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## Infusing Multicultural and Social Justice Competencies Within Counseling Practice: A Guide for Trainers

### Keywords

multicultural and social justice competencies, counseling, trainers

# Infusing Multicultural and Social Justice Competencies Within Counseling Practice: A Guide for Trainers

Angela I. Sheely-Moore and Leslie Kooyman

*In light of rapidly changing demographics within the United States, counselors are challenged to provide culturally responsive services to facilitate optimal client functioning. This article highlights recommended training strategies within a developmental framework to promote multicultural and social justice competencies for trainers of mental health professionals.*

In light of the rapidly changing demographics of the United States, it is imperative for counselor educators and trainers of mental health professionals to infuse instructional strategies that promote multicultural and social justice (MSJ) competencies for trainees. According to Arredondo et al. (1996), the framework to engage actively in multicultural competencies involves knowledge, awareness, and skills related to one’s personal viewpoint, to the client’s experience, and to culturally responsive interventions.

The American Counseling Association’s (2005) *ACA Code of Ethics* and the Council for Accreditation of Counseling and Related Educational Programs’s (CACREP) *2009 Standards* highlight the critical need for practitioners to enhance cultural sensitivity and responsiveness when working with diverse client populations. Specific ethical guidelines for counselors include the need for cultural sensitivity and awareness in the areas of antidiscrimination, language, confidentiality, disclosure, and assessment (ACA, 2005; Standards A.2.c., B.1.a., C.5., E.6.c., and E.8.). The accrediting body for counseling programs at the master’s and doctoral level, CACREP, complements the *ACA Code of Ethics* by featuring curriculum standards for counseling trainees within the areas of knowledge, skills, and clinical practice when working with culturally different clients.

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The purpose of this article is to translate MSJ-based teaching strategies within counselor education into community-based, mental health services training for practitioners. These strategies are discussed within the framework of adult development and learning. Eriksen and McAuliffe (2006) indicated the critical role of adult development on counseling competency. Specifically, cornerstone attitudes and skills that reflect multicultural sensitivity and responsiveness (e.g., empathy, open-mindedness, ability to deal with ambiguity) have been associated with the relativistic position of Perry's intellectual and ethical development and Kohlberg's higher levels of moral development (Eriksen & McAuliffe, 2006). Although the strategies are effective across the lifespan of development, specific adaptations to the proposed strategies are considered based on the age and developmental focus of the trainees.

### **INCREASING SELF-AWARENESS AND KNOWLEDGE OF CULTURALLY DIVERSE POPULATIONS**

In training mental health professionals on multicultural issues, an instructor needs to begin with a discussion of knowledge and awareness of multicultural issues. This training enables trainees to better understand their own cultural background and learn about other cultures. More important, this emphasis enables trainees to understand cultural identity development and their own cultural biases and misconceptions (Arredondo, Tovar-Blank, & Parham, 2008; Garcia, Wright, & Corey, 1991).

Knowledge and awareness of multicultural issues needs to be presented at the beginning of any training and then followed by the applied counseling skills-building strategies. For this reason, in conducting multicultural training or diversity training for mental health practitioners, it is advisable to schedule two or, if possible, three trainings over a period of time. This approach to training will allow participants time to process and reflect on the ideas and information being presented and then be prepared to practice skills building in multicultural counseling.

To promote ethical practices of effective services to diverse populations, it is imperative for counselors to become knowledgeable of the changing racial and ethnic composition of the U.S. population and, more important, to become aware of pertinent issues and challenges of the populations being served. There are numerous sources that can serve as a foundation to enhance understanding of various cultural identities (e.g., Hays & Erford, 2010; Robinson, 2009; D. W. Sue & Sue, 2003). The aforementioned sources also provide key multicultural terms and language that enhance culturally responsive services.

The need to engage in self-reflection is vital to the development of multicultural competencies (Arredondo et al., 1996; Horton-Ikard, Munoz, Thomas-Tate, & Keller-Bell, 2009; Robinson, 2009). Simply put, "how we experience and relate

to the world is directly linked to what we know” (Hoskins, 2003, p. 319). Mental health practitioners should be challenged to examine themselves and explore their personal assumptions and expectations when working with clients from culturally diverse backgrounds. Caldwell et al. (2008) proposed that prospective clients’ initial contact with a human services provider has an impact on their decision to continue or to forgo the need for assistance. The inclusion of writing activities to facilitate the identification of counselor trainees’ personal values and beliefs within training opportunities would increase their level of cultural self-awareness and perhaps mitigate future prospective clients’ decision to end services prematurely.

**Self-Reflection Exercises**

One strategy for promoting self-awareness involves trainees completing a cultural autobiography. For this exercise, trainees journal on their multiple cultural identities: race, ethnicity, gender, age and stage, sexual orientation, socioeconomic status, and religion (Robinson, 2009) during the experience. Not only are trainees challenged to explore the impact of privilege and oppression for each identity, they also must reflect on the influence of their multiple cultural identities as current practitioners.

In addition to reflection papers, educators also could incorporate self-reflective questions during group discussions. Possible reflective questions to consider include, but are not limited to, the following: What are my expectations when working with culturally diverse clients within my current setting? Are my perceptions different for one cultural group seeking assistance when compared with other cultural groups? How will my assumptions and biases toward culturally diverse clients impede or promote effective delivery of services? Engaging in this self-awareness exercise through group discussion and writing activities provides an opportunity for trainees to acknowledge their blind spots and to consider the possibility of enhancing their knowledge and understanding of the unique issues facing culturally diverse groups.

**Immersion Activities**

Expanding trainees’ worldview through exposure to culturally different people and environments serves to develop multicultural competencies (Arredondo et al., 1996). Immersion activities provide an opportunity for trainees to challenge their own biases toward and assumptions about specific cultural groups. One immersion exercise consists of trainees, in groups of three or four, selecting a culturally different population that they had limited encounters with in the past. The targeted population is typically one about which trainees might have unwarranted fears or assumptions; ideally, that population should represent the individuals that the trainee is currently serving. To alleviate the fear of embarking on new cultural territory, this activity is conducted in a small group so that trainees can provide support to one another. Suggested events for trainees to stretch beyond their comfort zone include visiting a mosque or attending a community-based cultural festival.

After attending the scheduled event and interacting with members of the identified cultural group, trainees present their experience to share what they learned, including personal insights and knowledge that will enhance their current work as practitioners. In our experience of implementing this form of immersion exercise, many trainees reported multiple strengths attributed to their targeted population groups that ran counter to their assumptions and biases. Using experiential assignments for counselor trainees challenges them to have a shift in thinking, from a deficit-based perspective when working with culturally diverse clients to a strengths-based viewpoint, promoting the quality of service.

## **STRATEGIES FOR SOCIAL ADVOCACY AND SKILLS DEVELOPMENT**

Skills training requires the instructor to have provided knowledge of various cultural groups and for trainees to have an awareness of their own sense of bias, prejudice, privilege, and identity. After this foundation has been established, the trainer needs an understanding of certain techniques and strategies that enable the trainee to practice working with diverse clients. Skills training can be challenging in a 1-hour, half-day, or full-day training setting, but some techniques are more usable in this time frame and highly recommended. Most of these techniques involve modeling or demonstrating skills, using videos, analyzing case scenarios, role plays, or in vivo counseling simulations with feedback. The literature provides a number of strategies for accomplishing the critical task of providing multicultural skills training to mental health professionals (e.g., Day-Vines et al., 2007; Pedersen, 2000; D. W. Sue & Sue, 2003).

### **Broaching**

One of the more current skills development strategies is called *broaching*. Day-Vines et al. (2007) developed this approach to counseling that entails the counselor being able to listen for the relevance of culture and to introduce explicitly the influence of race, ethnicity, age, sexual orientation, and/or culture as a part of the presenting issue for the client. This strategy is particularly salient when the counselor and the client are culturally different or the presenting issue involves individuals of different races, ethnicities, or cultures. However, within one culture there are differences that need to be addressed. Not every issue involves cultural relevance, but it is the responsibility of the counselor to assist the client in exploring the relevance of culture. Day-Vines et al. suggested that to not broach the relevance of race, ethnicity, age, sexual orientation, or culture implicitly supports avoidant behavior, lessens credibility, and hinders the helping relationship. D. Sue and Sundberg (1996) found that addressing cultural factors in the counseling process does, in fact, enhance counselor credibility and improves the counseling relationship.

Broaching requires counselors to listen intentionally, and counselors then invite clients to explore issues of difference in considering their concerns. A

simple example may be to ask, “Do you think race may be a factor in how you are being treated at work?” Other examples used in broaching may include, “I’m wondering if the difference in your ages creates some issues for you?” or “I’m wondering if you think being gay may be a part of this issue?” In each of these examples, the counselor explicitly invites cultural difference into the dialogue, possibly opening up an important area that may assist in finding ways of resolving a challenging situation. Previous work to identify potential biases and assumptions with working with diverse clientele is important before engaging in a multicultural-based strategy such as broaching.

**Role Plays and Interviews**

In training counselors, the use of role plays and interviews may be an effective technique for practicing broaching. The trainer will need to have a list of broaching statements that trainees can use in a role play or mock interview. Trainees can be placed in triads and have one person play the client, one the direct service provider/helper, and the third will be an observer who provides feedback for improvement. Each trainee plays each role once. The client creates a situation in which cultural difference is involved in a relational conflict. The trainer will need to move about in the room listening and providing assistance when needed. This experience gives trainees the opportunity to practice skills (e.g., language, responses, insight) based on earlier training on cultural knowledge and awareness.

Another effective strategy for practicing broaching is to ask trainees to interview someone who is culturally different from them. A tentative list of questions is provided to trainees, with the focus being on the interviewee’s life and how differences in race, ethnicity, or culture have affected the individual’s life. Broaching through interviewing enables the trainee to practice language and responses that invite a discussion on cultural difference (Day-Vines et al., 2007; Knox, Burkard, Suzuki, & Ponterotto, 2003). This strategy would need to be part of an ongoing multiday training on multiculturalism rather than a 1-day training event.

Pedersen (2000) suggested a role-play strategy, the Triad Training Model, to assist mental health professionals in counseling culturally different clients. After trainees have learned about various cultures and have greater awareness of key multicultural counseling terminology (e.g., race, ethnicity, culture, bias, privilege, discrimination, and microaggressions), they may be able to conduct this experiential exercise. This role-play activity illustrates the value in understanding cross-cultural messages in the helping process.

In the Triad Training Model (Pedersen, 2000), trainees are arranged in groups of four. One person role-plays the counselor and one role-plays the client seeking assistance. These two individuals are culturally different on some identity. The client creates a problematic situation to discuss with the counselor. The third person sits behind the client (on the right side) and plays the anticounselor. The fourth person sits behind the client (on the left side) and plays the procounselor. As the client discusses his or her situation and the

counselor begins to respond, the anticounselor, in an audible voice, expresses the negative internal dialogue that the client may be feeling but not expressing to the counselor. Expressions from the anticounselor may include, “She doesn’t know me and she is from the wealthy side of town. She’s too old to get what I’m experiencing.” The procounselor may then interject positive unexpressed feelings that the client may be having, such as “she seems very caring and willing to try to understand me.” This “internal” dialogue continues as the counselor and client discuss the client’s issue.

This exercise can seem chaotic, but it enables trainees to understand the unspoken dialogue and feelings a person may be experiencing as a result of cultural difference between the mental health professional and the client seeking help. The counselor practices responding to the client based on the procounselor and anticounselor responses as well as the statements of the client. Each person then has the opportunity to play each role. Finally, as a whole group, the learnings from each group are discussed and processed.

Certainly, if time is limited, the trainer may use a demonstration video to illustrate multicultural counseling or model a session for the trainees and allow the group to analyze the interactions and dynamics of the helping process. Typically, this modeling would be reinforced with trainees followed by the opportunity for trainees to practice the skills in triads with assigned roles (e.g., practitioner, client, and observer). The observer role provides feedback to the counselor on how they addressed the cultural issues in the dialogue. Finally, learnings from each group will be processed within a whole group discussion.

### **Social Action Plans**

After the trainer has discussed the framework of the multicultural competencies on knowledge, awareness, and skills, the final learning objective would be to integrate the role of advocacy and social justice into the training module. Lee (2007) suggested a step model of self-exploration of personal privilege, oppression, and the development of a social action process. This process leads the individual to become an agent of change on some issue of inequity.

Most instructors would discuss the inequities faced by many minority populations and encourage participants to get involved in social advocacy in their local communities. In training, this goal can be accomplished by asking participants to create a social action plan (Tatum, 1997). This exercise instructs trainees to commit to some form of social action to reduce racial, ethnic, or cultural prejudice and/or discrimination. This action can be on an individual, micro level or an institutional, macro level. In counseling, the multicultural competencies have yielded the creation of social advocacy competencies that call for practitioners not only to become knowledgeable and aware of social injustice, but also to act in an intentional manner to reduce social inequity and create systemic change (Toporek, Lewis, & Crethar, 2009).



## SELF-AWARENESS, CULTURAL KNOWLEDGE, AND PROMOTING SKILL-BUILDING STRATEGIES: A DEVELOPMENTAL PERSPECTIVE

Adult development is significantly related to counselor competence. Eriksen and McAuliffe (2006) found that empathy, tolerance, ability to deal with ambiguity, relativistic thinking, and/or enhanced moral development are significant factors in predicting a more competent counselor. Trainers should be cognizant of developmental theory and learning as they design training for mental health professionals. Perry's (1999) cognitive development theory, Kohlberg's (1975) moral development theory, and, more recently, Gilligan's (1982) moral development theory discuss the importance of relativistic thinking, empathy, and tolerance for ambiguity, the cornerstones of multicultural training. Trainers need to stress the relevance of self-reflection in understanding of self and allow for discussion and processing of new cultural knowledge to address these developmental needs.

In addition, multicultural skills-building strategies must be presented within a developmental framework. Training mental health professionals without an understanding of the developmental context of the client assumes a one-size-fits-all bias that can hinder adult learning and certainly goes against ethical guidelines (ACA, 2005) and multicultural competencies. To address developmental concerns with the aforementioned skills-building strategies, the trainer needs to prepare role plays, case studies, and interview questions that encourage the trainee to identify with his or her own developmentally appropriate group and to expand skills in working with clients of different ages and developmental issues. Hence, training a younger group (e.g., 20–30 years old) may require more tailored role plays that the group can identify with easily in order to practice issues of broaching cultural difference.

Early relationship issues, the struggle between independence and creating relationships, first employment issues, and early family issues, to name a few (Corey & Corey, 2006; Erikson, 1963), could be developmentally appropriate for role plays with this age group. The trainer will also want to challenge trainees in working with clients who also have an age difference. Exposing this younger group of trainees to issues of midlife and later life developmental concerns would also be beneficial. The role plays then would reflect the developmentally appropriate concerns of career changes, health concerns, aging parents, illness and death, and perhaps empty-nest issues (Werner & Smith, 2001).

### CONCLUSION

It is critical for counselor educators and trainers of mental health professionals to provide instruction on multicultural and social justice competencies within the domains of knowledge, awareness, and skills (Arredondo et al., 1996). Teaching strategies proposed in this article not only prepare trainees to enhance their work with culturally diverse adult populations, but could potentially affect prospective clients' decisions to continue or to forgo the need for assistance.

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