previously identified theme(s). A summary statement of the key quotes from the interviews was compiled (Stephenson & Burge, 1997). Using content analysis, the researcher analyzed the data to find categories that helped to illustrate objective descriptions of what was communicated and to develop themes; focusing on those which were relevant to the objectives of the research questions (Rossman & Rallis, 2003). Similar information was grouped into categories, which resulted in themes. Open coding was the method used for identifying the dominant themes (Libarkin & Kurdziel, 2002). Thematic content analysis allowed the researcher to get the themes directly from the text (Libarkin & Kurdziel, 2002) and for themes to emerge naturally (Denzin & Lincoln, 1998). The researcher used domain analysis, a system of analytic induction to identify categories of information and how they related to one another (Spradley as cited in Rossman & Rallis, 2003) and to objectively and systematically identify data that could be grouped by themes.

Summary

Chapter three is an overview of the study that included the rationale for the use of qualitative research methods. A comprehensive outline of the research design methods and questions were described. The role of the investigator was provided. Participant selection, access and entry to participants, recruitment of participants, and the criteria for participant selection for the study were detailed. Confidentiality, risks, benefits, freedom to withdraw, and informed consent were discussed. The instrumentation and setting for the interviews were provided. The data collection and analysis process was set forth and the procedures discussed in detail. The quality assurance process that included confirmability, credibility, dependability, rigor, transferability, trustworthiness, and verification procedures were presented. The data management process was also discussed.

Chapter Four: Consumers' Experiences of Cultural Competence in the Counseling Relationship:

A Phenomenological Study

Chapter Four is presented as a manuscript written under the guidance of the dissertation co-chairs who deemed the manuscript satisfactory to be presented to the full dissertation committee. The dissertation committee approved it for submission to the *Psychiatric Rehabilitation Journal* which is widely known and read by those in the counseling profession. The purpose of the manuscript is to inform readers of consumers' perceptions of cultural competence in the counseling relationship.

Consumers' Experiences of Cultural Competence in the Counseling Relationship: A

Phenomenological Study

by

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Key Words: Consumer, Cultural Competence, Perceptions, Qualitative

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Abstract

Objective

The purpose of this study was to give voice to consumers who receive mental health services and to make meaning as consumers share, explore, and describe their counseling experiences in regard to cultural competence.

Methods

Qualitative inquiry, specifically a phenomenological approach was the methodology used. Over a period of two months data were collected through an informational session and a series of two semi-structured interviews. Participants reviewed and provided feedback regarding the accuracy of their transcripts.

Results

Four major themes emerged from the data. Participants described cultural competence as being inclusive of all differences and not focusing specifically on race or ethnicity, the importance of the counselor's attitudes and attributes as being more important than the knowledge the counselor possessed, and that the counseling relationship should be open and honest when broaching the topic of cultural competence.

Conclusions

Through the voices of the participants counseling professionals and counselor education program leaders can gain insight into how consumers envision broaching the subject of cultural competence in a meaningful way. The findings suggest that consumers prefer counselors who are open and honest when broaching the topic of cultural competence as opposed to a counselor who

has the knowledge of how to broach the subject, but lack the attributes of being open-minded and willing to learn. The methodology is replicable and further exploration with a larger sample and more diverse group of participants will add to the transferability of the study.

Objectives

Counseling professionals are becoming increasingly more aware of the need to explore counselors' cultural competence from the consumers' perspective. This is due to counseling professionals recognizing that the consumers' perspectives can no longer be overlooked as such oversight could result in counseling outcomes being compromised as suggested by Davis and Osborn (2000). Additionally, there is an increased awareness around the limited amount of information available regarding the consumers' perspective of multicultural competence. Finally, awareness has increased regarding how the views and perspectives of consumers matter significantly and is beneficial to the counseling relationship (Stringfellow & Muscari, 2003).

Ponterotto (1998) found the use of qualitative methods for cultural competence research had not been widely used. Much of the more widely used research methods did not contribute to understanding cultural competence from the consumers' perspectives. The gap in the literature regarding the consumers' unique perspectives (Pope-Davis et al., 2002) is significant. Rubin and Rubin (1995) suggested a need for both the use of qualitative methodologies and for studies that focus on consumers. This would result in a deeper, richer insight into what consumers' believe to be important to the counseling relationship. Fuertes, Bartolomeo, and Nichols (2001) noted the need for consumers' perspectives to be included in multicultural competence assessments.

The background for the study emerged from the lack of research regarding consumers' perceptions and expectations in the counseling setting (Pope-Davis, Liu, Toporek, & Brittain-Powell, 2001). The purpose of this qualitative study was to give voice to consumers who receive mental health services and to make meaning as consumers share, explore, and describe their counseling experiences in regard to cultural competence. Additionally, the findings from this

study can provide insight and add to the body of knowledge regarding cultural competence from the consumers' perceptions when assessing counselors.

Race, ethnicity, gender, sexual and affectional orientation, geography, class, age, and religion are categories of differences that are used when discussing cultural competence (Ramsey, 2000). In the counseling profession the term "cultural competence" is typically defined as developing awareness, knowledge, and skills needed to work effectively with diverse populations (D'Andrea, Daniels, & Heck, 1991). Shearer and Davidhizar (2003) defined cultural competence as simply providing culturally sensitive care to others in an appropriate manner. Finally, cultural competence was defined by Sue and Sue (1999) as liberating one's self from both personal and professional cultural conditioning and training. Such freedom would allow practitioners to accept, understand, and embrace the legitimacy of differing worldviews. This would result in more culturally appropriate intervention strategies that are effective when working with diverse groups.

Methodology

The research method chosen for the study involved a qualitative method of inquiry using an emerging design that evolved throughout the study. A descriptive explanatory approach was used to examine the participants' beliefs and attitudes regarding cultural competence in the counseling relationship as suggested by McMillan and Shumacher (2001). A phenomenological qualitative research approach relying on interviews resulted in a rich in-depth analysis and understanding of the consumers' experiences (Seidman, 2006). The Institutional Review Board (IRB) at Virginia Polytechnic Institute and State University (Virginia Tech) granted approval.

Data Sources

An extensive review of relevant literature, a background questionnaire, two interviews with each of the participants, and the transcripts of the interviews were the primary data sources for the study. An information meeting was also held to provide in-depth information about the informed consent form. The potential participants were able to have their questions answered prior to interviews being scheduled. Voice was given to the participants' insights and perceptions using their own words and their own context throughout the study. Multiple data gathering techniques were used as a way to ensure that the investigator not only captured what the participants said, but what they did as well. The interviews were audio and video-taped.

Subjects

In keeping with the tenets of phenomenological research methods a small sample size of participants who had direct experience with the phenomenon being studied were interviewed (Rossman & Rallis, 2003; Creswell, 1998). The purposeful sample for the study was selected because of their experiences and for their willingness to describe those experiences as suggested by McMillan (2004). Four White females and one White male consented to participate, however the male and one female withdrew. The three White females who completed all phases of the study ranged in age from 39 to 49, and had received 13 to 22 years of mental health services, with each participant seeing more than five different counselors over that time frame. Each participant voluntarily and willingly self-identified as being a consumer of mental health services, had received at least 12 months of services, had seen more than one counselor, and had seen each counselor for at least ninety days. One participant was married with children, one was bi-sexual and one was questioning her sexual orientation. Two of the participants had a co-

occurring diagnosis (i.e., substance abuse and psychiatric disabilities). Each of the participants had a college degrees and work experience in the human services field. Pseudonyms, along with disguising any other identities or locations the participants discussed were used to maintain confidentiality. The participants brought a variety of experiences to the study due to their diverse backgrounds as consumers of mental health services. Table 1 presents demographic information for each participant.

Table 1

Participant Demographics

| Participant's Pseudonym | Years of Therapy | Number of Therapists | Education | Marital Status | Age | Sexual Orientation |
|--------------------------------|-------------------------|-----------------------------|------------------|-----------------------|------------|---------------------------|
| Thelma | 21 | 6 | 4 year degree | Married | 40s | Bi-sexual |
| Ramona | 22 | 6 | 4 year degree | Married | 40s | Heterosexual |
| Marilyn | 13 | 5 | 4 year degree | Single | 30s | Questioning |

Design

A qualitative phenomenological design approach was used to explore the phenomenon under study through the participant's eyes (Merriam, 1988). Rubin and Rubin (1995) suggested that using such a design yields a closer examination of complicated relationships, and a deeper understanding of the participants' experiences. Themes were identified across participant cases through a constant comparative analysis of the interview data. It was then possible to explore the same experience in various ways and recognize that reality is the meaning that participants assigned to their experiences (McMillan, 2004).

Measurement

The consumers' perceptions were sought as a means to provide awareness and knowledge to understand how they experienced cultural competence in the counseling setting and how each of them made meaning of those experiences. Their experiences were not sought as a means to provide a definitive answer to what constitutes culturally competent counseling. Participants discussed how they personally define cultural competence, their counseling experiences in relation to cultural competence and how the counseling relationship was affected by those experiences, instances when a counselor did or did not demonstrate cultural competence and their response to the instance, and the attributes and attitudes they think are necessary for a counselor to possess to be culturally competent. Due to the participants' extensive experience with the phenomenon of study the information captured had a depth, amount, and scope of information that was sufficient to provide rich information laden data.

Data Analysis

Analyzing the transcripts of each interview was the first step in the analysis of the data. An iterative constant comparative method (McMillan & Schumacher, 2001) was used in which the audio tapes were transcribed and listened to. The transcripts were read several times to continuously compare categories. Categories of information were coded, and the focus was on the categories that were relevant to the objectives of the research question (Rossman & Rallis, 2003).

By using a qualitative research design more latitude for interpretation was possible (Haverkamp, 2005). As suggested by Thompson (1997) to increase accurateness of the findings each transcript underwent three iterations of coding. After reading the transcripts thoroughly

categories of meaning were sought within the data. The 1st iteration of open coding consisted of grouping specific words and phrases together. This resulted in 61 generic codes. Renaming and regrouping similar information yielded 20 categories. For the third and final iteration of coding, 4 major themes emerged from the data (Libarkin & Kurdziel, 2002). Table 2 illustrates the coding iterations.

Table 2

Iterations of Analysis

First Iteration/Open Coding (Participants' Words and Phrases)

Theme 1.

1. a. Culture of wellness and recovery
1. b. Culture of hopelessness, despair and depression
1. c. Mental illness is almost a culture in itself
1. d. Encompasses who; everything who they are
1. e. Accepting a person where they're at
1. f. Learning, just learning about differences
1. g. Inclusive of anything that we could even hope to encounter
1. h. Cultural competence has to do with acceptance
1. i. Starting where the clients at
1. j. Not just their religion, their ethnicity, their race, it's a combination
1. k. Being able to address the difference
1. l. Acknowledging, really just bringing it out in the open
1. m. Willingness to learn about, you know, your culture
1. n. Willingness to broach the subject of difference in general
1. o. Say look, there, we are different... so let's just say it
1. p. She was looking for ways to break the barrier
1. q. The counselor should definitely take some sort of class
1. r. Showing some cultural competency...bringing it up to the forefront
1. s. Everybody thinks cultural competency is just literally black and white
1. t. Has some sort of understanding of different peoples and what they're about
1. u. Superficial enough but just feelings enough that helped us get to another level
1. v. Thinking that it was just a normal, that it wasn't an issue, that it was a non-issue
1. w. Done some sort of introspective work to figure out what their own prejudices are
1. x. In general people think cultural competence is mainly race issues or ethnic issues, not necessarily any difference

Theme 2.

- 2. a. I respected her
- 2. b. Comfortable dealing with any issue
- 2. c. Having knowledge but being approachable
- 2. d. Comfortable to speak as she normally speaks
- 2. e. Sensitive
- 2. f. Openness and validating
- 2. g. Open-mindedness
- 2. h. A counselor understanding
- 2. i. Checking in with people you're counseling

Theme 3.

- 3. a. Being able to admit that you don't understand
- 3. b. Formal, rather than talking just relaxed
- 3. c. Not being as confrontational at the beginning
- 3. d. Confront in a way that's not putting the person down
- 3. e. Didn't want a male therapist
- 3. f. She was so much younger than I was
- 3. g. She shared things with me that helped me to share more things about me
- 3. h. She opened herself up to me
- 3. i. There's not enough time to build up the trust
- 3. j. It takes time to develop that relationship
- 3. k. Connecting with your counselor is a must
- 3. l. Let the client teach you or you teach yourself
- 3. m. If you don't understand, asking
- 3. n. You have to get to that trust level
- 3. o. Adapted a little bit more toward what I understood
- 3. p. I gave her feedback
- 3. q. The client and the therapist need to be on somewhat of the same page
- 3. r. Did things to help me to trust her
- 3. s. Willing to say I don't understand but I'm going to find out more

Theme 4.

- 4. a. The counselors want me to move in a certain direction
- 4. b. Allow you to have your say about the issues
- 4. c. Let them know that you are hearing
- 4. d. Wasn't listening to what I thought I was already wanting
- 4. e. Made me not want to tell people, counselor people things anymore
- 4. f. Feel like I have to be-talk to you a certain way
- 4. g. Kept me not being real honest
- 4. h. Afraid of how somebody is going to judge you
- 4. i. Just being human

Second Iteration/Categories

Theme 1.

1. a. More than race/ethnicity
1. b. Willing to address differences
1. c. Understanding of different people
1. d. Willing to learn about other cultures
1. e. Sub cultures

Theme 2.

2. a Sensitive
2. b Honesty
2. c. Open-minded
2. d. Approachable
2. e. Comfortable

Theme 3.

3. a. Consumer/Counselor match
3. b. Know when/how to confront
3. c. Acknowledge not knowing
3. d. Counselor Understanding
3. e. Learn from each other

Theme 4.

4. a. Advancing own agenda
 4. b. Ignore consumer input
 4. c. Just being human
 4. d. Indifferent
 4. e. Judgmental
-

Third Iteration/Themes

Theme 1. Defining Cultural Competence

Theme 2. Counselor Attributes

Theme 3. The Counseling Relationship

Theme 4. Counselor Attitudes

Results

Key Findings

The four major themes that emerged from the data were: (a) Defining cultural competence (b) The counseling relationship (c) Counselor attributes and, (d) Counselor attitudes. The following information is written including using the participant's own words to illustrate meaning and give them voice. Square brackets are used when additional information is needed to clarify or provide context. Ellipses are used when identifying information and long passages of dialogue not specific to the context is redacted.

Cultural Competence

When participants' were asked to give their personal definition of cultural competence each person described it as being inclusive of all differences and that it does not focus solely on race or ethnicity. They emphasized the importance of the 'need to start wherever the consumer is.' Marilyn pointed out in her definition of cultural competence that:

It's everything the person is, I mean it's how they grew up, what they've been through... it just encompasses everything who they are... generally people think cultural competence is mainly race issues or ethnic issues, not necessarily *any* [other] difference... .

Ramona's definition of cultural competence shared similarities with Marilyn's but Ramona went on to reflect on how cultural competence includes more than recognizing differences. She discussed how counselors must have a willingness to raise and engage in the issue of culture. Ramona described how mental illness and recovery have a culture of their own that must be recognized and understood, stating:

When you think about it, it was a cultural difference whether it was a cultural difference because I was in the culture of hopelessness, despair, depression, and mental illness and they [counselors] were in the culture of the therapy and that whole realm of what you know, what they were doing, so that's another culture. Mental illness is almost a culture in itself and now we have the culture of wellness and recovery.

The Counseling Relationship

Each of the participants discussed in detail the importance of a counseling relationship that fosters an environment of safety in which sharing information and teaching and learning is reciprocal between counselor and consumer. Each participant emphasized how the initial

counseling relationship affected their willingness to share information. They also thought the counselor should foster a therapeutic relationship that is genuine and honest. When discussing openness and honesty in the counseling relationship Thelma described a counseling relationship that was not very productive. The situation resulted in her being dishonest and not working on the issues she wanted to work on. She reflected:

I had a male counselor at first and that just didn't seem very productive, it didn't seem like we clicked. The counselor just was clearly not involved... The counselor just seemed very removed from what I was saying and from what we talked about... it kept me from being honest so that they could do the work that they needed to do with me.

Marilyn described her counseling relationships in a similar manner. She voiced that some of her interactions did not provide an environment in which she felt encouraged and empowered to bring up issues. She was not comfortable enough to share information with the counselor which resulted in either changing counselors or terminating therapy. She reported,

I wasn't comfortable enough especially with the first therapist to share, because that was the first therapist and therapy experience I had.... I don't think I ever connected with [the therapist]. I really don't think I ever did, that's one of the reasons I think I left because it just didn't feel like [the therapist] understood me or was trying to understand me at all.

Ramona described an early counseling experience as being one in which she was not comfortable with a therapist of the opposite sex due to the nature of her presenting issue. She remembered feeling fearful of being straightforward with the therapist and feeling afraid of what the therapist might think of her. She stated:

The first therapist that I had was a man, and I didn't want to talk about this kind of stuff...and I thought, I can't talk about this with a man, I didn't even want to have a man therapist, and I didn't know how to talk about it with him, I was like well I don't want to hurt his feelings....I was afraid of him, I was afraid that he might mock me out or something like that, so I didn't know how to talk to him...and he just kind of acted like it was a non-issue, and I think I kind of shut down in a lot of ways.

The participants discussed how openness and honesty makes the counseling relationship stronger. Ramona reported “I think that the clients would be able to develop the relationship in a much better, quicker, deeper level...would be able to work, connect...that connection would be made in a much quicker way...it takes time to develop that relationship in counseling.”

The participants reported the willingness and truthfulness as a sign of the counselor being human and accessible. They also shared the same sentiments when discussing the necessity for consumers to believe they are being heard regarding the issues they bring forth in counseling sessions.

Counselor Attributes

Each of the participants described attributes they believed a counselor should have to be culturally competent and to develop the consumer/counselor relationship. The participants revealed that attributes are more important than counseling techniques and theories. They also stated that a counselor needs to be knowledgeable and skilled and that education and training are valuable in a counseling relationship. When Marilyn discussed counselor attributes she stated “Openness and honesty is what helps build the rapport in the relationship. I think the honesty allows the client to see that you’re [the counselor] real.”

Ramona's description of counselor attributes echoed those of the other participants. She expressed the need for counselors to come across as human, stating:

Open-mindedness, willingness to be a good listener, attentive, willingness to learn about your culture, and probably willingness to broach the subject of difference in general.

Being able to share and to broach the subject, I just think really openness and validating ... not being the no-it-all is so important, just acknowledging that they [counselors] don't know it all and that they're human...just being human, not superhuman, having some knowledge but being approachable...being less than perfect makes you more approachable.

Thelma described one of her counselors as being very competent based in part on her openness and honesty. She stated "She was very open with me, she was very straightforward with me and you know I felt like she was probably one of the more competent counselors that I had seen at the time."

Counselor Attitude

The participants discussed their experiences in counseling with regard to how the counselor's attitude influenced the counseling relationship. Each described counseling relationships in which the counselor's attitude played a significant role in whether they broached certain topics and in how much they shared about the topic. When discussing counselors' attitudes the participants described how what counselors convey through their attitude and interactions is more important than what they convey verbally. Marilyn described feeling unheard in some sessions because of the attitude the counselor displayed. She said "I don't think

it was ever something they said, it's just it didn't seem like they understood where I was coming from." She went on to describe that it is important for the counselor

to try to learn something about it [the issue], just to see where the person is coming from, whatever the issue is, learning more about it, that way you're showing that you respect or accept the person where they're at.

As Ramona described her experiences with counselors' attitudes, they were very similar to the experiences of the other participants. She discussed feeling insecure about the counseling relationship and how the counselor's attitude made a difference. She recalled,

"It wasn't like necessarily a verbal 'wow'...it was more like the way that she validated me and my feelings just made me feel better, period...connecting with your counselor is a must, sometimes it takes a while to do that."

Conclusions

After exploring the four major themes that emerged from the study, they were found to be grounded in the literature that was reviewed for the study. The participants reported experiences supported the premise that counselors who are culturally competent provide more effective counseling services (Pope-Davis et al, 2002). Such effective services were reported as resulting from the counselor's ability to establish a therapeutic relationship; employ appropriate counseling interventions; and, provide treatment that is culturally appropriate to the individual being served. Each of the participants talked about what characteristics they thought counselors should possess to provide effective counseling services. They discussed that while the skills and knowledge of the counselors are important, just as important are attributes such as being open to learning from the consumer, addressing any issue that the consumer brings into the session, and

being honest about their feelings regarding the topics of discussion. Additionally, the findings supported the notion that cultural competence is perceived as being a major factor in the counseling relationship (Pope-Davis, Liu, Toporek, & Brittain-Powell, 2001). The participants discussed the importance of counselors being comfortable enough to share their lack of knowledge. The participants talked about the need for counselors to admit their lack of knowledge about a topic even though many may think to do so is a sign of weakness or incompetence. The open acknowledgment was seen as a strength for the counselor and signified their willingness to become culturally competent. The participants reported that by counselors revealing their lack of knowledge a reciprocal learning environment develops. When the learning is reciprocal both individuals develop a deeper level of trust and respect which is crucial to the development of a therapeutic relationship. Vontress and Jackson (2004) suggested that perception is also thought to be a major factor in the development of relationships. Counselors who addressed cultural issues were thought to be more trustworthy. The participants described counseling relationships in which they perceived they were not being heard. They discussed times when the counselor would gloss over a concern or not address it at all. There were times when the participants perceived that the counselors were advancing their own agendas and not that of the consumer. As a result of such perceptions, they reportedly had difficulty perceiving the counselor to be trustworthy and therefore minimized their issues and concerns. This was also seen as problematic when there were gender differences, leaving the consumer reluctant to discuss certain topics. While those issues arose more often with male counselors, the participants' statements makes it clear that what was discussed may have contributed to what was viewed as less effective relationships. This may be an indication that consumers bring to the

counseling relationship preconceived ideas of the competence of male counselors regarding certain issues. As a result male counselors may be placed in an unknowing position of needing to work harder at overcoming those preconceived notions. Sue and Sundberg (1996) suggested that consumers disclosed more freely and deeply, and were more satisfied with the services received from counselors perceived to be trustworthy. When they perceived they were not being heard, the participants tended to change counselors. It was found that while each participant reported some negative experiences with their first counselors they continued to receive counseling services. This may be contributed in part to their knowledge of their rights as consumers to have voice and choice in their treatment. The consumers' voices provided a deeper understanding of cultural competence as experienced by the consumers. The consumers' perceptions were not sought as a means to provide a definitive answer to what constitutes culturally competent counseling. Their perceptions did however; provide an awareness and knowledge that helped to understand how consumers experience cultural competence in the counseling setting. Finally, insight about how they make meaning of those experiences was gained.

Implications

As suggested by Patterson, (2004) professional competence is a necessary personal quality of counselors who are able to develop effective therapeutic relationships. It is now time for counselors to recognize that a deeper level of cultural competence is also a necessary quality. Training programs which incorporate the development of positive personal attitudes and attributes for counselors-in-training will result in counselors who are more culturally competent and more comfortable with broaching the subject of cultural competence. The participants' descriptions of what constitutes cultural competence in a counseling relationship have significant

implications for counselors, supervisors, training programs, and future research. The counselor's ability to develop positive attributes and attitudes that assist with fostering effective counseling environments would promote broaching cultural issues. By providing the same level of intensity and training for counselors-in-training to develop their attributes and attitudes regarding cultural competence, counselors-in-training will add to the development of their counseling awareness, skills, and knowledge. The counselors' willingness to broach the subject of cultural competence in the counseling relationship is directly influenced by their ability to create a counseling relationship that fosters trust, respect, and safety. Finally, with more attention paid to the consumer's perceptions there may be a culmination in counselors and consumers coming to a consensus regarding multicultural competency standards within the counseling relationship.

Future Directions

Consumers have voiced that the counseling relationship, the counselors' attributes, and the counselors' attitudes are what creates a therapeutic environment. This is a setting in which the consumer feels comfortable enough to not only broach issues regarding cultural competence but to broach any issue. Counseling programs can begin to include courses, discussions, and exercises that focus more specifically on cultural competence. The focus would be on the development of the counselors' personal attitudes and attributes that signify openness and acceptance when providing services to diverse populations. Internships, immersion exercises, and other experiential opportunities need to be infused into counselor training programs. This would allow counselors-in-training an opportunity to spend as much time developing cultural competence as is typically spent developing their counseling knowledge and skills. This study can serve as a baseline for additional research that is warranted in this area to gain a greater

perspective from a more diverse sample. Counselor educators, supervisors, and counselors should be aware of these perspectives and these issues for their practice.

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Chapter Five: Journal Article: Implications for the Training, Practice, and Supervision of
Culturally Competent Counselors from the Consumers' Perspectives

Chapter Five is presented as a manuscript written under the guidance of the dissertation co-chairs who deemed the manuscript satisfactory to be presented to the full dissertation committee. The dissertation committee approved it for submission to the Journal of Multicultural Counseling and Development which is widely known and read by those in the counseling profession. The purpose of the manuscript is to inform readers of consumers' perceptions of cultural competence in the counseling relationship and the implications those perceptions have for counseling professionals.

Implications for the Training, Practice, and Supervision of Culturally Competent Counselors
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Implications for the Training, Practice, and Supervision of Culturally Competent Counselors
from the Consumers' Perspectives

Abstract

Consumers' counseling experiences regarding cultural competence were explored using a phenomenological design. Defining cultural competence, counseling relationships, counselor attributes and attitudes were themes that emerged from the data. Participants' insights resulted in implications for counseling professionals regarding consumers' experiences with counselors' cultural competence and how it was demonstrated in counseling.

Implications for the Training, Practice, and Supervision of Culturally Competent Counselors from the Consumers' Perspectives

Background for the Development of the Implications

Counselors' cultural competence is an area that is continuously assessed in the counseling profession. There is a wealth of cultural competency assessments that focus on the counselor's perception. The same cannot be said when it comes to the consumers' perceptions, as many of the most widely utilized assessments do not take into account the perspectives of the consumer (D'Andrea, Daniels, & Heck, 1991) and even fewer provide in-depth implications based on what they report. In conducting a qualitative study we sought to give voice to the perspectives of consumers on issues related to culturally competent counseling practice (Stuart, Lawson & Burge, 2008). A brief description of the findings is presented to provide a framework for implications for the training, practice, and supervision of culturally competent counselors. Also included are implications for the counseling profession from the consumers' perspectives and voices in the discussion and assessment of culturally competent counselors.

Cultural competence was defined by Sue (1998) as "the belief that people should not only appreciate and recognize other cultural groups but also be able to work effectively with them" (p.440). Being able to work effectively with various cultural groups requires a common understanding of what constitutes cultural competence. Achieving consensus about the definition of cultural competence is a challenge that continues to plague the counseling profession. The struggle continues in part because there are two views. The traditionalists view multiculturalism as specifically focusing on race and the multiculturalists view it as multi-focused (Lentin, 2005).

For the purposes of this study the broader definition was used. The multiculturalists

definition focuses on a number of characteristics including age, gender, socioeconomic status, both physical and mental health, religion, national origin, race, ethnicity, gender, sexual and affectional orientation, geography, and class, as categories of differences that define cultural competence (Fassinger & Ritchie, 1997; Ramsey, 2000). In an effort to include consumers' perspectives regarding counselors' cultural competence four research questions were explored:

1. How do consumers of mental health services define cultural competence?
2. What are the personal experiences that shape consumers' beliefs and attitudes about cultural competence?
3. What do consumers describe as significant cultural experiences in their counseling relationship(s)?
4. What do consumers describe as being minimum qualifications for a counselor to be culturally competent?

Method

In any research design the research question should determine the method of inquiry (McMillan, 2004). A decade ago when researchers began to explore cultural competency research using qualitative methods much of the research did not contribute to the understanding of cultural competence from the consumers' perspective (Ponterotto, 1998). In the study by Stuart, Lawson, and Burge (2008) the investigators sought to answer questions from the consumers' perspectives through qualitative methods of inquiry using a phenomenological approach. Qualitative researchers understand the value and appropriateness of using qualitative methods to describe phenomenon that are not well known from the individual's perspective (i.e.,

emic) (Morse & Field, 1995). Denzin and Lincoln (2003) suggested that research is a multicultural process because researchers provide questions that are shaped by diversity.

Participants

Three participants were selected for the study based on their diverse backgrounds in keeping with the multiculturalists' broad definition (Lentin, 2005). Each participant self-identified as a consumer of mental health services. Other characteristics of the participants included bi-sexual, uncertainty about sexual orientation, low socioeconomic status, religion, gender, age, and education. The three white females who participated in the study had 13 to 22 years of counseling experience and had seen a number of counselors who differed in age, gender, religion, education, ethnicity, and sexual orientation.

Procedures

The research procedures were approved by the Institutional Review Board (IRB) of Virginia Polytechnic Institute and State University (Virginia Tech), and recruitment flyers were distributed at a consumer run organization. Information about the study was presented and participants' questions answered before they signed the informed consent form. A background questionnaire was completed and initial interviews were scheduled. The audio-taped interviews were transcribed verbatim. Transcripts were returned to participants for member checks which involved them providing feedback regarding changes desired to their transcripts McMillan (2004). The participants were able to make certain that their information was presented as intended and to ensure the accuracy of the transcriptions. A second round of interviews were conducted within one month of the first interviews using the same procedures as the first interviews. The participants completed both interviews with each lasting at least one hour.

Data Analysis

The first author listened to and transcribed the interviews as the initial step in analyzing the data. A constant comparative method (McMillan & Schumacher, 2001) and content analysis (Rossman & Rallis, 2003) were used for analyzing the data. Each transcript was read several times to continuously compare data. Through the use of both methods, categories of information were coded resulting in themes that illustrated descriptions of what was evident in the interviews. The focus remained on the themes that were relevant to the objectives of the research questions which helped demonstrate good practice in cultural competence implications for the counseling profession. For the first iteration, open coding across cases was used yielding 61 codes. The second iteration consisted of grouping information together that resulted in 20 categories. During the final iteration four themes emerged from renaming and regrouping the categories of information. The three iterations of coding allowed for careful analysis of the information shared regarding counseling relationships with counselors of various ages, race, ethnicity, gender, sexual orientation, socioeconomic status, and years as a practitioner. The themes are indicative of what the respondents experienced and shared as necessary for counselors to provide culturally competent services in the counseling relationship. The rich information is presented from the participant's voice.

Results

This section is a brief description of the four themes that emerged from the data including, (a) Definitions of Cultural Competence, (b) The Counseling Relationship, (c) Counselor Attributes, and (d) Counselor Attitudes. The Counselor Attributes and Counselor Attitudes will be discussed as one theme due to space limitation and because there was some

overlap in the participants' discussions of the two in regard to implications. The definitions that participants gave when defining cultural competence was inclusive they did not focus solely on race and ethnicity. They reported that all aspects of the individual needs to be considered. They voiced the importance of addressing cultural differences that may seem similar instead of counselors treating them as non-issues. For example, even when the consumer and counselor are of the same race or gender, there are a number of other cultural differences that might need to be addressed. The participants believed that counselors should openly address cultural differences and not treat them as a non issue.

Definitions of Cultural Competence

As the participants shared their personal definitions of cultural competence they discussed the importance of exploring not only obvious differences, but the subtle ones as well. Each discussed the significance of the counselor being able to start where the consumer is; that is the counselor having in-depth dialogue with the consumer to collaboratively determine how to foster an effective therapeutic relationship. When defining cultural competence, Marilyn stated,

I just see it as starting where the client's at. Whether, no matter what their sex, race, orientation, it doesn't matter...It's everything the person is, I mean it's how they grew up, what they've been through, their sex, their race, their ethnic background, whether they're, I think female or male, it just encompasses who, everything who they are... in general people think cultural competence is mainly race issues or ethnic issues, not necessarily any [other] difference.

The definition that Ramona discussed echoed what the other participants had described, stating,

Being able to address the difference and lay it on the table and to say look, there-we are different and the way I experienced life and grew up was different from the way you experienced life...even if we were of the same culture we still have different life experiences, so it's like two white people still come from totally different backgrounds, totally different upbringings.

The participants' broad and inclusive definitions of cultural competence offered a clear distinction of how they think counselors should take into consideration a variety of life characteristics and not just that of race. The definitions varied among the participants just as it does among counseling professionals, and it reflects what the participants believed to be the most important aspects of cultural competence.

The Counseling Relationship

Participants described counseling relationships that were less effective, in part because the counselors seemed out of touch with the consumers' experiences. They discussed counseling relationships in which they felt they had no voice when they perceived the counselor demonstrated little to no interest in what they had to say. There were times when they raised issues and the counselors reportedly failed to address the issues resulting in the consumer being reluctant to be forthcoming with other issues. When describing some of the counseling relationships in which she felt like she was not being heard Marilyn stated,

When I tried to bring it [personal financial difficulties] up they just didn't address it or want to address it, or, I don't think it was ever something they said, it's just they didn't do it or didn't seem like they understood where I was coming from and all.

Thelma described similar situations that began with her first counseling experiences. She

discussed relationships where she was uncertain of her role as a consumer and did not trust the counselor enough to bring up an issue. She reported sensing a lack of involvement from the counselor resulting in her perceiving the relationship to be unproductive. Thelma described those relationships as,

Just really rough when I first started going to counseling, I had a male counselor at first and that just didn't seem very productive, it didn't seem like we clicked...He just was clearly not involved...He just seemed very removed from what I was telling him and from what we talked about and stuff like that... it was just in that relationship I didn't feel like I could connect with him... so no, I never talked to him about the differences between us.

The participant's discussed how cultural competence is defined and how those definitions affect the counseling relationship. They also discussed how cultural competence influenced their interactions with the counselor.

Counselor Attributes

The participant's discussed how specific attributes would benefit counselors who want to practice in a culturally sensitive way. Marilyn's description of attributes that would benefit the counselor included, "I think them [counselors] listening, like they're understanding me, what I'm going through, being very compassionate in that area, not as confrontational at the beginning and all." When Ramona talked about attributes she stated, "Open-mindedness, willingness to-well, [be] a good listener and attentive and willingness to learn about, you know, your culture, you know, and probably willingness to broach the subject of difference in general."

The participants talked about the importance of discussing the attributes that consumers

look for in a counselor. However, none of the participants reported broaching the subject of what attributes they wanted in the counseling relationship with any of the counselors they had. The participants did however describe how they would seek a new counselor when their counselor lacked the attributes they felt a counselor should have.

Counselor Attitudes

The participants described occasions when the counselor's attitude impacted the development of an effective counseling relationship and specific instances when the counselor's perceived attitude directly influenced the amount and depth of consumer/counselor interaction. The counselors' attitude also affected how, when, and whether a topic was addressed. The participants shared information regarding times when the counselor did not address an issue which left the participants thinking that the counselor was indifferent to their concerns. There were also instances when the direction the counselor took was in direct conflict with the direction the consumer wanted to take. This reportedly resulted from insensitivity on the counselor's part to the consumer's limited finances due to her SES. Marilyn described one such instance where the counselor demonstrated insensitivity to her SES and limited finances. She stated, "I just remember talking about when she was telling me, that I needed to get out and do things and stuff, explaining over and over and over that I didn't have the money to do things."

Participants discussed the need for counselor's attitudes to reflect their awareness of their prejudices and biases regarding the various issues that the consumer may present. Thelma stated "If counselors know what their prejudices are and aren't they will be able to hear it [presenting issues] a little bit more earnestly, I guess in earnest."

They thought that counselors who have such awareness listen more closely to what the

consumer has to say regarding cultural differences.

Discussion

Counseling Practice

Definitions. The participants' broad definitions of cultural competence as discussed in their own words aligned more closely with what has been coined in the literature as the multiculturalists view (Lentin, 2005). Defining culture from both the traditionalists and multiculturalists views would allow both counselor and consumer the opportunity to discuss cultural differences that may not otherwise be known. Facilitating a therapeutic discussion would be one way to ask the consumer during the initial session to share their definitions, perceptions, and experiences regarding culture. This dialogue may need to continue during the early stages of developing the relationship and be revisited throughout the counseling relationship. The counselor needs to be prepared to broach the topic of cultural issues. Broach is the term Day-Vines et.al (2007) used in regard to counselors' attempts to explore both racial and cultural factors during the counseling relationship. By facilitating dialogue that may be uncomfortable for both parties the counselor demonstrates that openness, honesty, and understanding participants is thought to be crucial regarding culture.

Relationships. When counselors are not adequately and appropriately trained they may have difficulty recognizing the significant role of culture in counseling relationships, and therefore, may not provide appropriate treatment (Baruth & Manning, 2003). For example, a counselor who lacks adequate or appropriate training may use the same counseling techniques or interventions with every client who presents with the same issue. An appropriate intervention for a Hispanic female might be an inappropriate intervention for a Black female. Barriers may arise as a result

of using inappropriate counseling techniques. The participants discussed counseling relationships they had been in and considered to be ineffective. They described how their perceptions of the counselors had hampered the development of the counseling relationships. Pope-Davis et. al (2002) reported that counselors who are culturally competent provide services that are more effective. To develop the competence needed to provide culturally competent services counselors should be willing to develop themselves. The development would come from client interaction. The counselor would learn from the expert -- the consumer.

Attributes and Attitudes. Counselors staying in touch with the basic counseling skills such as hearing what the consumer is saying, advancing the consumer's agenda and not the counselor's, and being open and genuine are some of the characteristics respondents discussed as being beneficial for a counselor to have when trying to develop an effective counseling relationship. It was reported to be necessary for counselors to display those attributes naturally. The client perceives the relationship as not being genuine when the counselors' interactions seem rehearsed. When the interaction seemed superficial the consumers discussed topics they considered safe and that did not require deep introspection. Counseling outcomes are reportedly enhanced when issues of diversity are explored at a deeper than superficial level (Day-Vines, et al.). Sue and Sundberg (1996) noted additional enhanced counseling outcomes such as increased counselor credibility, consumer satisfaction, more in-depth consumer disclosures, and a higher return rate for follow-up sessions. The attributes and attitudes discussed by the participants are similar to the humanistic, client-centered approach identified by Carl Rogers (1951). When clients continue to discuss general issues in session, counselors may want to take it as a cue to examine their attributes and attitudes and how they are presented in session.

Counselor Education and Supervision

Definitions. Counselor educators are in a position to introduce students to both schools of thought (traditionalist and multiculturalist) when defining cultural competence. This would help counselors-in-training to recognize whether their view is multiculturalist or traditionalist. Also, they are able to discuss the value of each position and what, if any situation may call for using one approach over the other. Students would have the chance to learn about the role that their attitudes and perceptions play in the counseling relationship. The classroom and clinical supervision setting would be a safe place for counselor-in-training to learn how to introduce their views into a counseling session without the appearance of setting their own agenda or changing the focus of the session.

Relationships. Counselor educators are in a position to shape training programs by changing the supervision practicum to include evaluating counselors-in-training on more than skills, techniques, and knowledge. Training programs may better prepare counselors-in-training through utilizing a lengthy internship (Patterson, 2004) that allows for an opportunity of continuous interaction and immersion with those whom will be served (Vontress & Jackson, 2004). Estrada, Durlak and Juarez (2002) suggested that achieving multicultural counseling competency requires more than mastering a single course in a counseling program. However, they reported that exposure to even one course could enhance competency and encourage the desire to further develop knowledge about diversity concepts. Evaluating students' development of cultural self in the counseling relationship might be beneficial to students as a way to improve self-awareness. As the practicum progresses students should be exposed to clients who are currently receiving or seeking to receive mental health services. It must be noted that there is

ongoing debate regarding the use of real world contexts as pedagogical tools for the enhancement of learning (Granello, 2000). Many of the current counselor training programs include the fundamental basics that are informational in nature. To be effective, the helping and human services educational programs (e.g. counselors, psychologists, clinical social workers) must require more than theoretical and factual content acquisition. Both personal and professional characteristics of the counselor must be observed and evaluated (Kerl, Garcia, McCullough, & Maxwell, 2002). Greiger and Ponterotto (1995) found that a good number of counselors are not sufficiently prepared to assess and intervene with culturally diverse consumers. This coupled with the fact that many consumers are not prepared for their initial interactions with a counselor results in counseling relationships that are ineffective.

Counseling professionals not only have the awareness but also the knowledge about the importance of diversity to the profession. The American Psychological Association published a Mental Health Patient's Bill of Rights (APA 2002). The Bill of Rights provides guidelines for providing mental health services. The principles detail the commitment to provide services without regard to culture. Additionally, the Bill of Rights reflects the same sentiments as the participants; the right to have a voice regarding the mental health services received. That voice would inform those in the counseling profession about what consumers want to see in their treatment as part of their basic rights.

The themes which emerged from the study and the implications for each have the potential to inform counselor educators, counselors-in-training, professional counselors, and all counselor training programs; specifically the Council for Accreditation of Counseling and Related Educational Programs, (CACREP, 2001) accredited programs. CACREP standards

provide basic standards for counselors and counselor educators to follow. Consumers through operating consumer run organizations, participating in national meetings, conducting national consumer conferences, and watch-dogging organizations are seeking to have their voice included in the development and revisions of the standards. Training programs that are CACREP accredited adhere to the multicultural counseling competencies that contain guidelines to be used to assist counselors in providing effective services that are culturally informed. The standards are put into place to prevent counselors who are not culturally competent from providing treatment that may be inappropriate for the client being served. Consumers being involved from beginning to end when CACREP establishes and reviews training programs and not asking them to review documents after the fact would be a place to start to include consumer voice. Consumers would be invited to the table as significant contributors to the process of establishing standards, not as token participants. This would signify the importance of consumers mattering as does their perspectives. Consumers can provide invaluable insights regarding their needs and basic rights in the counseling relationship. This type of information for the development of standards would allow accredited programs to impart the knowledge and skills that would ensure that professional counselors and counselors-in-training are culturally ready to provide effective services to anyone served.

Attributes and Attitude. Counselor educators and supervisors are in a position to teach the set of competencies that Estrada, Durlak and Juarez (2002) reported as needing to be acquired in a sequence. The three step sequence includes having an open attitude, an interest in learning about groups, and obtaining the knowledge about individuals. This is in keeping with what the participants discussed. Counselor educators could incorporate more consumer focused

assessments and voices when teaching the competencies. This might be done by inviting consumers in as guest speakers for various courses. Counselor education training programs could include consumer assessment scales that are similar to the counselor effectiveness rating scales. The scales measure areas such as expertness, empathic understanding, and counselor credibility. Allowing the consumer to rate the counselor-in-training in the same areas would allow sufficient time for introspective and further development of the competencies before entering the counseling profession.

Counseling Profession

Definitions. The participants' definition of cultural competence resonated with the multiculturalists' view (Fassinger & Ritchie, 1997; Ramsey, 2000) as each participant also defined culture broadly. Although each of the participants' discussion did include race to some degree it was not the major focus when defining cultural competence. Perhaps the time to merge the definitions has come. This may be an indication of the need to shift toward a more inclusive definition in an effort for counseling professionals to begin to focus on cultural issues other than race that consumers think are as important.

Relationships. The American Counseling Association (ACA, 2005) standards for practice are followed by CACREP accredited training programs. The Code of Ethics holds counselors responsible for working with consumers in a manner that fosters growth, development, and promotion of the welfare of consumers while respecting their dignity (Section A.1.a.) There is also a requirement that counselors have an understanding of the diverse backgrounds of the consumers they serve (Section C. 2. a.). Counselors, counselor educators, and the counseling profession as a whole might do well to move away from the traditional ways of broaching the

topic of culture which often includes the ‘we are all more alike than we are different’ attitude. The participants voiced a desire for all differences to be recognized. The differences most often broached are physical differences such as gender, race and age which are usually already evident. Pointing out cultural differences that are evident is a prime example of the superficial level of broaching cultural differences. Counselors facilitating dialogue that results in sharing information and knowledge moves the relationship beyond the cursory gender, age, and race acknowledgements.

Attributes and Attitudes. The participants in the study reported that the counselors’ attitude is more important than the knowledge and skills they acquire. Counseling professionals may be better prepared if specific guidelines are provided regarding how to gain that understanding. Training exercises that address effective ways to interact verbally and non-verbally with consumers from diverse backgrounds would be a place to start. And, as the participants discussed, being comfortable enough to ask the consumer about their culturally diverse backgrounds, while at the same time sharing to the extent appropriate their diverse backgrounds. This allows for reciprocal teaching and learning to occur. Consumers reportedly view counselors who embrace learning from the consumer as strength not as a weakness. Participants indicated they were less invested in the relationship when counselors did not have these attributes.

Limitations of the Study

The limitations regarding the study included the findings being specific to the experiences of the small number of participants. However, based on the number of years of experiences (13-22) in receiving mental health services and each participant seeing at least five counselors during those years, the experiences of the few participants provided rich data.

Additionally, self identifying as a consumer of mental health services, residing in the same geographical region, and belonging to the same organizational affiliation can be viewed as a limitation. However, as Creswell (1998) noted, participants having some commonalities is conducive to phenomenological studies. Based on the detailed information provided about the findings of the study, readers are able to judge for themselves whether the results are transferable to other settings. The consumers' experiences are indicative of their self-report perspective only, and of what they shared regarding their perceptions' of counselors' cultural competence.

Conclusions

In reviewing the literature there was a shortage of consumer experiences reported regarding assessing effective services (Davis & Osborn 2000). Through the participants' voices definitions of cultural competence were explored as well as how they make meaning of their experiences dealing with cultural issues in the counseling relationship. The study provided participants a venue in which they were able to discuss how to assess the cultural competence of counselors and what they think is needed for counselors to become competent. The participants thought that counselors should have the basic awareness, skills and knowledge to provide competent services to consumers. They also thought it was necessary to look at culture as more than race; to look at culture as inclusive of all the characteristics of a person.

The findings from the study can add another level of understanding regarding the cultural competence readiness of counselors-in-training, professional counselors, counselor educators, and the counseling profession as a whole. The counselors' perspectives regarding cultural competence have been acknowledged for numerous years. The information presented here is not intended to abandon the perspectives of counseling professionals. Counselors still need to

maintain the basic counseling tenets of knowledge, skills, and awareness that serve to develop effective counseling relationships.

This article serves to further the notion that consumers' perspectives matter. It also highlights the mindset of the consumer movement which promotes consumers as being the experts when it comes to determining what is most effective in their counseling relationships. Arredondo and Arciniega (2001) suggested that various aspects of diversity be included when preparing counselors in training to practice. This will aid them in becoming competent about the numerous aspects of diversity that both the counselor and consumer bring to the counseling relationship. Cultural competence may be realized when those in the counseling profession do what they ask others to do; challenge themselves. The challenge includes broaching topics that might create feelings of discomfort such as fear, embarrassment, anger, or shame. It also includes the counselors' willingness to admit to prejudices, biases, myths, and overall lack of cultural knowledge and skills. The information gleaned from this study can be beneficial in the effort to gain additional knowledge that can contribute to the development of culturally competent counselors when developing effective counseling relationships. The qualitative method of inquiry elicited a deep understanding of what consumers think is necessary for a counselor to possess to convey cultural competence to the consumer. The participants acknowledged that counselors' skills may be sufficient when it comes to the basic techniques of attending to the client, they did not think they were as skilled when it came to broaching cultural issues. Although any trained counselor can establish some type of counseling relationship, studies such as this would enable counselors-in-training, counselor educators and professional counselors to provide training and skills development opportunities that assist the counselor in recognizing

when techniques used in the therapeutic relationship are effective and when a different approach might be warranted. Consumer's voice and perspectives should be included when designing training programs, licensure examinations, and counselor self-assessment scales. A review of relevant literature revealed a lack of research about the consumers' perceptions and expectations with regard to counseling services (Pope-Davis, Liu, Toporek, & Brittain-Powell, 2001). When the counseling profession as a whole begins this inclusion significant changes in counselor training programs could result in an increase in counselors' cultural competence being realized.

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Directions

- Type responses to all questions / requests below. It is recommended that you read through this document before completing.
- Do not leave a question blank unless directed. If a required question is not applicable to your study, explain why.
- Do not restrict your responses to the space provided. Provide a thorough response to each question. Be as specific as possible, keeping in mind that you are introducing the study to the IRB. Incomplete applications will result in requests for clarification from researchers and will cause delays in review and final approval.
- Type responses in the designated shaded boxes or check the designated check boxes.
- Use non-technical language throughout your application. Federal regulations require IRB applications to be written in lay language at an 8th grade reading level. Do not use jargon or scientific terms in your explanations/descriptions.
- Check for grammatical or typographical errors before submitting. Protocols with substantial errors will be returned for corrections.
- This form must be completed and submitted (as a Word document) electronically. Submit all required documents (e.g., Review Form, Initial Review Application, all study forms requested within this application, and bio-sketches) to irb@vt.edu. For questions, contact Carmen Green, IRB Administrator, at ctgreen@vt.edu or (540) 231-4358.

What is the Study Title: Consumers' Perceptions of Cultural Competence in the Counseling Relationship: A Phenomenological Study

[Note: If this protocol has been submitted to a federal agency for funding, the title of that application **must** match the title of this submission.]

Check this box if this study **only involves the collection or study of existing data**, documents, records, pathological specimens, or diagnostic specimens **and respond only to the following sections within this document:** Section 1: General Information; Section 2: Justification; Section 8: Confidentiality / Anonymity; Section 14: Research Involving Existing Data; and Section 15: Additional Information below (Note: Section 15 is optional).

1. Will this research involve collaboration with another institution?

- No
 Yes

If yes,

- A. Provide the name of the institution(s):
- B. Indicate the status of this research project with the other institution's IRB:
- Pending approval
 - Approved [submit approval letter with this IRB application]
 - Other institution does not have a human subject protections review board
 - Other, explain:

2. Describe the background of this study, including supporting research:

The background for this study is the lack of research regarding consumers' perceptions and expectations in the counseling setting (Pope-Davis, Liu, Toporek, & Brittain-Powell, 2001). Researchers show a strong need for more studies that utilize qualitative research methods that allows for closer examination of complicated relationships, and that yields a deeper understanding of the phenomena under study (Rubin & Rubin, 1995). The use of qualitative inquiry regarding the consumers' perceptions of culturally competent counselors will provide valuable insight into fostering more effective counseling relationships that result in improved treatment outcomes. Ponterotto (1998) reported the use of qualitative methods for cultural competency research had not been widely used until recently. Much of the current research does not contribute to the understanding of cultural competence from the consumers' perspectives. Cultural competence is defined as developing awareness, knowledge, and skills needed to work effectively with diverse populations (D'Andrea, Daniels, & Heck, 1991). Counselors, as well as counseling supervisors, are often uncomfortable when the dialogue regarding race-related issues move beyond a surface-level discussion. The dialogue remains at a level that fosters comfort for the counselor and often overlooks the need of the consumer (Utsey & Gernat, 2002). The rich data will provide the unique perspective of the consumers' lived experience relative to counselors' cultural competence and will be useful for informing counseling programs. Through the experiences of the selected participants, the concept of cultural competence will be addressed not to provide a definitive

answer to what defines a culturally competent counselor, but as a means to provide awareness and knowledge for understanding how consumers experience culture competence in the counseling relationship and how consumers make meaning of those experiences.

References

D'Andrea, M., Daniels, J., & Heck, R. (1991). Evaluating the impact of counseling training. *Journal of Counseling and Development*, 70, 143-151.

Ponterotto, J. G., (1998). Charting a course for research in multicultural training. *Journal of Counseling Psychologist*, 26, 43-68.

Pope-Davis, D. B., Liu, W., Toporek, R. L., & Brittain-Powell, C. S. (2001). What's missing from multicultural counseling research: Review, introspection, and recommendations. *Cultural Diversity and Ethnic Minority Psychology*, 7, 121-138.

Rubin, H. J., & Rubin I.S. (1995). *Qualitative interviewing: The art of hearing data*. Thousand Oaks, CA: Sage.

Utsey, S. O., & Gernat, C.A. (2002). White racial identity attitudes and the ego defense mechanisms used by white counselor trainees in racially provocative counseling situations. *Journal of Counseling and Development*, 475-483.

3. Describe the purpose / objectives of this study and the anticipated findings/contributions: **The purpose of this study is to give voice to consumers of mental health services and to find meaning as consumers share, explore, and describe their counseling experiences relevant to cultural competence. Additional purposes of this study are to address the gap in the literature, and inform the counseling profession, service agencies, and the general public about consumers' experiences of cultural competence in the counseling relationship. This research project will also enable the researcher to identify how consumers describe and define cultural competence, describe their relevant counseling experiences in regard to cultural competence, and describe what qualifications a counselor should possess to be considered culturally competent. By giving voice to the participants in this study, a deeper understanding of cultural competence will be realized. And, through the use of qualitative research methods, the semi-structured interviews using open-ended, flexible questions will yield rich, thick descriptions that will inform the**

counseling profession of the consumer's experience.

4. Explain what the research team plans to do with the study results (e.g., publish, use for dissertation, etc.): **The primary investigator will conduct this study to fulfill dissertation requirements for the degree Doctor of Philosophy in Counselor Education. Further partial requirements include preparing two manuscripts deemed suitable for submission to a scholarly journal. The primary investigator will present the results as a discussion of themes and patterns across cases. The researcher will discuss implications for the counseling profession, applicability of the findings, and suggestions for future research.**

5. Briefly describe the study design: **Qualitative methods, specifically, a phenomenological design will be used for this study. A phenomenological approach relies heavily on interviews (Seidman, 2006). A series of two semi-structured audio and video tape recorded face-to-face in-depth interviews will be utilized. The investigator's questions will provide the framework for the interviews (See Appendix K). The interview guide technique will be used for the first interview. The questions for the second interview are not pre-determined because they will emerge from the information gleaned from the initial interview. The researcher will determine the order in which questions are posed and how the questions are asked of each individual participant. The interviews will be contextual and conversational in nature. Additional probes will emerge from the participant's conversation (McMillan & Shumacher, 2001).**

References

- McMillan, J. H., & Shumacher, S. (2001). *Education in research: A conceptual introduction*. (5th ed.). New York: Longman.**
- Seidman, I. E. (2006). *Interviewing as qualitative research: A guide for researchers in education and the social sciences* (3rd ed.). New York: Teachers College Press.**

6. Describe the subject pool, including inclusion and exclusion criteria (e.g., sex, age, health status, ethnicity, etc.) and number of subjects: **The number of subjects for this project is not known in advance. Participants will be interviewed until saturation of data occurs. In following the phenomenological study design, and interviewing a small number of subjects it is anticipated that up to eight subjects will participant in this study (Rossman & Rallis, 2003). The inclusion criteria for this research project includes being over the age of 18 at initial contact, having**

received
mental health counseling for at least twelve months, self-identifying as a consumer of mental health services, having seen more than one counselor, and having seen each counselor for at least three months. Participants will reside within the Roanoke Valley Metropolitan Statistical Area. There is no exclusion criteria for interested individuals who meet the inclusion criteria.

Reference

Rossman, G. B., & Rallis, S. F. (2003). *Learning in the field: An introduction to qualitative research* (2nd ed.). Thousand Oaks, CA: Sage

7. How will subjects be identified to participate in this research study? **Initial participants for this study will be identified through VOCAL Network which is a network of consumers of mental health services, by consumers of mental health services, for consumers of mental health services (Vocal Network, 2005). Access to potential participants will be gained by the researcher emailing/telephoning the Vocal Network Program Director to explain the project and request a meeting. Participants will be asked to contact the primary investigator to signify their willingness to participate in this study within two weeks after the oral presentation. In the event that there are not enough voluntary responses, the primary investigator will ask the VOCAL Network Program Director to recommend other potential participants. If this still yields a low number of respondents, participants will be asked to identify other individuals who might be willing to participate in the study. In the event that an insufficient number of VOCAL Network members do not volunteer to participate the researcher will follow-up with other behavioral health centers in the same geographical location using the same recruitment procedures. Participants meeting the criteria will be selected as they agree to participate in the study.**

Reference

Vocal Network. (2005). Retrieved November 29, 2005, from <http://www.vocalnetwork.org>

8. The IRB must ensure that the risks and benefits of participating in a study are distributed equitably among the general population and that a specific population is not targeted because of ease of recruitment. Provide an explanation for choosing this population: **Individuals who participate in the Vocal Network**

willingly self-identify as consumers of mental health services. Individuals who are recipients of mental health services are often faced with labeling and stigmatization, by selecting participants through the Vocal Network, individuals are spared from responding to questions of a sensitive nature that they may not be willing to disclose (e.g., are you a recipient of mental health services?).

9. Describe recruitment methods, including how the study will be advertised or introduced to subjects [submit all advertising / recruitment forms (e.g., flyers/posters, invitation letter/e-mail, telephone recruitment script, etc.) with this IRB application]:
- Recruitment efforts include eight sequential steps: 1) the primary investigator will initiate email and telephone contact with the Vocal Network Program Director to schedule a meeting to explain the study and gain access to the network's members, 2) the Letter of Introduction, Advertisement Flyer, Recruitment Flyer, and Informed Consent form (See Appendices C-F) will be emailed/mailed to the Program Director for perusal, 3.) a meeting will be scheduled with the Program Director, 4.) the primary investigator will meet with the program director and further explain the study and answer questions that the program director has, 5.) the program director and primary investigator will schedule a meeting date to meet with Vocal Network members to explain the study and answer questions, 6.) members will be given the Advertisement Flyer, Recruitment Flyer, and Informed Consent form (Appendices D-F) during the meeting, 7.) members will have the choice to sign the informed consent form immediately after the meeting or mail it to the primary investigator within two weeks after the meeting in the self addressed stamped envelope provided to them during the meeting, and 8.) members will be given verbal instruction along with the primary investigator's email and telephone contact information so that they can later contact the primary investigator if they want to participate in the study. This will eliminate the need for anyone else to know who has agreed to participate in the study. The primary researcher will make an oral presentation about the purpose of conducting this research. To supplement the oral presentation, each person in attendance will have their questions answered in an attempt to fully inform all parties who meet the criteria and might be willing to participate in the study.**

Section 4: Requesting a Waiver for the Requirement to Obtain Signed Consent Forms from Participants

This section (Section 4) not required for studies qualifying for exempt review

Many minimal risk socio-behavioral research studies qualify for a waiver of the requirement for the investigator(s) to obtain signed consent forms from subjects [i.e., researcher does obtain verbal or implied (i.e., consent implied from the return of completed questionnaire) consent from subjects; however, does not obtain written consent from subjects]. Examples of types of research that typically qualify for this type of waiver are as follows: internet based surveys, anonymous surveys, surveys not requesting sensitive information, and oral history projects. You may request a waiver of signed consent for either some or all of the study's procedures involving human subjects.

10. Are you requesting a waiver of the requirement to obtain signed consent forms from participants?
 No, consent forms will be signed by all research participants prior to participating in all research procedures [submit consent document template(s) with this IRB application]
 Yes

If yes,

- A. Select **one** of the criteria listed below and describe how your research meets the selected criteria:

Criteria 1: [Typically used for anonymous surveys] The only record linking the subject and the research would be the consent document and the principal risk would be potential harm resulting from a breach of confidentiality. Each subject will be asked whether the subject wants documentation linking the subject with the research, and the subject's wishes will govern:

Or

Criteria 2: The research presents no more than minimal risk of harm to subjects and involves no procedures for which written consent is normally required outside of the research context (e.g., sitting down and talking with someone, calling someone at home and asking everyday questions, mall survey, mail survey, internet survey, etc.):

Either selection of either Criteria 1 or Criteria 2 above, the IRB suggests and may require the investigator to provide subjects with a written or verbal (for telephone interviews) statement regarding the research, which should provide subjects with much of the same information that is required within a consent document. This is typically accomplished by providing subjects with an information sheet (i.e., a document similar to a consent form; however, does not request signatures), supplying the information within the invitation letter, or reading the information sheet to the subject over the phone.

- B. Will you be providing subjects with a written or verbal statement regarding the research?
 Yes [submit supporting document(s) (e.g., information sheet, invitation letter) with this IRB application]

If yes, check all methods that will be utilized to provide subjects with a statement regarding the research:

- Information sheet physically provided to subjects
- Information sheet will be read to subject over the phone
- Information captured within the invitation document
- Other, describe:

No, provide justification for not supplying subjects with this information:

- C. Does this waiver of written consent cover all study procedures involving human subjects?
- Yes
 - No, list the study procedures for which this waiver is being requested to cover (Note: a consent document may be required for the study procedures not included under this waiver):

Section 5: Consent Process

11. Check all of the following that apply to this study's consent process:
- Verbal consent will be obtained from participants
 - Written consent will be obtained from participants
 - Consent will be implied from the return of completed questionnaire (if the study only involves implied consent, skip to Section 6 below)
 - Other, describe:
12. Provide a general description of the process the research team will use to obtain and maintain informed consent **and** respond specifically to A-D below:
- A. Who, from the research team, will be overseeing the process and obtaining consent from subjects? **The primary investigator for this research project will oversee the consent process.**
 - B. Where will the consent process take place? **The consent process will take place during the information/invitation meeting that will be held with members of the Vocal Network in Roanoke, Virginia.**
 - C. During what point in the study process will consenting occur (Note: unless waived, participants must be consented before completing any study procedure, including screening questionnaires)? **Potential participants will be invited to an oral presentation regarding the study. Information about the consent form contents will be provided during the meeting. Those attending the meeting will have ample opportunity to read the consent form and ask questions during the meeting. The consent will begin at anytime after the meeting and be open for a two week period. Consent will occur before members are given the Background and Interview Data Questionnaire (Appendix G), before emailing/ mailing the Letter of Invitation (Appendix H), and before any study procedures begin. Participants will be able to choose whether to hand their signed consent form to the primary investigator after the meeting or mail the signed consent form to the**

primary investigator within two weeks after the meeting in the self addressed stamped envelope that will be provided to them.

- D. If applicable [e.g., for complex studies, studies involving more than one session, or studies involving more of a risk to subjects (e.g., surveys with sensitive questions)], describe how the researchers will give subjects ample time to review the consent document before signing: **Time will be allotted for members to read, ask questions, get additional information and seek clarification before signing the Consent Form. The researcher will request that an unlimited amount of time be allotted for answering questions/concerns about the consent process to assure that potential subjects fully understand the consent form before voluntarily consenting to participate in the research project.**
- Not applicable to this study

13. Provide a step-by-step thorough explanation of all study procedures expected from study participants, including the length of sessions involved, and total time commitment: **There will be two interviews. Each interview will last for one hour. Both interviews will be conducted within one month. The interviews will be audio and video taped. The interviews will be held on the 7th floor of the Virginia Tech Roanoke Center located at 108 North Jefferson Street, in downtown Roanoke, VA. I will type the information from the tapes. Participants will be given a copy of their typed interview. They will have two weeks from the time the typed interview is sent to them to makes changes to their transcripts and mail it back to me. The changes that participants make will be added to their original typed interview if returned to the primary investigator within two weeks from the time the interview was sent to the participant.**
14. Describe how data will be collected and recorded [submit all data documents (e.g., questionnaire, interview questions, etc.) with this IRB application]: **Interviews will be the primary data collection method for this study. The data will be captured on both audio and video tape cassettes. The primary investigator, tape recorder, and video recorder, new blank audio and video tapes, notepad, and ink pens will be the instruments used to record results of the interviews.**
15. Where will the study procedures take place? **A series of two semi-structured interviews will be conducted at the Virginia Tech Roanoke Center located at 108 North Jefferson Street, Suite 701 in downtown Roanoke, VA. The Roanoke Center houses Virginia Tech's Counselor Education Counseling Center that is used for counseling practicum and internships. Each room has a locked door and the capacity for video-taping. Security officers patrol the facility throughout the hours of operation. Emergency mental health service provider**

information is available. The location is an easily accessible, safe, comfortable setting for conducting interviews.

16. What are the potential risks (e.g., emotional, physical, social, legal, economic, or dignity) to study participants? (do **not** state, “There are no risks involved.” Acceptable language = “There are no more than minimal risks involved.”) **The risks to participants for this study pose more than a minimal risk due to the sensitive nature of the topic for this study. Potential risks involved with this research project include loss of privacy, the reputation of both consumer and counselor, and social and emotional risks. Participation in this study may result in recalling unpleasant feelings and thoughts experienced while in an actual counseling session. Recalling some of these experiences may bring forth unknown and unwanted feelings and discomfort.**
17. Does this study involve (check one box): minimal risk or more than minimal risk to study participants?
Minimal risk means that the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily activities or during the performance of routine physical or psychological examinations or tests.
18. Explain the study’s efforts to reduce the potential risks to subjects? **Risks to participants will be minimized by asking questions in an open-ended, nonjudgmental manner and by allowing the participant to answer completely or stop at any time before moving to the next question. Prior to the actual interviews, each participant will be provided with a list of local service providers should any participant experience more than minimal distress. The contact list will consist of both private counselors and community counseling agencies to ensure that participants can seek mental health services should the need arise regardless of ability to pay. Neither the primary investigator nor Virginia Tech has any funds to pay for such services. The costs of any services as a result of participating in this study must be paid for by the participant.**
19. What are the direct or indirect anticipated benefits to study participants and/or society? **The benefits expected from this study include giving voice to consumers of mental health services, creating a venue in which to describe their lived experiences, and increasing awareness of issues regarding counselors’ cultural competence in the counseling relationship. In addition, the larger societal benefits of this research will be used to add to the body of literature pertaining to issues of culturally competent counselors and the counseling relationship. No promise or guarantee of benefits has been made to encourage participation in this research project (See Appendix F).**
20. Will the study release personally identifying study results to anyone outside of the research team (e.g., participants identified in publications with individual consent)?

- No
 Yes

If yes,

To whom will identifying data be released?

21. Will researchers be collecting and/or recording identifying information (e.g., name, contact information, etc.) of study participants?

- No
 Yes

If yes,

The IRB strongly suggests and may require that all data documents (e.g., questionnaire responses, interview responses, etc.) do not include or request identifying information (e.g., name, contact information, etc.) from participants. If you need to link subjects' identifying information to subjects' data documents, use a study ID/code on all data documents.

- A. Describe if/how the study will utilize study codes: **Because identifying contact information will be obtained during this study all potentially identifying information obtained from participants will be converted to a study/ID code (Appendix I). Study ID/codes will be created and used on all data documents for the purposes of indentifying participants without divulging their real identity.**
- B. If applicable, where will the linked code and identifying information document (i.e., John Doe = study ID 001) be stored and who will have access (Note: this document must be stored separately from subjects' completed data documents and the accessibility should be limited)? **The study/ID code will be stored in a secured, locked location independent of the data document storage. The information will be stored and accessible to the primary investigator only.**
22. Where will data documents (e.g., questionnaire, interview responses, etc.) be stored? **The data consisting of interview questions and audio and video-taped interviews will be stored personally by the primary investigator in a secured, locked location known only to the primary investigator.**
23. Who will have access to study data? **The data will be accessible to the primary investigator only.**
24. Describe the study's plans for retaining or destroying the study data: **The primary investigator will destroy each audio and video-taped interview one year after the investigator concludes the data analysis, disseminates the results, and written reports and oral presentations are completed. Audio and video tapes will**

be removed from their casings and cross-shredded. All written documents will be destroyed through the process of cross-shredding.

25. Does this study request information from participants regarding illegal behavior?

- No
 Yes

If yes,

Does the study plan to obtain a Certificate of Confidentiality [visit our website at <http://www.irb.vt.edu/pages/studyforms.htm#COC> for information about these certificates]?

- No
 Yes (Note: participants must be fully informed of the conditions of the Certificate of Confidentiality within the consent process and form)

26. Will subjects be compensated for their participation?

- No
 Yes

If yes,

A. What is the amount of compensation?

Unless justified by researcher (in letter B below), compensation should be prorated based on duration of study participation. Payment must not be contingent upon completion of study procedures. In other words, even if the subject decides to withdraw from the study, he/she must be compensated, at least partially, based on what study procedures he/she has completed.


B. Will compensation be prorated?

- Yes, please describe:
 No, explain why and clarify whether subjects will receive full compensation if they withdraw from the study?

27. Will your study involve video and/or audio recording?

- No
 Yes

If yes,

A. Select from the drop-down  both audio and video

- B. Provide compelling justification for the use of audio/video recording: **The researcher will use the phenomenological method of inquiry. Audio and video-taped interviews will be the primary data collection method. Rossman and Rallis (2003) reported audio-taped interviews to be an effective mechanism for gathering the thicker, richer, deeper meanings assigned to lived experiences. The video recordings will assist the researcher to capture nonverbal data that may not be captured in the field notes taken during the interview. By video recording the interviews as well, the researcher can be more present in the interview process.**

Reference

Rossman, G. B., & Rallis, S. F. (2003). *Learning in the field: An introduction to qualitative research* (2nd ed.). Thousand Oaks, CA: Sage.

- C. How will data within the recordings be retrieved / transcribed? **The data within the recordings will be retrieved by transcribing both the verbal and non-verbal data into written text. The transcription will be done by the primary researcher converting the verbal data into verbatim written text. The video taped portion will be used to generate field notes and analytical memos.**
- D. Where will tapes be stored? **The audio and video-taped interviews will be stored in a safe, secured, locked location known only to the primary investigator.**
- E. Who will have access to the recordings? **The recordings will be accessible to the primary investigator only.**
- F. Who will transcribe the recordings? **The audio and video-taped recordings will be transcribed by the primary investigator.**
- G. When will the tapes be erased / destroyed? **The audio and video-taped recordings will be destroyed one year after the investigator concludes the data analysis, disseminates the results, and completes written reports and oral presentations.**

28. Does your study include students as participants?

- No (if no, skip to Section 12 below)
 Yes

If yes,

A. This study involves (select all that apply):

Students in elementary, junior or high school (or equivalent)

College students (select all that apply):

College upperclassmen (Juniors, Seniors or Graduate Students)

College freshmen – please note that some college freshmen may be minors (under the age of 18).

If the study meets the specified criteria, the IRB may grant a waiver of parental permission to include

these minors without individual guardian permission [see question 32B for further information].

Select one of the following:

These minors will be included in this research

Minors will be excluded from this study. Describe how the study will ensure that minors

will not be included:

B. Does this study involve conducting research with students of the researcher? (Note: If it is feasible to use students from a class of students not under the instruction of the researcher, the IRB recommends and may require doing so):

No

Yes, describe safeguards the study will implement to protect against coercion or undue influence for participation:

C. Will the study need to access student records (e.g., SAT or GRE scores, or student GPA scores)?

No

Yes [if yes, a separate signed consent/assent form (for student's approval) and permission form (for

parent's approval if subject is a minor) must be obtained and submitted to the Registrar's office] [submit

consent form template(s) with this IRB application]

Section 11A: Students in Elementary, Junior, or High School

[Answer questions 29 & 30 below if your study involves students in **elementary, junior or high school (or equivalent)**]

29. Will study procedures be completed during school hours?

No

Yes

If yes,

- A. Students not included in the study may view other students' involvement with the research during school time as unfair. Address this issue and how the study will reduce this outcome:
- B. Missing out on regular class time or seeing other students participate may influence a student's decision to participate. Address how the study will reduce this outcome:
30. You will need to obtain school approval. This is typically granted by the Principal or Assistant Superintendent and classroom teacher. Approval by an individual teacher is insufficient. School approval, in the form of a letter or a memorandum should accompany the approval request to the IRB. Is the approval letter(s) attached to this submission? Yes or No, if no, explain why:

Section 11B: College Students

[Answer question 31 below if your study involves **college students**]

31. Will extra credit be offered to subjects?
- No
- Yes

If yes,

- A. Include a description of the extra credit to be provided in Section 9: Compensation above
- B. What will be offered to subjects as an equal alternative to receiving extra credit without participating in this study?

Section 12: Research Involving Minors

For more information about involving minors in research, visit our website at
<http://www.irb.vt.edu/pages/newstudy.htm#Minors>

32. Does your study involve minors (under the age of 18) (Note: age constituting a minor may differ in other States)?
- No
- Yes

If yes,

- A. The procedure for obtaining assent from these minors and permission from the minor's guardian(s) should have been described in **Section 5** (Consent Process) in this form.

Researchers may request a waiver of parental permission if the study meets the criteria specified under letter B below. Requesting a waiver for the requirement to obtain informed permission from guardians may be helpful when recruiting college students for minimal risk socio/behavioral research. Most studies involving minors must obtain parental permission prior to the recruitment of minors.

- B. Are you requesting a waiver of parental permission?
- No, parents/guardians will provide their permission
 - Yes, describe below how your research meets **all** of the following criteria:
 - A) The research involves no more than minimal risk to the subjects:
 - B) The waiver will not adversely affect the rights and welfare of the subjects:
 - C) The research could not practicably be carried out without the waiver:
 - D) (Optional) Subjects will be provided with additional pertinent information after participation:
- C. Does your study reasonably pose a risk of reports of current threats of abuse and/or suicide?
- No
 - Yes, thoroughly explain how the study will react to these reports (Note: subjects must be fully informed of the fact that researchers must report reasonable threats of abuse or suicide to the appropriate authorities/persons in the Confidentiality section of the Consent or Permission documents):

Section 13: Research Involving Deception

For more information about involving deception in research and for assistance with developing your debriefing form, visit our website at <http://www.irb.vt.edu/pages/newstudy.htm#Deception>

33. Does your study involve deception?
- No
 - Yes

If yes,

- A. Describe the deception:
- B. Why is the use of deception necessary for this project?
- C. Describe the process of debriefing [submit your debriefing form with this IRB application]:

- D. By nature, studies involving deception cannot provide subjects with a complete description of the study during the consent process; therefore, the IRB must waive a consent process which does not include, or which alters, some or all of the elements of informed consent. Provide an explanation of how the study meets **all** the following criteria for an alteration of consent:
- A) The research involves no more than minimal risk to the subjects:
 - B) The alteration will not adversely affect the rights and welfare of the subjects:
 - C) The research could not practicably be carried out without the alteration:
 - D) (Optional) Subjects will be provided with additional pertinent information after participation (i.e., debriefing for studies involving deception):

The IRB requests that the researcher use the title "Information Sheet" instead of "Consent Form" on the document used to obtain subjects' signatures to participate in the research. This will adequately reflect the fact that the subject cannot fully consent to the research without the researcher fully disclosing the true intent of the research.

34. Will your study involve the collection or study of existing data?

- No
 Yes

If yes,

- A. From where does the existing data originate?
- B. Provide a description of the existing data that will be collected:

35. Provide additional information not captured within this worksheet here [response to this question **not** required]:



Institutional Review Board

Request for Full Board Review

Directions

This form must be typed and submitted (as a Word document) to the IRB office electronically along with the other required documents (e.g., Initial Review Application, all study forms relating to human subjects, and bio-sketches of investigators) to irb@vt.edu. In addition to submitting electronically, this form, signed by all appropriate parties, must be received by the IRB office before the submission is processed. Mail or deliver the original signed copy of this form to: IRB, Virginia Tech, Office of Research Compliance, 1880 Pratt Drive, Suite 2006 (0497), Blacksburg, VA 24061. To speed up the approval process, signed Review Forms may be scanned or faxed [(540) 231-0959] to the IRB office; however, the original signatures must also be mailed or delivered to the IRB office for documentation.

Section 1: Contact Information

Principal Investigator [Faculty or Faculty Advisor] (all fields required) **HST = Human Subjects Training**

| | | |
|--|---------------------------------|---|
| Name: Lawson, Gerard F. | PID: glawson | HST completed through: select one Information on file at VT |
| Department: Counselor Education | Email: glawson@vt.edu | Mail Code: 0302 |
| _____ Signature of Principal Investigator | _____ Date | |

Co-Investigator(s) [Faculty or Student] (all fields required for each Co-Investigator)

| | | |
|--|----------------------------------|---|
| Co-Investigator #1 | | |
| Name: Stuart, Carolyn L. | PID: clstuart | HST completed through: |
| Organization Name: Counselor Education | Email: clstuart@vt.edu | VT in-class training on file at VT |
| _____ Signature of Co-Investigator #1 | _____ Date | |
| Co-Investigator #2 | | |
| Name: Burge, Penny L. | PID: burge | HST completed through: select one |
| Organization Name: Educational Research | Email: burge@vt.edu | Information on file at VT |

| | | |
|---------------------------------|--------|-----------------------------------|
| Signature of Co-Investigator #2 | Date | |
| Co-Investigator #3 | | |
| Name: | PID: | HST completed through: select one |
| Organization Name: | Email: | |
| Signature of Co-Investigator #3 | Date | |

| | | |
|---------------------------------|--------|-----------------------------------|
| Co-Investigator #4 | | |
| Name: | PID: | HST completed through: select one |
| Organization Name: | Email: | |
| Signature of Co-Investigator #4 | Date | |

| | |
|--|------|
| Departmental Reviewer: (not required for all departments) | |
| Name: | PID: |
| Signature of Departmental Reviewer | Date |

Section 2: General Information

1. Project Title: Consumers' Perceptions of Cultural Competence in the Counseling Relationship: A Phenomenological Study

Enter title as you would like it to appear on the official approval letter. NOTE: If the protocol was sent to a federal agency for funding, the title on the grant submission must match the title on this form

2. Number of Human Subjects: **Up to eight**

3. Do any of the investigators on this project have a reportable conflict of interest? No If yes, explain:

All investigators of this project are qualified through completion of human subject protections education. Visit our website at <http://www.irb.vt.edu/pages/training.html> to view training opportunities accepted by the VT IRB. (Note: Do not submit your IRB application until all investigators are qualified)

All investigators listed on this project, along with the departmental reviewer (if applicable), have reviewed this IRB application and all requested revisions from these parties have been implemented into this submission. (Note: Do not submit your application until all parties have reviewed and signed off on the final draft of the materials)

Section 3: Source of Funding

4. Source of Funding Support (check one box):

Departmental Research [if Dept. Research, skip to Section 4]
 Sponsored Research (OSP No.: _____) [if Sponsored Research, respond to letters A & B below]

A. Name of Sponsor [if NIH, specify department]:

B. Is this project receiving federal funds (e.g., DHHS, DOD, etc.)? select one

Section 4: Full IRB Review Criteria

Note: All research involving human subjects that does not qualify for Exemption or Expedited Approval must be reviewed and approved by the Institutional Review Board at a convened meeting.

5. Please mark/check and respond to the following:

1. The research involves greater than minimal risks to the subjects. Briefly describe the risks: **The risks to participants for this study pose more than a minimal risk due to the sensitive nature of the topic. Potential risks involved with this research project include loss of privacy, the reputation of both consumer and counselor, and social and emotional risks. Participation in this study may result in recalling unpleasant feelings and thoughts experienced while in an actual counseling session. Recalling some of these experiences may bring forth unknown and unwanted feelings, and discomfort.**

2. The research involves one or more of the special classes of subjects (check all that apply):

Children (for activities that do not qualify for Expedited Approval [i.e., not included in the 7 categories listed on Expedited Review form])

Prisoners

Pregnant Women

Fetuses

Human *in vitro* fertilization

Mentally disabled persons

Appendix C: Letter of Introduction

Virginia Polytechnic Institute and State University

Insert Date Here

Dear [Insert Vocal Network Program Director's Name];

My name is Carolyn Stuart. I am a student at Virginia Tech in Blacksburg, Virginia. I am working to get a Ph.D. degree in Counselor Education. I have completed all of the classes. I am ready to begin my research study. The name of my research study is *Consumers' Perceptions of Cultural Competence in the Counseling Relationship: A Phenomenological Study*.

I would like to interview a few consumers who volunteer to talk about their counseling experiences. Each person will complete two interviews. Each interview will be audio and video tape recorded. Each interview will last for about one hour. Both interviews will be completed within a one month time period.

I would greatly appreciate the opportunity to meet with you and talk more about my study. I also hope to be able to answer any questions that you might have. I can be reached at 540-818-9009 or clstuart@vt.edu . I look forward to our meeting.

Sincerely,

Carolyn L. Stuart

Appendix D: Advertisement Flyer

Virginia Polytechnic Institute and State University

Participate in a Research Project

| | |
|---------------------------------|---|
| Who is conducting this study? | Carolyn L. Stuart, Virginia Tech 540-818-9009 or clstuart@vt.edu |
| What is this study about? | Consumers' Perceptions of Cultural Competence in the Counseling Relationship |
| What do I have to do? | Complete two interviews |
| How long will I be involved? | One month |
| When is it scheduled? | Spring of 2007 |
| Where will it take place? | Virginia Tech Roanoke Center, 108 North Jefferson Street, Roanoke, VA |
| How can I get more information? | Talk to the Vocal Network Program Director Attend the Project Information Meeting [Insert Meeting Date] |

Appendix E: Recruitment Flyer

Virginia Polytechnic Institute and State University

You Can Be a Part of the Research Project

Consumers' Perceptions of Cultural Competence in the Counseling Relationship:

A Phenomenological Study

If You

1. Live in the Roanoke Valley area
2. Self-identify as a consumer of mental health services
3. Had at least twelve months of mental health counseling

Have Seen

4. More than one counselor
5. Each counselor for at least three months

Are Willing

6. To provide background information about your counseling experiences
7. To be interviewed about your perceptions of cultural competence in the counseling relationship

If Interested in Participating Please Telephone or Email

Carolyn Stuart

540-818-9009

clstuart@vt.edu

Appendix F: Informed Consent for Participants in Research Projects Involving Human Subjects

Virginia Polytechnic Institute and State University

Title of Project: Consumers' Perceptions of Cultural Competence in the Counseling

Relationship: A Phenomenological Study

Investigators: Carolyn L. Stuart, Gerard F. Lawson, and Penny L. Burge

I. Purpose of this Research/Project

The purpose of this research is to give voice to consumers and to find meaning as consumers share, explore, and describe their subjective counseling experiences relevant to the cultural competence of their counselors. The purpose of this study is threefold: 1.) To give voice to consumers who will explore, share, describe, and make meaning of their lived experiences relevant to the cultural competence of their counselors, 2.) To fill a gap in the literature, and 3.) To inform the counseling profession, service agencies, and the general public about cultural competence.

II. Procedures

You will have your rights explained and your questions answered before signing this consent form. You will voluntarily report that you understand what is expected of you. You will sign this consent form before receiving the background questionnaire and before interviews are scheduled. You will get an invitation letter inviting you to participate in this project. You will be given a self-addressed stamped envelope to use if you choose to mail the signed consent form to me. You will complete two interviews within one month. Each interview will last for one hour.

Appendix F: Informed Consent for Participants in Research Projects Involving Human Subjects

(continued)

Virginia Polytechnic Institute and State University

A tape recorder, video recorder, new audio and video cassette tapes, notepad, and ink pens will be used to record the interviews.

Appendix F: Informed Consent for Participants in Research Projects Involving Human Subjects

III. Risks

The risks to you may be more than minimal due to the sensitive nature of the topic. You may experience unpleasant feelings, thoughts and/or discomfort. All questions will be asked in an open-ended, non-judging way. You will be allowed to answer completely or to stop at any time. Before the interview begins, you will receive a list of local service providers. Neither the primary investigators nor Virginia Tech has funds to pay for any services. The costs of any services as a result of participating in this study must be paid for by you.

IV. Benefits

The information that you share about cultural competence in the counseling relationship will be used to educate counselors, counselor educators, and the public. No promise or guarantee of benefits has been made to encourage participation in this research project.

V. Extent of Anonymity and Confidentiality

Because confidentiality is very important to any research that involves human subjects, every reasonable effort will be made to protect your privacy and reputation and to mask or change any details that could potentially identify you, the counselor, or any one else discussed

Appendix F: Informed Consent for Participants in Research Projects Involving Human Subjects

(continued)

Virginia Polytechnic Institute and State University

during your interviews. I will not share any information about you. I will take every step that I can to maintain confidentiality. I am required to break confidentiality if you intend to harm yourself or someone else. I also have to break confidentiality to report child/vulnerable adult sexual and/or physical abuse.

The audio and video tapes will be labeled with false names and locations. False names will be used instead of using your legal name. The tapes will be labeled with the false name and number of the interview (e.g., Sadie - Interview One). I will personally keep the tapes, in a secured, locked location. I will be the only person who knows where the tapes are kept. I will destroy each audio and video-tape one year after I complete the project. The project will be completed after I analyze the data, report the results, and do oral and written presentations.

VI. Compensation

You understand that you will not be paid in any way for being involved in this study. You volunteer to participate.

VII. Freedom to Withdraw

You have the right to withdraw from this study at anytime. You will not be penalized for withdrawing. You also have the right to not answer any questions or respond to any situation that you choose. I may decide at some point that you should not continue to participate and you will be free to withdraw without penalty.

Appendix F: Informed Consent for Participants in Research Projects Involving Human Subjects

(continued)

Virginia Polytechnic Institute and State University

VIII. Subject's Responsibility

You will be expected to a) Read and understand the consent form before signing it, b) Complete, sign, and return the background questionnaire, c) Complete two, one-hour interviews, d) Review the transcripts of each interview, e) Make changes to the transcribed interviews, f) Return the transcribed interviews to the primary investigator within two weeks after they are mailed to you, g) Respect and maintain the privacy and confidentiality of others, h) Tell me if you do not want your information to be used for this study, and i) Tell me if you want to withdraw from this study.

IX. Subject's Permission

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

Subject Signature

Date

I have read and understand the Informed Consent and conditions of this project regarding audio and video taping the interviews. In addition to acknowledging and consenting to the above, I hereby acknowledge to have my interviews audio and video taped and give my voluntary consent:

Subject Signature

Date

_____ I would like a summary of the research results when available.

Appendix F: Informed Consent for Participants in Research Projects Involving Human Subjects

(continued)

Virginia Polytechnic Institute and State University

If I have any pertinent questions about this research, its conduct, my rights, or whom to contact in the event of a research-related injury to the subject, I may contact:

| | |
|---|--|
| <u>Carolyn L. Stuart</u> Investigator(s) | <u>540-818-9009/clstuart@vt.edu</u> Telephone/email |
| <u>Gerard F. Lawson, Ph.D.</u> Faculty Advisor | <u>540-231-9703/glawson@vt.edu</u> Telephone/email |
| <u>David M. Moore, Ph.D.</u> 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 | <u>540-231-4991/moored@vt.edu</u> Telephone/email |

You will be given a complete copy (or duplicate original) of your signed Informed Consent.

Appendix G: Background and Interview Data Questionnaire

Virginia Polytechnic Institute and State University

Dear [insert participant's name here],

Thank you for participating in this study. Please complete this form and return it to me using the postage paid envelope provided so your interview can be scheduled.

Age: _____ Gender: _____ Race/Ethnicity: _____ City: _____

1. How long have you been a consumer of mental health services? _____

2. How many counselors have you had during that time? _____

3. How many counselors were male? _____

4. How many counselors were female? _____

5. How many counselors were of a racial or ethnic group different than your own? _____

6. Have you ever had counseling sessions terminated? _____

If yes; who terminated the counseling? _____ Why? _____

7. Were there any concerns about cultural competence? _____

8. If so, were those concerns addressed? _____

9. By whom; you or the counselor? _____

10. Were the concerns addressed to your satisfaction? _____

Please select one of the following dates and times for your first interview:

___ March 7, 2007 ___ March 14, 2007 ___ 11:00am ___ 12:30am ___ 2:00pm ___ 3:30pm

Participant Signature

Participant Email

Appendix H: Letter of Invitation

Virginia Polytechnic Institute and State University

Dear [Insert Participant's Name];

You are invited to participate in my research project *Consumers' Perceptions of Cultural Competence in a Counseling Relationship: A Phenomenological Study*. You are invited to participate because you meet all of the qualifications to be a part of this study. You signed the informed consent form. You answered the background and interview data questionnaire and mailed it back to me volunteering to participate. You are willing to share your counseling experiences about cultural competence.

There will be two interviews. Each interview will last for one hour. Both interviews will be conducted within one month. The interviews will be audio and video taped. The interviews will be held on the 7th floor of the Virginia Tech Roanoke Center located at 108 North Jefferson Street, in downtown Roanoke, VA. I will type the information from the tapes. You will be given a copy of your typed interview. You will have two weeks from the time the typed interview is sent to you to make changes to your interview and mail it back to me. The changes that you make will be added to your original typed interview if returned to me within two weeks from the time the interview was sent to you.

Your first interview is scheduled for [Insert Date of Interview] at [Insert Time of Interview]. I will make every effort to keep confidentiality and protect your identity throughout this study. Real names and locations used during the interview will be changed to false names and locations. Your interview tapes will be labeled with a false name too.

Appendix H: Letter of Invitation

(continued)

Virginia Polytechnic Institute and State University

I will be the only person with access to the tapes. The tapes will be kept in a secured, locked place known only to me. One year after the study is completed I will personally destroy the audio and video taped interviews. I will remove the tapes from their casings and cross-shred the tapes. You will not be paid in any way for participating in this study. Your participation is strictly voluntary. You are free to withdraw at any time without penalty. Your responsibilities for participating in this study are to 1.) Read and understand the consent form before signing it, 2.) Complete, sign, and return the background questionnaire, 3.) Complete two one-hour interviews, 4.) Review the transcripts of each interview, 5.) Make changes to the transcribed interviews, 6.) Return the transcribed interviews to the primary investigator within two weeks after they are mailed to you, 7.) Respect and maintain the privacy and confidentiality of others, 8.) Tell me if you do not want your information to be used for this study, and 9.) Tell me if you want to withdraw from this study.

Thank you for your participation in this study. The results of the study will be used to teach counselors, counselor educators, and the general public about cultural competence in a counseling relationship.

Sincerely,

Carolyn L. Stuart

Counselor Education Ph. D. Candidate

Virginia Tech

Appendix I: Study ID/Code

Virginia Polytechnic Institute and State University

| Name of Participant | Study ID Number |
|----------------------------|------------------------|
| Example: Pseudonym | 000 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Appendix J: Behavioral Health Care Providers

Virginia Polytechnic Institute and State University

You may want to seek counseling services as a result of participating in this study. This list contains the names of some counseling providers that are less than one hour driving distance from Roanoke, Virginia. A provider's name on this list is not a recommendation for that provider. This list does not include all counseling providers in the area. For information about other counseling providers, contact Blue Ridge Community Services, at 540- 345-9841.

| | | | |
|---|--------------------------------|--------------------|--------------|
| Blue Ridge Behavioral Healthcare | 611 McDowell Avenue, SW | Roanoke, VA | 540-343-3007 |
| Carilion Behavioral Health | 213 McClanahan Avenue | Roanoke, VA | 540-981-8025 |
| Professional Therapies Inc | 80 College Street E | Christiansburg, VA | 540-382-1492 |
| Blue Ridge Therapy Associates | 2955 Market Street NE | Christiansburg, VA | 540-381-3101 |
| Rooker Psychiatric Services PC | 102 Miller Street SE | Christiansburg, VA | 540-381-5832 |
| Adult and Child Family Counseling | 125 Broad Street | Dublin, VA | 540-674-4506 |
| Braley & Thompson Inc | 409 Main Street | Radford, VA | 540-731-0360 |
| Valley Counseling Services Inc | 200 Eighth Street | Radford, VA | 540-731-0838 |
| Virginia Highland Health Associates PC | 7457 Lee Highway | Radford, VA | 540-731-1939 |
| Alternatives Counseling Center | 1999 Main Street | Blacksburg, VA | 540-552-5558 |
| Associates in Brief Therapy | 200 Country Club Drive SW | Blacksburg, VA | 540-951-2227 |
| The Cascade Group | 200 Professional Park Drive SE | Blacksburg, VA | 540-951-4800 |
| Lewis-Gale Center for Behavioral Health | 1902 Braeburn Drive, | Salem, VA | 540-776-1100 |

Appendix K: Questions for Interview One

Virginia Polytechnic Institute and State University

1. Describe your personal definition of cultural competence.
2. Describe your counseling experience(s) in relation to cultural competence.
3. Describe any instance(s) when the counselor demonstrated cultural competence during a counseling session.
4. Describe any instance(s) when the counselor demonstrated a lack of cultural competence during a counseling session.
5. Describe what attributes you believe a counselor would need to possess to be culturally competent.
6. Is there anything that you would like to add that might not have been previously addressed?

Appendix L: Bio-Sketch

Virginia Polytechnic Institute and State University

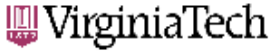
Carolyn L. Stuart, M. A., holds a Bachelor of Arts degree in Social Science and a Master of Arts degree in Counseling. She is a Ph.D. candidate in the Counselor Education Program. Her cognate and advanced graduate certificate is in Race and Social Policy. She completed *Training in Human Subjects Protection* in 2003. She has completed six hours of qualitative research coursework, six hours of quantitative research coursework, and was a year-long Graduate Teaching Assistant for an online educational research course. As a doctoral student at Virginia Tech she taught a cultural diversity course, completed teaching internships in community counseling and appraisal in counseling. She conducted data analysis for a qualitative research study working with a Counselor Education and an Educational Research professor. The manuscript is currently “in press”. Her research interest includes diversity and cultural competence.

Appendix M : Training in Human Subjects Protection



Appendix M: Training in Human Subjects Protection

Appendix N: Institutional Review Board Expedited Approval Letter



Office of Research Compliance
Institutional Review Board
1880 Pratt Drive (0497)
Blacksburg, Virginia 24061
540/231-4991 Fax: 540/231-0959
E-mail: moored@vt.edu
www.irb.vt.edu
FVA0200005723 expires 7/2007
IRB # is IRB00000867.

DATE: February 8, 2007

MEMORANDUM

TO: Gerard F. Lawson
Carolyn Stuart
Penny L. Burge

Approval date: 2/5/2007
Continuing Review Due Date: 1/21/2008
Expiration Date: 2/4/2008

FROM: David M. Moore 

SUBJECT: IRB Expedited Approval: "Consumers' Perceptions of Cultural Competence in the Counseling Relationship: A Phenomenological Study", IRB # 07-059

This memo is regarding the above-mentioned protocol. The proposed research is eligible for expedited review according to the specifications authorized by 45 CFR 46.110 and 21 CFR 56.110. As Chair of the Virginia Tech Institutional Review Board, I have granted approval to the study for a period of 12 months, effective February 5, 2007.

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.

Important:

If you are conducting federally funded non-exempt research, this approval letter must state that the IRB has compared the OSP grant application and IRB application and found the documents to be consistent. Otherwise, this approval letter is invalid for OSP to release funds. Visit our website at <http://www.irb.vt.edu/pages/newstudy.htm#OSP> for further information.

cc: File

Invent the Future

VIRGINIA POLYTECHNIC INSTITUTE UNIVERSITY AND STATE UNIVERSITY

An equal opportunity, affirmative action institution

Reflections on the Development of Manuscripts

As a first year doctoral student I learned early that part of fulfilling the requirements for the degree of Doctor of Philosophy in Counselor Education included developing a manuscript to be submitted to a peer-reviewed journal for publication. As part of my Counselor Education program of study, I took the required course in publishing. The course was designed to expose and teach students about how to do research. I had the opportunity to learn how to identify credible research sites and articles, how to draft a manuscript, and how to follow submission guidelines while staying as true as possible to the content that you want to get out to readers. After drafting a manuscript under the guidance of the instructor I was given feedback regarding which journal to submit the manuscript to.

Upon reaching the dissertation phase of my program a new option became available regarding the design of the dissertation. That option was to write chapters four and five of the dissertation in the form of manuscripts. In hearing about this option I was immediately reminded that in my program a manuscript is required so it did not take long to make a decision to take the manuscript option. In writing a traditional dissertation I would write five chapters and a manuscript. In selecting the manuscript option I would simply have to write an additional article and how difficult would it be to write another “paper”. In an effort not to feel overwhelmed I told myself to think of each chapter as a paper instead of thinking of the dissertation as a whole.

Because of my goal to enter the professoriate I thought this option of having two publications would give me a clear advantage when seeking employment opportunities. And, because I had taken the class on publishing, been successful in having proposals accepted to do presentations at regional and national research conferences I thought ‘this is the most

advantageous route for me'. The advantages that selecting the manuscript options could bring remained with me throughout the manuscript development process. What did not remain was the ability to continue to think of the manuscripts as papers. As the days turned into weeks, and weeks turned into months, and the months into more than a year I began to realize that developing a manuscript is indeed different from 'writing a paper'. The critical thinking, research, and writing ability for developing a manuscript is elevated to a level that I had not anticipated.

Writing in a scholarly manner was the most challenging aspect of the manuscript process. Prior to drafting the manuscripts I knew that my writing skills could be further developed but thought them to be sufficient based on the fact that I had completed a master's degree program and the counselor education doctoral coursework that required research papers to be written. So I began writing the manuscripts in the same manner as I had written previous papers. I knew there would be some feedback and revisions but never anticipated five, six, or more revisions. As I got feedback on draft after draft I began to question my writing abilities asking myself questions such as, how did you get through the graduate programs without having the writing skills that are necessary at that level? It took quite a bit of time for me to understand that drafting the manuscripts requires a different way of writing in addition to taking hundreds of pages of information and condensing it into typically 20-25 pages. I had to learn how to discern what information is pertinent, how to make certain the information is concise, and how to ensure the reader has a sufficient amount of information to make meaning of what is being presented.

Finally, I was able to understand that unlike writing those 'papers' for an audience of one who would then be able to get clarification about the writing I was writing for an audience of

hundreds. This required the need to anticipate the questions and concerns they may have and address those in a manner that is credible, consistent, concise, and scholarly.

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