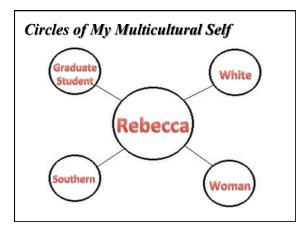
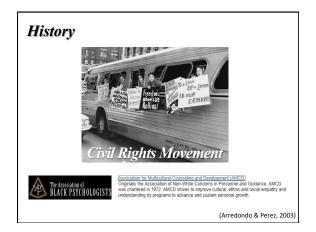
Perception is Reality: Building Cultural Competency Among Career Counselors

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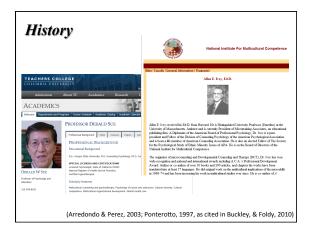














History

"Psychologists perpetuate injustice by over focusing on individual factors to explain social behavior, which abstracts the individual from important socio/historical contexts" (as quoted in Arredondo & Perez, 2003).

> "Our ambitions must be broad enough to include the aspirations and needs of others, for their sakes and for our own" (as quoted in Arredondo & Perez, 2003).

Current Status

Culture. "Culture" is defined as the belief systems and value orientations that influence customs, norms, practices, and social institutions, including psychological processes (language, care taking practices, media, educational systems) and organizations Ethnicity. Similar to the concepts of race and cubure, the term "whinkity" does not have a commonly agreed upon definition; in these Guidelines we will refer to ethnicity as the acceptance of the group mores and practices of one's culture of origin and the concominant sense of the group mores and practices of one's culture of origin and the concominant sense of belonging. We also note that, cominten with Brewer (1999), Sedikides and Brewer (2000), and Honge (2000), molvidulus may have multiple educi identifies that openne with different subaces at different time.

consistered to be socially constructed, rather than biologically determined. Eace, then, is the category to which others assign individuals on the basis of physical characteristics, such as skin color or hair type, and the generalizations and stereotypes made as a result.

Theoretical

Basis

"Multicultural Counseling and Therapy (MCT) is a metatheory that combines elements of pre-existing theories (e.g. psychodynamic, behavioral, humanistic, biogenic)" (Ponterotto, Rivera, and Sueyoshi, 2000).

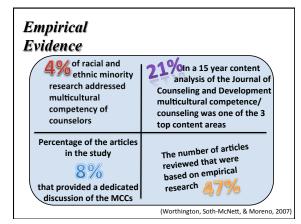
"Social Justice is at the heart of multiculturalism in that the existence of institutional racism, sexism, and homophobia is what accounts for inequitable experiences of people of color, women, and homosexual people, (among others) in the United States" (Vera and Speight, 2003).



Founding Principles

- 1. Ethical Conduct (APA Ethical Guidelines D & F)
- 2. Understanding can enhance the quality...
- 3. Enhances understanding and treatment of all people
- 4. Affirms and values the role of ethnicity and race in developing personal identity
- 5. Clinicians are uniquely able to promote racial equity and social justice
- 6. Reflect rather than neglect, cultural differences







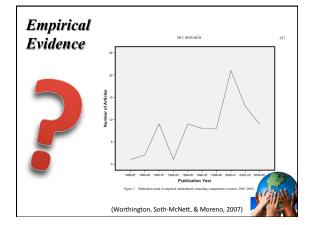
Empirical Evidence



Do counselors who possess these competencies evidence improved counseling outcome with clients across cultures?

(Worthington, Soth-McNett, & Moreno, 2007)







Empirical Evidence

SURVEY SAYS...

"The existing empirical MCC process/outcome research has shown consistently that counselors who possess MCCs tend to evidence improved counseling outcomes with clients across racial and ethnic differences."



Further Study

EXPLICIT BIAS

Cons by the VS. judgme

Conscious, intentional, and measured by the self-report. The negative beliefs,

judgments, and stereotypes to which an individual has conscious access.

IMPLICIT BIAS

Occurs without conscious intention and is not self-reported. These are actions or judgments that are under control of automatically activated evaluation without the performer's awareness of that causation.



Further Study

Individualism vs. Collectivism
• What does this mean?



• What are the differences?

• What are the similarities?

Between Group vs. Within Group Difference

- Systematically exist among cultural groups
- What are the differences?
- What are the similarities?



Clinical Applications

Three Domains of Cultural Competency

1. Cultural Awareness - Self:

- Active awareness of personal assumptions, values, and biases.
- 2. Cultural Awareness Other: Understanding the worldview of the client
- 3. Culturally Sensitive Working Alliance





Clinical Recommendations

Questions to Ask

Domain 1: Cultural Awareness - Self

- Competency 1: What personal and cultural identities shape your worldview and how do White, male, able-bodied, heterosexual, or other statuses of privileged impact your worldview?
- Competency 2: What do I assume about this person based on what I have just observed
 and what does that tell me about my automatic reactions to the difference?
- and what does that feil me about my automatic reactions to the difference?
 Competency 3: What are the underlying values and assumptions that drive your personal theoretical models and how might those need to be modified to with clients who hold
- theoretical models and how might those need to be modified to with clients who hold different worldviews and values? • Competency 4: How far are we willing to go to ensure that others have equal
- opportunities regardless of cultural identities if it means that out own level of comfort and privilege may need to change.
- Competency 5: What are the cutting edges of your own multicultural competence and how are those manifest in both your personal and professional lives?

(Collins & Arthur, 2007)

Clinical Recommendations

Strategies for Developing Multicultural Competence

Domain 1: Cultural Awareness - Self

• Create a personal genogram.

- Interview extended family members for insights into your cultural heritage.
- · Write your personal cultural story.
- Research a culture group in the community where you grew up or where you now live.
- Immerse yourself in an environment in which you are the only person who is non-???.



Clinical Recommendations

<u>Questions to Ask</u>

- **Domain 2: Cultural Awareness Others** • Competency 1: Who is this client and what aspects of his/her
- cultural identities does the client feel are relevant to explore within the counseling context?
- Competency 2: What aspects of this particular client's cultural identities are relevant to our understanding of these specific presenting concerns?
- Competency 3: How are the concerns expressed by this particular client impacted by social, economic, or political factors, and how might I create a safe space for her to freely express her experiences of systemic oppression.

Clinical Recommendations

Strategies for Developing Multicultural Competence

- Domain 2: Cultural Awareness Others
- Find opportunities to interact with individuals from non-dominant groups outside the counseling setting
- Read newspapers, magazine, or novels specific to particular nondominant populations.
- Advocate for training opportunities through professional associations, educational institutions, and other organizations.
- Record your sessions with client's and then analyze the tapes for examples of cultural blindness and cultural consciousness.
- Select a client who presents with multiple cultural identities and develop a diagram to conceptualize the intersection and interplay of these factors.

Clinical Recommendations

Questions to Ask

Domain 3: Culturally Sensitive Working Alliance

- Competency 1: From the cultural perspective of my client, what verbal or non-verbal behaviors, approaches to the counseling process, or foci for our dialogue might serve to increase my credibility and trustworthiness as a helping profession?
- Competency 2: Whose agenda is driving the counseling process and how might I ensure that the goals we have established are not being biased by my own beliefs or values about healthy functioning and about success in counseling?
- Competency 3: What type of professional roles might I assume to be optimally effective in bringing about change in this client's current experience?

Clinical Recommendations

Strategies for Developing Multicultural Competence

- Domain 3: Culturally sensitive working alliance
 Work with a cultural mentor from a non-dominant group and solicit feedback on your attitudes, knowledge, and skills
- Initiate case conferences and discussions in peer supervision about cultural influences on the working alliance.
- · Learn another language common to your client population.
- Visit community agencies to learn about client needs and potential sources of resources and referral.
- Read case studies developed by practitioners from or working with non-dominant populations to explore differences in case conceptualization.



Clinical Recommendations

"One must internalize and embody this knowledge in a profound way, making it part of one's character, not just an addiction to one's behavioral repertoire."

HOWEVER... "Rather than attempt to be 100% better on 50 elements of multicultural competence, try being 5% better on 1 element."



In the Session

