

Spring 2022

Developing Cultural Competency as a Counselor

John Arnold
johnd.arnold90@gmail.com

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Developing Cultural Competency as a Counselor

By
John Arnold

Project submitted in partial fulfillment of the
requirements for the
Bachelor of Integrated Studies Degree

Murray State University
June 1, 2021

Developing Cultural Competency as a Counselor

Abstract

For many people counseling is a terrifying experience. Just the thought of sharing your deepest fears or most private problems can be overwhelming. We can all agree that counseling is a necessary option for people in our society. What I have researched is the importance that we focus on the quality of this service. Unfortunately, many people have had bad experiences with counselors that prevent them from getting the help they need. Some of these bad experiences could have been potentially avoided if the counselors were more culturally competent. Cultural competency is essential for counselors who want to be effective in counseling culturally diverse clients. Cultural competency is achieved through defining cultural competence, understanding the steps needed to develop cultural competence, navigating the barriers that prevent cultural competence, relating communication to cultural competence, and extensive education and/or training. I have completed in depth research to support the importance of properly training professional counselors to become culturally competent. In my research project, I will clearly define what cultural competency is and what it is not. Then, I will lay out proper steps one can take to develop cultural competency. I will identify barriers that can prevent someone from achieving cultural competence and also discuss the relationship between communication and cultural competence. Lastly, I will explain the needed education and training that counselors will need to develop cultural competence.

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Introduction

Have you ever sought help but felt like the person trying to help you just couldn't understand where you were coming from? If anything, they were doing more harm than good? Unfortunately, this has become a common experience for those seeking help with life's problems. Many people already struggle with fear or pride keeping them from seeking help, when you add a poor experience with a counselor on top of that no wonder people choose not to reach out for help. These experiences can be caused by the lack of cultural competence that counselors, and people in general, possess in helping relationships. That is the problem. The solution is developing cultural competency. Cultural competency is essential for counselors who want to be effective in counseling culturally diverse clients. Cultural competency is achieved through defining cultural competence, understanding the steps needed to develop cultural competence, navigating the barriers that prevent cultural competence, relating communication to cultural competence, and extensive education and/or training. The purpose of this research paper is to explain and prove the necessity of cultural competence for counselors who help the cultural diverse. I will start by defining cultural competency, then share how one can develop cultural competence, as well as discussing barriers that can prevent cultural competence. Then I will explain the relationship between communication and cultural competence. Lastly, I will conclude with the necessary training and education it takes to develop cultural competency. I believe I have conducted sufficient evidence to not only prove the importance of developing cultural competency, but also proven there is an attainable path for all those who seek it. As you read through this research I encourage you to reflect on your own experiences, both when giving and receiving help, and examine yourself on how this can help you become a better helper. If you are

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considering a career in the Human Services field, my hope is that you find this paper helpful and inspiring.

What is cultural competence?

Let's start by defining culture. Sue (2019) says "Culture consists of all those things that people have learned to do, believe, value, and enjoy. It is the totality of the ideals, beliefs, skills, tools, customs, and institutions into which members of society are born". Our culture affects all of our lives to some degree. Culture may be more important or more prominent to some more than others but whether we realize it or not our culture can define our lives and how we see it. Our culture can depend on what country we live, the nature of our childhood, religious beliefs, political beliefs, personal interests, etc. The world is full of diversity. It is full of different people growing in different cultures. One is no better than another. Being able to recognize that culture does exist and is impactful is the first step to understanding cultural competence. Being able to recognize that a young Asian woman from Hong Kong may see and navigate life different from an older African man from Ghana is vital. I believe we need to gain a general grasp of this foundation concept that culture and its diversity impact our lives in different ways. If we learn more about our own culture and become more open-minded about different cultures, we will increase the quality of our daily interactions and overall our quality of life.

Webster defines competent as "proper or rightly" as well as "having requisite or adequate ability or qualities". Webster also defines competence as "the quality or state of being competent". Furthermore, Webster defines competence as the quality or state of having sufficient knowledge, judgement, skill, or strength". I want to focus on the last description. Competence is the state of being competent and having sufficient knowledge, judgement, and skill. In terms of

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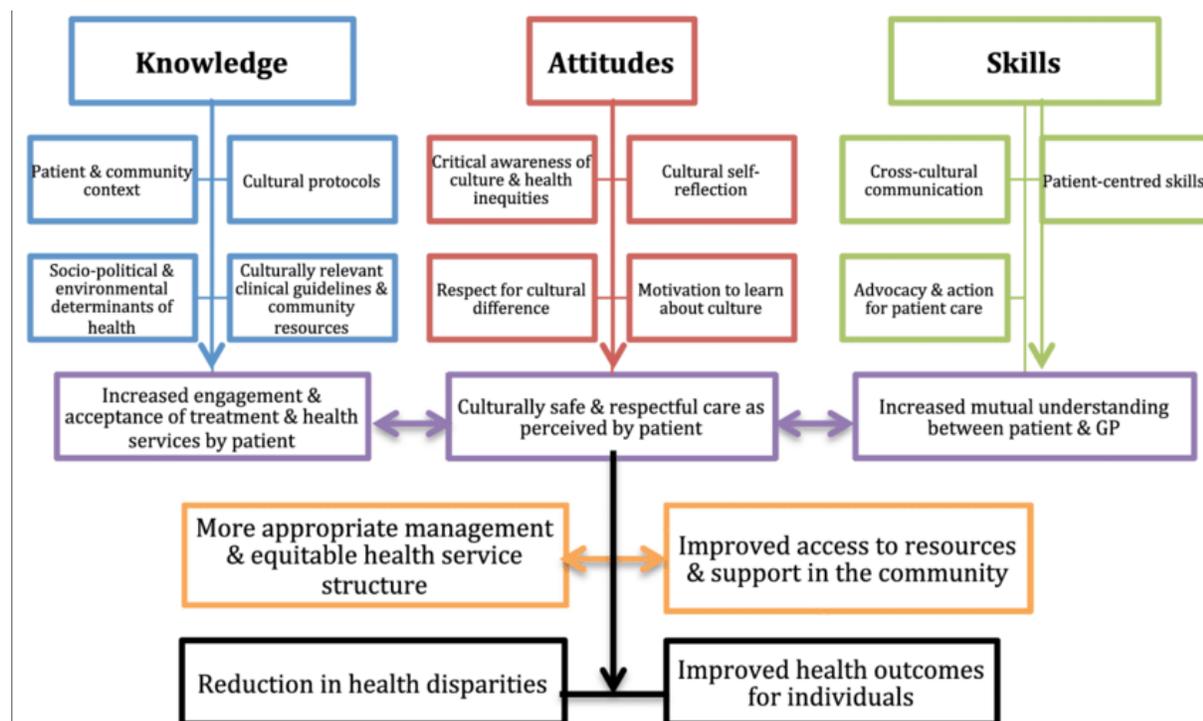
culture we need to be competent of our own and differing cultures to have better interactions with others.

Now that we have defined cultural competency, let's shift to what and how people who are culturally competent conduct themselves. "First, culturally competent helping professionals are ones who are actively in the process of becoming aware of their own values, biases, assumptions about human behavior, preconceived notions, personal limitations, and so forth. Second, culturally competent helping professionals are ones who actively attempt to understand the worldview of their culturally diverse clients and the sociohistorical context in which that worldview develops" (Sue, 2019, p. 38-39).

3 Domains of Cultural Competence

Cultural competence is viewed as having three major domains (Sue, 2019). These domains are identified as attitudes/beliefs, knowledge, and skills. Figure 1.1 below illustrates these three major components.

Figure 1.1



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The attitudes/beliefs component is one's understanding of cultural conditioning and the effects one's culture has on them individually and their environment (Sue, 2019). A major factor in this component is one's awareness or lack of awareness. The first competency is moving from being unaware of one's culture to becoming aware of one's culturally values and beliefs while respecting differing cultures (Sue, 2019). Becoming aware of one's bias, racists, or other detrimental attitudes and how they make affect others is also a competency within this component (Sue, 2019). As well as, becoming comfortable with differences between people's cultures and sensitive to circumstance that disable conflict among differing cultures (Sue, 2019).

The knowledge component in the understanding of the worldview of cultural conditioning and culturally diverse groups (Sue, 2019). Competencies related to this component include being knowledgeable of culturally diverse groups and the different treatments given to these marginalized groups by the sociopolitical groups in the United States (Sue, 2019). Having knowledge of the generic characteristics of counseling and therapy is considered a competency of this component. Also, identifying and understanding the barriers that culturally diverse client face in receiving counseling or mental help. The knowledge domain is essential and an important building block on the next domain.

The skills component is the ability to use culturally appropriate helping tactics and strategies to culturally different people and groups (Sue, 2019). Competencies within the skills domain directly effects the quality of help the professional can give and it is of the utmost importance that this skill set evolves and continues to grow overtime. Being able to communicate verbally and non-verbally to culturally diverse clients is an important competency skill (Sue, 2019). Being able to receive and understand verbal and non-verbal signals from clients goes along with the first competency. Applying and implementing invention skills for clients is

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considered a valuable competency skill. Another vital competency skill is knowing the impact, positive or negative, of the helping style given to a culturally diverse client and understanding one's own limitations in helping a client of a differing culture (Sue, 2019). Also, being able to play difference cultural roles at the appropriate times for the client is a developed skill.

Developing this competency skills will limit restrictions that can hold a counselor down by the conventional systems in counseling and therapy.

Multicultural Counseling and Therapy (MCT)

Sue (2019, p.37) defines Multicultural Counseling and Therapy (MCT) as, "Multicultural counseling and therapy can be defined as both a helping role and a process that uses modalities and defines goals consistent with the life experiences and cultural values of clients; recognizes client identities to include individual, group, and universal dimensions; advocates the use of universal and culture-specific strategies and roles in the healing process; and balances the importance of individualism and collectivism in the assessment, diagnosis, and treatment of client and client systems". MCT focuses on the importance the cultural values of the client and the cultural strategies the counselor uses to help the client. As we break down this definition into key statements we will see the differences with MCT and a more traditional approach to counseling. MCT expands the role of the counseling and requires more therapy skills for their helping role and process (Sue, 2019). Effective MCT is experienced when counselors give suggestions, guidance, and goals that are consistent with the client's life experiences and cultural values (Sue, 2019). Being insensitive to the client's culture is becoming more of a problem in Western culture. Counselors must prioritize cultural training formally and personally so that their help considers one's culture as valuable. MCT acknowledges that a person's identity is made up of individual, group, and universal dimensions (Sue, 2019). MCT values universal and cultural

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specific counseling strategies and believes this has a major impact on minority groups (Sue, 2019). The relationship between individualism and collectivism is a focus of MCT. A person is seen beyond themselves as product of their environment (Sue, 2019). Lastly, MCT shifts from just focusing on individual clients and spends time examining client systems (Sue, 2019).

To better understand MCT we must better understand the multiple dimensions of identity. Too often counseling ignores the group dimensions of human existence (Sue, 2019). Counselors, or society in general, lumps all humans together with statements like “we all bleed red” or “we’re all the same under our skin”. While these statements are true and yes all people are equal from a human rights standpoint, these statements create narrowmindedness when it comes to counseling. Our race, ethnicity, language, geography, sex, age, religion, etc. do effective the way we perceive and receive counseling help. The origin and meaning of counseling varies from different cultures so obviously, a counselor needs to understand if counseling can have different meaning to different groups then their counseling approach may vary as well (Sue,2019). The three different levels of personal identity are individual level: uniqueness, group level: similarities and differences, and universal level: homo sapiens (Sue, 2019). These three levels are thoroughly described in Figure 1.2 listed below (Sue, 2019 p. 34).

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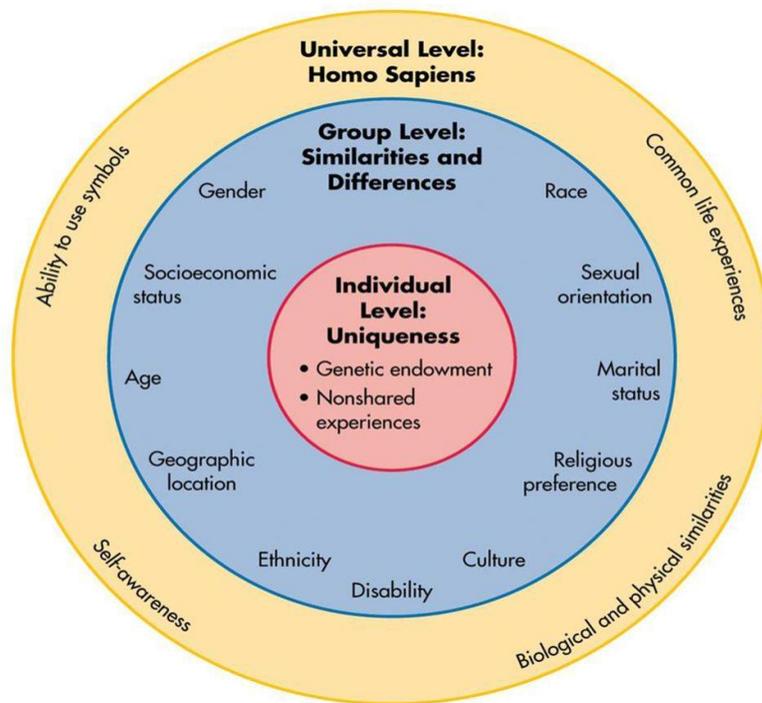


Figure 1.2

The center section of Figure 1.2 represents the individual level stating that no two people are the same. Biologically, we all are different (Sue, 2019). A good example of this is identical twins. Identical twins shared the same gene pools and many of the same genes, they are more biologically similar than any other member of the human species. But, even they can be extremely different and are absolute individuals. They have different feelings, emotions, reactions, etc. Their interests and hobbies could be completely different. Their experiences, although may occur in the same setting, are received differently. The next section in Figure 1.2 is the group level section. This level focuses on the idea that all individuals, in some ways, are similar to other (Sue, 2019). In today's society, the most common group memberships include social, cultural and political distinctions (Sue, 2019). These distinctions or similarities can include the country or state one lives in, their gender, their religious beliefs, or economic status. Some of these group markers can be powerful factors in individual's lives. Some of these group

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markers can be ever changing like one's marital status, geographic location, hobby, education or more permanent like race, religious beliefs, gender and sex (Sue, 2019). Nonetheless all of them influence and impact the identity of a person. The most outer section of Figure 1.2 is the universal level. Considering we are all members of the human race we all share many similarities. These similarities may include biological and physical make up, similar life events (birth, death, sadness, love), self-awareness, and the ability to use words or symbols (Sue, 2019). So, as Figure 1.2 clearly shows we may all be similar on a broad human level we are all still uniquely different individuals culturally.

How do you develop cultural competence?

There are many factors that can help a counselor develop cultural competence. This process isn't something that can be achieved after taking a single class or in a short period of time. Developing cultural competence is a lifelong process that counselors must commit to and make a priority if they want to offer effective help to their clients.

Cultural Humility

One of the first steps in developing cultural competency is becoming culturally humble. According to Sue (2019 p. 10), "Developing culturally competence and cultural humility in counseling/mental health practice demands that nested or embedded emotions associated with race, culture, gender, and other social identity differences be openly experienced and discussed". How counselors understand and address their strong personal feelings about these topics can either impede or enhance their ability to help their clients (Sue, 2019). Being able to admit that you have strong attitudes or feelings about these issues can be the first step to cultural humility. Next, taking time to reflect and begin to understand these personal feelings and whether they need to be adjusted. Being honest about your own potentially bias, stereotypical, or even racist

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thoughts about particular cultures or groups of people take courage but it vital if you want to develop cultural competence. Sometimes these feelings or worldviews can be deeply imbedded into the counselor and sometimes they aren't as intense. These feelings could have been created from childhood, their own culture, or throughout their lifetime. It also takes courage to make changes if these beliefs or attitudes exist. It would be wise while training to be a counselor to address these worldviews with a trained professional so that they can be properly sought through. Developing cultural humility can be described as the foundation of cultural competency. Figure 1.3 is a basic illustration of cultural humility. Many times, it isn't what you say but how you say it.

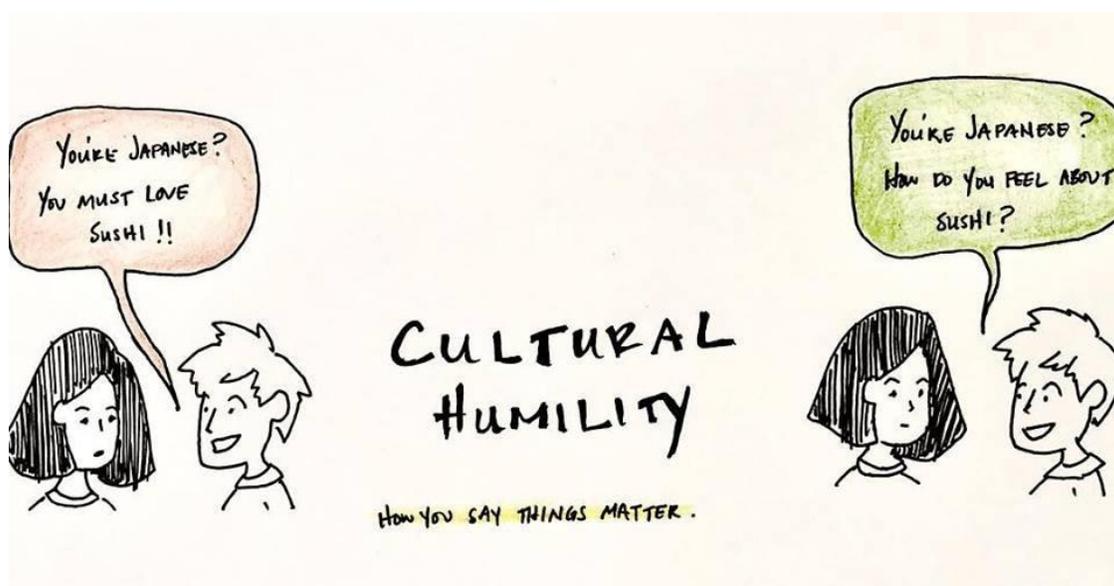


Figure 1.3

Assessment

A necessary skill in developing cultural competence is learning how to properly assess a client. This happens within the first few interactions with the client and affects the course of treatment. “Accurate assessment, diagnosis, and case conceptualization— key prerequisites to the provision of appropriate treatment— are dependent upon the characteristics, values, and

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worldviews of both the therapist and the client”, stated Sue (2019, p. 282). Some counselors choose not to include their client’s culture in their initial assessment but in most cases counselors realize the importance of including culture into assessment. Counselors must consider that they are not objective observers but that they contain their own beliefs, stereotypes, assumptions, attitudes and bias (Sue, 2019). Being aware of this is one of the first steps in effectively assessing our clients. Unfortunately, this is one of the weakest areas of our current assessment processes. Counselors are both ethically and morally obligated to make addressing their own variables a priority. Assessment should be considered a street that goes both ways, which includes both counselor and client variables (Sue, 2019).

Often times there can be errors made by the counselor in the initial assessment process. As my research has already stated, one’s own culture, bias, stereotypes and assumptions can obviously affect assessment and are considered error but there are other errors commonly made. Confirmatory strategy is a common error made by counselors. This term refers to when counselors are consciously or unconsciously searching for information from the client that supports their hypothesis while ignoring other information that contradicts what they already believe about their client (Sue, 2019). This can be described as having blinders on. This can be combated by the counselor working cooperatively with the client, testing any hypothesis with the client, and remain open to all possibilities (Sue, 2019).

Attribution error is when a counselor places improper emphasis on the internal causes of a client’s issue (Sue, 2019). This is another common error in the assessment process. This error occurs when counselors assume or focus on the character flaws of the client being at the root of their issue rather than considering other environmental or social factors and the impact they may be having on the client (Sue, 2019). According to Sue (2019, p. 284), “Attribution error can be

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reduced by performing a thorough assessment that includes consideration of sociocultural and environmental factors and testing hypotheses regarding extra psychic (residing outside the person) as well as intrapsychic (residing within the person) influences”.

Another common error made in the assessment process are commonly used quick decision rules called judgmental heuristics (Sue, 2019). This error can prevent the counselor from gather all necessary information about their client and information that can be linked to their issues. These kinds of quick judgments or spontaneous associations can short circuit the assessment process and the counselor’s ability for self-correction (Sue, 2019). Like other errors, this can be avoided by first acknowledging that they exist, questioning quick decisions, consider all factors, and evaluating the opinions on the client (Sue, 2019).

Diagnostic overshadowing is when a counselor provides inadequate treatment because their attention is focused to a more dominant characteristic (Sue, 2019). This can occur when a counselor chooses to focus on the religious beliefs of a client, assuming it is the main source of their issues, when in fact it may be numerous other factors in their life. There are many other critical factors such as sexual orientation, sex, race, disabilities, etc. that may contribute to client’s issues. Counselors must not focus in on what they consider the main contributing factor in their initial assessment because that could lead them to the error of diagnostic overshadowing. All counselors must be aware of their own beliefs and culture as well as understanding that we are all susceptible to making mistakes or errors. The more we are aware of these errors and the impact our own personal issues can have on client assessment the more likely we are to properly assess clients.

There are several, relatively simple, self-correction processes that counselors can learn and practice to help prevent errors in the assessment and diagnosis process that were discussed

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above. Although there is research out there that suggest these types of practices and training can contribute to current issues, the majority of the information points to these processes helping more than they are hurting (Sue, 2019). Cultural self-awareness, cultural knowledge, and culturally responsive or multicultural skills are all self-correction processes that are important for any counselor to learn.

Cultural awareness starts with being just that, aware of your own culture. Sue (2019, p 285) says, “Therapists may be unaware that stereotypes are affecting their views and/or responses to clients or that differences between themselves and their clients are affecting the therapeutic process”. This takes counselors asking themselves tough questions about their own bias and beliefs. Implementing accountability and submitting to supervision can help understand and create cultural awareness.

Counselors must develop cultural knowledge. Our world is full of culturally diverse people and if a counselor is going to work with these people having cultural knowledge is important. Even within certain cultural groups there can be major differences. Indian culture is made up of many different tribes that can contain many cultural differences (Sue, 2019). The same is present in Asian and Arabic cultures (Sue, 2019). While it is important for counselors to possess cultural knowledge it must not be used rigidly (Sue, 2019). This knowledge isn't a one size fits all and there must be room left for uniqueness within the individual. However, this knowledge will contribute to the assessment process and can contribute to the overall effectiveness of the helping process. Cultural knowledge will help in avoiding errors in the assessment process.

Culturally responsive and multicultural skills can be built over time. These skills also rely on the previous two terms cultural awareness and cultural knowledge. According to Sue (2019,

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p. 287), “Our manner of developing an effective therapeutic bond will differ from individual to individual and perhaps from ethnic group to ethnic group. It is important to individualize relationship skills and to consistently evaluate the effectiveness of our verbal and nonverbal interactions with the client”. These three skills can help prevent many errors in the assessment process. This intertwined relationship can be seen in Figure 1.4 below.

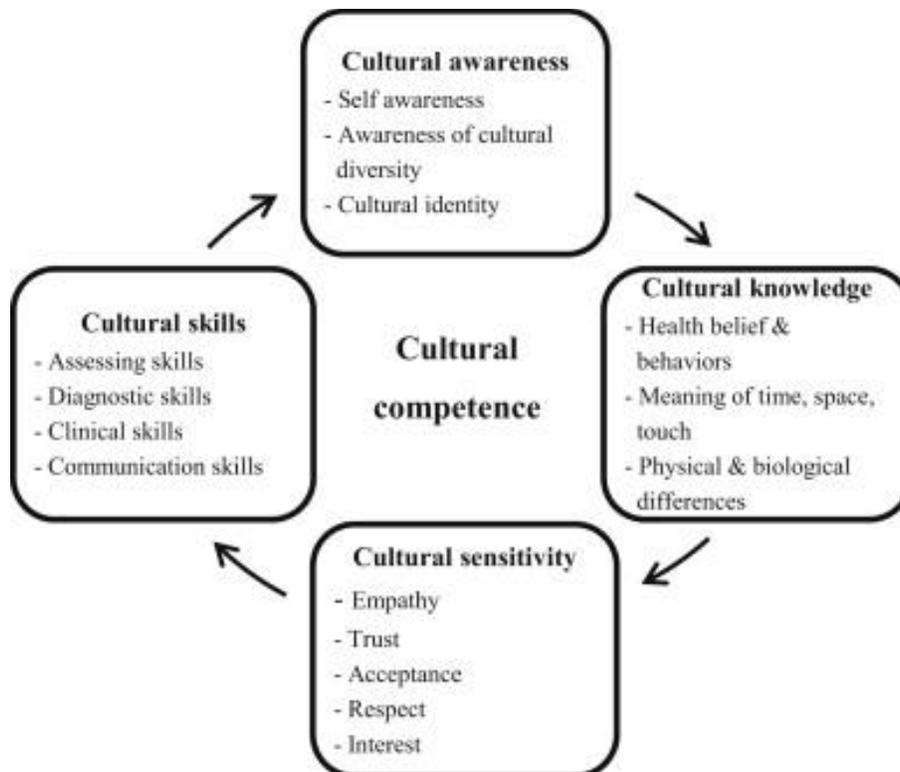


Figure 1.4

Contextual and Collaborative Assessment

The section above describes the first steps in the assessment process. Close collaboration with the client is a significant part of this equation and can be best achieved by the collaboration approach (Sue, 2019). This approach can help eliminate applying blind cultural knowledge which can lead to error in the assessment process (Sue, 2019). In the collaboration approach the client is given the opportunity to share their own beliefs, values, expectations, and perspectives as well as their own opinions about contributing factors to their problems (Sue, 2019). There will

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be times when the client's views will differ from the counselor's views. There isn't a problem that requires one person to change their views and doesn't requires labels of right and wrong. This simply shows that collaboration is necessary. If collaboration doesn't occur, then in all likelihood the treatment plan will be ineffective and the relationship could be damaged.

This collaboration goal must be made known and established a desired destination early on in the helping relationship. Ideally in the intake interview the counselor will establish an environment for a collaborative and contextual assessment (Sue, 2019). Unfortunately, many initial assessment interviews don't consider these two important factors. According to Sue (2019, p. 288), "To remedy this shortcoming, we stress the importance of both the collaborative approach, in which the client and the therapist work together to construct an accurate definition of the problem, and the contextual viewpoint, which acknowledges that both the client and the therapist are embedded in systems such as family, work, and culture". Just as the client has experienced many different circumstances and situations in their lives, the same is true for the counselor. Each one's culture may be different and each may place different value on the impact their culture has on their daily living. Bringing this issues out into the open through the collaboration approach and contextual viewpoint will help propel the helping relationship in the right direction.

The collaboration approach has several principles that will help guide counselors in creating this relationship with their clients. The first principle is using clinical skill as well as client perspective to understand the problem (Sue, 2019). Many counselors have spent years developing their clinical skills which are essential in the assessment process. When counselors accompany these skills while taking the client's own perspective into consideration, this sets the

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stage for collaboration. Even if the client's perspective may need adjusting, it's still invaluable and needed in the assessment process.

The next principle is to collaborate and jointly define the problem (Sue, 2019). There are times when the counselor and client come to different definitions of the problem at hand. When this occurs, the differences need to be discussed and those differences become the focus (Sue, 2019). Ideally, the counselor and client are able to reach the same definition of the problem and mutually agree on steps moving forward.

Jointly formulate a hypothesis regarding the cause of the problem is also a principle of the collaboration approach (Sue, 2019). To start this process the counselor can ask tentative questions about the client's life, circumstances, or situations they have already shared with the counselor. Again, if there are differences in perceptions or explanations these differences are discussed and then the similarities are the focus (Sue, 2019).

Next, the counselor should try to jointly develop ways to confirm or disconfirm the hypothesis on the problem, continuing to consider alternative hypothesis (Sue, 2019). The counselor could do this by asking specific questions on how the client's emotions are connected to events in their lives. The client's answers to these questions could confirm the counselor's original hypothesis or lead to an alternative hypothesis. It is important for the counselor to be open minded to either case.

The next principle to the collaboration approach is testing out the hypothesis using both the client and the counselor as evaluators (Sue, 2019). The counselor could ask questions about any changes the client has made and the impact those changes are having on the problem. This principle is important because the counselor is finding whether the present hypothesis is correct

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and if the potential plan of treatment is indeed the right one. This leads us to our next principle of the collaboration approach.

Developing a treatment plan is the next principle (Sue, 2019). This is when the counselor can review and present the information discussed up to this point with the client to confirm the hypothesis. If the client and counselor seem to be on the same page and agree with the hypothesis, then now is the time for the counselor to begin developing a treatment plan.

Lastly, if the previous principle is not reached and the hypothesis is still not confirmed by the client and counselor then the counselor should use this last principle. If the hypothesis is not borne out, jointly collect additional data and formulate new testable hypothesis (Sue, 2019).

According to Sue (2019, p. 290), “We believe it is of critical importance to go through a collaborative process such as this; therapist and client can adopt a scientific framework as they work to conceptualize the problem and then have an equal voice in evaluating the problem definition. Unless there is substantial agreement on the definition of a problem, therapeutic progress is likely to be less than optimal”. Also, according to Sue (2019, p. 290), “Consensus between therapist and client regarding the course of therapy strengthens the therapeutic relationship. In addition, using a collaborative approach allows clients to develop confidence that the therapist understands their issues and is using methods that are likely to achieve desired goals. Thus, collaboration improves treatment outcome by enhancing clients’ hope and optimism”.

According to Sue (2019, p. 290), “Increasingly, interview forms and diagnostic systems are beginning to place greater emphasis on collaboration or contextualism. Good clinical assessments incorporate the client understanding of the presenting concern or disorder, an extensive exploration of their trauma history racial-ethnic, cultural or historical, etc.) and

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strengths, as well as an explicit exploration of their multiple identities and the contexts in which they live”. There are many different interview forms and diagnostic systems that are used in the counseling world. The following three interview forms do a great job of infusing cultural relevance into their assessments. These three forms are Cultural Formulation Interview, Culturally Sensitive Intake Interview, and Diversity-Focused Assessment.

According to Sue (2019, p. 291), “For effective assessment, determining the cultural context of the illness is “essential.” The CFI includes an overall cultural assessment that takes into account the cultural identity of the individual; cultural conceptualizations of distress, psychosocial stressors, and cultural features of vulnerability and resilience; and cultural differences between the individual and the clinician”. Cultural Formulation Interviews contain 16 questions that are used to identify key aspects that their culture has on their mental health and potential care (Sue, 2019). Most clients have positive experiences with CFI and believe they are an important factor in their initial assessment (Sue, 2019).

Commonly used assessment forms focus on the individual and rarely consider family, environmental or social issues surrounding the individual (Sue, 2019). I was to discuss this forms and their content followed by ways culturally diverse counselors are pushing to infused more culturally focus questions into these initial assessments.

Identifying information is almost always the first topic of initial assessments (Sue, 2019). Counselors seek to gather information about why the client is seeking treatment and the referral source (Sue, 2019). Also, asking basic questions about the client’s age, gender, religious beliefs, sexual orientation, primary language, and geographic details (Sue, 2019). All of this is great information and will be useful for the counselor helping the client.

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Allowing the client to present the problem is also common in these initial assessment forms (Sue, 2019). Sue (2019, p. 292) states, “To understand the source of distress in the client’s own words, obtain his or her perception of the problem and assess the degree of insight he or she has regarding the problem and its chronicity”. Giving the client the opportunity to explain their problems and symptoms in their own words early on in the helping relationship can offer valuable information to the counselor. This can help build the relationship and help the counselor meet the client where they’re at.

Then, identifying the preceding problem’s history is often a common topic of initial assessment forms. According to Sue (2019, p. 292), “To assist with diagnostic formulation, it is helpful to have a chronological account of and perceived reasons for the problem. It is also important to determine levels of functioning prior to the problem and since it has developed, and to explore social and environmental influences”. Asking questions pertaining to when the problem started, what was going on in the client’s life when the problem started or becomes more prevalent, and other circumstances or influences that could potentially contribute to the problem are great questions to gain history (Sue, 2019). Also, questions about family history, social issues, or value conflicts that are connected to gender, sexual orientation, ethnicity, social class, or ability will add the full picture of the client’s history (Sue, 2019). Lastly, questions about any changes the client has experienced since encountering their problems may offer insight.

Next, counselors will often ask questions about the client’s psychosocial history (Sue, 2019). Sue (2019, p. 292) states, “Clinicians can benefit from understanding the client’s perceptions of past and current functioning in different areas of living, as well as early socialization and life experiences, including expectations, values, and beliefs from the family that may play a role in the presenting problem”. Gaining the client’s perspective of their own

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values, social skills, academic ability, and interests is important (Sue, 2019). Allow the client to share their personal description of their family history, adolescence experience and any previous trauma will shed light on their psychosocial history (Sue, 2019). Finding out potential triggers of problems and what emphasize is put of what area of their life can be found through asking questions about the client's psychosocial history.

Discussing the client's abuse and trauma history is often covered in these initial assessments but should be explore more deeply and should be focused on more (Sue, 2019). Although this topic may be sensitive, it is extremely important to gain this part of the client's history and will contribute to the effectiveness of treatment and diagnosis (Sue, 2019). While conversing with the client about this difficult issue the counselor may have to move on to another section and return to this later if it seems to be too difficult for the client to discuss (Sue, 2019). Sexual abuse, domestic abuse, emotional and mental abuse, as well as general safety questions should be included in this section of the assessment (Sue, 2019).

Identifying the client's cultural strengths is a common part of initial assessment and can often be shared as a positive of uplifting moment for the client (Sue, 2019). According to Sue (2019, p. 293), "It is important to identify culturally relevant strengths, such as pride in one's identity or culture, religious or spiritual beliefs, cultural knowledge and living skills, family and community supports, and resiliency in dealing with discrimination and prejudice". Identifying strengths can help put the client's problem into context and also identify potential support systems or avenues to change (Sue, 2019). This can also fight against any negative stereotypes that are often attached to the client's ethnic or social group (Sue, 2019). Asking the client questions about personal attributes or accomplishments they are proud of, previous problems that they have overcome or solved, sources of healthy pride, or activities that bring joy or happiness

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are all great questions to identify cultural strengths of the client. Also, asking the client about how they think their strengths and contribute to their treatment plan can be beneficial. Using the client's strengths has shown a decrease in depression and increase in happiness (Sue, 2019).

Collecting information about the client's medical history is often part of the initial assessment (Sue, 2019). Sue (2019, p. 293), "It is important to determine whether there are medical or physical conditions or limitations that may be related to the psychological problem and that should be taken into consideration when planning treatment". Creating a list of medications the client is taking, current or previous major illnesses that could affect the client's overall health, and any physical or mental disabilities the client has will be beneficial information for the counselor to know (Sue, 2019). The counselor could ask the client questions about current support systems that help with any medical issues, if they are engaging in appropriate self-care, and how these medical issues, if any, affect their daily life (Sue, 2019).

Substance abuse history is another common topic in initial assessments (Sue, 2019). This concern is often emphasized on the affect it has on treatment and diagnosis of the client (Sue, 2019). Substance abuse is common in today's society so it is important this section become a focus in the initial assessment (Sue, 2019). Gauging the amount of use and what specific substances that are used will help the counselor understand the extent, or lack of, substance abuse. Asking the client's input of how they substance use affects their daily life or how it potentially contributes to their problems will be beneficial to the counselor. Also, gaining their family history of substance abuse can help the counselor gain context.

Lastly, the risk of harm to self or others is a common topic that needs to be discussed in the initial assessment (Sue, 2019). According to Sue (2019, p. 294), "Even if clients do not share information about suicidal or violent thoughts, it is important to consider the potential for self-

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harm and harm to others”. Asking about the client’s emotional state, if they are experiencing feelings of depression, or if they have a history of having suicidal thoughts can be helpful information to the counselor (Sue, 2019). Often times asking pointed, but respectful, questions are best. This isn’t a topic the counselor needs to dance around but instead they need to be direct (Sue, 2019).

Now, diversity considerations can easily be infused into these common topics that make up common initial assessment forms (Sue, 2019). There are many different questions that the counselor can ask from a diversity standpoint that will help them understand the client’s perspective. These questions are commonly used in Diversity-Focused Assessments (Sue, 2019). Asking the question “how can I help you?” addresses the reason the client’s visit and expectations regarding therapy (Sue, 2019). This question can bring clarity between the client and counselor. Then, asking the client “what do you think is causing your problem?” will allow the client to share from their perspective about potential causes of their problem. According to Sue (2019, p. 294), “In some cases, the client will not have an answer or may present an implausible explanation. The task of the therapist is to help the client examine different areas that might relate to the problem, including interpersonal, social, and cultural influences”. Asking the question “why do you think this is happening to you” will help the counselor tap into potential spiritual or cultural factors that could be influencing their client (Sue, 2019). This question can present explanations that the client feels is presenting their problems. If the client doesn’t offer a direct answer the client could ask reasons their family or close friends have expressed as to why the client is experiencing these problems (Sue, 2019). The next question the counselor could ask is “what have you done to treat this condition?” (Sue, 2019). The client’s response to this question will help identify previous treatment plans, factors that have helped the client in the

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past, factors that didn't help the client in the past, and other useful information (Sue, 2019).

Lastly, "how has this condition affected your life" is a common question. According to Sue (2019, p. 294), "This question helps identify individual, interpersonal, health, and social issues related to the problem. Again, if the response is limited, the clinician can inquire about each of these specific areas".

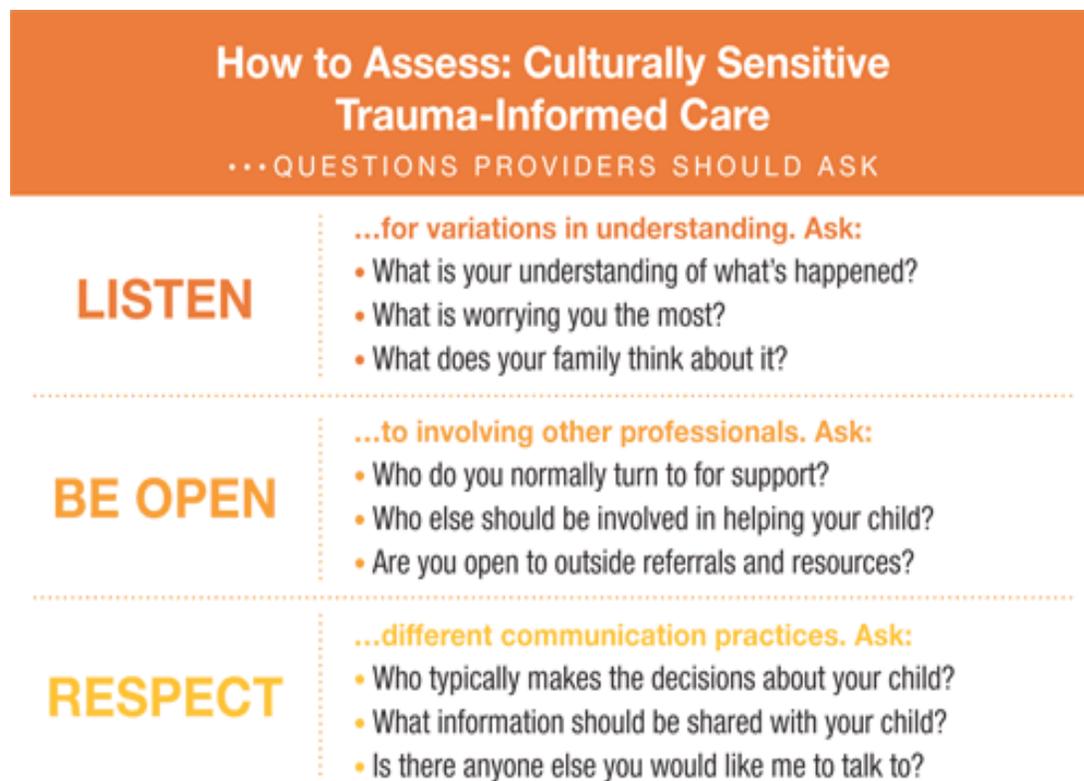


Figure 1.5

What are barriers preventing cultural competence?

As I have mentioned over and over again in this research, culture is a major factor and influences all areas of counseling. This is again proven true when it comes to barriers. This next section will focus on identifying barriers in developing cultural competency and what you can do to overcome them. Barriers can be encountered by both the counselor and the client. There can be factors keeping the client from trusting their counselor and ultimately keeping them from

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opening up about their issues. There can also be barriers that are keeping the counselor from fully understanding their client or their issues that prevents them from effectively helping them. Barriers can come in many forms and can be different for each individual counselor or client.

Many of the most common barriers have to do with one's culture. Factors such as language, religion, beliefs, race, values and goals can make it difficult to cultivate a counseling relationship. Language may be a barrier that most think is a non-issue but that isn't always the case. Even if the client and counselor share the same primary language there can still be miscommunications that can present problems. Depending on what part of the country you are from can mean you place different meanings with different words which can be taken out of context. There are a variety of different slang words with different meanings used by different people that can make it difficult for someone's else to totally understand the context of what they are saying. There is no right or wrong here but we must acknowledge that even within the English language there is plenty of room to misunderstand what the other person is saying while speaking the same language. Now, on the other end of the spectrum, when the counselor and client don't share the same primary language it can present obvious issues. This is more common in major metropolitan cities in our country. It is ideal for counselors to be fluent in more than one language but that isn't always the case. Even if a counselor has the ability to speak different languages, if they do not have many years of experience there can be major issues. One of the first steps in addressing this barrier is involving a professional interpreter. There are general guidelines when selecting and working with a professional interpreter (Sue, 2019). The interpreter and client need to speak the same language, obviously. It is important to monitor carefully that they don't have any major social or cultural differences (Sue, 2019). It is vital that the counselor and interpreter establish familiarity with each other and begin to develop

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chemistry. This relationship is extremely important to overcoming the language barrier. They need to complement each other's styles and be able to work well with one another. The interpreter is there to be a part of the team, not just someone to relay messages. Make sure to allow extra time in each counseling session. Fully explain the code of ethics and confidentiality with the interpreter. Be aware that the interpreter could potentially experience strong emotions or be effected by personal traumas during this helping process. This could lead to over identification or countertransference and can be combatted with meeting privately with your interpreter on a regular basis (Sue, 2019).

Bias

Bias is one of the most common barriers in counseling, but can be the hardest to properly address both for the counselor and the client. Bias is often thought to be determined by one's geography (Pedersen, 1987). Reality is that bias is much more influenced by social, economic, and political perceptions (Pedersen, 1987). In America, we assume that most other people in the world view things as we do, but the exact opposite is true. The majority of the world accept a non-western world point of view (Pedersen, 1987). Despite this numeric truth, the majority of the training and textbooks are based on American and Western culture (Pedersen, 1987). The consequences of this type of assumption can lead to racism, ageism, sexism, and other forms of cultural bias (Pedersen, 1987). So, the first step in combating bias is to think outside of our normal way of thinking and be open to others. We must make it more of a priority to address these learn cultural assumptions and become more worldly in our thinking. I want to discuss several common cultural assumptions that can become bias and ultimately barriers. Listed below, in Figure 1.6, are common affects and though patterns that contribute to cognitive bias. This

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illustration is an excellent opener to this section of my research on how bias can prevent development of cultural competence.

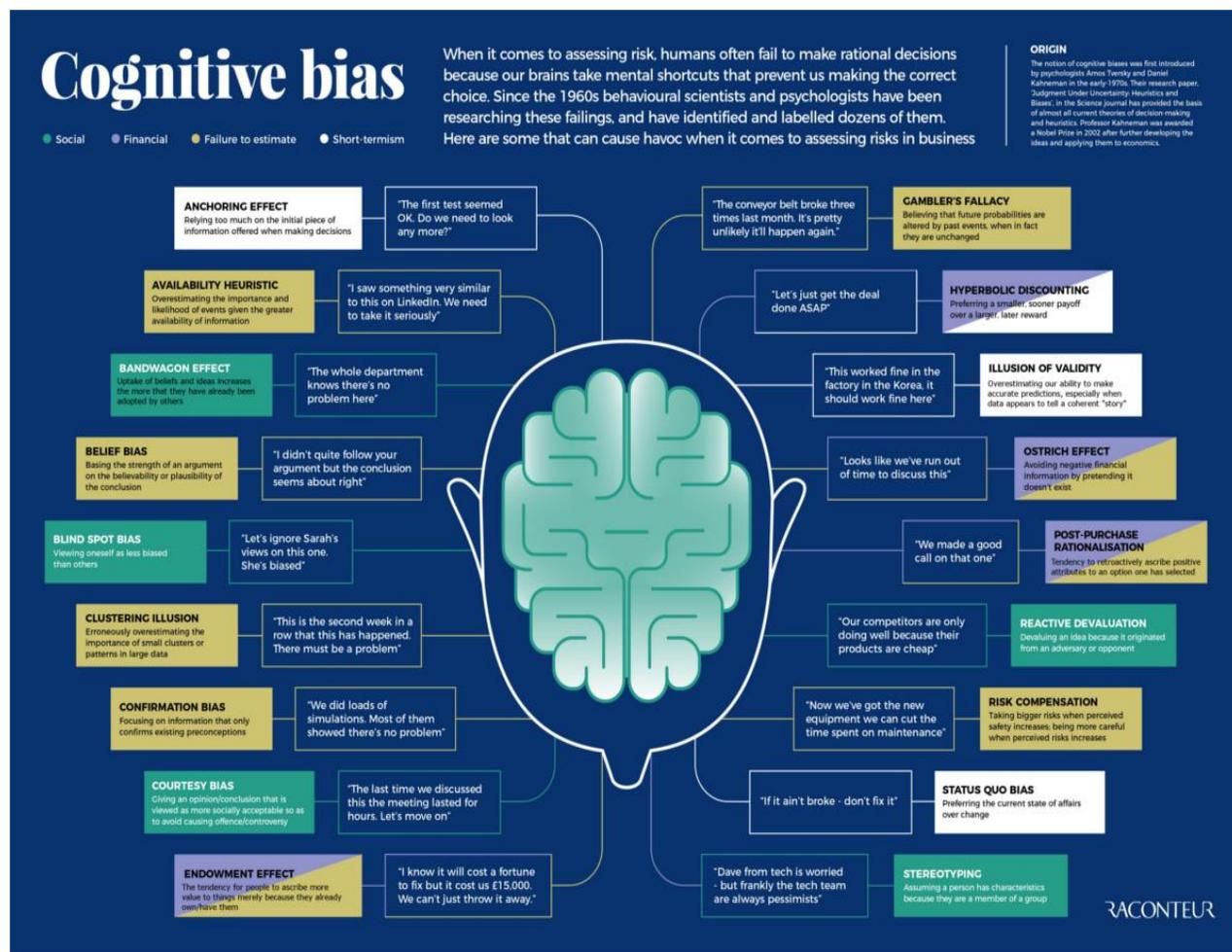


Figure 1.6

Assumptions About Bias

The first cultural assumption is the thought that we all share the same “normal” behavior (Petersen, 1987). The assumption starts with the belief that the definition of normal is the same across social, economic, cultural and political backgrounds (Petersen, 1987). This assumption can be destructive to helping relationships. It is important for counselors to understand how diverse the meaning of normal can be for each person. We can't put other people into a box of normal.

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Another common assumption is that individuals are the basic building block of society (Petersen, 1987). Most counseling in the United States focuses on the development of individuals (Petersen, 1987). It focuses on self-discovery, self-awareness, and self-fulfillment (Petersen, 1987). Although this is vital, that each person do their part by becoming the best version of themselves, it isn't the only aspect we need to be aware of. Many cultures actually put the overall betterment of their families and communities above any individual. That's why it is important for a counselor to be comfortable when talking to people who live in cultures that emphasize individual growth and also community growth.

The next frequent assumption are problems that are defined by academic discipline boundaries (Petersen, 1987). People in the helping field seem to categorize the client's problems that fall under the care of a counselor, psychologist, sociologist, or a medical doctor. The problem is that all client issues aren't defined by these artificial boundaries (Petersen, 1987). Counselors must be aware of this and not be strictly led by these boundary practices. "It is important for counselors to become skilled in going beyond the boundaries of their own self-reference criteria to examine the problem or issue from the client's cultural perspective" (Petersen, 1987). "The self-imposed boundaries counselors in the United States place on their description of counseling are themselves culturally learned and must be relearned as counselors move from one culture to another" (Petersen, 1987).

The next assumption I want to discuss is the assumption based on the dependence of abstract words and the assumption that clients will understand these meanings as they were intended (Petersen, 1987). There are high-context cultures and there are low-context cultures. High-context cultures require reference to a context to give conceptual meaning (Petersen, 1987). "Low-context are less dependent on context and more likely to presume that abstract concepts

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carry their own meaning with them from one context to another” (Petersen, 1987). A counselor needs to be aware of the client’s culture so they can operate with the right context that would be most effective for their client. This is important because if a counselor fails to do this then terms like bad or good and fairness or unfair will carry little meaning if used outside the right context. There has been more emphasize put on context in recent years and we are beginning to understand that the person and their environment are necessary to develop accurate interpretation.

The thought that interdependence is valuable and dependencies are undesirable is also an assumption that counselors often encounter. A common thought in American culture is that an individual shouldn’t be dependent on another (Petersen, 1987). When a counselor sees “excessive” dependence from one person to another often times the desired outcome is to eliminate that dependence (Petersen, 1987). On the other hand, in many cultures for one to be dependent on another person or community is absolutely necessary (Petersen, 1987). To determine whether the dependency is excessive or not the counselor must be aware of the client’s culture. Counselor’s must fight the bias thinking that all dependency is bad and must be eliminated.

The perceived importance of a natural support system surrounding a client is another assumption that needs to be addressed (Petersen, 1987). Too often in American culture the counselor/client relationship and the other intimate relationships of the client are turned into rivals. Family or community relationships are viewed as toxic or are said to be contributing to the client’s issues. Counselors shouldn’t be automatically deterring clients from their natural support systems. Yes, there are certain situations where these intimate relationships could be part of the problem, but a counselor shouldn’t assume this is always the case.

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The next common assumption is that we should be dependent on linear thinking (Petersen, 1987). We often assume that each effect is tied to a cause and that each cause has an effect (Petersen, 1987). This kind of thinking is most often seen in how counselors conclude measurements (Petersen, 1987). Measurements are required for evaluation. This is done while determining things like goodness, badness, appropriateness, or inappropriateness (Petersen, 1987). Although these measures are required to monitor the effectiveness of counseling, it is important not to become solely dependent on them as our only way of counseling. Counselors need to remain open minded and not be laser focused on a singular step by step process of thinking. “Counseling has frequently erred in assuming that if a test, book, or concept is accurately translated in terms of its content, the translated tool will be effective and appropriate” (Petersen, 1987). This is not always true and counselor do not need to assume that linear thinking is always the answer.

Another important assumption that contributes to bias is that counselors need to change the client to meet the system and never consider changing the system to meet the client. Counselors should recognize that trying to guide their client to meet the status quo isn't always in the best interest for the client. Again, this addresses counselors using linear thinking and cookie cutter systems across the board in helping all clients. This is poor counseling and an excellent example of bias. Counselors need to be able to tell the difference between the best interest for their client and the best interest for surrounding social institutions (Petersen, 1987). It is the counselor's ethical obligation to make sure they don't put the interests of social institutions above the best interest of their client (Petersen, 1987).

The assumption of neglecting the client's history is also very common in counseling. Counselors seem to focus on more immediate events in the client's life rather than considering

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the history of the client's culture and the impact it could be having (Petersen, 1987). The client's perspective may require historical background for the counselor to fully understand. This historical background could be a major factor on the client's current behavior (Petersen, 1987). Counselors must fight this bias and need to develop patience to look beyond the immediate and look in the past as well as the future.

The last assumption that leads to bias is the assumption that counselors are aware of all their assumptions (Petersen, 1987). If counselors are unwilling to be open minded towards their own assumptions then they will be less likely to effectively communicate with clients from different cultures (Petersen, 1987).

Microaggressions

Another common barrier that prevents cultural competence are microaggressions. According to Sue (2019, p. 124), "Microaggressions are brief and commonplace daily verbal or behavioral indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults that potentially have a harmful or unpleasant psychological impact on the target person or group". These behaviors can make a client feel unwelcome, insecure, unsafe, and many other negative emotions. Microaggressions are often subtle, unintentional, often occur when situations have alternative explanations, represent deep seeded bias and attitudes, and often occur when people are pretended not to notice obvious differences in people (Sue, 2019). Microaggressions can be split into three different types which are microassaults, microinsults, and microinvalidations. Microassaults are blatant attacks that can be verbal, nonverbal or environmental (Sue, 2019). These attacks are usually intentional and deliberate that target specific groups of people. Examples of microassaults are sexism, religious discrimination and overt racism (Sue, 2019). Microinsults are often unintentional behavior or

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comments that are insensitive to another's heritages, gender, religious preference, or sexual orientation (Sue, 2019). These unconscious behavior or comments often have a hidden message that is attached to the person's underlying bias or attitude about a specific group of people.

Microinvalidations are also unintentional and most likely the person doesn't even realize what they are saying or how they are acting. Microinvalidations are comments or behaviors dismiss or negate the physiological feelings or thoughts of a specific group of people (Sue, 2019). A common microinvalidation is simply ignore the cultural factors of a person or the effects these factors have on a given situation. Phrases like "all lives matter" or "we are all human" can be examples of microinvalidations. This section of research of microaggressions can be clearly illustrated in Figure 1.7 shown below.

Figure 1
Categories of and Relationships Among Racial Microaggressions

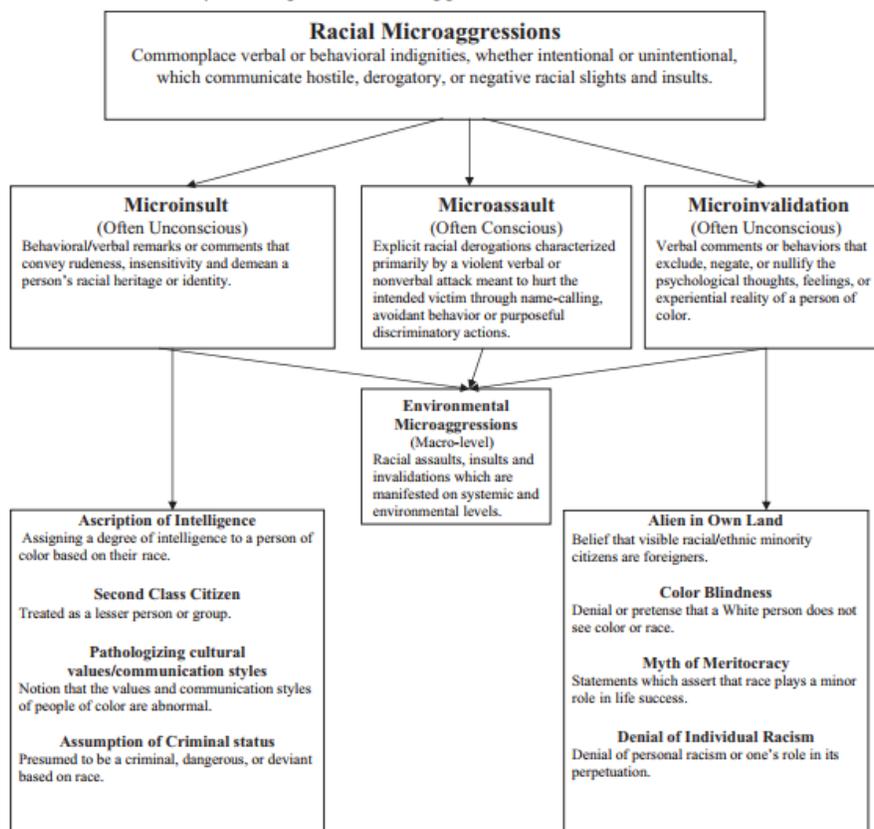


Figure 1.7

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Psychological Resistance

Although physiological resistance may not be a barrier preventing a counselor from developing cultural competence, it is still considered a barrier in effective helping and is an important topic to be discussed. “As a counselor or therapist working with clients, you will often encounter psychological resistance or, more accurately, client behaviors that obstruct the therapeutic process or sabotage positive change”, explains Sue (2019, p. 15). These behaviors may vary in both actions and motives. Resistance and avoidance are two important terms to be aware of when studying and encountering physiological resistance from a client. Clients may attempt to quickly change the topic, constantly become late to counseling sessions, or avoid discussing their emotions in detail (Sue, 2019). These actions are signs of deeper issues and are classic examples of psychological resistance. The motives or reasoning behind these behaviors could be avoiding painful memories or emotions, avoiding unpleasant personal revelations, or refusing to take personal responsibility (Sue, 2019).

According to Sue (2019, p. 16), “In work with resistance to diversity training, research reveals how it is likely to be manifested in three forms: cognitive resistance, emotional resistance, and behavioral resistance”. Recognizing the hidden meanings of the resistance must be an initial priority of the counselor (Sue, 2019). This is important so the counselor can help their clients confront their powerful emotions, explore personal feelings about their past or present, and achieve personal goals (Sue, 2019). While doing this the counselor will be able to accomplish these things for themselves, which will improve their personal lives and their ability to help others. Now, let’s discuss the three different types of resistance in depth.

Cognitive resistance, also referred to as denial, is the first form of resistance counselor may encounter with their clients. A common sign of denial is silence. This can become an easy

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reaction for clients to refuse to express or acknowledge how they feel or what they think. By staying silent they refuse to address the possible issues they may be experiencing. Sue (2019, p. 17) states, “Denial through disbelief, unwillingness to consider alternative scenarios, distortion, fabrication, and rationalizations are all mechanisms frequently used by some trainees during racial conversations to prevent them from thinking about or discussing topics of race and racism in an honest manner”.

Emotional resistance can be an obstacle in multicultural understanding, progressing through personal issues, as well as honest self-evaluation. Common emotions felt by both counselor and clients are anxiety, fear, anger, defensiveness, guilt, remorse, and regret (Sue, 2019). Anxiety is often the primary emotion felt when clients are confronted or are attempting to address their personal issues or feelings. Fear is another strong feeling often felt when clients are going through self-evaluation. It can be a scary journey through one’s trauma or potential negative attributes. Anger and defensiveness are often seen as two emotions paired together when clients exhibit emotional resistance (Sue, 2019). Defensiveness is often shown as a self-protective stance while anger is commonly shown as an attempt to strike back at the person who is challenging the client’s behavior (Sue, 2019). These two emotions are common responses when counselors are offering criticism, revealing personal shortcomings, feeling unfairly accused, confronted with being wrong, or perceiving a threat to self-image (Sue, 2019). According to Sue (2019, p. 19), “Guilt as an emotion occurs when we believe we have violated an internal moral code, and have compromised our own standards of conduct”. The term moral codes are important when it comes to feelings of remorse, guilt and regret. These codes may vary from culture to culture which only magnifies the importance of a counselor developing cultural competence.

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Behavioral resistance can be paired with both cognitive resistance, or denial, as well as emotional resistance. Some clients may be emotional driven to action. These actions can be positive or negative. They can also refuse to take action at all because they are in denial about their issues being present or needing change. These two options can be illustrated by two terms hopelessness and helplessness. Feeling these two emotions can be legitimate unless they lead to excuses to not take action or resistibility (Sue, 2019). Sue (2019, p. 21) simply put, “In other words, helplessness and hopelessness are emotions that can provide cover for not taking action. They allow many of us to not change for fear that our actions will result in the negative consequences previously outlined. Becoming a culturally competent counselor or therapist requires change”.

Emotions

Sue (2019, p. 21) states, “There are many other powerful emotions often experienced by students during the journey to developing cultural competence. They include sadness, disappointment, humiliation, blame, invalidation, and so on. These feelings, along with those already discussed, can make their appearance in dialogues on multiculturalism or diversity”. These emotions can become extremely powerful and controlling which can become a barrier in the learning process and path towards cultural competency. Gaining control of these emotions is vital for both the counselor and the client. Learning how to properly express these emotions as well as identifying their source will enable a person to not be controlled by their emotions. It is important to not allow the initial negative feelings or circumstances of experiencing these emotions to stop you from seeking cultural competence (Sue, 2019). Identifying, understanding, and controlling your emotions is a lifelong process and it isn't a simple task (Sue, 2019). Sue (2019, p. 22) says it best by describing emotions as, “It is a

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monumental task, but the rewards are many when we are successful. A whole body of literature supports the belief that encountering diverse points of view, being able to engage in honest diversity conversations, and successfully acknowledging and integrating differing perspectives lead to an expansion of critical consciousness”. Below, in Figure 1.8, is a list of emotion words accompanied with an illustration that may help the counselor or client identify different emotions they may be experiencing.



Figure 1.8

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How does communication relate to cultural competence?

What is communication? Adler (2007) says “communication is about using messages to generate meaning”. Humans actually need communication. Communication can meet our physical needs, identity needs, social needs, and practical needs (Adler, 2017). Quality communication is directly connected to strong mental and physical health. The way we communicate and interact with other people is the primary way we learn more about ourselves. Communication is also the main principle in which relationships are created and sustained. Communication is an essential tool in meeting many of our daily practical needs. Whether we realize it or not, we are constantly communicating with other people. I am going to explain several principles that explain the nature of communication. These principles are all according to Adler, (2007). Communication is transactional. It is something with do with others not to others and the success depends on the other person as well as yourself (Adler, 2007). Communication can be intentional or unintentional. We can be deliberate and carefully plan our communication with others or we can send messages without even realizing it. Communication is irreversible. Once the cat is out of the bag, it’s out. Often times we wish we could turn back time and take back what we have said or say it a different way. Unfortunately, once the message is sent it can’t be retracted. Much like communication is irreversible, it is also unrepeatable. Although we can say the same thing again, we can’t recreate one specific interaction or conversation. Adler (2007) says this is because “you and the other person have changed”. This change could have happened over 1 year or 1 hour. Lastly, communication has a content and relational dimension. The content dimension refers to the information discussed and the relational dimension reflects how you feel about the person you are communicating with.

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Characteristics of Communication

There are a few main characteristics that contribute to the overall nature of communication (Adler, 2007). The first is uniqueness. This means the nature of your communication may vary depending on who you are communicating with. The way we communicate with family, close friends, our boss at work, strangers, clients, or even people that we don't like is more than likely not going to be the same. Scholars call this relational culture (Adler, 2007). The nature of the relationships affects the nature of communication. The second characteristic is interdependence. This means that most likely the other person's life affects your life. Their emotions, successes/failures, and daily living have an effect on yours. This can vary like uniqueness considering you will have less interdependence with the cashier you don't know than you will your spouse. The third feature is self-disclosure. Again, the degree of self-disclosure may vary depending on the nature of the relationship with the person you are communicating with. We are more likely to self-disclose things about ourselves with people we are closer with. This can be done through our communication with them. The fourth and final characteristic is intrinsic rewards. Like the previous characteristics this varies with the nature of the relationship. We tend to be more focused on the intrinsic rewards of those we are closer with. We focus and value more of their words or thoughts than we would someone we aren't close with. We are more receptive to their advice and opinions. All of these factors affective the nature of our communication with others.

Misconceptions About Communication

I want to discuss some misconceptions about communication. The first is not all communication seeks understanding (Adler, 2007). There are simple daily interactions we have with people where understanding one another is not the goal. Passing someone in the grocery store

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asking how they are doing can be an example of this. Yes, we may be asking that question but how interested are we in understanding how that person is doing? Another example is when we are attempting to influence or persuade someone a certain way. The goal would be to get them to think or believe what we want, not to seek understanding for ourselves. When people are deceptive or trying to manipulate another person the last thing on their minds is understanding. The second misconception of communication is that more communication is always better (Adler, 2007). Most of the time a lack of communication causes issues but excessive communication can also hinder effectiveness. Saying the same thing over and over can break trust and cause others to lose interest in what is being said. The amount of communication needed can vary from person to person. Some people respond to and need more communication to perform well or feel valued in the relationship. Others thrive on the exact opposite. As a counselor, it is vital to know the difference and know what your client needs when it comes to amount of communication you offer. The next misconception is that communication will solve all problems (Adler, 2007). Sometimes even the best, well thought out, intentional communication will not solve the problem. The last misconception of communication is that communication is a natural ability (Adler, 2007). Although most people communicate well enough to interact in their daily living, most are far below their maximum effectiveness (Adler, 2007). It is important to understand communication training is extremely helpful in improving your communication skills which will benefit you in your daily living. This is a must for those who want to be counselors and help people from various cultures. Some may be more naturally gifted in communication than others but all can improve with the proper education and training. This can be a lifelong process and there is always room to improve.

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Now, let's begin to focus more specifically on the importance of communication as a counselor. Sue (2019) states "Effective helping depends on the counselor and the client being able to send and receive both verbal and nonverbal messages accurately and appropriately". This can be both verbal and nonverbal communication. Verbal is what is said and nonverbal is how it is said, both equally important. The quality of giving and receiving communication can have a major impact on the quality of help given. Most counselors seem to be more concerned with the accuracy of communication and less concerned with communicating appropriately (Sue, 2019). "Moreover, the preceding examples illustrate the potential for therapists to completely miss the essence of their clients' communications when they do not appreciate the ways that their own assumptions and blind spots interact with clients' cultural backgrounds and experiences. In most cases, therapists have been trained to tune in to the content of what is said rather than to how something is said" Sue (2019) explains. Yes, it is important to understand what your client is saying and addressing the issue, but it is also important to focus on how the counselor listens and responds. This leads us to the topic of nonverbal communication.

Non-verbal Communication

Adler (2007), defines nonverbal communication as "messages expressed by nonlinguistic means". These messages are important because often times what we do speaks louder than what we say. There are a few main characteristics that form nonverbal communication that are important to know and understand as a counselor. The first is nonverbal communication is always occurring (Adler, 2007). No matter how hard you try you will always be communicating something nonverbally. Even if you sit still, remaining neutral without saying a word, that is communicating something to the other person. People are constantly observing others and perceiving from other's nonverbal communication. This must be understood as a counselor, that

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even when you don't try to, no matter what, nonverbal communication is always occurring.

Counselors must understand and be intentional that they are accurately communicating nonverbally. Not paying attention or being engaged can send the wrong message without meaning to. The second characteristic is nonverbal communication is primarily relational (Adler, 2007). Nonverbal communication helps us demonstrate the type of relationship we have or want to have. There are endless options when it comes to communicating nonverbally. If you reflect on yourself and how you communicate nonverbally with others I believe you will become aware that the type of communication given greatly depends on the nature of the relationship you have with that person. Another characteristic is nonverbal communication is ambiguous (Adler, 2007). Meaning nonverbal communication can be open to more than one interpretation or have a double meaning. Because of this it is wise to use caution when responding to nonverbal cues. The next characteristic is that nonverbal communication is influenced by culture and gender (Adler, 2007). I have already explained the influence culture can have on communication as a whole and the many factors that encompass communication. Again, the meaning on one nonverbal sign could have a different meaning in another culture.

Nonverbal communication has many functions. It can be used to create and maintain relationships, regulate interactions, influence others, influence ourselves, manage expressions, and to conceal or deceive (Adler, 2007). As you can see in the many functions nonverbal communication impacts most areas of our lives.

Now let's dive into the different types of nonverbal communication. Distance is a type of nonverbal communication. The study of proxemics refers to perception and use of personal and interpersonal space (Sue, 2019). There are social norms and clear boundaries when it comes to personal space in social interactions. Sue (2019) describes four distance zones intimate, personal,

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social and public. These zones represent different interactions we all face in our daily lives and need to be aware of as they may vary depending on the person. As a whole, our culture seems to be more uncomfortable when people are too close rather than too far away (Sue, 2019). This is always true, this can vary with culture. It is important for culturally diverse counselors to understand proxemics and the impact personal space can have on helping conversations.

Body movement is a type of nonverbal communication which can be described by a term kinesics. Kinesics refers to bodily movements such as facial expression, posture, gestures, and eye contact. Let's break this down a little more. "The face and eyes are probably the most noticeable parts of the body. However, the nonverbal messages they send are not always the easiest to read" Adler (2007) states. When you combine the amount of different movements and expressions of the eyes and face with the different emotions attached to each it can make it different for people to interpret. In addition to the specific circumstances of any given situation you can only imagine how difficult this could be at times. The same is true for posture and gestures. The amount of different forms and combinations of the two can prove difficult to interpret from person to person. Like many other terms we have and will discuss, this can depend on culture. Every type of body movement can carry different meanings in different cultures. Where is our culture strong eye contact and smiling may mean engagement, in another culture it could be interpreted as disrespectful or a sign of weakness. Without the proper understanding of kinesics one could decimate a helping relationship but sending the wrong nonverbal communication, whether intentional or unintentional.

The way you use your voice is another type of nonverbal communication. The term paralinguistics is used to refer to other vocal cues that individuals use to communicate (Sue, 2019). Examples of paralinguistics are loudness of voice, silences, pauses, rate of voice, and

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hesitations. You guessed it, the nature in which paralanguage is used and interpreted can be dependent on culture. Where one can take a long pause as someone in deep thought another can be insulted thinking the other is disinterested. Some may be able to keep up with rapid speech while others can feel overwhelmed and insecure trying to keep up. The loudness or softness of your voice may indicate different meanings in different cultures. It is important for a counselor to be aware of these differences in culture to prevent miscommunications. Below, in Figure 1.9 is an illustration reviewing non-verbal communication.

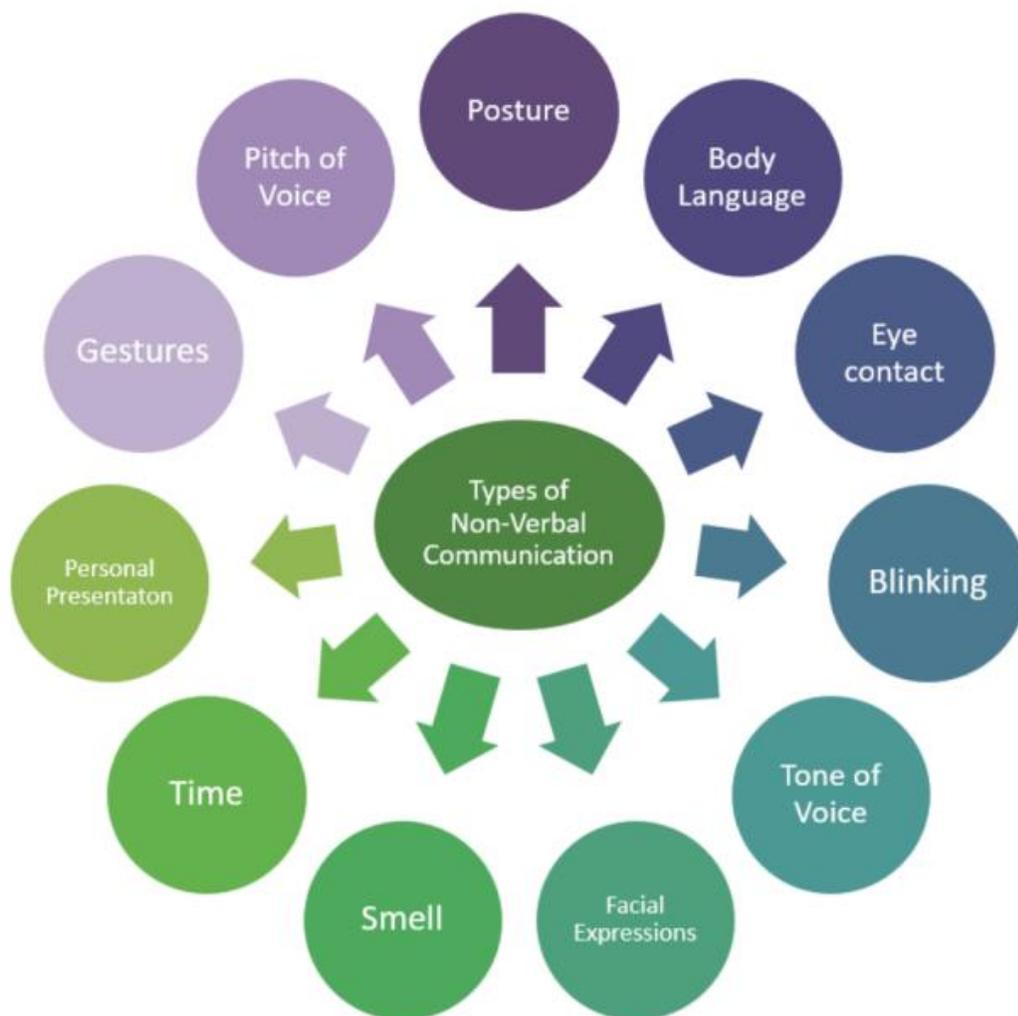


Figure 1.9

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Listening

The second, and equally important, part of communication is listening. We can all think of a time where we felt someone else was being a poor listener. It seems to be easy to identify this in others but more difficult to identify within ourselves. Think back to a time when you felt nobody was listening to you or specifically when you were in need of help or guidance and you felt the other person wasn't doing a good job at listening. How did that make you feel? Did it keep you from opening up to others? Did it discouraged you from listening to others? These are all important questions and the answers give us reason to learn more about listening. We have all heard the saying "there's a reason you have two ears and one mouth". This saying can open our minds to the importance of listening but fails to tell the full story. Let's take a deeper look into the art of listening.

Listening can be defined as receiving and responding to others messages (Adler, 2007). Listening is one of, if not the most, frequent activity when it comes to communicating with others. One study shows that college students spend 55% of their time listening while engaged in communication (Adler, 2007). When a group of adults were asked the most common skill they observed in the workplace and the most desirable skills they sought in other employees the answer to both questions was listening (Adler, 2007). Listening is important. There is a difference between hearing and listening. According to Adler (2007) "hearing is the process in which sound waves strike the eardrum and cause vibrations that are transmitted to the brain. Listening occurs when the brains reconstructs these electrochemical impulses into a representation of the original sound and then gives them meaning". Do you see the difference? Listening gives the sound meaning. Hearing can be automatic whereas listening doesn't always happen automatically. We don't choose to hear the car going down the street but we do choose to

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listen in attempt to identify what time of car it could be. This brings me to mindless listening and mindful listening. Mindless listening occurs when we automatically react to others messages without much mental investment (Adler, 2007). Because of how much information we are forced to process on a daily basis it may seem impossible to invest our full attention to all of it. People seem to categorize all of these messages and can become idle listeners to those they feel are less important. We are all guilty of this and mindless listening isn't always a negative thing. On the other hand, mindful listening requires thoughtful attention and responses (Adler, 2007). We tend to do more mindful listening if we feel the information is important to us or is coming from a person we value.

There are several types of listening that I feel are important to mention. The first is task-oriented listening. This type of listening is mostly concerned with efficiency and accomplishing the job at hand (Adler, 2007). This can be illustrated often in the work place when a deadline is approaching or there is a crisis situation needing to be resolved. This could prevent deliberation with others and careful consideration. Those who are dominate task oriented listeners could leave others feeling invaluable and their feelings insignificant. The second type of listening, and on the opposite end of the spectrum of task-oriented listening, is relational listening. This type of listening is mainly concerned with building emotional closeness with others (Adler, 2007). Adler, (2007) says "relational listeners aim to understand how others feel; they are thus aware of and highly responsive to other's emotions". This type of listening can cultivate trust and draw out more honest responses from others. On the downside, those with this listening style can be slow to progress or accomplish goals because they are so focused on the relationship aspect. The third type is analytical listening. This type of listening emphasizes attending the full message before coming to judgement (Adler, 2007). These listening style enables you to pay attention to

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detail and requires you to see the issue from multiple perspectives. On the down side, it can be time consuming. The final type of listening is critical listening. Similar to analytical listening this type of listening focuses on evaluating and understanding messages. This can be valuable for problem solving and investigating but can also be time consuming. Chances are that you can put yourself into one of these types of listening as your main listening type. It is important as a counselor to be versed in all types of listening and able to understand the appropriate time to use the appropriate type of listening.

Like developing cultural competence, there are barriers that can prevent listening. Adler (2007) says “Listening is more difficult than many realize. Common barriers to listening include information overload, personal concerns, rapid thought, and noise. Being aware of these potential barriers can help you create environments that are more conducive to listening”. As I touched on earlier, we are presents a tremendous amount of information in a variety of ways every day. This can lead us to information overload, causing us to pick and choose what information we listen to and which we ignore. Although this is difficult to avoid no matter how good of a listener you are it can still be considered a barrier of good listening. Often times we can become distracted or consumed by our personal concerns. This could be with how the current conversation you are engaged in affects you and you choose to focus on only that rather than the entire conversation. Or it could be personal concerns of a totally different matter that keeps you from focusing on the current interaction you find yourself in. With how active the human mind is, rapid thought seems to be an obvious barrier to listening. Whether it be trying to keep up with the person talking, distracted by the future or past, worry, boredom, something is usually occupying our minds at all times. These rapid thoughts don’t always stop just because someone starts speaking which is why it is considered a barrier to listening. Another obvious barrier to listening is noise. This

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noise can be both mental and physical. Everything from traffic to fear can represent the noise we battle every day that can keep us from listening well. Below is Figure 2.0 which illustrates 7 key active listening skills.



Figure 2.0

Responding

Now that we have discussed listening let's talk a little bit about responding. Both are equally important when it comes to counseling. Responding refers to giving observable feedback (Adler, 2007). In many ways the way we respond is a direct reflection of how well we listen. Different conversations and situations call for different responses. There are many different types

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of responses some of which include silent listening, questioning, paraphrasing, empathizing, supporting, analyzing, advising, and evaluating. These responses can range on a scale of being reflective or directive.

On the reflective side, we start with silent listening. Silent listening doesn't offer any verbal feedback but allows you to stay attentive (Adler, 2007). This response can be most appropriate if you do not have any constructive feedback at the time, are allowing the other person to fully express themselves, or if you aren't trying to prolong the conversation. Sometimes saying nothing is the best response. This response can encourage the other person so hear themselves out loud and potentially solve their own problems. Silent listening also gives you more time to gather your thoughts so that you can effectively give a verbal response. This response can be seen as a courtesy to the other person and help them feel safe talking to you without feeling any pressure. Be sure not to overly use this response as it may express you are disengaged or uninterested in what the other person is saying.

The next response is questioning, where you simply ask for additional information (Adler, 2007). Questioning could be used to clarify information, to better understand feelings/thoughts, to encourage elaboration, to encourage discovery, or to gather more facts (Adler, 2007). One of the most important factors in this response being effect is that the questions is genuine. This response shouldn't have a hidden agenda, try to manipulate the other person, or try to make a statement. Keeping your questions open and neutral is best. This response is reflective and if used correctly can greatly strengthen the conversation and relationship between those involved.

Another response often used is paraphrasing. Paraphrasing is when you restate in your own words what the other person has just said to you (Adler, 2007). This allows you to confirm

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the message sent and that you understood it correctly. It is important to use your own words and not simply repeat what the other person said. This can give confidence to the speaker and assure that everyone is on the same page. This is very important when discussing factual information and personal information.

Empathizing is a response style that aims to show that you identify with the listener (Adler, 2007). Empathizing requires the listener to try and see things from the messenger's perspective. There must be genuine concern from the listener if they want to be effective in empathizing with the messenger. Empathizing can be communicated with verbal and nonverbal messages. If you find yourself denying others the right to their feelings, minimizing the situation, focusing on yourself, or raining on the speaker's parade then you probably aren't doing your best job at empathizing (Adler, 2007).

Supporting is another very important response. Supporting responses reveal the listener's solidarity with the speaker's situation (Adler, 2007). Supporting puts importance on being reflective and not evaluative. Supporting involves expression of care, concern, affection and interest (Adler, 2007). Supporting can come in several forms like agreement, offers of help, praise, reassurance, and diversion (Adler, 2007). It is important to keep these things in mind while you are being supportive: make sure your support is sincere, make sure the other person can accept your support, and focus on the here and now rather than the then and there (Adler, 2007).

As we move to the directive side of responding, I want to discuss evaluating responses. An evaluation response appraises the sender's thoughts or behaviors in some way (Adler, 2007). The evaluation could be good or it could be bad. Critical listening is required to offer this type of response and commonly the listener has the necessary qualifications to offer and evaluate

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response. Evaluating responses can be highly critical or less critical and offer times can be described as constructive criticism.

Advising may be the most common response when approached with another person's problem. Advising is simply giving someone else advice or guidance (Adler, 2007). Although this may be the most common and most instinctive response, it isn't always the best. Sometimes we are tempted to tell others how we would act if we were in their position, but we don't always know best. Also, the other person isn't always looking for advice and trying to advise them could make the problem worse. There are several questions you can ask yourself before advising someone. Is the advice needed, is it wanted, is it being given in the right sequence, is it being given by an expert, and is the advisor a trust person (Adler, 2007)? These questions are a great guide when it comes to advising and being able to advise effectively.

Each of these responses has their advantages and disadvantages. Being able to choose which response is most appropriate for any given situation or conversation can be difficult to do. You must think about the situation, the other person, and yourself while deciding which response will be most helpful at the time.

As you can see, communication plays a major role in developing cultural competence. Communication is a major factor in cultivating relationships of all kinds and has many different variables. It is important for those in the counseling field to take the time to become effective communicators so that they can more effectively help their clients. Being equipped with communication skills and having the ability to navigate through difficult conversations is a large part of counseling.

Conclusion

Developing cultural competence isn't an easy task but, as this research has proven, it is essential for counselors if they want to be effective helpers. The journey starts with defining cultural competence and understanding the three domains of cultural competence. These three domains are knowledge, attitudes and skills. All of which are required to fully understand what cultural competency is. Next, the understanding of the universal levels of personal identity. This is illustrated in Figure 1.2 and offers a foundation of how people are identified. A knowledge of what cultural competency is needed before moving onto how to develop cultural competence.

Developing cultural competence start with cultural humility. A counselor must know that they have much to learn about other cultures and that this quest is virtually never ending. Taking a hard look at oneself if required before searching information of other cultures. Addressing one's personal views, beliefs, stereotypes, and bias must come first before offering effective help to others. This process is also virtually never ending and must remain priority in the counselor's mind. As this research showed, assessment is a huge part in developing culture competence. The nature and focus of initial assessments must include one's culture. This isn't only beneficial for the client, but the counselor as well. Figure 1.4 offered a basic overview of questions that help keep assessments culturally focused.

After developing cultural competence, a counselor must be aware of and learn to navigate through a variety of barriers. These barriers can come in many forms. Factors like language, gender, age, religious beliefs, values, race, and nationality are common barriers. Also, factors such as fear, pride, racism, emotions, stereotyping, and bias can be considered barriers as well. This research does a great job of identifying these barriers and offers professional effective ways to deal with them.

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Communication and cultural competence go hand and hand. A proper understanding of communication will enable counselor's to better develop cultural competency. Communication may vary from different cultures but the importance of effectively communicating hold the same values throughout all cultures. There are many different aspects of communication like verbal and nonverbal communication, effective listening, and responding. These factors are all prominent in the helping field and counselors must cultivate these skills if they want to become effective helpers.

Overall, this research proves that if a counselor wants to be effective in helping people then they must become culturally competent. Our world is full of culturally diverse clients needing help, which demands culturally competent counselors. As described in the introduction, far too many people have poor experiences with counseling. These experiences led them away from seeking help and can even led people to encourage others to not seek help. This is a sad truth in our world today and counselors seeking cultural competence can help combat this issue. Hopefully these experiences along with this research will inspire people to be part of the solution. Inspiring counselors or individuals seeking to work in the helping field must take action in becoming culturally competent so that they can effective help their culturally diverse clients.

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