MULTICULTURAL COUNSELING COMPETENCE IN HOME-BASED THERAPY: A PHENOMENOLOGICAL STUDY

by

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The purpose of this qualitative study was to explore the client experience of Multicultural Counseling Competence as it manifests within the relationship between the client and therapist in home-based therapy. This study used qualitative interviews and the method of phenomenology to elicit descriptions from a sample of nine females and one male client participant identifying as ethnically and racially diverse. Each of these individuals was currently receiving mental health therapy in their homes. Themes from the analysis of the client interviews revealed important factors in client experiences of multicultural counseling competence such as (a) the therapist behaviors and characteristics; (b) the client-therapist relationship; (c) the therapist abilities to create comfort and trust for their clients; (d) the acknowledgement of race and cultural differences; and (e) what and how racial and cultural concerns were addressed in therapy. The meanings of client experiences provide implications for the understanding of multicultural counseling competence related to the importance of the role of client needs, the nature of the client-therapist relationship, the non-traditional roles of the therapist, the importance of the client level of trust and comfort with therapists, and the relevant considerations for how race and culture are addressed in therapy. The limitations in the study, recommendations

for clinical practice, future directions for research, and my personal comments throughout the process of the study are included.

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CHAPTER 1

INTRODUCTION

Due to increasing diversification in the United States, it is clear that race and ethnicity should be considered when trying to understand perspectives of those who are receiving mental health therapeutic services. People of Color have reached a critical mass in the United States, and the numbers are expected to increase (Lum, 2004). From 1990 to 2000, the U.S. population increased 13% to over 281 million (U.S. Bureau of the Census, 2001). Most of the population increase consisted of racial/ethnic minority groups: the Latino/a population by over 58%, Asian American/Pacific Islander by almost 50%, African American by 16% and American Indians/Alaska Natives by 15.5%. Currently, people of color constitute over 30% of the U.S. population. The rapid demographic shifts stem from two major trends: immigration rates and differential birth rates. The current immigration rates are the largest in U.S. history. Birthrates of White Americans have continued to decline (1.7 per mother) in comparison to other racial/ethnic minorities (Sue, 2006).

There are many implications that arise from the shifting demographic trends for the mental health profession. Increasingly, therapists will come into contact with clients that are culturally different in terms of race, culture, and ethnicity (Sue & Sue, 1999). Clients may not share the therapist's view of what constitutes normal or abnormal behavior. The definition of "helping" may look different from one client to the next. The particular techniques or strategies therapists typically implement in counseling may be perceived differently by racially and ethnically diverse clients than the intended meaning

of the therapist. If therapists are to provide meaningful help to a culturally diverse population, there needs to be an effort to reach out and acquire new understandings that allow for the integration of the richness of one's cultural context and experiences into counseling (Sue & Sue, 1999). Increasingly, psychologists are recognizing that psychological concepts and theories are developed in a predominantly Euro-American context and may be limited in application to the emerging racial and cultural diversity in the United States. Thus, a push exists to consider cultural diversity within psychological practice. The next section will briefly discuss the historical rise of the concept of what has been identified as "multicultural counseling competence."

The Rise of Multicultural Counseling Competence

Before 1976, only 25 articles and chapters had been written on the subject of culture and counseling. Now, close to 500 books, chapters, and journal articles have been written expressing a variety of theoretical and research perspectives on the topic. The argument and justification for the increased interest rest on the contention that conventional counseling and mental health approaches do not resonate with many of the life experiences and thought processes of ethnic minority groups. Because all human thoughts and behaviors are culturally based, accurate assessment, meaningful understanding, and culturally appropriate interventions are required for understanding each context for counseling to effectively occur. Literature increasingly demonstrates that culture makes a difference in the way people act, perceive, think, and feel (Pope-Davis, Coleman, Liu, & Toporek, 2003).

The Vail Conference of 1973 was a critical source of discussion regarding psychological practice and cultural diversity (Korman, 1974). From this conference came the resolution that providing professional services to culturally diverse individuals is unethical if the counselor is not "competent" to provide to them and therefore graduate training programs should teach appropriate cultural content (Pope-Davis et al., 2003). The concept of what is now widely known as "multicultural counseling competence" originated from an article that was developed by Sue (1977) named "Barriers to Effective Cross-Cultural Counseling." Consequently, calls for research in multicultural counseling competence in psychology continue to be voiced by many psychologists and groups for more than two and a half decades (APA, 1997).

Historically, the body of multicultural counseling competence literature began with attempts to define this concept and identify ways in which counselors could become multiculturally competent. In 1982, a landmark paper introduced three cross-cultural counseling competencies that continue to be the backbone of numerous investigations over the past two decades. These specific competencies were comprised of beliefs and attitudes, knowledge, and skills (Sue, Bernier, Duran, Feinberg, Pedersen, & Smith, 1982). Ten years later, Sue, Arredondo, and McDavis (1992) issued a call to the profession to implement multicultural counseling competencies and standards in practice and education. Their article provided a rationale for multicultural prospective in counseling assessment, practice, training, and research. They proposed specific standards for a multiculturally competent counselor and advocated for the integration of these standards in the American Association for Counseling and Development (AACD) which

later occurred in 1997-98. In 1999, Divisions 17 and 45 of the American Psychological Association (APA, 1999) also endorsed these guidelines marking the association's commitment to multiculturally competent services and training.

In addition to the three major realms of knowledge, skills, and beliefs and attitudes, they integrated concepts that required that multicultural competent counselors be able to actively become aware of their own assumptions about human behavior, values, biases, preconceived notions, and personal limitations; one who actively attempts to understand the worldviews of the culturally different client without negative judgments; and who is in the process of actively developing and practicing appropriate, relevant, and sensitive intervention strategies and skills in working with culturally different clients (Sue et al. 1992).

Approximately four years later, The Association of Multicultural Counseling and Development (AMCD) provided 31 Competency Statements and 119 Explanatory Statements articulated in the published document of the "Operationalization of the Multicultural Counseling Competencies" to complement Sue et al.'s (1992) model (Arredondo, Toporek, Brown, Jones, Locke, Sanchez, & Stadler, 1996) with the latest revision conducted by Roysicar, Arredondo, Fuertes, Ponterotto, and Toporek (2003).

As a result of the commitment over the last 30 years towards the development of multicultural counseling competence research and literature, we are now at a place where this concept can be examined and explored both through quantitative and qualitative methods. The following section includes a brief summary of the types of research

conducted with multicultural counseling competence and the limitations that have surfaced as a result.

Multicultural Counseling Competence Research

Research on multicultural counseling competence has focused primarily on the development of the therapist (Pope-Davis, Toporek, Ortega-Villalobos, Ligiero, Brittan-Powell, Liu, Bashshur, Coddington, & Liang, 2002). Prior efforts to assess multicultural counseling competence in mental health services have focused exclusively on agency providers and individual mental health professionals with little attention given to the client perspective (Pope-Davis, Liu, Toporek, & Brittan-Powell, 2001).

In a review of multicultural counseling competence research presented by Pope-Davis et al. (2001), they assert that previous studies examining this concept have many limitations. One limitation is simply the over-reliance on self-report measures as it relates to subjectivity of interpretation, social desirability, and focus on existing theoretical frameworks. Secondly, minimal attention has been provided to the perspectives of clients in ways that allow opportunities for clients to describe the range of multicultural counseling competencies that may comprise their experiences. It is still not fully understood how clients perceive and construct meaning regarding multicultural counseling competence. The prevailing paradigm presented by Sue et al. (1992) is ubiquitous in the profession, but it is unclear if these domains translate in the same way for all clients representing various ethnic and racial backgrounds. Furthermore, do the existing frameworks represent aspects of competence that actual clients believe to be important within multicultural counseling relationships?

LaFromboise (1992) makes the point that different skills are differentially meaningful to the client, contingent on the culture and context from which those behaviors are perceived and interpreted. Thus, several questions remain. What are those competencies that a therapist must have in multicultural counseling relationships? Do clients perceive multicultural counseling competencies in the same ways as the profession understands them? The goal of this study is to uncover how meanings are created by each client regarding his or her perspectives of multicultural counseling competence through the experiences with their therapist.

To explore the phenomenon of multicultural counseling competence, the interview questions were open-ended in order to provide ample opportunity to cover the array of possibilities in understanding just what this phenomenon means for each client. By using the existing theoretical models, the clients' experiences could already be filtered to endorse those multicultural counseling competencies rather than the variables, factors, or contexts uniquely important for each individual (Atkinson & Wampold, 1993). Thus, the interview questions allowed the clients to consider various areas of their therapy experiences with their therapist. The clients were provided the opportunity to describe, in their own words, those particular aspects of their experience that are important for them as racial and ethnic minority clients. By simply allowing the clients to have a voice and talk about their experiences in their own words, I was enabled to further my understanding of what the phenomenon of multicultural counseling competence is and how it is experienced by this group of clients who received home-based therapy.

Through this study, I explored the phenomenon of multicultural counseling competence through the descriptions of clients who actually have the lived experiences of participating in mental health therapy. The clients were able to experience firsthand the level of multicultural counseling competence that was manifested in the counseling relationship between them and their therapist. The open-ended interview questions allowed the clients to provide their own perspectives, experiences, and understanding of what is essential and meaningful within therapy and in the relationship with their therapist. A sample of ethnically and racially diverse clients was utilized in this investigation to explore multicultural counseling competence through the clients' experiences and to understand from their perspectives what makes a therapist competent to provide therapy in a multicultural relationship.

Up to this point in the manuscript, I have provided an introduction into the concept of multicultural counseling competence and how this phenomenon has evolved over the course of time. Additionally, we looked at a brief summary of the research that has been conducted as well as the accompanying limitations. One of the realizations that have come from extensive review of this research is that many of the studies that have been conducted with multicultural counseling competence have utilized samples that were not actual clients, that consisted of predominately college-aged sample, and that utilized similar contexts by doing research in counseling centers. The next section will highlight the importance of context as this study utilized a sample that was not only actual clients receiving therapy but also clients who were all receiving therapy in the context of their homes.

The Importance of Context

One of the significant hallmarks of multicultural counseling is the recognition that context is an influential factor that affects clients' behaviors, attitudes, experiences, worldviews, and perceptions. Much has been written about the importance of counselors being able to understand the context of the client as a means to provide better services for the client (Sue, Ivey, & Pedersen, 1996). Context frames the manner in which certain phenomena are understood, researched, and interpreted (Pope-Davis et al., 2001). Lincoln and Guba (1985) assert that any phenomena of study whether it be physical, chemical, biological, social, or psychological, take their meaning as much from their context as they do from themselves. Reality constructions can not be separated from the world in which they are experienced and that any observations that might be made are inevitably context dependant. No phenomenon can be understood out of relationship to the context that spawned, harbored, and supported it. I included a brief overview of the literature in home-based therapy to orient you to the research that has been conducted in this area.

A small body of research and theoretical writings exist concerning multicultural counseling in the context of home-based therapy. Theoretical models of home-based family therapy specifically with Native American (Schacht, Tafoya, & Mirabla, 1989); Latino/a American (Sandau-Beckler, Salcido, & Ronnau, 1993); and African American families (Denby, 1991) have been constructed. A thorough literature review was conducted in preparation for this study; however I was unsuccessful in finding research that had specifically examined the perspectives of racially and ethnically diverse clients

in the context of home-based therapy. Additionally, there was no specific research or conceptual articles dedicated to what constitutes multicultural counseling competence in the context of home-based mental health therapy.

The findings from two comprehensive literature reviews of the effectiveness of home-based therapy indicate that it can be effective (Blythe & Salley, 1994; Fraser and Nelson, 1997). However, due to limitations throughout the studies, it is impossible to assert that home-based therapy is superior to other forms of therapy. Effect sizes were not obtained for any of the studies, thus inhibiting judgments of effectiveness. The lack of reported effect sizes made it difficult to evaluate the magnitude of the differences between home-based therapy and traditional forms of therapy. In addition, lack of no-treatment control groups and minimal description of comparison groups make it difficult to assert the level of effectiveness for this particular form of therapy. It was also difficult to understand who this therapy can be effective for when the samples were minimally described. More than half of the studies did not routinely obtain information regarding gender and race.

The literature review of the included studies is concerning. Due to the realization that diversification of the United States is on the rise, a call to the profession of counseling to conduct research in the area of multiculturalism continues to be emphasized (Sue & Sue, 1999). In accordance with this assertion, it is concerning that race and ethnicity was not designated as important factors to consider when examining the effectiveness of home-based therapy. Despite this call for more attention to race and ethnicity, the majority of research included in the literature reviews failed to consider a

cultural context. Most authors of the studies of home-based therapy expressed awareness of the importance of considering client factors in outcome studies but few mentioned race and ethnicity as important client variables.

With the surge of emphasis on multiculturalism and its impact on counseling, a major gap exists in the home-based therapy literature. The majority of studies that did obtain client variables regarding race and ethnicity lumped racially and ethnically diverse populations which did not account for variation across race and ethnicity. Clearly these limitations are a major impediment in forming conclusions about the effectiveness of home-based therapy due to the neglect of cultural context. Furthermore, one might go farther to conclude that efficacy of home-based therapy can not be established without attention to cultural context as part of the interaction among client, therapist, and intervention modality.

Since minimal attention had been paid to the race and ethnicity of the client population receiving home-based therapy, clients participating in this modality need a voice to express their perspectives. This is important because therapy is delivered in the context of the client's home, which means that the meaning of multicultural counseling competence may be described differently within this context. Additionally, there have been mixed results showing the effectiveness of home-based therapy, thus exploring the perspectives of ethnically and racially diverse clients and the meaning they ascribe to multicultural counseling competence may enhance the understanding of how to implement effective mental health therapy in the context of the home. Additionally, the mixed results in the demonstration of effectiveness of home-based therapy may partially

be explained by the failure in research and practice to account for race and culture as a context. In order to understand the context of the clients in the study, a description of home-based therapy is briefly provided.

Home-based Therapy

Therapy is generally provided by a home-based team which consists of one or two master's level clinicians who work with an individual and/or family, a master's or bachelor's level mental health worker who works with the emotional or behaviorally disordered client, and often other staff who provide support services from the agency that referred the client or family (Jordan, Alvarado, Braley, & Williams, 2001).

The individual or family typically has twenty-four hours, seven days a week services available if needed, with generally at least two face-two-face sessions per week at the client's home. The services are generally designed to target emotional or behavioral problems in children and adolescents from families who are unable or unwilling to access traditional out-patient family therapy. Overall, the intent of home-based therapy is to encourage these families to learn new adaptive methods of problem solving, learn new ways to care for their child, avoid out-of-home placement, and learn therapeutic skills which help them to be empowered (Jordan et al. 2001).

There are a variety of programs and services across the country that employs these types of therapeutic services. However, home-based therapy is not limited to family therapy alone or those cases in which children are involved. There are also individuals who are participating in individual therapy services in their homes because therapy