MULTICULTURAL COMPETENCE IN VOCATIONAL REHABILITATION: THE ROLE OF MULTICULTURAL AWARENESS AMONG BLACK VRCS

by

Regina Walden Alston

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

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ABSTRACT

Over the past 30 years In the United States, multiculturalism has expanded due to a larger number of diverse populations. In this qualitative research project, the researcher explored the multicultural awareness development of Black vocational rehabilitation counselors (VRCs). The participants consisted of six Black VRCs. The data were analyzed using phenomenological theory methodology. In vocational rehabilitation, counselors are not considered competent unless they comprehend multicultural counseling competence, have the proper educational backgrounds, and are achieving successful employment outcomes with culturally diverse clients. Research shows that the component of multicultural awareness development is considered the promising, yet essential contributor to overall multicultural counseling competence. Personal identity self-awareness development lays the groundwork for an ongoing resource to develop a multicultural awareness that, when maximized what they could learn to support culturally diverse clients. Being knowledgeable of their own personal foundation culture should provide initiative and inspire counselors to persevere despite the difficult emotions and conflict inherent in this developmental process. This qualitative investigation utilized a phenomenological approach through interviews to draw a parallel between the ethnocentricity and multicultural skills. As a result of the findings, the researcher presented a substantiated theory for the efficacy of multicultural counseling competence in vocational rehabilitation.

Keywords: Multicultural awareness, multicultural counseling competence, vocational rehabilitation

Copyright Page

Dedication

I dedicate this manuscript to my immediate family. First to mommy, Annie Mae Baker Walden and daddy John Edward Walden (in memory). Being the youngest of your brood, I was wrapped and layered in your experience of being young Black parents during the civil rights era. What a time to be brought to earth and survive into the 21st century. So, I give back all that I can to keep your names and struggle relevant for the ages to come. There's no me without you two. Then, to my Walden siblings, Carolyn and Victor (in memory), Valerie, Wayne, Marion, and Miriam, your uniqueness shaped my creativity, personality and graces. I dedicate this project to my sons; Jerreau, Alan, and Antwan, my bodyguards. You must continue to advocate for people of all cultures with Autism and others that the world deems different mentally and physically. You have proven to me that everyone deserves a 'best life' and that each contribution is special.

Lawrence, thank you does not suffice when it comes to being my rock. Without your love, encouragement, and support this would not have happened. Throughout my academic journey, you have never doubted that the end would come successfully. In fact, you prayed, made sure that I passed every hurdle, booked every intensive study week, kept me fed and nourished, wiped every tear, listened to my rants, bought new scetchers, put up with Angel, sent me on sabbatical, and most of all, held our family together with the unmatched virility and strength as dad and papa. I love love love you!

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I first want to thank God for the strength that was provided throughout this study. This study would not have been completed without the guidance and encouragement of my dissertation chair Dr. Suzie Johnson, Dr. Jaesook Gho, and Dr. Fred Volk. Dr. Johnson always offered praise and criticism at the right places to make sure that I stayed on task. There was never any doubt or concerns expressed that she did not counter with genuine encouragement. In my prospicient endeavor, I received feedback from Dr. Gho that helped me stay focused and make the necessary changes to be successful. Next, I want to thank my friends and cohorts in the School of Behavior Sciences: Paula Wheaton, Tiara McIntosh, Detera Jackson, and Tamika Sirmons. Each of you made a tremendous impact on my journey. Meeting you all at Liberty reminded me that God always has provision for the vision; friendship, humility, laughter, and a place to cry when needed.

I want to thank the participants at vocational rehabilitation for allowing me to hear your voicing of multicultural awareness development experiences in the study. Without your time and energy, this project could not express to the world how dire multicultural awareness is to the diverse people you serve. You all bravely took the time during the during a global pandemic to reach inward and prepare for better outcomes in counseling afterward. Your experiences and wisdom spoke volumes and you are much appreciated. We will get through this.

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List of Abbreviations

Vocational Rehabilitation (VR)

Vocational Rehabilitation Counselor (VRC)

Multicultural Counselor Competence (MCC)

Multicultural Counseling Skill Competence (MCSC)

Multicultural Awareness (MCA)

Intellectual Disability (ID)

Council for Accreditation of Counseling and Related Educational Programs (CACREP)

Council on Rehabilitation Education (CORE)

Multicultural Counseling Competency Assessment and Planning (MCCAP)

Workforce Innovation and Opportunity Act (WIOA)

State Vocational Rehabilitation Agencies (SVRAs)

American Psychological Association (APA)

Multicultural Self-Efficacy (MCSE)

Ethnic Identity (EI)

Cultural Identity Development (CID)

Competency Identification (CI)

Evidence-based Practice (EBP)

Culturally and Linguistically Diverse (CLD)

Cultural Equivalence Model (CEM)

Cultural Variance Model (CVM)

Evidence-based Treatments (EBT)

Community Rehabilitation Provider (CRP)

Consensual Qualitative Research (CQR)

Association for Multicultural Counseling and Development (AMCD)

Dimensions of the Personal Identity Model (DPID)

CHAPTER ONE: INTRODUCTION

Overview

In this research study, I examined the role that multicultural awareness plays in vocational rehabilitation counselors' (VRCs) counseling of diverse clients in a vocational rehabilitation (VR) setting. In this chapter, I provide the study's background, discuss the purpose of the study, highlight the significance of the study, explain my motivation for conducting this study, and review the problem. Finally, I present a rationale for conducting research into counselors' multicultural awareness development due to the ever-growing cultural diversity in the United States.

Background

Diversity in the United States is progressive, and professional counselors need to be culturally knowledgeable and sensitive in order to serve diverse clients. The U.S. Census Bureau (2015) projected that Whites would become a minority of the U.S. population in fewer than 30 years. This majority/minority shift is due to the birth rates, uncounted births among Black and Hispanic children, and the immigration growths of non-White peoples (O'Hare, 2014; Passel & Cohn, 2008); therefore, there is expanding interest in the programs that provide vocational rehabilitation services to the changing racial demographics. Current migration trends indicate that the U.S. population continues to increase and diversify (U.S. Census Bureau, 2016). Consequently, the numbers of new citizens and legalized permanent residents with disabilities from customarily underserved racial and ethnic populations are anticipated to grow at an accelerated rate of roughly one million new citizens and legal permanent residents annually (Cross et al., 2015).

The concept of multicultural counseling competence (MCC) is not new. MCC describes a counselor's attitudes and beliefs, knowledge, and skills in working with individuals from an array of backgrounds (Allison et al., 1996; Bryan, 2007; Constantine & Ladany, 2000; Matrone & Leahy, 2005; Sue et al., 1982, 1992). In the future, multicultural competence will be required of all vocational rehabilitation counselors (VRCs) in order to ensure adequate service provision among majority and minority populations alike. VRCs serve a diverse disability population that fluctuates with reverence to background, skills, and criteria that qualify them for supported employment services (Cawthon et al., 2017; Constantine & Ladany, 2000). The efficacy of services that VRCs deliver depends on the ecological elements present within two inter-reliant ecological systems: that of the VRC and that of the client (Cawthon et al., 2017).

Situation to Self

My motivation for conducting this study rested in my personal involvement with employment services that cater to individuals living with disabilities including, physical health, intellectual disability (ID), and behavioral health. I identified a gap in the literature regarding the role that multicultural awareness (MCA) development plays in MCC among Black VRCs. I have learned that although qualitative researchers may endeavor to ground all results within the participants' experiences, one's assumptions are likely to influence this process. Morrow (2005) explained that reflexivity assists the researcher in "understand[ing] how his or her own experiences and understandings of the world affect the research process" (p. 253). For this study, I formulated the questions, coded the data, named the categories, and chose the words to produce a working theory. I used memos and journaling to engage in reflexivity in this current study to ensure credibility. As the researcher, I believe in the phenomenon of cultural awareness, so I sought "grounding in the literature" to militate against my biases through pre-understanding of

the various viewpoints of multicultural counseling competency (Morrow, 2005, p. 254). There is no question that my experience as a VR program manager for my company has served to develop my interest in this topic and will continue to shape my perception of the data. I proudly identify as a Black American woman of faith, married, mother and grandmother, upper middle class, and healthy. One of my sons is on the Autism spectrum, and another has been supported by VR because of learning disabilities. As an ordained minister and chaplain, I have learned to forgive others when it comes to racism and cultural issues that I personally experienced. As a manager over employment specialists and counselors, however, my goal is to assist others in the same context with issues that easily call for them to use their own cultural awareness as a strength to guide them into multicultural competence in counseling the already marginalized emerging population. I sought for meaning in my present career situation to contribute what seems like a small gap in the literature to make a big impact on the lives of counselors and other clinical personnel.

Problem Statement

More research is needed for modern VR counselors in order to best provide their clients with multiculturally competent services and functioning with their own personal cultural awareness. The goal of the Rehabilitation Act Amendments of 1992 was to enable individuals, including veterans and civilians with physical and mental/emotional disabilities, to maximize their employment, financial self-sufficiency, independence, and presence, and integration into society (Kosciulek et al., 1997). Another goal of the Act was to ensure client satisfaction with career rehabilitation services.

It is difficult to predict successful rehabilitation outcomes in employment services, and reintegration challenges are compounded for those with mental health problems (Van et al.,

2013). VRCs also experience the inherent power differential that exists between the counselor and consumer based on their respective positions and other factors such as disability status, race, gender, education level, and/or socioeconomic status (Smart & Smart, 2006; Southwick et al., 2013). Because the VRC acts as a representative of the agency, and because the VRC is the primary contact for the multicultural population, the counselor is likely to assume the greatest responsibility in providing successful outcomes in VR (Southwick et al., 2013).

Purpose Statement

The purpose of this phenomenological was to examine VR counselors' lived experience and personal consciousness of the phenomenon of multicultural competence. It is my hope that the findings of this study will help more broadly conceptualize what might encompass effective multicultural practice and training for VR counselors. The findings should facilitate an increased understanding of the common patterns and intricacies of how VR counselors are culturally aware, the processes utilized to develop cultural awareness, and experiences with cultural awareness in counseling diverse clients. In the context of this study, the phenomenon of multicultural awareness was generally defined as involving a greater understanding, sensitivity, and appreciation of the history, values, experiences, and lifestyles of clients that include, but are not limited to: race, ethnicity, gender, sexual orientation, religious affiliation, socioeconomic status, or mental or physical abilities (Atkins et al., 2017). The frame of multicultural competence (Sue et al., 1998) guided this inquiry. A core assumption of the framework is that counselors need to be self-aware, possess cultural knowledge, and apply culturally appropriate skills with clients in order to counsel in a multiculturally competence manner (American Counseling Association [ACA], 2014a; Matthews et al., 2018; Ratts et al., 2018; Sue, 1996, 2001; Sue & Sue, 2012).

Significance of the Study

Previous researchers have indicated the complex nature of multicultural counseling competence. Moreover, through the passage of legislation such as the Rehabilitation Act of 1973, state/federal governments have performed a significant role in the employment of individuals with disabilities with professional counselors at VR (Yamamoto & Alverson, 2017). VRCs have the ethical demands of professional counseling and guidelines of the ADA. My intention in performing this study was to generate knowledge of the role that the multicultural awareness development plays in the MCC of Black VRCs (Sue, 1988). It is critical to examine accepted proposals and interpretations of behavioral phenomena of VRCs, to examine the theories of MCC, and culturally competent practices (Lott, 2009). Knowing the role that MCA development of one's own culture in relationship to the other cultures around them, and of the culturally acquired assumptions that influence behaviors will be significant in predicting successful counseling (Atkins et al., 2017; Pedersen, 2002).

Fundamental psychology examines psychological phenomena and behaviors in contexts that include references to power and societal inequalities, with the understanding that power and curiosities shape our human experience (Prilleltensky & Nelson, 2002). These theories assume that people never stop learning the behaviors most relevant to their cultural memberships, and that these remain with differential strength in one's behavioral repertoire (Lott, 2009). The findings of this study have implications for further consideration of investigating VRCs' personal approach to MCC in supported employment services.

Research Questions

I developed this research study to answer the following research questions:

RQ1: How do Black VRCs define multicultural awareness in the context of providing services to diverse clients within the VR setting?

RQ2: How do Black VRCs describe their development of and current multicultural awareness?

RQ3: How do Black VRCs describe the role of multicultural awareness in MCC as they provide services to diverse clients within a VR setting?

Definitions

Council for Accreditation of Counseling and Related Education Programs. The CACREP is an independent agency that accredits master's level counseling programs and other education programs (CACREP, 2016). The scope of CACREP's accreditation coverage includes support to career, community, mental health, counselor education, and other counseling and non-counseling education programs. For the purposes of this study, the degree tracks associated with CACREP accredited programs included counselor education, counseling psychology, and other related fields (Online Education, 2020).

Council on Rehabilitation Education. CORE is an accrediting body for private or public graduate programs that provide rehabilitation and rehabilitation counseling education (Online Education, 2020).

Counselors-in-training. This population includes master's-level graduate students that are completing an internship or enrolled in practicum courses related to rehabilitation and counseling (CACREP, 2016).

Multicultural awareness. Multicultural awareness involves a greater understanding, sensitivity, and appreciation of the history, values, experiences, and lifestyles of groups that include, but, are not limited to: race, ethnicity, gender, sexual orientation, religious affiliation,

socioeconomic status, or mental or physical abilities (University of Notre Dame, 2020). This term also describes an awareness of one's own values and biases and an understanding of the nature of oppression and privilege in society (Fietzer et al., 2018).

Multicultural counseling. Multicultural counseling is broadly defined to account for the multitude of diverse counseling relationships that can occur. The broader definition of multicultural counseling recognized here embodies differences in race, ethnicity, age, disability, gender, sexual orientation, and socioeconomic status (D'Andrea, 20001; Pope-Davis et al., 2001).

Multicultural counseling competence. The counseling professional's MCC includes their understanding of their own culture, respect for other cultures, and culturally sensitive interpersonal skills. Professional guidelines have been proposed and adopted for education, training, and practice and are approved by the American Psychological Association (APA) for practice with persons of color, sexual minorities, and girls and women (APA, 1999; Mio et al., 2006). Pope-Davis et al. (2001) contended that MCC is guided by the three-factor model of awareness of attitudes/beliefs, knowledge, and skills (Sue et al., 1982). Middleton et al. (2000) provided proposed standards of MCC for rehabilitation counselors and rehabilitation counseling practice that included cultural awareness, knowledge, and skill principles, for example, the three-factor model.

Multicultural counseling skill competence. MCSC describes counselors' ability to use culturally sensitive interventions and strategies when working with diverse consumers (Sue, 2006).

Self-perceived MCC. This construct can be measured via counselors' own interpretations of their (a) attitudes or beliefs, (b) knowledge, and (c) skills (Sue et al., 1982). Kim et al. (1992)

separated awareness, knowledge, and skill scales, which allows researchers to examine each scale separately.

Vocational rehabilitation. This term describes state and federal programs that provide vocational services for individuals with disabilities. These services range from assessment and diagnosis to job training and job placement (Chiu et al., 2013).

Summary

In this chapter, I demonstrated that MCC is an essential part of VR counseling, which caters to vulnerable members of the community due to physical health and behavioral health conditions. The growing diversity of the client population highlights the importance of counselors who are trained in the basics of professional realms of multicultural counseling awareness, knowledge, and skills. As a result, additional research on MCC is necessary to facilitate current changes in provision of services to diverse clientele. Additional study of this competency as it concerns VR counselors will help close existing gaps in the research. Through this study, I aimed to examine how VR counselors perceive their knowledge, skills, and ability in MCC. Additionally, I explored whether MCC levels are adequate to accommodate the changing demographics, provide evidence of the type of educational practices that have facilitated MCC, and see if counselors are willing to learn terms unique to specific cultural communities to achieve successful outcomes. The exploratory nature of this effort provided foundational evidence to encourage ongoing and future research and offer implications for practice to VR counselors, on the efficacy of MCC and successful outcomes in vocational rehabilitation. My intention was that the results of this study would educate and increase counselors' understanding of contemporary MCC requirements.

CHAPTER TWO: LITERATURE REVIEW

Overview

The literature related to MCC has a young history of about 40 years and includes several areas of content. First, a theoretical framework of VR that has transformed the last 3 decades of vocational rehabilitation (VR) services provision is chronicled. This discussion includes organizational practices, education and competencies of VRCs, training and supervision, universal strategies, and pragmatic and combined approaches to VR counseling to show need for the efficacy of multicultural competence among counselors. The theory multicultural awareness (MA) development is reviewed for its significant role of influence in MCC. Second, I present critiques of MCC models, including tripartite, multidimensional, secondary models, implicit models, and the MCCAP model. I then explain the MCC operational definitions that are relevant to the present study, followed by an assessment of MCC, ethnic/racial identity MCC, and MCC assessment instruments. Finally, the chapter concludes with a review of related literature and prior research MCC.

Theoretical Framework

This research study is based on two major theories that contribute to the phenomena that is studied. The first is that the framework of MCC theory is described to further understand how the movement of cultural counseling strengthens VRCs successful outcomes in the VR organization. The second theory is built on the counselor's own sense of multicultural awareness enable him or her to perform better in overall MCC. For this reason, it is critical to dissect which attributes of MCC will take the lead in supporting VRC performance.

History of the Terms Culture and Multicultural in Literature

A very early definition, in 1891, presented culture as the incorporation of all socially acquired habits and knowledge (Mio et al., 1999; 2006). Now, more than a century later, the heart of this definition remains unchanged, notwithstanding multiple variations on the basic theme (Mio et al., 2006). Baldwin et al. (2006) defined culture as a "moving target" (p.24). Based on Lott's (2009) consideration of culture as the communities to which an individual belongs, my definition of culture was inclusive and pertained to many human groups, large and small. Such a position of broad inclusiveness has been judged by some to render the term multicultural "almost meaningless" (Lee & Richardson, 1991, p. 6) diluted and useless. I believe, however, that such an approach provides a more authentic understanding of how significant group memberships affect individual self-definition, experience, behavior, and social interaction (Lott, 2009).

Even though multiculturalism has been a strong influence on contemporary psychological counseling, there is still less than full agreement on its meaning. Multiculturalism was first launched as a theoretical, political, and educational perspective by the civil rights movement (Biale et al., 1988). When this term was introduced into psychology, it was clearly focused on cultures of race or ethnicity and prominence was positioned on the significance of this one aspect of anthropological diversity (Lott, 2009). Several of the early researchers of cultural competence, whose findings supported conclusions made in the preamble to the Rehabilitation Act Amendments of 1992, found disparities in; access to services, provision of services, and outcomes in the community rehabilitation programs for individuals with disabilities from different racial and cultural backgrounds (Feist-Price, 1995; Moore, 2002; Wheaton et al., 1996). It is necessary to note that the perception of inequity in the provision of services to individuals

with disabilities from diverse racial and ethnic backgrounds continues to challenge the counseling profession (Matrone & Leahy, 2005). There is no solitary, correct way to construct cultural adaptations to evidence-based treatments (EBTs; Bernal & Domenech-Rodríguez, 2012).

Historically, the body of MCC literature was launched with attempts to define and recognize ways in which counselors could become multiculturally competent (Ridley & Kleiner, 2003). The issue of multicultural competence of rehabilitation counselors developed from discussions of social justice, equal access, and participation by individuals with disabilities from diverse backgrounds in rehabilitation systems and organizations (Bernal & Domenech-Rodríguez, 2012; Cawthon et al., 2017; Matrone & Leahy, 2005; Sue et al., 1992). As reminded, MCC refers to the counselor's attitudes and beliefs, knowledge, and skills in working with individuals from diverse backgrounds (Constantine & Ladany, 2000; Fietzer et al., 2018). MCA specifies the responsibility of counselors to recognize their biases and stereotypes, as well as to actively broaden these toward a multicultural perspective (Sue et al., 1992). Through this study, I aimed to expand this definition of MCA to include advocacy, emphasizing the skills that counselors need to communicate, interact, and negotiate.

Multicultural Awareness (MCA)

MCA, the focus of this study, is a promising component of MCC, even though some have argued that it has been limited in some ways. While MCC training programs and courses have grown steadily, I still have the concern about the degree of personal commitment to multicultural issues among professional counselors. In the past, must less consideration was paid to a counselors awareness development of an understanding to their own cultural identities or its influence on service provision (Fawcett & Evans, 2013). It is no wonder that Sue (2001) and other researchers have explained the lack of MCA could rise from the tension around the

exploration of the counselors own personal biases showing parts of the unpleasant side of development. awareness development is directly affected in that MCA is conflictual, has resistance, and is emancipating. Experiential learning has a propensity to solidify what an individual one learns from textbooks, lectures and trainings (Fawcett & Evans, 2013). Using an experiential approach to MCC development requires counselors' awareness of their own cultural values and biases, awareness of clients' worldviews, and knowledge of culturally appropriate intervention (Fawcett & Evans, 2013).

VR Organization

Universal Strategies

In VR, cultural competence can simply be explained as respecting and considering the "unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice" of the consumer throughout the VR process (Rehabilitation Act Amendments of 1998, 1998, p. 26). Curtis (1998) identified values intrinsic in rehabilitation, including individual dignity, self-actualization, empowerment, informed choice, and equality and individualism. Recent researchers have revealed limited knowledge about which factors influence a counselor's self-perceived ability to successfully execute the MCCs (Fietzer et al., 2018; Fitzgerald et al., 2016). This research of knowing more about self-perceived personal correlates of MCCs would assist counselor educators in their work of selecting and training counseling students (Fietzer et al., 2018). A continued strategy of employing universal values above, can direct VR agencies in the execution best practices that are multiculturally adequate (Curtis, 1998; Fietzer et al., 2018; Fong, 2004).

Specific Adaptations

Self-actualization and individualism are two of the values that may require adaptation (Southwick et al., 2013). Although self-actualization is suitable for individuals from all cultures, the end condition of self-actualization may look different across different cultures. These researchers assert that the value of individualism may not fit with some cultures that esteem the collective group over the individual person (Southwick et al., 2013). Each VR organization supports a key role in promoting policies and procedures that will enable their counselors to adapt services to meet the desires of their consumers (Southwick et al., 2013).

Evidence-Based Practice (EBP)

This qualitative research highlights that evidence-based practice (EBP) in VR counseling has the potential of improving the outcomes more effectively. The EBP movement has permeated the profession of vocational rehabilitation (Fitzgerald et al., 2016). Fitzgerald et al. completed a content analysis explored certified rehabilitation counselors (CRCs). Hence, the purpose of this content analysis discovered certified rehabilitation counselors' perceptions of the efficacy of EBP, as well as their preparedness to implement EBP in a variety of rehabilitation counseling settings.

A sample of 314 CRCs responded to two unrestricted questions related to their perceived effectiveness and preparation to use EBP in VR's service delivery methods (Fitzgerald et al., 2016). The results of the content analysis indicated that CRCs commonly recognize the importance of EBP and support its use in rehabilitation counseling. Nevertheless, revealed here, is the identification of major individual and organizational-level barriers that may impede the implementation of EBP in the professional practice of VR counseling (Fitzgerald et al., 2016).

Further, this article's use is to focus on how VR clients are served by community rehabilitation providers (CRPs). CRPs are hired employment specialists / job coaches. Kaseroff, et al. (2015) completed a study on a few state VR agencies that use CRPs. According to their research findings, VR relies tremendously on CRPs for supported employment placement services (Kaseroff et al., 2015); however, there is not much published on what CRP qualities are most sought after by state VR staff. Further, Kaseroff et al. explored the abilities and skills that VR staff prefer and seek in the CRPs with whom they contract. Through a Modified Consensual Qualitative Research (CQR-M) approach, specific qualities are appraised for VR staff to search for CRPs. The outcomes revealed four principal areas of preferred qualities including: professional skills, interpersonal skills, personality attributes, and knowledge. The study yielded results that supported the need for standardized CRP training and certification to expand provider preparation and the selection process (Kaseroff et al., 2015).

While thought to play an imperative role in helping individuals with disabilities participate in gainful employment and possibly lessening disability insurance roles a modest amount is known about the long term-efficacy of VR in the United States. Most economic evaluations of the U.S. public-sector VR programs were piloted over 20 years ago (Dean et al., 2017). This need for updated information is only intensified with the recent passage of the Workforce Innovation and Opportunity Act of 2014, which requires VR programs to report post closure employment and earnings (Dean et al., 2017). VRCs should tailor their service provision based on the needs of specific populations with HIV/AIDS with mental health comorbidities (Mamboleo et al., 2017). Overall, rehabilitation counselors can follow best practices of the conventional counseling field that will benefit clients across cultures (Southwick et al., 2013).

VR Practices / Competencies

Competency Identification

Competency can be defined as the ability to apply knowledge and skills to real world circumstances in order to get a required result (Trinder, 2008). More specifically, it is the capacity to perform the necessary functions of an occupation and successfully manage with the naturally occurring contingencies fundamental in all jobs (Trinder, 2008). The official endorsement of the Multicultural Counseling Competencies (Sue et al., 1992) by the American Counseling Association and of the multicultural guidelines by the American Psychological Association, as well as the combination of numerous MCC concepts into the ACA Code of Ethics, emphasize the importance of developing a culturally competent counseling professional in contemporary society (ACA, 2014a; Pack-Brown et al., 2008).

One argument of the process of professionalization for any discipline includes the specification and adoption of a taxonomic system of competencies serving as the groundwork for practice (Stevahn & King, 2014). Stevahn et al. (2005) asserted that identification of competencies can profit a field in four essential ways: improved training for new and experienced professionals, enhanced reflective practice, the expansion of understanding and research on evaluation, and the advancement of professionalization of the field (Sabella et al., 2018; Stevahn et al., 2005).

Counselor Education

According to the American Psychological Association Center for Workforce Studies (2013), in the United States, most counselors and counseling psychology graduate students are non-Latino White. Further, McClanahan and Sligar, (2015) confirmed that the minimum education prerequisite for VR counselors has fluctuated over the years due to changes in federal

laws (McClanahan & Sligar, 2015). In 2014, the minimum education requirement for state-federal VR program counselors was amended. The Workforce Innovation and Opportunity Act (WIOA) of 2014 revised the minimal educational requirements for VR counselors who work in state VR programs to a bachelor's degree. Their research argued that a bachelor's degree does not adequately prepare them for the necessary function of public VR counselors (McClanahan & Sligar, 2015). As a result, workers without a master's degree were considered functionally ill-equipped to perform the job of a public VRC (McClanahan & Sligar, 2015). Researchers have purposed to establish a baseline of comparison of consumer outcomes across state and federal VR agencies on the effects of the WOIA.

Previously, Sue and Sue (2012) recommended a fourfold methodology in which every multicultural counseling course should contain: a consciousness-raising component, an affective experiential component, a knowledge component, and a skills component. Sherman et al. (2017) completed the first part of a series to identify predominant factors which have influence on state and federal VR clients (Sherman et al., 2017). For some clients with disabilities, VR services may be the only answer to receiving successful employment. This research examined which factors influence successful employment outcomes for individuals with disabilities, particularly regarding the counselor's education. The main focus of Sherman and associates' research questioned whether the successful outcomes lean towards counselors with bachelor's degrees offer the same success with counselors with a master's degree (Sherman et al., 2017).

While promoting MCC in counselors-in-training is important, it is equally necessary that practicing counselors continue to utilize culturally competent approaches in an effective manner with their clients (Matthews et al., 2018). To this end, researchers have explored the cultural competence of school counselors' rehabilitation counselors, and mental health clinicians

(Constantine, 2000; Holcomb-McCoy & Myers, 2000; Matthews et al., 2018). Due to the growing diversity of VR clients, attaining a higher standard of cultural competence poses a significant challenge to VR counselors (Southwick et al., 2013).

Twenty years ago, researchers argued that more VRCs are needed to attend to the marked erosion within the public programs, as an increasing number of VRCs are entering retirement. In more recent studies, however, scholars projected the employment of VR counselors to increase by 20% by the year 2022 to sustain the rehabilitation service needs of an expanding clientele (McClanahan & Sligar, 2015; Radtke, 2001; Sonpal-Valias, 2006; U.S. Department of Labor, 2013). A study predicted that an increased demand for VRCs, concurrently with lowered education requirements for practice, could realistically be predicted to result in the employment of personnel without the specialized education required for providing high-quality services to clients with disabilities (McClanahan & Sligar, 2015). VRCs without the benefit of a master's degree, therefore, are functionally incompetent to perform the job of a VR counselor.

While promoting MCC in counselors-in-training is important, it is equally necessary to review that practicing counselors continue to utilize culturally competent approaches in an effective manner with their clients. To this end, researchers have explored the cultural competence of rehabilitation counselors (Bellini, 2002; Case et al., 2016). Matthews et al. (2018) performed a study on the relationship between counselors' MCC, multicultural self-efficacy (MCSE), and ethnic identity (EI). Southwick et al. (2013) recommended that the treatment concepts taught should be consistent with the culture and context of the consumers that will be served through VR (Southwick et al., 2013). In the next section, I will describe the three constructs used in this study and the purpose of this investigation.

Counselor Reluctance to Adopt MCC

Reluctance to adopt professional multicultural rehabilitation competencies and standards is not new. Reluctance originates from a culturally encapsulated ethnocentric emphasis linked to an individual's own cultural awareness (Abreu, 2001; Fietzer et al., 2018; Wrenn, 1985). Cultural encapsulation is the capability to only see things from within the bubble of one's own existence. This encapsulated single-mindedness may be detected in one of four types of cognitive or behavioral reactions of resistance (Middleton et al., 2000; Neville et al., 1996, p. 220; Sue, 1996):

> Resistance 1: The belief that current practices of rehabilitation counseling are equally appropriate and applicable to all populations, regardless of such attributes as race, culture, ethnicity, gender, and affectional orientation. Therefore, there is no need to change the current standards.
>
> Resistance 2: Because the professional multicultural rehabilitation competencies are just too complex and detailed, it is unrealistic for. any rehabilitation education program to incorporate them into the curriculum. In addition, it is unrealistic to believe any one individual could become culturally competent, given the multitude of knowledges and skills required.
>
> Resistance 3: We would like to incorporate these standards into our accrediting bodies and guidelines, but we should wait until other culturally different groups are included. Most of the multicultural standards speak to visibly racial/ethnic traditionally underrepresented groups, but what about standards for women, gays and lesbians, and specific disability groups?

Resistance 4: Cultural diversity is not such a good thing after all. It represents reverse racism and quotas, and it is anti-White. It is biased and unbalanced, and it presents only one side of the picture.

Universal Strategies in VR

VRCs should the follow best practices of the general psychological counseling field which will benefit clients across diverse cultures. General practice conditions may be comprised of empathy, congruence, and unconditional positive regard (Rogers, 1957). Accordingly, these conditions assist in achieving a therapeutic working alliance between counselor and clients that lead to desired outcomes (Millington, 2012). Then, gaining this precise understanding enables the counselor to provide an intervention based on the client's perceptions, generally referred to as their ecological validity (Bronfenbrenner, 1977).

Next, every individual VRC is a portion of multiple cultures, and to some degree is ethnocentric. That being true, the first imperative of cultural competence for the VR counselor is self-awareness. Since the VR federal/state system has its own structural culture, counselors should acknowledge that they automatically have a gradation of privilege because they belong to this prevailing VR culture (Bryan, 2007; Southwick et al., 2013). Moreover, a counselor may belong to other dominant cultures, for instance white privilege (LeBlanc & Smart, 2005). This research sought literature regarding counselor's self- awareness, irrespective of the extent of similarity to the client's cultural background.

Southwick et al. (2013) specifically investigated MCC of VRCs, finding that Hmong VRCs cannot postulate that he or she shares the same values as a Hmong client based on their shared ethnicity. Counselors and clients may still contrast in age, national origin, disability, gender, gender identity, religion/spirituality, sexual orientation, marital status/partnership,

language preference, and/or socioeconomic status (Southwick et al., 2013). For this reason, counselors should routinely practice self-assessment of their values and postures that can impact clients from other cultures with different values (Middleton et al., 2000; Southwick et al., 2013). A VRC who participates in self-assessment will be more healthily prepared to work with multicultural clients.

In addition to self-awareness, there are two general characteristics that culturally competent counselors employ with clients from all cultures, including the counselor's own culture. The first characteristic for the counselor is described as scientific mindedness, in which a counselor establishes hypotheses about the client, then pursues clarification in order to have correct information to act on, instead of making assumptions (Southwick et al., 2013; Sue et al., 1998). The second characteristic is dynamic sizing, which is the counselor's ability to recognize what attributes of an ethnic or racial group may be influencing the client, as well as behaviors in which the client misrepresents the expected culturally and linguistically diverse (CLD) group to which he or she is assumed to belong. Dynamic sizing compels the counselor to recognize that a person's culture is not tantamount with a client's race. In reality, each individual fits into multiple cultures, and specific cultural characteristics based on race do not certainly apply to all individuals within that race (Bryan, 2007; Southwick et al., 2013). Next, I will provide a review of the literature related to MCC.

Related Literature

Based on my review of the literature, it is evident that VRCs are under increased tension to adopt and pursue evidenced-based practices that are culturally competent as well. The rehabilitation counseling literature has been criticized for a lack of empirical work that provides support for individual-level interventions in MCC (Fleming et al., n.d.). Multicultural counseling

literature generally falls into five categories: (a) asserting the importance of MCC; (b) characteristics, features, dimensions, and parameters of MCC; (c) MCC training and supervision; (d) assessing MCC; and (e) specialized applications of MCC (Cartwright & Fleming, 2010; Cook et al., 2016; Patton, 2015; Ridley & Kleiner, 2003; Southwick et al., 2013). In conducting this review, I was concerned with continued training, assessment, and application of MCC and the phenomenon of counselors' MCA.

Asserting the Importance of MCC

The claim that MCC is a critical component of counselor training, supervision, and practice resounds throughout the literature. Since Sue et al. (1982) made this initial assertion, many psychologists have confirmed the importance of MCC to the counseling profession. Sue et al. (1992) suggested that the counseling field is in need of a philosophical change regarding inclusivity, altruism, community mindedness, and concern for justice. Accordingly, Sue et al. outlined a rationale for the necessity of multicultural perspectives in counseling and education, contending that the dramatic increase in the non-White population of the United States requires that mental health professionals be prepared to provide culturally appropriate services to all people (Ridley & Kleiner, 2003; U.S. Census Bureau, 2016; U.S. Department of Labor, 2013).

Ethnicity, issues of access have raised concerns about the cultural competence of human service systems and providers such as psychologists, counselors, social workers, and mental health counselors. Despite the existence of considerable literature on the development and measurement of MCC, researchers have been unable to agree on a consistent and coherent definition of this concept (Caldwell et al., 2008). Even more intangible have been studies that explore the operationalization of multicultural competence by a wide range of counseling service providers. In fact, a broad literature investigating MCC has been limited primarily to samples of

participants in graduate counseling training programs or professional counseling organizations (ACA, 2014b; Caldwell et al., 2008; Chae et al., 2010; Patton, 2015).

Inside the counseling and counselor education field, extensive research on multicultural counseling competence (MCC) in counselor trainees is ongoing (Matthews et al., 2018). For example, research that has focused on increasing the cultural competency of counseling practicum and internship students is available in university counseling centers (Cook et al., 2016). Conversely, Arredondo et al. (2005) found in a content analysis on multicultural research that graduate students were overrepresented in multicultural research (Matthews et al., 2018). Additionally, researchers have found that universities were the most utilized setting for empirical research in multicultural counseling (Matthews et al., 2018). Strikingly, Arredondo et al. (2005) determined that the research showed in 78.4% of the articles in the content analysis was germane to mental health settings, recommending more diverse populations in multicultural research.

Assessing Multicultural Competence

In the 1980s, assessment of multicultural competencies began to unfold. Landmark works developed by Sue and colleagues are together with the most often cited and most frequently conferred by counseling psychologists (Ridley & Kleiner, 2003; Sue et al., 1982, 1992). The body of MCC literature began with efforts to define MCC and identify methods in which counselors could develop multiculturally competencies. Sue et al. (1982) pioneered a paper introducing three cross-cultural counseling competencies. Later, in 2003, the Association for Multicultural Counseling and Development charted specific case examples, strategies, interventions, and developments to aid in counselor training and development in multicultural counseling theory (Arredondo et al., 2005; Ridley & Kleiner, 2003). Roysircar et al. (2003) tackled counselor training in their book, *Multicultural Competencies: A Guidebook of Practices*.

Recognizing multicultural competencies as general professional competencies is a fitting criterion to assess the behaviors of helping professionals (Caldwell et al., 2008; Roysircar et al., 2003).

Research related to the other approaches of attaining MCC has shown a steady progression. Southwick et al. (2013) believed that applying a pragmatic approach to VR has implications for both the organization and the counselor. Their study of MCC on VR counselors and Hmong Americans focused on a pragmatic application to cultural competency. Southwick et al. (2013), highlighted that researchers have often ignored the cultural relevance of VR outcomes, centering on the degree to which VR outcomes were similar or different across CLD groups (LeBlanc & Smart, 2005). Based on cultural equivalence, agencies may establish policies and procedures that can be collectively applied, and counselors will adhere to best practices that are effective for consumers across cultures (Southwick et al., 2013).

Recommendations in these areas will be considered below in the section, universal strategies. Based on cultural variance, VR agencies may support counselors in the well-organized adaptation of Bernal's eight dimensions for different CLD groups. Opposing views exist about how to best apply adaptations for clients from CLD backgrounds. Southwick and associates discussed two established models: the Cultural Equivalence Model and the Cultural Variance Model (Southwick et al., 2013). After these descriptions are reviewed, I will present a pragmatic approach combining these two models.

Cultural Equivalence Model (CEM)

The Cultural Equivalence Model proposes the presence of similarities across groups and attributes variations principally to life circumstances such as socioeconomic differences (Cauce et al., 1998). Accordingly, the CEM proposes universal approaches for all cultures which adapt

interventions based on non-cultural factors. The CEM endorses conformity to best practices that endorse quality outcomes irrespective of the group to which the consumer appears to belong (Southwick et al., 2013). The opponents of CEM have indicated that failure to adapt services based on cultural aspects may adjudicate them a poor fit-and therefore invalid for consumers from a diversity of cultures. Using the CEM in the VR setting does not require specific adaptations based on the client's culture, but it grounds services in best practices that can be applied when counseling clients from any CLD group (Southwick et al., 2013).

Cultural Variance Model (CVM)

The CVM focuses on the distinctions between multicultural groups centered on specific "values, beliefs, histories, and life experiences" inherent to the culture (Domenech-Rodríguez & Wieling, 2005, p. 319). Based on the CVM, contemporary interventions are developed or adapted for each cultural group (Domenech-Rodríguez & Wieling, 2005; Southwick et al., 2013). Unlike the tripartite and multidimensional models (see Figure 1 below), with the use of an evidence-based practice, the widely used, supported employment, CVM would require adaptation in order to be usable with clients from diverse cultural groups. Southwick et al. (2013) suggested that a strict application of CVM to the VR organization would call for VR processes to be built from the ground up for clients from each culture. Researchers have revealed that changing an intervention from cultural group to cultural group fundamentally decreases fidelity to a treatment method (Southwick et al., 2013). Conversely, the CVM asserts the advantage of warranting that interventions match the unique needs of a client's culture and will therefore be acceptable and effective.

A Combined, Pragmatic Approach

Several researchers proposed combining the pragmatic CVM and CEM approaches in order to prudently adjust existing treatments into culturally suitable interventions (Bemal et al., 1995; Bemal & Sáez-Santiago, 2006; Domenech-Rodríguez & Wieling, 2005; Southwick et al., 2013). The combined pragmatic approach could be harnessed to VR services; combining both models initiates mapping out an achievable, pragmatic approach to cultural competence (Southwick et al., 2013). Yet, the combined approach must include an explanation of which cultural factors will require adaptation. Another approach to facilitating and delimiting the CVM is known as the ecological validity model (EVM; Bemal et al., 1995). Bemal et al. proposed their EVM as a framework for adapting interventions for multicultural clients.

Domenech-Rodríguez and Wieling (2005) found that there are only a few cultural adaptation models. Bernal's model has been successfully applied with Latino populations and recommended for use with other CLD groups (Bemal & Sáez-Santiago, 2006). Bernal's model restricts the implications of the CVM in the combined, pragmatic approach. It categorizes eight dimensions of culture and intervention compelling adaptation to fit a CLD client. The following dimensions are included in the Bernal framework: (a) culturally sensitive language; (b) similarities and differences between the client and counselor; (c) language metaphors, including cultural symbols and concepts; (d) cultural content, such as values, traditions, and customs; (e) changing contexts for the consumer (e.g., acculturative stress, phase of migration); (f) treatment concepts consistent with the culture (e.g., conceptualization of the problem and the solution); (g) goals framed within the values, traditions, and customs of the culture; and (h) compatible methods based on cultural knowledge (Bemal et al., 1995; Domenech-Rodríguez & Wieling,

2005). Southwick et al. (2013) proposed that Bernal's model may provide the best framework for defining which portions of the VR process will require cultural adjustments.

This combined approach, however, is associated with several concerns. First, it places limitations upon complete fidelity and validity based upon the introduction of variance, for example, cultural adaptations. Second, it restricts the ability to fully adapt interventions to ensure a good fit with the consumer. Finally, it requires that a decision be made as to which elements of the VR process will remain standardized based on the CEM, and which elements will require adaptation based on the CVM. If a valid delineation can be made of which elements of the VR process will and which elements will not require cultural adaptation, then this pragmatic approach essentially allows for both the fidelity of best practice and the adaptability for cultural differences (Castro, 1998; Domenech-Rodríguez & Wieling, 2005). There are several more models of MCC frameworks to consider for this literature review: Tripartite Model of Multicultural Counseling Competencies, Multidimensional Model for Developing Cultural Competence, and secondary models. First, I will examine the Tripartite Model.

Tripartite Model of MCC

To advance the MCC conceptual framework further, Sue et al. (1992) identified that professional counselors must work to assimilate standards into their practices and training that accurately mirror the diversity that exists in our society. The three major focal points included counselor awareness of own cultural values and biases, counselor awareness of client's worldview, and culturally appropriate intervention strategies. Each major focal point was then subdivided into the requisite attitudes and beliefs, knowledge, and skills, reflecting the authors' belief that each was a component of the larger focal point (Mollen et al., 2003). There is not much exploratory literature solely on VRC MCCs.

Rehabilitation Counselor Beliefs and Attitudes

Several researchers have argued that in order to perform competently as a rehabilitation counselor, one must possess an expanded awareness of oneself and others in terms of race, ethnicity, culture, and oppressed groups (Anuar & Jaladin, 2016; Cartwright & Fleming, 2010; Neville et al., 1996; Ridley & Kleiner, 2003; Van et al., 2013). Pedersen (2002) argued that competence must commence with one's awareness of their own culture in relationship to the other cultures in one's vicinity, and of the culturally learned assumptions that influence one's behavior. Beliefs and attitudes reflect the mindset of counselors about ethnic and racial minorities, as well as their responsibility to check their biases and stereotypes, develop a positive orientation toward multicultural perspectives, and recognize ways in which personal biases and values can affect cross-cultural counseling relationships (Ridley & Kleiner, 2003). An awareness of one's stereotypes and prejudicial attitudes and their impact is essential.

Rehabilitation Counselor Knowledge

Knowledge is the understanding counselors have of their own worldview, their specific knowledge of cultural groups, and their understanding of sociopolitical influences on cross-cultural relationships (Ridley & Kleiner, 2003). Rehabilitation counselor knowledge involves empathy and requires that counselors which can view clients from the perspective of the client. Rehabilitation and other counselor knowledge of the multicultural client characteristics help to build rapport and counselor/counselee working alliances.

Rehabilitation Counselor Skills

Skills refers to the specific abilities that are necessary to work with racial and ethnic minorities (Sue et al., 1982; 1992). Multicultural rehabilitation counselor competence in terms of skills involves counselors' ability to apply culturally sensitive interventions and strategies when

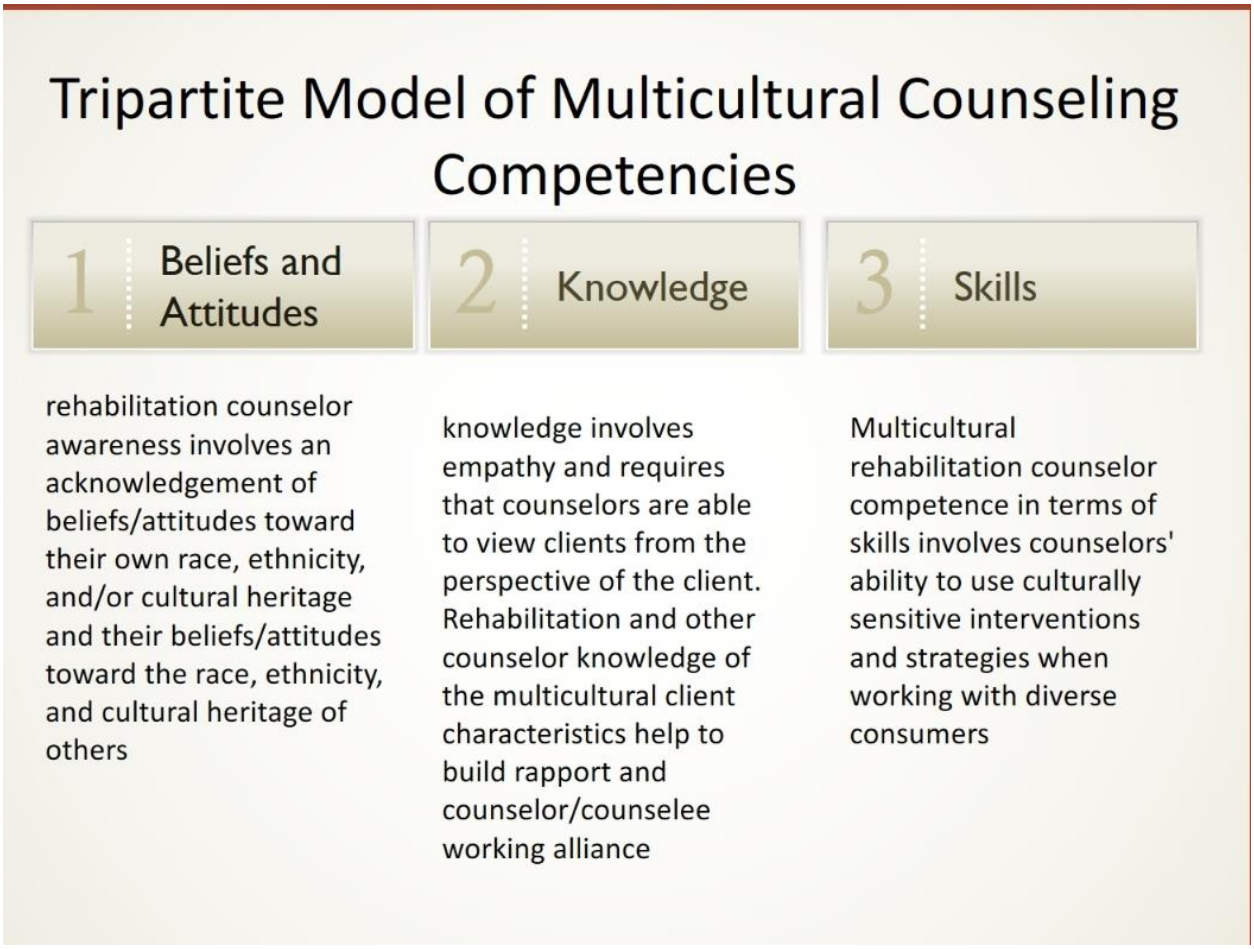
working with diverse consumers (Sue, 2006; see Figure 1). To operationally define counselor skill competence further, Granello et al. (1998) studied practicing counselors to collect their input into their ideas about multicultural counseling skill competency.

Sue et al. (1982) addressed the vigorous task of distinguishing initial skills, competencies, and objectives that would distinguish "culturally skilled" (p. 49) counseling psychologists (Mollen et al., 2003). Although an earlier article delineated four critical beliefs and attitudes, four types of "knowledge," and three skills, the later article developed three major important points for "proposed cross-cultural competencies and objectives" (Sue et al., 1992, p. 484). The three major focal points included counselor awareness of own cultural values and biases, counselor awareness of client's worldview, and culturally appropriate intervention strategies (Mollen et al., 2003; Sue et al., 1992; see Figure 1).

Each major focal point was then subdivided into the requisite attitudes and beliefs, knowledge, and skills, reflecting the authors' belief that each was a component of the larger focal point (Mollen et al., 2003). Central to this requisite is the most ambiguous aspect of the model multicultural awareness (Abreu, 2001). Multicultural awareness specifies our responsibility to recognize our biases and stereotypes, and to actively broaden these toward a multicultural perspective (Sue et al., 1992). The following commentary analyzes the tripartite model in terms of the six criteria presented below.

Figure 1

Tripartite Model of Multicultural Counseling Competencies



A Critique of the Tripartite Model

Mollen et al. (2003) produced a critique of the tripartite model of multicultural counseling in six areas. These areas, which I will describe in the following sections, are: (a) characterized by clarity and coherence, (b) descriptive as well as prescriptive, (c) makes a unique contribution, (d) includes critical facets, (e) able to be validated via quantitative and/or qualitative research, and (f) strikes a balance between simplicity and complexity (Mollen et al., 2003).

Characterized by Clarity and Coherence

The early works of Sue et al. (1982) in MCC should be recognized for the scholars' comprehensive development of the requirement for new conduits across the many specialties that make up the American Psychological Association (Mollen et al., 2003; Sue et al., 1982, 1992). Mollen et al. (2003) contended that based on the then-current and projected demographics as well as historical relevancies, Sue et al. (1992) laid the groundwork for what has arguably become among the most critical features of applied psychology today (Mollen et al., 2003). This model, however, though developed with sound rationale, does not always achieve comprehensibility with regard to definitions, clarification of terms, and elucidation of related components (Mollen et al., 2003). Words and phrases such as culturally skilled, culturally competent, and cultural competency are used interchangeably. Such definitional ambiguities obfuscate the main purpose of this model, which is: to give researchers and practitioners a guideline for understanding what it means to be culturally competent (Mollen et al., 2003).

Descriptive and Prescriptive

The tripartite model of cultural competence proposes some description in its portfolio of stated objectives. The concepts of knowledge, skills, and attitudes and beliefs are granted moderate attention so that readers can glean the basic structure of the authors' intentions. While the intended objectives are ambitious, the three-part model is restricted by the lack of prescription. Ridley et al. (2001) posited that in some ways, the objectives are similar to those of the APA Ethics Code (APA, 1992), which has been criticized elsewhere for failure to offer clearer guidelines and structure to the counseling profession (Ridley et al., 2001).

Makes a Unique Contribution

Without question, Sue and associates broke ground for a great deal of discussion and brought about major change in MCC. Since the publication of their 1982 article, there has been a surge of related publications, presentations, monographs, and books. In addition, issues of multicultural competence have begun to be infused in training programs and are more widely reflected in the APA Ethics Code (Sue et al., 1992) than they had been previously. The model is to be credited for fulfilling a longstanding need in applied psychology (Ridley & Lingle, 1996).

Includes Critical Facets

The 1982/1992 model focused exclusively on beliefs and attitudes, skills, and knowledge, which have been subsequently paralleled with MCC (Ridley & Kleiner, 2003). Constantine and Ladany (2000) cogently asserted, “This historical definition has gone virtually unchallenged by multicultural scholars and practitioners in counseling psychology” (p. 162). In fact, several researchers and scholars have elucidated additional features believed to be crucial for achieving competence, such as the importance of the therapeutic alliance in the counselor/client and racial identity development (Holcomb-McCoy & Myers, 2000; Sodowsky et al., 1994).

Able to be Validated via Quantitative and/or Qualitative Research

The models of Sue et al. (1982; 1992) have been subjected to a wide degree of empirical testing, some of which has borrowed considerable support for Sue's early works, as in a review from Ponterotto et al. (2000). A number of instruments based on the fundamental tripartite conceptualization of competence have been conceived and studied, and acknowledgement should be given for the expansive research on the model (Mollen et al., 2003). Despite this knowledge, several concerns remain about the sufficiency of the instruments based on the tripartite model to entirely seize the most salient features of competence (Mollen et al., 2003). For instance,

Constantine and Ladany (2000) uncovered a social desirability misperception that sheds doubt on the efficacy of paper-and-pencil self-report methods which were widely adopted in the literature (Mollen et al., 2003). Furthermore, the use of other methods such as grounded theory or consensual qualitative design is profoundly needed to more carefully assess multicultural counseling competence (Ponterotto et al., 2000).

Strikes a Balance Between Simplicity and Complexity

Wood and Power (1987) persuasively argued that competence involves more than just the combination of knowledge and skills. These researchers theorized that a more comprehensive methodology to competence is needed—one that rests on an "integrated deep structure" (Wood & Power, 1987, p. 414).

Multidimensional Model for Developing Cultural Competence

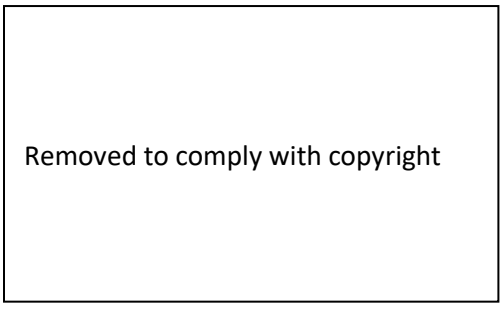
Sue (2001) developed the Multidimensional Model for Developing Cultural Competence model in response to a number of matters which he felt hindered the incorporation of cultural competence in multicultural psychology: (a) a belief in the universality of psychological axioms and theories, (b) the inconspicuousness of monoculturalism in psychological practice, (c) differences in defining cultural competence, and (d) lack of a conceptual framework to systematize the multifaceted dimensions of cultural competence (Mollen et al., 2003; Sue, 2001). While attempting to interlace social justice attributes into the discussion, Sue advocated for a new definition of cultural competence: cultural competence is the capability to participate in actions or create environments that capitalize the optimum development of client and client systems (see Figure 2).

Accordingly, MCC is defined as the counselor's acquisition of awareness, knowledge, and skills needed to function effectively in a pluralistic democratic society (i.e., ability to

communicate, interact, negotiate, and intervene on behalf of clients from diverse backgrounds), and on an organizational/societal level, advocating effectively to develop new theories, practices, policies, and organizational structures that are more responsive to all groups (Sue, 2001). Sue's model is comprised of three primary dimensions. First, the sections of cultural competence include awareness, knowledge, and skills, which are essentially the same as the components of the tripartite model above. Second, the emphases of cultural competence consist of individual, professional, organizational, and societal levels of intervention. Third, the racial and culture-specific qualities of cultural competence pertain to five race-based focus groups of intervention: African American, Asian American, Latino/Hispanic American, Native American, and European American (Sue, 2001). The above groups are expressed against a backdrop of universal, group, and individual levels of personal identity (Mollen et al., 2003).

Figure 2

A Multidimensional Model for Developing Cultural Competence



Secondary Models for Developing Multicultural Competence

Mollen et al. (2003) appraised the secondary models of cultural competence that have appeared in MCC literature. These scholars identified these models as secondary models for two reasons: (a) they are far less detailed than the major models and (b) they exert less influence in the field (Mollen et al., 2003). Eight of these models are reviewed, followed by an overall

critique of the models: Secondary Models: Carney and Kahn's (1984) Counselor Development Model, Bennett's (1993) Developmental Model, Campenha-Bacote's (1994) Culturally Competent Model of Health Care, the Beckett et al. (1997) Multicultural Communication Process Model, López's (1997) Process Model of Cultural Competence, Castro's (1998) Three-Factor Model, Cross's (1988) Model of Cultural Competence, and Toporek and Reza's (2001) MCCAP.

Table 1

Eight Secondary Models for Developing MCC

Creators	Models
Campenha-Bacote (1994)	Culturally Competent Model of Health Care
Carney and Kahn (1984)	Counselor Development Model
Cross (1988)	Model of Cultural Competence
Bennett (1993)	Developmental Model
Beckett et al. (1997)	Multicultural Communication Process Model
Castro (1998)	Three-Factor Model
Toporek and Reza (2001)	MCCAP
López (1997)	Process Model of Cultural Competence

Carney and Kahn's (1984) Counselor Development Model

Carney and Kahn's (1984) five-stage developmental model is the earliest of the secondary models. Pulling from the work of other scholars and their own studies, these authors claim that cross-cultural change agents obtain their competencies by channeling through their identified stages (Mollen et al., 2003). Each identified stage has a pattern of growth in three major areas: (a) knowledge of cultural groups, (b) attitudinal awareness and cross-cultural sensitivity, and (c) specific cross-cultural counseling skills (Carney & Kahn, 1984). Additionally, Carney and

Kahn's dialogue of each stage is divided into two parts—counselor/learner characteristics and appropriate training environment—that delineate the learning tasks for trainees at each stage.

To begin, in Stage 1, learners have an insufficient knowledge of other cultural groups and may hold ethnocentric attitudes (Mollen et al., 2003). Here, the learning task for learners is to accept the extent to which they may be depending on faulty treatment strategies and goals (Carney & Kahn, 1984; Mollen et al., 2003). In Stage 2, learners start to acknowledge their own ethnocentric attitudes and behaviors. Here, the learning tasks for trainees are to acquire knowledge of the norms, values, and customs of other cultural groups and to acknowledge how ethnocentrism would influence their counseling practice (Carney & Kahn, 1984). Next, in Stage 3, learners may encounter internal conflicts consequent from feelings of guilt and personal responsibility. Here, the task learners are self-exploration and resolution of dissonance. In Stage 4, learners begin to develop self-identity as a cross-cultural change agent. The learning task for trainees is to grow into autonomous decision makers pertaining to their personal and professional identities (Mollen et al., 2003). Finally, in Stage 5, learners adopt an activist posture that promotes social equity and shielding cultural pluralism. Learners' tasks here are to clarify their commitment and to establish action strategies (Mollen et al., 2003).

Bennett's (1993) Developmental Model

Bennett (1993) proposed a six-stage developmental model, progressing from "ethnocentrism" to "ethnorelativism" (p.153). This model reveals that the three stages of ethnocentrism are denial, defense, and minimization versus the three stages of ethnorelativism are acceptance, adoption, and integration (Bennett, 1993; Mollen et al., 2003). "An individual in the denial stage does not accept cultural differences. An individual in the defense stage acknowledges certain cultural differences but constructs defenses against those differences"

(Mollen et al., 2003, p. 9). Next, an individual in the minimization stage recognizes cultural differences, but trivializes those differences. An individual in the acceptance stage recognizes and regards cultural differences. An individual in the adoption stage develops and increases the skills necessary for interrelating and communicating with people of different cultures (Mollen et al., 2003). Lastly, an individual in the integration stage does more than value other cultures; these individuals classify their own identity and assimilate their own cultural perspectives with those of other cultures (Mollen et al., 2003).

Campenha-Bacote's (1994) Culturally Competent Model of Health Care

Campenha-Bacote (1994) developed the culturally competent model for health care practitioners. According to this author, cultural competence is a process that is made up of culturally responsive assessments and culturally relevant interventions (Campenha-Bacote, 1994). The model has four cultural components: (a) cultural awareness, (b) cultural knowledge, (c) cultural skills, and (d) cultural encounters.

Cultural awareness is the process of sensitizing oneself to the worldviews of individuals from other cultures. The process is methodical and cognitive, commencing with professionals exploring their own prejudices and biases and acknowledging how these influence cross-cultural interactions (Mollen et al., 2003). Cultural knowledge is the process of acquiring information about the illness belief systems and worldviews of other cultures. In this way, Campenha-Bacote pinpointed a variety of academic and training experiences by which this information can be obtained (Campenha-Bacote, 1994; Mollen et al., 2003). Cultural skill is the process of performing a cultural assessment, which is an important value of this skill is the refrainment of stereotypical judgments. Last, cultural encounter is the process of unambiguously engaging in interactions with diverse cultural groups, whereby, enabling health care providers to validate,

negate, or modify their cultural perceptions (Mollen et al., 2003). The Campenha-Bacote belief is that health care appropriateness in each of these purviews can produce culturally receptive services (Campenha-Bacote, 1994).

Multicultural Communication Process Model of Beckett et al. (1997)

Beckett et al. (1997) developed the multicultural communication process model (MCCPM) as a writing within a social work journal. These authors asserted that their model expresses a two-tiered process for intervention with Black American clients (Mollen et al., 2003). The first tier is where practitioners use the model to guide their individual study and development in multicultural knowledge. The second tier is where they use the model directly to intervene with a client or circuitously through supervision (Beckett et al., 1997; Mollen et al., 2003).

Next, Beckett et al. (1997) described eight components of the MCCPM, which they specified as strategic and mutually dependent. Because they considered multicultural competence as a progression, Beckett et al. suggested that the components are not in sequence or linear. The eight components of the model are as follows: “(a) know self, (b) acknowledge cultural differences, (c) know other cultures, (d) identify and value differences, (e) identify and avoid stereotypes, (f) empathize with persons from other cultures, (g) adapt rather than adopt, and (h) acquire recovery skills” (Mollen et al., 2003, p. 10).

López's (1997) Process Model of Cultural Competence

López (1997) delivered a model of cultural competence that he builds as a guide for clinicians and their supervisors. López used the term *process,* which indicates the dynamic and fluid nature of cultural competence (Mollen et al., 2003). He also posited that the principles of effective psychotherapy and culturally competent psychotherapy intersect. The core of cultural

competence is the ability of clinicians to differentiate their culture-specific frameworks or perspectives from those of their clients and then to move between these different perspectives (López, 1997; Mollen et al., 2003). López (1997) identified four domains that reveal cultural competence as a process.

The first domain is engagement, where therapists get clients to take part in therapy by launching a positive working relationship (Mollen et al., 2003). Engaged clients then share their culture-specific perceptions on the presenting problem and helps them set goals for therapy. In the second domain, assessment, therapists determine the nature of the client's psychological functioning. The process necessitates clinicians to employ the norms of the mainstream culture and use norms of the client's culture. Balancing cultural perspectives, exercising clinical judgment, and carefully considering all cultural data are integrated into the assessment.

The third domain of the explanatory model is theory, which explains (a) a client's psychological functioning and (b) how therapy works. Culturally competent therapists grasp that clients often have explanatory models of their own, and that they may be different from models conducted by therapists (López, 1997; Mio et al., 1999); however, therapists must revere and validate the clients' theoretical models. Notwithstanding, competent therapists are perceptive enough to know that the clients' model may reflect dysfunction, and not just an alternative rationalization of the clients' presenting problem. Finally, the fourth domain is methods, which are the procedures used to facilitate therapeutic transformation (López, 1997). Culturally competent clinicians adjust their methods and interventions to each client. Herein, López drew three inferences about treatment. The first implication is that individualized treatment planning is essential to cultural competence. Then, a wide range of interventions is theoretically functional

in treatment. Third, the chosen interventions must align with the client's cultural belief system (Mollen et al., 2003).

Castro's (1998) Three-Factor Model

Castro (1998) contended that the capacity for cultural competence happens along a continuum. This author adjusted and expanded the concept of a cultural capacity continuum, deriving from the work of other academics (Cross et al., 1989; Kim et al., 1992; Orlandi, 1992). Castro's conceptualization comprises of six levels of cultural capacity and each level is given a numerical rating, and the continuum ranges from −3 to +3 (Mollen et al., 2003). Starting at the lowest level, cultural destructiveness (-3) is where professionals at this level harbor an attitude of superiority about their culture and inferiority about clients from different cultures. The next level, cultural incapacity (-2), is an orientation that puts emphasis on separate but equal treatment of clients who are outside of the cultural majority. The next level, cultural blindness (-1), emphasizes that all cultures and individuals are identical and equal. The professionals who function at this level discount the importance of culture and the need to integrate multicultural perspectives during therapy. Unfortunately, these three lower levels reflect cultural incompetence (Cross et al., 1989; Mollen et al., 2003).

Castro's (1998) three-factor model makes up the next three levels. This model permits psychologists and other mental health professionals to "conduct culturally effective assessments, clinical interventions, and research with members of ethnic minority populations" (Castro, 1998, p. 127). Mollen et al. (2003) conveyed that the aim of this model is to guide training toward the development of cultural competence. Cultural sensitivity or openness (+1), the first level of the three-factor model, is a consideration and appreciation of sociocultural issues pertaining to the client and treatment (Mollen et al., 2003).

The second level of the model, cultural competence (+2), is where professionals can work with compound issues and understand cultural nuances. This enables them to plan culturally effective interventions for clients. Last, cultural proficiency (+3) is the highest level of the model, which is an ideal state and requires a commitment to lifelong learning. This state is indicated by professionals displaying excellence and being proficient in the design and delivery of treatment interventions. Castro (1998) believed that a professional may be culturally proficient with one target population but not another, and posited that comprehensive cultural proficiency across populations is uncommon (Mollen et al., 2003).

Cross's (1988) Model of Cultural Competence

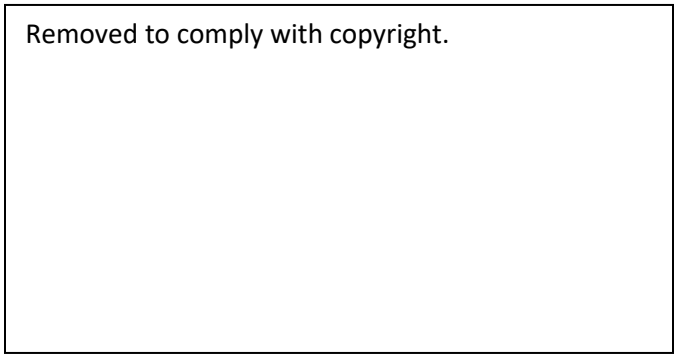
Cross (1988) established a six-stage model of cultural competence. This model was originally developed for use with organizations; however, it has also been adopted for use with individuals. Stage 1 is cultural destructiveness, which believes the superiority of one culture over other cultures. Stage 2 is cultural incapacity, where there is provision for segregation, and there are inferior expectations for people of minority cultures. Stage 3 is cultural blindness, where services and activities are so ethnocentric that only those who are integrated profit from them. Stage 4 is cultural pre-competence, wherein attempts are made to address diversity issues through hiring and promoting. Stage 5 is basic cultural competency, where attempts are made to hire impartial employees, gain feedback from communities of color, and assess possible provisions for diverse clients (Mollen et al., 2003). The final, sixth stage is advanced cultural competency, where organizations conduct research, employ culturally competent employees, and advocate in support of diversity issues (Cross, 1988; Mollen et al., 2003).

Toporek and Reza's (2001) MCCAP

Toporek and Reza (2001) created the multicultural counseling competency assessment and planning model (MCCAP). This model incorporates the cross-cultural competencies developed by Sue et al. (1992). Toporek and Reza (2001) expressed the MCCAP as an improvement of the model of Sue et al. (1992) by incorporating three additional dimensions: (a) contexts, (b) modes of change, and (c) a process for assessment and planning (Mollen et al., 2003).

Figure 3

Multicultural Counseling Competency Assessment and Planning Model



Note. From Mollen et al. (2003, p.12).

The foundation of the MCCAP model is comprised of the multicultural standards and competencies proposed by Sue et al. (1992). These nine standards and competencies are classified into three areas: (a) maintaining awareness of own assumptions, (b) remaining empathetic to the client's worldview, and (c) developing applicable interventions. For each category, competencies are then defined in terms of a counselor's awareness, knowledge, and skills (Mollen et al., 2003).

Next, the MCCAP model describes three frameworks of multicultural competence. First, the personal context is the counselor's identity, beliefs, attitudes, knowledge, and skills as a cultural individual (Mollen et al., 2003). Personal context may influence how professionals conceptualize counseling. Secondly, the professional context is the individual's formal position within the mental health field. Third, the institutional context is the counselor's membership and involvement in an organizational setting (Mollen et al., 2003).

Three modes of change are within the MCCAP model: (a) the cognitive mode refers to the process of knowing or perceiving, (b) the affective mode refers to the counselor's feelings or emotions, and (c) the behavioral mode refers to the counselor's actions and reactions (Mollen et al., 2003). Lastly, the MCCAP model describes three areas of assessment and planning. The purpose of assessment is to acquire a comprehensive perspective of the counselor's multicultural competence. Needs describe the areas of awareness, knowledge, and skills which call for further development and learning for the counselor. The last section, activities and goals, institutes a strategic plan for the counselor's professional development (Mollen et al., 2003).

Critique of Secondary Models

Mollen et al. (2003) critiqued these secondary models that have increased the conversation about the importance of multicultural competence. The researchers indicated that these models have facilitated the extended conversation into other specialties such as health care and social work (Mollen et al., 2003). Additionally, there have been efforts to apply the construct to specific populations such as African Americans, which vary greatly from the simple to complex. For instance, these researchers posited that Bennett's (1993) model is clear in its oversimplification, while Toporek and Reza (2001) purported a much more intricate model.

None of these secondary models, however, have been subjected to validation studies to determine their efficacy or effectiveness (Mollen et al., 2003).

Mollen et al. (2003) documented that the most serious limitation of the secondary models relates to their non-directiveness, proposing that action to be taken by practitioners that would indicate their cultural competence. For example, the proposed actions include avoiding stereotypes or empathizing with individuals from different cultures. Consequently, the practitioners who use these models will be met with great difficulty in trying to establish whether they have achieved multicultural competence (Mollen et al., 2003).

López's (1997) Process Model of Cultural Competence is more beneficial than other theorists in connecting theory and practice (Mollen et al., 2003). López (1997) provided several case vignettes that demonstrate each of the four domains of his process model. These vignettes bring the model into clinical veracity, providing immense benefits to clinicians. Regrettably, López's discussion of the different domains in the text is yet descriptive but not prescriptive. If the vignettes were not available, most clinicians could not discover from the text how to execute his model of cultural competence (Mollen et al., 2003).

It is essential to note from the findings of Mollen et al. (2003) that some of the secondary models appear to make a less salient provision than do other models. For example, Cross's (1988) and Castro's (1998) models are curiously similar in respect to their proposed stages. Although the stages are unique in comparison with other models, neither of these models offer a unique viewpoint when compared to each other (Mollen et al., 2003). The secondary models would need to be studied empirically to establish their usefulness and whether their features are critical to multicultural counseling competence. Finally, regardless of the simplicity or

complexity of each model, each could be subjected to empirical inquiry through a combination of qualitative methods (Mollen et al., 2003).

Implicit Models

A number of progressive models have implicit assumptions about multicultural counseling competence (Mollen et al., 2003). These models are pervasive in the literature and demonstrate powerful influence over the judgement of many psychology practitioners (Mollen et al., 2003). Regardless of these influences, they characteristically are not viewed as models of multicultural competence. Table 2 outlines the assumptions underscoring four implicit models studied by Mollen et al.

Table 2

Models with Implicit Assumptions of MCC

Models	Assumptions About Competence
Ethnic/cultural matching	Primary: Competence stems from the common sociocultural experiences of counselor and client. Secondary: (a) competence is autonomous of training. (b) Competence involves membership in the clients' ethnic, racial, or cultural group.
Conventional counseling	Primary: Competence stems from training in the practice of conventional psychotherapy orientations. Secondary: (a) Major psychotherapies are generally applicable and vigorous enough to account for cultural variation. (b) No additional general training is necessary. (c) Counselor's cultural group affiliation is not important.
Conventional counseling with modification	Primary: Competence stems from training in the practice of conventional psychotherapy orientations and training in cultural sensitivity. Secondary: (a) Conventional psychotherapy orientations are needed but insufficient. (b) Cultural sensitivity is needed but insufficient. (c) Counselor's cultural group membership is not important.

Cultural-specific counseling	Primary: Competence stems from mastery of change components inherent in the culture of the client. Secondary: (a) The process of transformation is relativistic. (b) Counselor's affiliation in the client's culture is advantageous (Mollen et al., 2003).

MCC Operational Definitions

A deficiency of consensus involving how MCC is defined was taken into account in defining the terms used in this review. The debate in the field of counseling concerns are; incongruity as to what constitutes multicultural counseling, and the claimed importance of multicultural counseling to the field of counseling (Negy, 2000).

Multicultural Counseling

For the purposes of the current study, multicultural counseling has a general definition that encompasses a number of potential differences that impact the counseling relationship. Das's (1995) definition of multicultural counseling is one to ascribe to for this review. Das's concept of culture embraces all groups who find meaningful traditions of coping with the difficulties that life presents, and suggests that all counseling is fundamentally, multicultural. Das defined multicultural counseling as that which deems the sociocultural conditions liable for the problems for which people pursue counseling. This author described counseling as a specific form of cultural invention developed in the Western world to deal with psychological distress, also admitting that all cultures have some formal or informal way of dealing with human suffering (Das, 1995; Monk et al., 2008).

Multicultural Counseling Competencies

Pope-Davis et al. (2001) indicated that the MCC is guided by the three-factor model introduced by Sue et al. (1982). Multicultural competency is defined as "the capacity whereby

counselors possess cultural and diversity awareness and knowledge about self and others, and at the same time ensure that this awareness and knowledge is skillfully applied in practice with clients and client groups" (AATA, 2011b, Section 6.0).

Multicultural Rehabilitation and Other Counseling Competencies

Three areas that shaped multicultural rehabilitation counseling competencies and the multicultural counseling competencies of other counseling programs are (a) the CORE accrediting body, (b) the standards that Middleton et al. (2000) proposed for multicultural counseling practice, and (c) the CACREP accrediting agency.

Assessment of MCC

In previous assessments of MCC, scholars have concentrated on different counselor-in-training populations. These include counseling psychology (Sodowsky et al., 1994), rehabilitation counseling (Cumming-McCann & Accordino, 2005; Granello et al., 1998), and school counseling (Constantine, 2000).

Supervision and Self-Perceived MCC

Scholars including Ladany et al. (1997) have questioned how counseling supervision effects MCC. These researchers examined the supervision factors shaping MCC in terms of racial identity and racial matching between supervisor and counselor-in-training (Ladany et al., 1997).

Training and Self-Perceived MCC

The assessment of MCC has led researchers to examine training. Training has been measured in terms of preceding multicultural courses that serves to aid counselors in their multicultural counseling service provision (Stebnicki & Cubero, 2008).

Race & Racial Attitudes and Self-Perceived MCC

Previous research employing practicing counselors revealed relationships between race and MCC. The results were mixed, primarily focused on awareness and knowledge subscales of MCC to the exclusion of 32 skill competence, and did not always account for impact social desirability on self-perceived MCC scores (Cumming-McCann & Accordino, 2005). The assessment of MCC has led to considerations of counselor beliefs and attitudes in multicultural counseling. For instance, Cumming-McCann and Accordino explored the effects of counselor racial attitudes on multicultural rehabilitation counseling competence of practicing rehabilitation counselors.

Racial and Ethnic Identity

Models of racial and ethnic identity development continue to dominate cultural identity research (Coleman et al., 2003). Theory and research on racial and ethnic identity have made many contributions to our understanding of multicultural counseling competence that cannot be overstated. Racial identity theory has also served as a catalyst for conceptual clarification of the multicultural lexicon. Conceptual confusion around the interrelated constructs of race, ethnicity, and culture has haunted the multicultural counseling competence literature since the multicultural movement began in earnest in the early 1980s (Coleman et al., 2003).

White Racial Identity and Multicultural Competence

Salzman (2000) developed a means to increase the MCC of White counseling students, This author suggested that there are three reasons that exposure to multicultural events points to increased multicultural competence (Salzman, 2000). First, students increase their awareness of the existence of cultural differences. Then, students acquire motivation to explore their own cultural influences. And third, students gain experience with and awareness of the dynamics

entailed in cross-cultural interactions (Salzman, 2000). In addition to the three factors above, other training variables that researchers have identified as central to the development of MCC included opportunities to explore White racial identity development (Ottavi et al., 1994) as well as general opening to gain precise multicultural counseling training through coursework (Carlson et al., 1998).

In an overview of White counselor's racial identity, Helms (1990; 1995) created a model of White racial identity which assesses the development of a White individual's psychological orientation with respect to racial group membership (Chae et al., 2010; Helms, 1990, 1995). Of note, there are other constructs of White racial identity that have developed in the professional literature, yet Helms' s model has been the most widely researched (Hays et al., 2008; Ponterotto et al., 2006). White racial identity attitudes have been investigated in relation to indexes of multicultural competence with various groups in the helping fields (Cumming-McCann & Accordino, 2005; Neville et al., 1996). Researchers studying White racial identity have suggested that counselors operating from more mature identity statuses may be better able to appreciate clients' individual and cultural experiences when they become cognizant of their own racial and cultural biases (Hays et al., 2008).

Helms's (1990; 1995) model proposes that White Americans proceed through a series of statuses illustrated by resolving conflicts related to two major themes. The first theme is, abandoning racist ideology and the second is, developing an optimistic non-racist White identity (Chae et al., 2010). The first theme is comprised of three statuses—contact, disintegration, and reintegration—that are considered less developmentally matured or sophisticated (Helms, 1995). The next two statuses, pseudo-independence and autonomy, comprise the second theme; these are considered more developed and mature identity statuses (Hays & Erford, 2010; Helms, 1990,

1995; Sue & Sue, 2012). Chae et al. (2010) revealed that White racial attitudes have an impact on the multicultural counseling training of students. Intrinsically, VR counseling programs can improve multicultural education through investigating White racial attitudes, White privilege, and "dominant White culture, along with attitudes, values, and perceptions it perpetuates" (LeBlanc et al., 2008, p. 15).

Racial/Ethnic Identity Multicultural Training, and MCC

In theory, racial/ethnic identity development is a personal process of moving from unawareness of racial/ ethnic differences toward awareness, as well as from nonracial/ethnic self-racial/ethnic identification toward such self-identification (Phinney, 1992). Chao (2008) compared White and racial/ethnic groups, concluding that that each racial group has a distinctive history and values. Each group identity shows an impression of identification with and fitting-in to one's own group, being it White or another racial/ethnic minority (Chao, 2008). For example, White people's sense of group identity is that they understand what Whiteness means; racial/ethnic minority people's identity is that they are proud of their group (Phinney & Ong, 2007). As a result, counselors' higher status of racial/ethnic identity development indicates a higher level of MCC (Chao, 2008).

Chao (2008) found that research on the relation between racial/ethnic identity and MCC has been capricious. On one hand, there are studies have established that counselors with higher stages of racial/ethnic identity reported higher scores on MCC than did those with lower stages of racial/ethnic identity (Chao, 2008). Other researchers have reported different findings on the association between racial/ethnic identity and MCC, such as Vinson and Neimeyer (2003), who observed that the pseudo-independence status did not have a significant correlation with MCC.

Multicultural Counseling Self-Efficacy

Sheu and Lent (2007) created the Multicultural Counseling Self-Efficacy Scale-Racial Diversity Form (MCSE-RD; Sheu & Lent, 2007). Their definition of MCSE for therapists is "self-perceived capability MCC to counsel racially diverse clients" (Sheu & Lent, 2007, p. 31). Sheu and Lent specifically established that MCSE showed positive correlation with racial/ethnic background in a sample of counseling graduate students (Sheu & Lent, 2007). Additionally, Barden and Green (2015) found that MCSE was positively correlated with a sample's educational level and length of time in a graduate program (Barden & Green, 2015). Hence, racial minorities were more likely to have higher MCSE compared with European Americans, which is possibly a result of added interaction with minority individuals (Pope-Davis et al., 1995). Further, doctoral students exhibited higher levels of MCSE compared to master's students because of increased acquaintance to multicultural training (Barden & Green, 2015).

Because VR programs have school unit counselors (e.g., North Carolina) within public high schools, I considered literature from the school counseling field. Owens et al. (2010) found a positive correlation between years of professional experience and the MCC of practicing school counselors. Owens et al. proposed that MCSE is developed through counselors' years of experience. Equally, researchers have shown that school counselors with lower levels of MCSE will more likely minimize cultural concerns, have difficulty working with diverse clients, and may not believe they have the potential to understand multicultural concepts (Holcomb-McCoy et al., n.d.).

MCC Assessment Instruments

Several instruments have been constructed to assess the multicultural competence of counselors. The tripartite model of MCC (awareness of attitudes/beliefs, knowledge, and skills)

has remained the major model in the shaping of the assessment and measurement of MCC for the past 30 years or more (Arredondo & Toporek, 2004). The multicultural competencies developed through the Association for Multicultural Counseling and Development (AMCD) and authored by Arredondo et al. (1996) may be the most user-friendly; only this set of competencies provides specific, operationalized behavioral expectations (Fawcett & Evans, 2013).

Multicultural Awareness-Knowledge and Skills Survey (MAKSS/MAKSS-CE-R)

The original MAKSS was formulated by D'Andrea et al. (1991). The MAKSS is a self-report measure of self-perceived MCC. Its original purpose was to measure the effectiveness of multicultural counselor training programs. In addition, the MAKSS was used to measure MCC and counselor self-efficacy (Constantine, 2000).

Multicultural Counseling Knowledge and Awareness Scale (MCKAS)

The original version of the MCKAS was known as the Multicultural Counseling Awareness Scale (MCAS; Ponterotto et al., 1991). Multicultural Counseling Knowledge and Awareness Scale (MCKAS). The MCKAS (Ponterotto et al., 2002) includes two subscales: 12 items for Multicultural Awareness (MCKAS-Awareness) and 10 items for Multicultural Knowledge (MCKAS-Knowledge). Participants rate items on a 7-point Likert scale ranging from 1 (*not at all true*) to 7 (*totally true*). A sample item is, “I am aware of institutional barriers which may inhibit minorities from using mental health services.” Higher scores indicate higher multicultural competencies in the specified area. Coefficient alphas of the MCKAS subscales range from .75 to .85 for MCKAS-Awareness and from .85 to .95 for MCKAS-Knowledge with counselor samples (Neville et al., 2001; Ponterotto et al., 2002). The present sample had coefficient alphas of .82 for MCKAS-Awareness and .91 for MCKAS-Knowledge. In addition, according to Ponterotto et al., the MCKAS was not correlated with social desirability. Finally,

MCKAS-Awareness was associated with a measure on counseling relationship; MCKAS-Knowledge was positively related to a measure on multicultural knowledge, skill, and awareness (Ponterotto et al., 2002).

The Multicultural Counseling Inventory (MCI)

Sodowsky et al. (1994) developed the MCI to operationalize the projected constructs of multicultural competencies. Specifically, the MCI was established to measure multicultural counseling competencies for counseling psychologists in the mental health profession, and not rehabilitation counselors (Matrone & Leahy, 2005). While most of the questions in the MCI are germane to a wide-ranging audience of the counseling profession, rehabilitation counselors practicing in the VR setting may not simply identify with the wording of some of the questions (Matrone & Leahy, 2005). As designed, the MCI is a pertinent self-report measure of multicultural counseling competencies. MCI is comprised of four dimensions that measures components of self-reported multicultural counseling competence based on the model of Sue et al. (1982), which others have expanded to include skills, self-awareness, relationship, and knowledge (Matrone & Leahy, 2005).

In MCI, the skills dimension focuses on strategies and techniques used in working with clients from various cultures. The relationship dimension exhibits the personal process of multicultural counseling and focuses on the counselor's cultural and racial attitudes in client interactions. The next dimension encompasses the counselor's cultural self-awareness and other-awareness, both of which are accomplished through introspection, self-monitoring, and reflective self-evaluation (Sodowsky et al., 1994). Other scholars have designated this dimension as developing a deep-cultural self-empathy whereby the individual can look at his or her own culture by stepping outside of it (Pedersen, 1991). The knowledge dimension encompasses

theoretical knowledge of multicultural counseling issues including racial and cultural concepts such as racial and ethnic identity, worldviews, and acculturation (Matrone & Leahy, 2005).

Related Literature on MCC

The Vail Conference of 1973 was responsible for launching the important discussion regarding psychological practice and cultural diversity according (Korman, 1974). This conference produced the resolution that providing professional services to culturally diverse individuals is unethical if the counselor is incompetent to provide them; therefore, graduate training programs should teach apposite cultural content as an essential to the curriculum. A few years after the Vail Conference, an article titled “Barriers to Effective Cross-Cultural Counseling” contributed to the early discussion in multicultural competence (Ridley & Kleiner, 2003; Sue & Sue, 1977). Hence, MCC has transpired as one of the most important and broadly discussed topics in human service professions (Anuar & Jaladin, 2016; Barden & Green, 2015; Bellini, 2002; Caldwell et al., 2008; Cartwright & Fleming, 2010; Castro, 1998; Chae et al., 2010; Cross et al., 2015; Dean et al., 2017; Ibrahim & Heuer, 2016) . Applied psychology, psychiatry, social work, counseling, health care, and education are among the many professions that acknowledge the importance of this competency (CACREP, 2016; Caldwell et al., 2008; Castro, 1998; McClanahan & Sligar, 2015; Ridley & Kleiner, 2003). Although each of these human services specialties has contributed to the conversation, the most significant contributions have come from counseling psychology (Ridley & Kleiner, 2003).

Barnes et al. (2014) found that there are not many same race counselors to serve the upward number of Blacks and other consumers of color seeking or receiving services from vocational rehabilitation services agencies. It is important, therefore, that White counselors provide culturally effective services these consumers (Barnes et al., 2014). Effective service

provision, should speak to all aspects of the client, including topics encompassing his or her race (Lewis et al., 2006). Conversely, multicultural counseling supporters need to be knowledgeable of the empirical outcome research that has been previously done among persons from multicultural groups (D'Andrea & Heckman, 2008). Next, I will review researchers' attempts at predicting MCC through multicultural personality and ethnic identity.

Fietzer et al. (2018) hypothesized that multicultural personality and ethnic identity would substantially predict variance in MCCs in counselor trainees, outside the variance predicted by demographics, multicultural training, openness, and cognitive racial attitudes. These authors endeavored to reproduce and expand upon the Reynolds and Rivera (2012) investigation using a sample of graduate students in counseling (Fietzer et al., 2018). The team reproduced the Reynolds and Rivera model by incorporating the control variables of race and multicultural training, the broad personality trait of openness, and the narrow personality trait of cognitive racial attitudes. Then, they added ethnic identity development as a narrow personality trait for the reason that Chao (2013) found ethnic identity development worked as a mediating variable between race/ethnicity and MCC (Fietzer et al., 2018).

Fietzer et al. (2018) added multicultural personality to this model because Reynolds and Rivera (2012) noted its significance as a future direction of exploration in their study. These researchers used a more traditional measure of openness and a more psychometrically robust measure of MCCs (Fietzer et al., 2018). Using the results of the Reynolds and Rivera (2012) study, they predicted that multicultural training would modestly predict multicultural knowledge but would not predict multicultural awareness, and cognitive racial attitudes would predict both multicultural awareness and multicultural knowledge (Fietzer et al., 2018).

Due to the discrepancies in findings in the literature involving openness, Fietzer et al. (2018) predicted that it would have a small effect size across all MCC dimensions. Given the findings of previous research (Chao, 2013), they predicted ethnic identity as measured by the MEIM-R would have a small effect size on multicultural awareness and knowledge. Then, based upon the results of a previous study, they predicted a medium effect size from the multicultural personality variables of racial and ethnic identity development, social justice and activism, and humor factors across all MCC elements (Fietzer et al., 2016).

Prior research investigations on past endeavors to distinguish MCC were immediately followed by efforts to provide guidelines for multiculturally competent training programs and curricula in universities (Sue & Sue, 2012). Accordingly, publications related to training concerns began to emerge as early as the mid-1980s (Barden & Green, 2015; Cartwright & Fleming, 2010; Ridley & Kleiner, 2003). This area of the literature comprises investigations of multiculturally competent training practices, training programs, and supervision. In the early 1990s, literature related to assessment of MCC arose as a critical component of the discussion, encompassing; the development of MCC assessment instruments for training, practice, and supervision, as well as the analysis of MCC assessment instruments (Ridley & Kleiner, 2003). Most recently, literature related to specialized applications of MCC has contributed to the dialogue. Dedicated applications refer to the execution of MCC strategies in working with distinct populations such as HIV patients, children and families, individuals with disabilities, and children in school settings (Ridley & Kleiner, 2003). Finally, although the subject of MCC has now gained eminence, the counseling profession was unhurried to respond to the earliest calls for action (Ridley & Kleiner, 2003).

The area of cultural identity development (CID) has received considerable attention in the multicultural counseling research literature. Commencing with Cross's (1971) theory of Black racial identity development, this area of study has expanded to include various models of cultural identity, including: racial identity development (Cross, 1971; Rowe et al., 1991), ethnic identity development (Phinney, 1989), sexual identity development (Cass, 1979) and womanist identity development (Helms, 1990). To date, models of racial and ethnic identity development continue to dominate cultural identity research (Coleman et al., 2003). Theory and studies on racial and ethnic identity have had much influence on our understanding of multicultural counseling competence that cannot be overstressed (Coleman et al., 2003).

Coleman et al. (2003) noted that racial identity theorists such as Cross (1971) and Helms (1990) were the first to question the ways in which cultural constructs such as race and ethnicity had been hypothesized and used in psychological research (Coleman et al., 2003). Accordingly, these researchers cited the need to go beyond nominal conceptualizations of race to distinguish and operationalize the psychological and behavioral components underlying these constructs (Coleman et al., 2003). Racial identity theory also serves as a mechanism for conceptual clarification of the multicultural lexicon. Conceptual confusion throughout the interconnected constructs of race, ethnicity, and culture has disturbed the MCC literature since the beginning of the multicultural movement in the early 1980s (Coleman et al., 2003).

Finally, the ecological perspective on human development has been illuminated in detail by Bronfenbrenner (1979) and harnessed to issues of development by Lerner and Foch (1986) and to handling cultural diversity (Bronfenbrenner, 1979; Lerner & Foch, 1986). Bronfenbrenner (1979) alleged that individuals acquire their sense of self within an interconnecting web of social systems, some of which occur in immediate proximity to the individual and some of which are

distal to the individual. Finally, to understand human development, Bronfenbrenner argued that professionals need to explore and comprehend the meaning of behavior within multilevel contexts (Coleman et al., 2003).

Webster (2017) conducted quantitative correlational research to determine to what extent there was a relationship between covert racial attitudes in the areas of attitudes toward diversity and color-blind attitudes, and cultural competency for behavioral health counselors. Critical Race Theory (CRT) and the multicultural competency model were used as foundations of this study. The findings served as a case for mindfulness practice in fostering Multicultural Competence in Counseling (Webster, 2017).

Atkins et al. (2017) conducted a qualitative research study exploring the multicultural awareness development of twelve multiculturally proficient non-Latino White counselors, employing a grounded theory approach. Other researchers argue that because White counselors' experiences as prevailing group members may disseminate color-blind racial attitudes, which have devised unfavorable effects on counseling, counselors' awareness of racial matters is essential (Burkard & Knox, 2004). In terms of training, positive associations have been found between coursework on diversity and multicultural competence development (Chao et al., 2011). Consequently, Chao et al. argued for the expansion of critical consciousness in trainees with less stress on understanding of cultural differences (Atkins et al., 2017) the mechanisms that influence the effectiveness of this strategy have received little attention. There is limited research on the how nuanced factors contributing to MCC—or lack thereof—and its breakdown to multicultural awareness for VRCs of all racial/ethnic groups.

Summary

It is important for VR practitioners to be knowledgeable of MCC research findings so that they can accomplish their ethical responsibilities by promoting empirically supported multicultural counseling interventions in their practice (D'Andrea & Heckman, 2008). MCA development is crucial to MCC, which is an essential component of the vocational rehabilitation counseling profession. Communities in North Carolina are experiencing growing diversity and remain in need of VR counselors that are equipped to fulfil the original acts to address the multicultural population. Much additional research is required to maintain and build upon our understanding of MCC in the changing demographics. Having the fortitude for continued research on cultural competence promises to advance understanding of MCC and broaden the existing knowledge base of how to serve clients skillfully to ensure successful outcomes will help close the gaps in research. Through the present study, I aimed to add to the understanding of multicultural counseling competence in VR counseling and the role of personal MCA development in Black VRCs' counseling practice. It is my hope that the exploratory features of this work inspire other researchers to further expand the body of knowledge on multicultural counseling competency.

CHAPTER THREE: METHODS

Overview

In this chapter, I outline the methodology that I used to perform this study. A qualitative approach was implemented to explore the phenomenon of counselors' multicultural awareness and its relation to the practice of MCC. In the previous chapter, I presented the theoretical and conceptual framework for this dissertation and an overview of grounded theory. This chapter contains a description of the method used and has specific psychometric dialogues of the assessment instrument used to evaluate the counselor's multicultural awareness and multicultural competence. I then review the procedures that I employed to collect and analyze data, as well as to ensure the findings' credibility and trustworthiness.

Design

I designed this study on multicultural awareness to explain the essence of the experience of VRCs working in the VR setting with diverse clients. I chose the qualitative approach because this methodology is often used to understand the experiences of participants through their voices and stories (Patton, 2002). A phenomenological design was chosen to focus on VRCs' experience with multicultural awareness in order to achieve "comprehensive descriptions that provide the basis for a reflective structural analysis that portrays the essence of the experience" (Moustakas, 1994, p. 13). More specifically, the transcendental phenomenology was employed, as I attempted to approach my participants and this phenomenon "freshly, as if for the first time" (Moustakas, 1994, p. 34), actively working to limit my biases so that the participant experiences are those reported and explored (Moustakas, 1994). Because I shared in the experiences of the participants that I studied and wanted to limit my bias in my interpretation of the lived experiences of the participants, Moustakas's transcendental approach was most appropriate for

this research. Thus, the role of bracketing or epoche was essential for me (Moustakas, 1994). As Moustakas explained:

> The researcher following a transcendental phenomenological approach engages in disciplined and systematic efforts to set aside prejudgments regarding the phenomenon being investigated (known as the Epoche process) in order to launch the study as far as possible free of preconceptions, beliefs, and knowledge of the phenomenon from prior experiences and professional studies – to be completely open, receptive, and naïve in listening to and hearing research participants describe their experience of the phenomenon being investigated. (1994, p. 22)

By means of journaling and discussion with a research consultant, I set aside my preconceived notions related to multicultural awareness. My "everyday understandings, judgments, and knowings were set aside, and phenomena was revisited, freshly, naively, in a wide-open sense, from the vantage point of a pure or transcendental ego" (Moustakas, 1994, p. 33).

Research Questions

RQ1: How do Black VRCs define multicultural awareness in the context of providing services to diverse clients within the VR setting?

RQ2: How do Black VRCs describe their development of and current multicultural awareness?

RQ3: How do Black VRCs describe the role of multicultural awareness in MCC as they provide services to diverse clients within a VR setting?

Setting

This study took place in the life world of six participants, who were VRCs from four different VR programs located in urban settings in North Carolina (e.g., Raleigh, Dunn, Durham,

and Henderson). The setting of the VR programs is where the participants are employed in VR units in the central region of the state. Each unit's leadership includes a Unit Manager (UM), Counselor in Charge (CIC), and School Unit Supervisor. The UM is responsible for directing the entire VR program for their county. Most of my interactions were with the UM, CIC, and School Unit Supervisor.

Participants

The participants for the present study included Black VRCs that work for state/federal VR programs, who were initially recruited by judgment sampling. Purposive sampling then functioned as the basis for selecting six participants; the number of the participants in this study falls within the sample size range proposed by Moustakas (1994). Participants were recruited in two ways. First, I visited an in-person VR monthly staff meeting at each of the four locations to present my study and request that interested VRCs participate. I also sent via a recruitment email sent to VR UMs and CICs. I then chose a purposeful sample based on locating individuals who shared the experience of the phenomenon being investigated and were willing to share their lived experiences (Creswell, 2013; Hill et al., 1997; Moustakas, 1994).

The selection criteria included that participants were presently employed as a VRC or VRC-in-training at the state agency. The participants for this study had between 2 and 20 years of counseling experience. All participants had a master's degrees or higher. The following is a description of the participants who volunteered for this research study. Unless otherwise specified, the participants were Black/African American.

Procedures

In this section, I explain the steps that I took to conduct this study, including obtaining Liberty University Institutional Review Board (IRB) approval. I also discuss my role as the researcher, the data collection process, and the recording procedures.

The Researcher's Role

This study's methodology assumes that the qualitative researcher must hold a broad grasp of the research question while remaining open to new ideas. As the 'human instrument,' it was my role to conduct the entire data collection for this study. I did not know the participants personally, but I was familiar with their names with the VRCs from Raleigh and Dunn because these are the counties for which I coordinate services through contracts. I have working relationships with the UMs, CICs, and one School Unit Supervisor. According to Hill et al. (1997), biases are personal issues that interfere with the objective analysis of data. One area of bias that I dealt with assuming that I as an individual am multiculturally competent and multiculturally aware. Another area of bias is that as a Black/African American woman, my view is that multicultural competence is rare and that individuals who claim to be multiculturally competent often act in ways contrary to the concept of multicultural competence. Lastly, I have often not been able to recognize the difference between racism and cultural incompetence.

Data Collection

Prior to collecting data, I contacted Liberty University's IRB to obtain approval to conduct the study. Upon receipt of said approval, I sent letters (see Appendix A) to the managers at the VR programs in the area to request permission to conduct the study within their VR Units. Once permission to participate was granted, I sent informed consent forms (see Appendix B). Each participant completed a personal data sheet and scanned (emailed) it back to me. Through

this survey, I collected information about participants' demographics, academic training, clinical experiences, and self-reported cultural awareness (see Appendix C).

Each VRC participated in a semi-structured interview lasting approximately 50 to 60 minutes (Appendix D). Data collection took place in June 2020. Interviews were conducted in person or through video conferencing. As the researcher, I used empathetic and active listening, acceptance, and trust to form an environment in which the participants felt comfortable while sharing their multicultural experiences. Each interview was audio-taped and transcribed. The participants chose the date and time in which they preferred for the interview to take place.

Surveys/Questionnaires

My sampling began with a researcher-created survey. There were two parts to the survey/questionnaire: (a) a demographic experience section and (b) a brief survey investigating multicultural awareness (see Appendix D).

Demographics. In the first section of the questionnaire, I asked about the demographics and characteristics of each participant. Questions addressed topics such as race, ethnicity, gender identity, employment status, years of experience as a VR counselor, etc. The purpose of these questions was to ensure that my selected sample met the study criteria as well to consider maximum variation in terms of ethnicity, gender identity, years of experience, multicultural issues addressed in supervision (see Table 3).

Table 3

Demographic Information of the Participants

Question		No#	%
Age	25-29		
	30-34	1	17
	35-39	1	17
	40-44	2	33
	45-49	2	33
Religion	Christian	4	66
	Muslim	1	17
	Atheist	1	17
	Other		
Sexual Orientation	Heterosexual	5	83
	Gay/Lesbian	1	17
	Bisexual		
	Not specified		
Socioeconomical Class	30-50K	3	50
	50–75K	3	50
	+75K		

Table 4

Clinical Training and Experience of the Participants

Question		No#	%
Education	Master's degree	5	83
	Doctorate	1	17
Question			
Experience	0 – 5	1	17

	5- 10	3	50
	10 – 15	0	
	15 – 20	2	33
Clients with a different cultural identity			
	90–100%		
	80-90%		
	70-80%		
	60-70%		
	Did not specify		
Number of courses on multiculturalism taken			
	0		
	1		
	2		
	3		
	4+		
	Did not specify		
Number or hours in multicultural supervision			
	0		
	1-5		
	5-10		
	10-20		
	15-20		
	30+		

Multicultural Awareness

I began each interview by stating, “Please introduce yourself to me, as if we just met one another,” which acted as an icebreaker. Hill et al. (1997) suggested that an icebreaker allows the participants to become more comfortable with sharing their thoughts with other individuals before answering more specific questions.

Document Analysis

Advice Letter

To deepen the feedback about the participants experience, following the interview, I asked each participant to write an advice letter to a VRC-in-Training. The following prompts were provided aligning with the interview and research questions.

1. What should VRCs, who are beginning their careers, know about the process of developing multicultural awareness?
2. What should VRCs, who are beginning their careers, know about the challenges of developing MCA and applying it in practice?
3. What advice do you have for VRCs like yourself in terms of applying MCA to working with clients in a culturally competent manner?

Researcher Journal

A researcher’s journal is critical to the data collection process and epoche in a transcendental phenomenology study (Moustakas, (1994). I used this journal to record words, drawings, and tables to describe the experience I have had as a Black woman VRC working with diverse clients, my application of MCA to my counseling practice, my reflections on the interviews, and my thoughts during coding. I used the journal to bracket my experience at least once per week throughout the whole research process, beginning with IRB approval.

Data Analysis

During data analysis, in addition to a research consultant, I sought advice from my chair, reader, and other doctoral students to ensure consistency and relevance during this process. I transcribed all six interviews, removing all repetitive words such as "yeah" or "um." Pauses were noted with either an ellipsis for a short pause and for a lengthy pause it was noted in brackets. Otherwise, the interviews were verbatim of the recording. All personally identifying participant information was removed and coded during transcription. I asked the participants to double check transcriptions and review the coding for each of the interviews. Using multiple perspectives supports the management of subjectivity during data analysis, a process that Lincoln and Guba (1985) referred to as peer debriefing. This ensured some degree of dependability of the results and reduced the effect of researcher bias (Marshall & Rossman, 1989).

Moustakas's (1994) steps in the phenomenological data analysis process were employed. First, I engaged in purposeful reflection via my research journal to bracket out my experience, I continued the journaling process throughout across data analysis to reduce my bias (Moustakas, 1994). Then, following each interview, I completed an initial coding (i.e., open coding) of the transcript, reviewing the "contextual meanings and invariant constituents of the phenomenon" (Moustakas, 1994, p. 97). Initial coding involved identifying single words and phrases descriptive of and relevant experiences of the participants' development of MCA and application of MCA as a VRC. In line with Moustakas's approach to transcendental phenomenology, I allowed the themes to emerge by grouping similar words and phrases. As directed, I developed categories and sub-categories from the themes. Those categories of themes were developed into structural descriptions of the contexts and conditions which have influenced MCA development

and application to practice (Moustakas, 1994). Finally, I synthesized the structural and textural descriptions into a description of the essence of the phenomenon of the study (Moustakas, 1994).

Trustworthiness

As evident in this description of data analysis, several strategies including coding, debriefing, journaling, memos to self, recording interviews, advice letters from VRCs, and self-reflecting) were engaged to enhance the distinction of this study.

Credibility

Credibility refers to the probability that credible findings and interpretations will be generated (Merrick, 1999). The credibility of this study was enhanced in several ways. First, to reduce participant reactivity, I made a determined effort to not ask leading questions during the interviews. The interview procedure was semi-structured, specifically designed with open-ended questions to systematically try and learn how each of the participants makes sense of multicultural awareness. For example, as opposed to being presumptuous that there are challenges in multicultural awareness development, I began by exploring their description of the general emotional processes before prompting for the existence challenges of developing multicultural awareness.

Dependability and Confirmability

Dependability issues (Merrick, 1999) was addressed by a clear and detailed paper trail of all data, memos, coding, categorizing, diagrams, and theorizing so that the process and product of this study can be audited. I also reported quotes and examples from the data to support obtained results. For an example of how this research was audited, please refer to Appendix G.

Transferability

By providing thorough descriptive data to assist clinicians in determining whether the results of this study transfer to settings they work in, I addressed the issue of transferability (Lincoln & Guba, 1985). I also included quotes from the interviews in the findings section to provide the readers with an insider view into the world of the participants.

Ethical Considerations

I informed each participant about the purpose, procedures, and potential risks of this study before asking for their voluntary contribution. No pressure was used to persuade them to be involved, and they were informed that they could withdraw their participation at any time. Confidentiality was provided through carefully maintained participant anonymity. In addition, my status as a graduate student with no current professional connections to the counsellors in this study minimized the threat to the counsellors as a result of their participation.

It was possible that an in-depth exploration about the tensions they experienced in their multicultural awareness development could arouse difficult feelings. However, careful consideration was taken in the selection of participants who had developed their multicultural awareness to the extent that these feelings were predicted to be much less intense than they were initially. In addition, having chosen counselling as their profession, they had already willingly exposed themselves to the risks of self-reflection since it is an inherent requirement of this discipline. My discussion of catalytic validity above indicates that their reflections about multicultural awareness may also have enhanced their development.

Nonetheless, I was prepared for the event that the interview conversation appeared to be anxiety provoking for the participants to provide empathic support to alleviate much of their discomfort. Should this have been insufficient, participants were to be offered suggestions as to

how they could continue processing their reaction to the content of the interview (e.g., formal therapeutic support, clinical supervision opportunities, or support from colleagues). These precautions proved unnecessary because each of the participants described their emotional reactions to the topic with less intensity than they once had. Appendix H contains the formal university statement of ethics for this study.

Summary

In this chapter, I presented the conceptual framework and methodology as it was implemented for this research project. I introduced the participants who volunteered to partake in this study and described how data were collected and analyzed. I then presented the techniques used in grounded theory research (Strauss & Corbin, 1998). Lastly, I illustrated the steps I took to ensure the trustworthiness and ethics of this project.

CHAPTER FOUR: FINDINGS

Overview

During the final analysis of the transcribed interviews, I organized the principal categories by corresponding to their relation to the underlying phenomenon of MCA development. This analysis generated five causal influences, three facilitating factors, and a grounded theory about their relationship to one another and to the core phenomenon. In this chapter, I will first provide a description of the participants. I then present the findings, beginning with a discussion of MCA development as expressed by the VRCs. I organize the description of MCA by separately explaining the subcategories of the causal influences, the facilitating factors, and strategies and consequences identified by the participants. Each subcategory is thoroughly presented in terms of its properties and dimensions, and quotes from participants are integrated. I conclude with a description of how they come together to form a theory of MCA development among Black VRCs. To accurately describe participant frequencies, I used "some" participants when referring to three or four of them, "many" or "several" with three of them, "most" when referring to more than three of them, and "all" when all six participants concurred on a point. Among this group, however, I found more developmental similarities than differences.

Participants

The participants included six Black VRCs that work for state/federal VR programs, who were initially recruited by judgment sampling. The participants for this study had between 2 and 20 years of counseling experience. All participants had a master's degree or higher. The following is a description of the participants who volunteered for this research study. Unless otherwise specified, the participants were Black/African American.

Doreen

Participant # 1 was a 47-year-old, heterosexual, Christian female. She identifies as Black and has an upper middle-class socioeconomic status. She is a VRC at the Wake County vocational rehabilitation, has a master's degree in Psychology, and has been employed there for 14 years of her 16-year career as a counselor. She works in the program that services adults with physical disabilities and dual diagnoses of mental health.

LaTosha

Participant #2 was a 31-year-old, heterosexual female who did not specify any religious affiliation. She identifies as Black and has a middle-class socioeconomic status. She is a VRC at the Wake County vocational rehabilitation, has a master's degree in Human Services, and has worked there for 2 years. She works in the school unit at a satellite office in the high schools, serving students with disabilities.

Audrey

Participant #3 was a 44-year-old heterosexual, Protestant female. She identifies as Black/Asian and as middle-class socioeconomic status. She is a VRC at the Harnett County vocational rehabilitation, has a master's degree in Psychology, and has worked there for 6 years. She works with adults with physical challenges and those aged over 60 years old.

Deandra

Participant #4 was a 36-year-old Christian female. She identifies as African American and as middle-class socioeconomic status. She is a VRC at the Wake County vocational rehabilitation, has a master's degree in Psychology/School Counseling, and has worked there for 8 years. She works in the school unit at a satellite office in the high schools, serving students with disabilities.

Joyelle

Participant #5 was a 48-year-old lesbian, Christian female. She identifies as Black and has an upper middle-class socioeconomic status. She is a VRC Supervisor in Charge at the Durham County vocational rehabilitation, has a master's degree in Psychology, and has been there for 20 years. She works in the program that services adults with mental health/substance abuse and severe psychiatric illnesses.

John

Participant #6 was a 40-year-old heterosexual, Catholic male. He identifies as Black and is in an upper middle-class socioeconomic class. He has a doctorate in social work and works as a professor part time at a community college. He works at Wake County VR with adults with physical disabilities and mental health disorders.

Results

Multicultural Awareness Development

Most participants described the importance of working on their own MCA development as they worked with their clients from day to day. As they tried to better understand their clients' cultural perspectives, they also exerted much effort to understand their own. Strikingly, the participants described the importance of developing their personal MCA while working with clients. Being Black made them more willing to try and understand their clients' perspectives. One participant said, "Even though I've had challenges in being accepted by White peers, my clients always are receptive because they feel that I listen to them. These are the challenges that make me work harder." When asked how they defined multicultural awareness, the responses of the participants in this study generated a three-part definition. Multicultural awareness was

present when participants: (a) engaged actively in the process of self-growth, (b) became aware of their own values, and (c) remained being woke.

Engaged Actively

The VRCs mentioned the importance of recognizing behaviors from other cultural perspectives, when it comes to their mostly White counterparts and their felt systemic racism in the organization. All participants spoke of the racial inequities experienced from their own worldviews. Many identified that while this recognition is essential, it has become a 'new normal' and made them somewhat indifferent regarding racism experienced in the workplace.

> Participant: This may seem simple for some, but in the kitchen at my office, I never ask others what they are heating in the microwave. Every time I heat my food, I'm asked what's that smell or is that 'soul food.' I just want to eat and enjoy my lunch, not feel that I have to waste 30 minutes *explaining* my lunch. I notice that only VRCs of color get asked those types of questions. I don't know if I am being picked on or that my dining experience is being belittled. I feel as if I'm back in grammar school and not being accepted for who I am, more like a science project.

Became Aware

According to the participants, multicultural awareness and acceptance required acknowledgement of the origin of their inherent cultural beliefs and values. The participants spoke about the need to not lose sight of the past and present injustices and keep them at the forefront of their consciousness, when it comes to MCA development. Great effort must be made to remain aware; as once VRC stated, "Sometimes my own biases and prejudice gets in the way. When I become of aware during an interaction that resistance is taking hold of me, I can bring myself around during the exchange and vow to not be ruled by the very stereotypes that I hate."

Each of the VRCs expressed self-development as being a vital part of the process of counseling clients.

Remained Being Woke

Several VRCs used the term ‘being woke’ when they referred to their MCA. Being woke themselves as they worked with others required being open to what they did not know. As mentioned above, they said that they needed to use their recognition of systemic racism to view others’ perspectives, devoid of prejudice. The participants voiced the obligation to see beyond the individual client and accept the sociocultural forces that impact their lives. One participant indicated, “being woke is what is I value as having a broadened perspective of cultural of differences.” From an internal reflective point of view, being woke is motivation to gain more knowledge about myself and those around me, especially in the workplace.

Open Coding

I examined the interview transcripts to identify certain events or defining movements related to multicultural awareness. The sentences that reflected MCA were sequestered and removed as a first level of reduction. Next, I examined and rewrote the response sentences while using the participants’ expressions as stated. as possible. The aim of first level reduction was to focus on the main ideas while using the as less words as possible (see Appendix E).

Researcher: Can you tell me how you understand the relevance of MCA to the work that you do?

Participant: Since I work with people from all cultures, my MCA is vital to vocational rehabilitation counseling.

Researcher: How do you perceive and describe your MCA development? What are the

challenges involved in your development of MCA? How has your MCA developed over time as a VRC, have you noticed any shifts or progressions? Can you provide examples of what has influenced your cultural awareness (personal experiences, course work, contact with diverse groups, MCA in supervision experiences, and consumptions of media and reading material?

Participant: My MCA development is/was a complex process *(multifaceted - complex)*. A part of it is, is that I grew up proud of my Blackness and happy about the 'melting pot' feeling *(gratification - cultural pride)* different *(personal experience - different)* so my culture and my race is a very delicate subject to me because. My mother made me feel proud to be a Black person. For the challenges, I have always wanted to help financially marginalized people through coaching and counseling *(marginalized – poor)*. Mostly, being poor economically and feeling like becoming a counselor would be overwhelmingly expensive and that I would accumulate student debt *(accrue – accumulate)*. Working with a diverse population (language, socioeconomic, religion). Over time, I have had more diversity classes and trainings at work *(mixture – diversity)*. I now understand human nature and how individuals handle stress *(behavioral health – stress)*. I have noticed ageism, now that people are working older and people with disabilities are working. The inclusion of all people helps *(annexation – inclusion)*. My influences of MCA were mainly attained by growing up within the three cultures *(African American, White, and Latinx)*. Later in my career, I was influenced by talking and working with diverse VRCs. The communities have changed demographically, so I take continuing education units (CEUs) and attend VR policy workshops *(monthly in-service training and updates)*. Then, having good diversity course materials in college was a

challenge because I was being exposed to more diversity and cultures *(Africans, Caribbean, Asian, and Indian – diverse cultures).* My supervisors haven't given me any direct supervision on MCA, I guess because that is my supervisors have all been Black *(African American).* As a person of color, I am a member of a few blogs for Black counselors/therapists' groups on Facebook, etc...

Researcher: That brings me to the next question. Can you tell me a story from your practice where your MCA really worked well, like an aha moment? Can you tell me about a time when or if a lack of MCA was evident in your clinical practice?

Participant: I have many stories that I could share, but we don't have that much time. As a Black person, I've had several Caucasian clients that gave notice to the intake person that they wanted me personally as their VRC and have recommended my services to others. It really made me feel uneasy because I don't know if I was in danger or not *(uncomfortable – uneasy).* There has not been a time where I lacked MCA.

This portion of the interview was then reduced to:

- It [MCA development] is a complex process.
- Part of it [my MCA] is that I grew up proud of my Blackness.
- Culture and my race are very delicate subjects to me.
- I have felt *uncomfortable*, *misunderstood*.
- I have always wanted to help marginalized peoples.
- My influences of MCA were mainly attained by growing up within the three cultures.
- I don't know if I was in danger or not.
- The communities have changed demographically.

During the final reduction, I removed repetitive statements and isolated the main concepts:

- MCA is a complex process in Black VRCs.
- Always self-aware of my Blackness.
- I am culturally biased about Black culture and race.
- I have felt uncomfortable, misunderstood.
- My MCA influenced my work as a VRC.
- Black VRCs experience anxiety about serving diverse clients.
- The communities have changed demographically.

I compared the final reduction concepts from the interviews to one another for similarities and then grouped them into categories based on these similarities. These categories were assigned names that used the participants' words as much as possible. The previous concepts isolated from the interview is shown next with associated categories next to them as an example.

Table 5

Categories Assigned to Main Concepts

Concept	Category
Multicultural Awareness development	Complex
Grew up as a minority	Personal experience (different)
Sensitivity because of my culture and race, I have felt uncomfortable, misunderstood	Personal experience (discomfort)
Black VRCs experience anxiety about serving diverse clients	Personal experience (anxiety)
Changing demographics in US population (language, socioeconomic, religion)	Clients (challenge)
Culturally biased about Black culture so I learn about different cultures	Personal initiative

After completing the open coding for the six interviews, I produced a category list of 33 codes and composed definitions for each category. All interviews were then coded using a category template, using the Ethnograph qualitative data management software (Scolari, 2001). The interviews were thoroughly examined and assigned one of the new categories from the list if the information the participant shared matched with the definition. When new information was deemed relevant but did not appear to fit under the previously developed categories, I created a new category, resulting in six new categories. Additionally, the definition for each code was amended and further ordered as each new interview was coded. Appendix F includes an example of how categories definitions were revised using an excerpt of the memos creating during this process.

Audit Procedure

As I completed the open coding procedure, I enlisted an audit check from a cohort in the school of behavior sciences. I selectively chose to audit those categories that had the greatest representation in my data and the ones clearly related to the research questions. For example, I received a lot of data for the category "counseling," but what MCA looks like in counseling was not my main research question. Thus, I selected the next most frequently occurring categories related to my research questions.

Next, I investigated participant information for all segments related to these categories amid their interviews. This generated 52 segments of data. I organized these segments by category and removed any identifying information and gave them to an auditor in a separate envelope. I asked the auditor to review the segments and compose names and label them. My goal was to determine whether there was uniformity among the meanings that were generated from the data and to check for any that I had missed. I learned through study that I should choose

an auditor with limited expertise in multicultural theory. This auditing process allowed me to address the question whether being grounded in the literature may have biased my categorization.

The auditing process generated several new questions. For example, for the category "acceptance of my own biases," I found that VRCs expressed joy and pride in the development of their multicultural awareness.

Axial Coding

Through axial coding, I made connections between categories and subcategories. Subcategories might include conditions that give rise to the category, the category's context, the social interactions through which it is handled, or its consequences (Charmaz, 2000). For example, the larger category "personal experience" included the following subcategories:

1. Experiences of prejudice or discrimination
    a. led to Discomfort
    b. Understand others based on my own experience
    c. Sensitive to others based on this experience
2. Grew up different
    a. Led to Conflict
    b. Needed to find Resolution
3. Seeing differences in others
    a. Family Influences
    b. Personal initiative

Diagrams were used to illustrate the relationship among the categories and their subcategories. As coding continued, these diagrams were revised according to new ideas

generated by discussions with auditors (see Appendix E for an example of the evolution of one diagram). Patterns of associations between the categories had emerged during axial coding and properties and dimensions were described. Each of these diagrams were kept and dated to track the evolution of the categories. The final listing of categories with related subcategories that ensued from the axial coding became the selected coding data section.

Selective Coding

Selective coding is the development of selecting the core category and methodically connecting it to other categories. I focused completely on selective coding once theoretical saturation was reached. A core category is the principal phenomenon around which all the other categories are joined. In qualitative studies, it is this last analysis that produces the grounded theory, which is the descriptive narrative about the central category of the study and all the sub-categories created. An abridged theory has the following usual format: A (conditions) leads to B (phenomenon), which leads to C (context), which leads to D (actions, interactions, or strategies), which leads to E (consequences) (Strauss & Corbin, 1998). Next, is a description of the causal influences the VRCs identified as encouraging their MCA development.

Causal Influences

Causal influences consisted of multiple factors identified by the participants as contributing to their MCA development. There were a variety of experiences that served to instigate participants' MCA development. These factors were grouped and presented under five categories: (a) personal experience, (b) work environment, (c) diverse clients in caseload, (d) coursework in MCC, and (e) supervision. I discuss these factors below in order of support.

Personal Experience

Personal experience was the highest supported category and work environment was the second highest. Diverse clients in caseload and coursework in MCC received similar amounts of support, and supervision was the participants' lowest mentioned causal influence. The personal experience category was the highest referred to category by the participants. Each of the participants expressed their personal experience prior to professional training as an important influence on their MCA development. They referred to MCA playing a role in their identity development. One participant summarized how she was unable to separate the experience of her MCA development from who she was as a person. This participant said, "The way that I grew up, it was personal for me. I have always been open to cultural diversity. I don't like to see anyone being discriminated against because of their skin color or national origin....It was apparent that my personal experiences laid the foundation for the way that I work in vocational rehabilitation. I endeavor to keep biases aside and do my job."

Work Environment

I did not explicitly ask about the work environment in the interviews, yet most participants instinctively referred to the VR work environment as an influence in their ongoing MCA development. This influence was expressed in three ways: (a) by listening to the stories shared with them from other VRCs about experiences of discrimination, (b) by identifying opportunities to work and learn in surroundings that facilitated an atmosphere of reflection about social justice and inclusion, and (c) by evaluating their work settings, even when this was not encouraged by their supervisors or peers.

The following is an example of how some of the participants reflected upon what it might be like to be marginalized by interacting with their coworkers. One more item that was important

for me has been that the VRCs who have trusted me with their unique experiences, freely shared their experiences. The VRCs talked about how they felt as Black people during this time of open wounds in the Black experience of recent past and the present. The VRCs were open about how racism makes them feel and what they do to survive the current racial tensions with White people.

Diverse Clients in Caseload

Having a diverse caseload was the second most instrumental factor in the VRCs' MCA development. They all articulated about how their counseling experience with clients with of diversity expanded their own worldview: "In so many instances now, I can say that I get it. From having exposure to culturally different people early on in my life, being exposed to many ways of human behavior has stretched the way I see clients, more positively." The participants collectively had an understanding that ongoing MCA development helped them navigate their diverse caseloads. For instance, the male participant said,

> I get goose bumps when I think about the fact that I can serve clients that look like me and have a real impact. Most of the time, I feel like the most hated person in the world, just being a Black man in America. I would have never thought that I would be counseling White people in my lifetime.

Coursework in MCC

A few participants credited graduate coursework in multicultural counseling studies with refocusing their attention to their own MCA development. The other participants found coursework in the areas of Community Psychology, Diversity Counseling, and School Counseling most helpful. For example, two of the participants mentioned the need for and lack

of MCC courses in their interviews. The experiences in MCC ranged from zero mentions to heated classroom discussions.

Supervision

Most of the VRCs spoke about the notable absence of supervision when it came to MCC and MCA subjects being addressed at VR. Three participants felt that their supervisors no doubt feared addressing multicultural issues due to the color of their skin. One participant said, “I think he [supervisor] was afraid that I might be ‘an angry Black woman’ and lose it in some way or the other. Never mind the fact that I am a professional person. I’ve even had a client tell me that her preference is a Black therapist because we speak our minds.” Just one participant referred to supervision experience as being helpful in her VR experience. This participant did not want to elaborate on her experience. I read similar studies on MCC and MCA, and the supervision classification was the least frequently coded causal influence. Most participants, however, verbalized that mentors or personal therapists gave them what they needed for help with MCA and MCC issues.

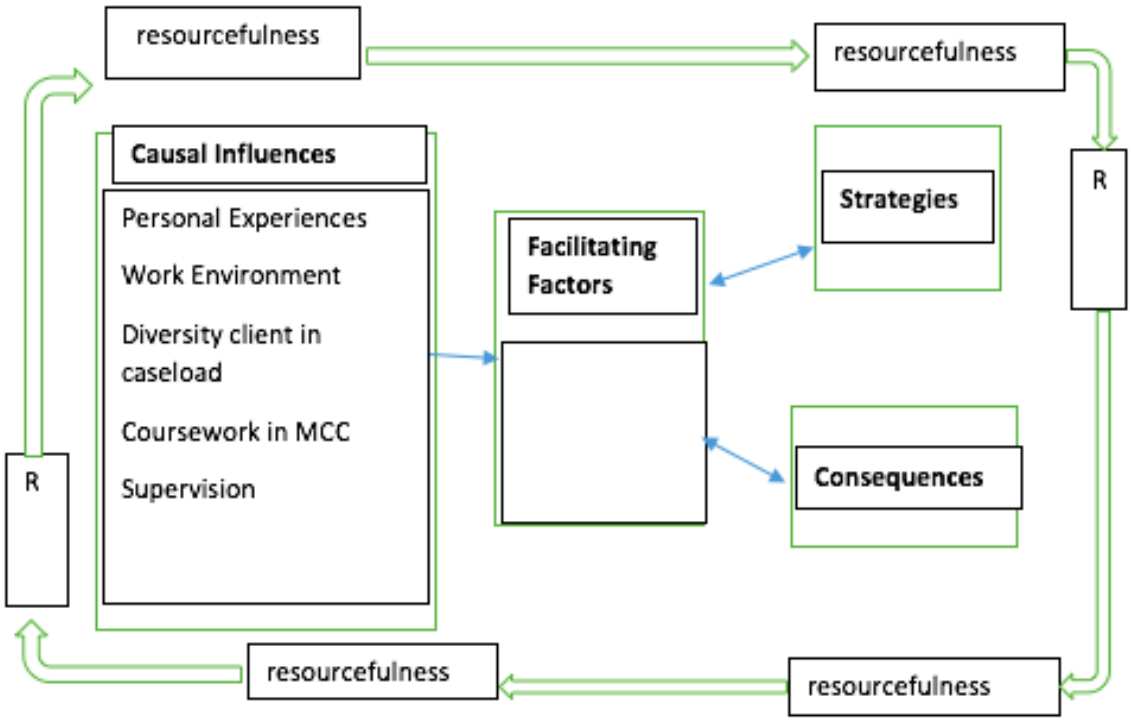
Causal Influences Summary

All six participants procured resourcefulness (R) in their MCA development. The interviews gave space to voice that it was a cultural rite of passage to be aware of themselves on all levels of personal experiences. The work environment yielded them culturally aware of proceeding with caution while at work and not to interrupt the flow of best practices treatment and evidence-based practices for their clients. Although having a diverse caseload was fulfilling in and of itself, the clients brought an awareness of accomplishment as well as fear of engagement in some cases. The causal influences for the VRCs were indivisible from their resourcefulness that appeared to increase MCA development. As such, their personal attribute of

resourcefulness surrounds the entire process. Figure 4 depicts the theoretical representation n of MCA development with the causal influences stated thus far.

Figure 4

Theoretical Representation of MCA Development Among Black VRCs: Causal Influences



Facilitating Factors

The five causal influences portrayed in this study were all developed by facilitating factors. The VRCs identified their ability to make use of (a) emotions, (b) conflict, and (c) acceptance as critical factors that allowed them to strengthen their development of MCA.

Emotions

For these participants, it was evident that intense emotions were connected to their MCA development. I could feel the emotional intensity in their personal experiences. I explained in the consent forms and preliminary documents for the study that this process would likely result in unavoidable emotional feelings that may be painful in reflection during the interview. The

participants did not shy away from being emotional and as counselors, knew that it aided them in being empathetic to their clients' feelings. One participant explained that being Black and having Black sons has made her fearful on every aspect of her life. She said that she fears that her sons will be assaulted or killed every waking moment, and revealed that sometimes she does not sleep well. Another participant spoke about the fear that she feels when riding in the elevator and being in the office alone with White men. All six participants spoke about the empathy they felt for their clients and discussed their own feelings of vulnerability.

Conflict

Conflict was a by-product of most of the personal experiences described by the participants. The participants exhibited a collective voice in their ability to criticize how they are treated versus the current climate of racial injustice towards their racial identity in the United States. The theme of conflict arose quickly because the counseling profession is overwhelmed with clients feeling the same oppressive situations and social injustices of Black and Brown people.

Acceptance

The VRCs expressed acceptance as a facilitating factor in two ways. First is self-acceptance, which is tolerance to the extraordinary discomfort linked with the conflicts they encountered. Most of them submitted to a growing comfort in who they were individually. Secondly, self-acceptance reveals that their MCA would be a life-long journey, not a stop along the road. For example, one participant related that she had a challenging relationship with her mother while growing up due to her mother's mental health challenges. Consequently, the challenges grew much bigger as they both aged and her mother was hard to reach. The participant told the story of how she told her mentor (an older White woman), that she had a

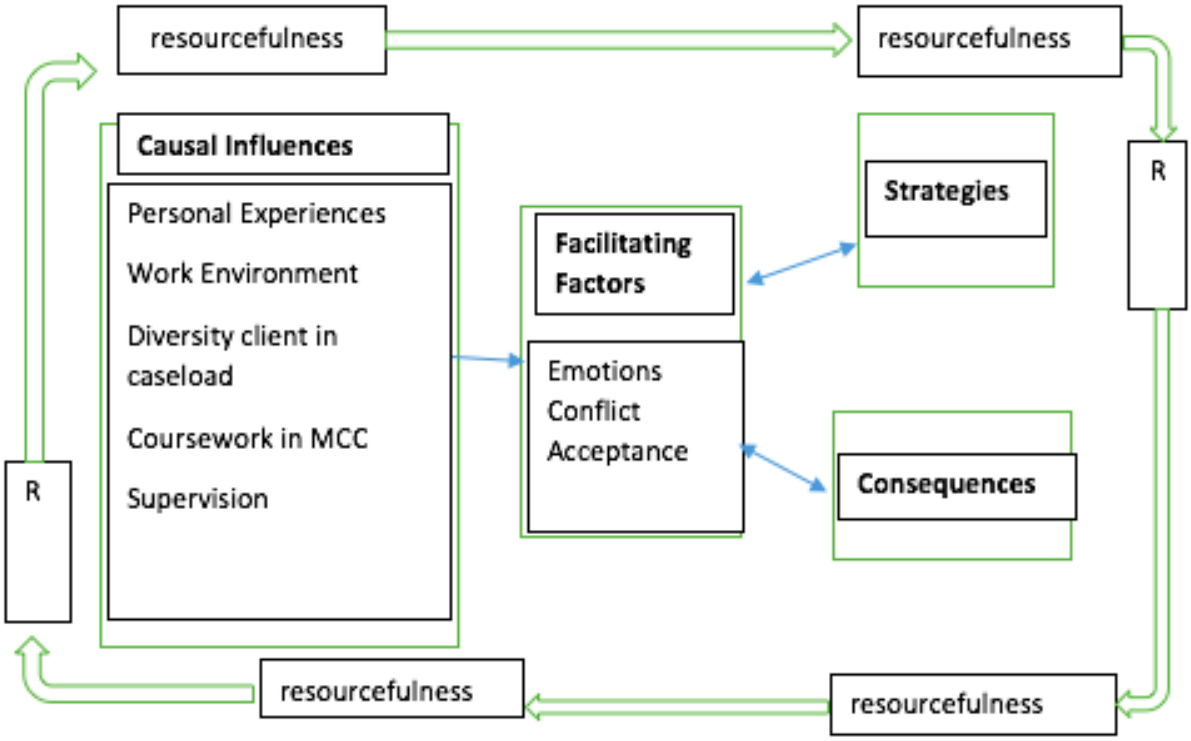
stressful and tumultuous relationship with her mother that needed to change going forward. The mentor previously told her of how great the relationship was between her and her mother, of which she secretly envied. Upon receiving the answer from her mentor that as a counselor and a daughter—that it comes down to acceptance, and that she needed to just accept her mother for how she is—she learned a great lesson. The lesson was that she would use acceptance for cultural challenges that she faced that she knew that could not change people or their mindset, especially when it came to racial tensions. She acknowledged that accepting people for where they are as it relates to being more tolerable of minorities and hoping that they grow was liberating for her.

Facilitating Factors Summary

While there were five major factors that influenced the development of MCA for the participants of this study, there were several facilitating factors to document. The most prevalent factor was the ability to bond to their own emotions of vulnerability and allow this to become a point of connection to empathize, yet not overidentify with their clients. I realized that there was an indicator influence that linked the causal influences and the facilitating factors together. Events in the participants' personal lives, with clients, at work, coursework, and with supervisors helped them get through the emotions or the conflicts and to cultivate self-acceptance. Figure 5 depicts the theoretical representation of MCA development among them, with the facilitating factors attached.

Figure 5

Theoretical Representation of MCA Development Among Black VRCs: Causal Influences



Strategies and Consequences

I identified five causal factors that influenced the participants' MCA development. Such causal influences were given weight by the facilitating factors, all described above in Figures 4 and 5. Together, they impacted the formation of MCA for these participants. It is important to show the participants' role in this progression through viewing the strategies and consequences of their behaviors. After their childhoods and adolescence years their MCA development depended largely on their active involvement. The actions, interactions, and strategies that they described led to the following consequences: (a) empathetic listening, (b) enduring conflict, (c) questioning, (d) confirming with others, and (e) taking action.

Empathetic Listening

A vital element of MCA development mentioned by most VRCs was the ability to listen attentively. One participant said,

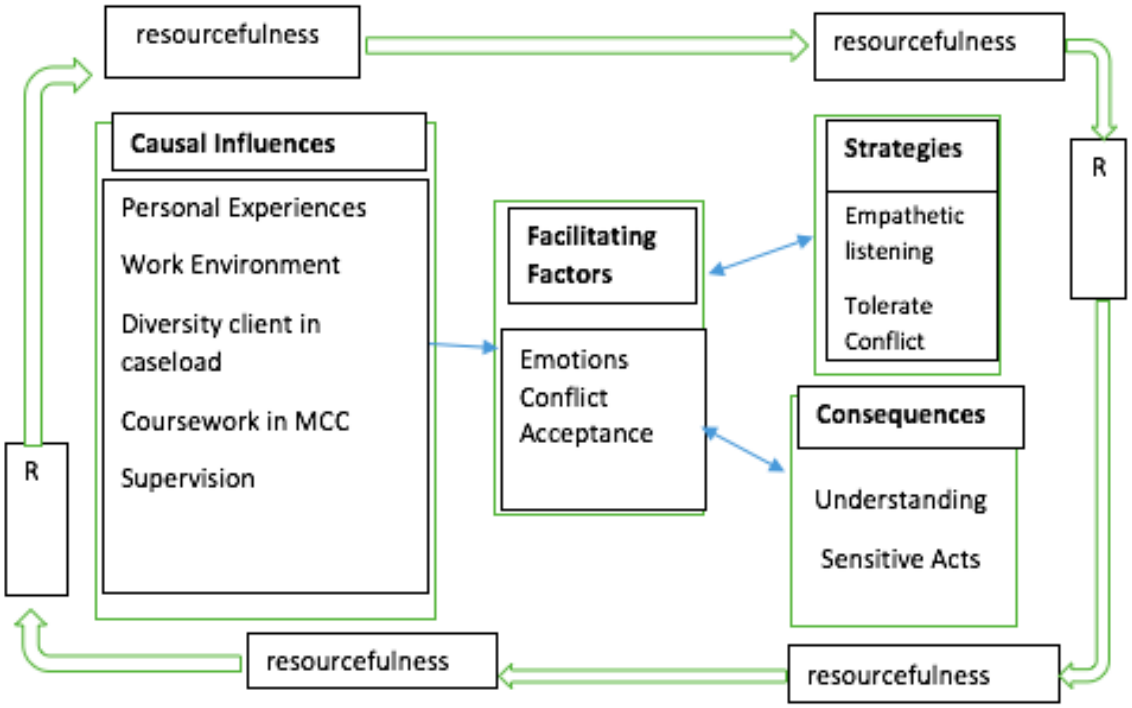
> With regular listening, you listen with your ears, but as counselors, we learn to listen with your eyes and with your heart. Everything used to sound familiar before I learned empathetic listening, especially with the diversity and the multiracial populations. So, I had to learn to leave my judgement out the door. I leaned on my grandmother's mantra, that there is good in everybody. You just have to look deeper for it in some people.

Enduring Conflict

Withstanding MCA required participants to tolerate their emotional responses before, during, and after counseling their clients and interfacing with certain coworkers. When asked to describe their MCA, most participants expressed the necessity of being in the know. One participant described the fear of reacting defensively by getting caught off guard when certain differences were displayed. She said that she learned something new about herself almost every day and recalled feeling like she would never keep up. On the flipside, she said that she felt 'woke' (culturally) and perceived the need to dig deeper on many cultural subjects.

Figure 6

Theoretical Representation of MCA Development Among Black VRCs: Causal Influences



Questioning

Questioning was defined as being imperative to deepening the knowledge about clients and about themselves. For example, one participant explained that the elders in her culture are experts on everything considered "Black," "Colored," or "Negro," but not "African American." Because African American is the latest term of reference for members of this race, the elders do not perceive themselves as experts on this term because it does not define them. Questioning clients is a direct route into their worldviews because they are the experts on their own cultures. This participant also stated how this helps her leave her own biases about other cultures, indicating that it provided an opportunity to question others about what she does not understand about their culture, rather than to insert her own viewpoints.

Taking Action

For most of the participants, ‘taking action’ is the only way to become personally involved in MCA development. One participant perceived the civil rights, gay rights, and religious rights activism from the last 3 decades as ‘all talk’ unless people take actively to the streets and march. She went on to say that unless it becomes activated by those affected the most, there is no significant effect. The same goes with personal challenges and their beliefs that owning a moment will activate movement. There was a feeling that in-service training times would be a great time to take action by addressing or expressing how they felt about MCA with their teams to start the conversation.

Consequences

The actions that the participants described resulted in two typical consequences: understanding and sensitive acts. These participants are listening, analyzing, critiquing, and tolerating the conflict inherent in challenging themselves. They affirm how questioning and checking with others turned out to help develop a more precise awareness of themselves and of others. Additionally, these sensitive actions have duly laid the preliminaries for them to seize more open actions, even when the action requires some measure of risk. In each encounter they gained more understanding or acted more sensitively. The VRCs’ actions reinforced their personal resourcefulness, and they continued to identify opportunities to further develop their MCA. According to the participants of this study, the entirety of these strategies and consequences influences the course of MCA.

A Theory of Black VRCs’ MCA Development

Figure 6 is a theoretical illustration of how MCA developed among the VRCs. The reader will note the causal influences on the left side of the diagram and facilitating factors in the

center. These depict the structure of MCA development. Strategies and consequences are located on the right side of the schema and represent the process of MCA development. The diagram also illustrates bidirectional indicators connecting the categories to one another to depict the frequent movement of participants between the diverse causal influences, facilitating factors, strategies, and consequences. The bidirectional indicators underscore that none of the variables interposes to MCA in isolation. It was not personal experiences alone that instigated MCA development. The participants were resourceful from their upbringing, coursework, other variables, and especially through their career work with diverse clients. In addition, personal experience appeared to be essential to the resourcefulness that were intricately entwined throughout the other variables.

Summary

In this chapter, I presented results of the analysis from six interviews with VRCs about their multicultural awareness development. I have provided a definition of MCA borne from the evaluation of the role that MCA played in their development of MCC. Furthermore, I defined the causal influences, facilitating factors, strategies and consequences that were commonly shared individually in their interviews regarding the development of this awareness. I shared examples in participants' own words to enhance the feeling of connectedness among them. Finally, I outlined a theory of MCA development with mutually dependent relationships among the sections to reflect the intricacy of the role that MCA development plays in MCC among Black VRCs.

CHAPTER FIVE: CONCLUSION

Overview

In this study, I interviewed practicing Black vocational rehabilitation counselors to explore the role that multicultural awareness development plays in providing MCC to their clients. I first present a summary of the findings of this study to answer the research questions. I then discuss the findings and their implications by illuminating relevant literature and theoretical findings. In the third section, I present the implications for methodological and practical counseling theory. An outline of the study delimitations and limitations is then provided. Finally, I discuss my recommendations for future research in vocational rehabilitation counseling.

Summary of Findings

The respectable hypotheses proposed by these findings above illuminate and extend previous researchers' examinations of MCA development in counselors. Many elements of MCA development that I discussed in this study can be correlated to what other researchers have previously communicated. This research study was the first in the vocational rehabilitation literature to examine the role that multicultural counseling awareness played among Black/African American VRCs. I chose to answer the research questions using selected participant responses, as seen below.

Research Question Responses

Research Question 1

The first research question asked: How do Black VRCs define multicultural awareness in the context of providing services to diverse clients within the VR setting? I selected the following participant response to answer this research question:

> I make it a point to ensure that VR continually offers me training relative to MCA. Our team of Black and African American staff also provides training to the community rehabilitation providers (CRPs), community agencies, and the workforce to increase cultural awareness. Now, I admit that the day-to-day grind can get overwhelming at times due to the changes in the atmosphere or the moon (laughs). We even joke sometimes about whose turn is it this time, meaning which clients are having a difficult time right now. Being a person of color, I know that sometimes you just want to go where everybody knows your name. If it's not the clients presenting with certain moods, it's certainly us, the workers. There have been weeks that nothing seems to quite gel and the 'harmony' of the entire counseling team is out of sync with service provision, I have to press into my resourcefulness as a Black person and keep going. I am literally so 'woke' that even when I want to retort to unprofessional behavior, I have to lean on the hope of tomorrow and know that there will be better days.

Research Question 2

The second research question asked: How do Black VRCs describe their development of and current multicultural awareness? The following participant response best answered this research question:

> I grew up in New York with Blacks, Hispanics, and urban White people. My awareness developed over my lifetime. I appreciated all those cultures around me and was proud to be a person of color. As a provider of VR services, I make sure to stay current so that I do not fall behind the cultural shifts. I read social media and blogs to stay on my game. Really, no one should be left behind. My friends list on my Facebook and Instagram are inclusive, so I also remain sensitive to the needs of White people, clients and friends

> making sure to remain inclusive. I get it. It's not like I don't understand or empathize with White people that are not struggling educationally or economically, but I really feel connected to those that I know and grew up with. When I first became a counselor, I believed that somehow, I could block out biases almost supernaturally because of my past in New York, the great melting pot. Cultural changes are everywhere and unescapable, causing constant honing to my own self-awareness.

Research Question 3

The third research question asked: How do Black VRCs describe the role of multicultural awareness in MCC as they provide services to diverse clients within a VR setting? To answer this question, I selected the following participant interview excerpt:

> Now, and in my career, MCA is a vital component to maintain. I continue to have ongoing multicultural awareness provided by trainings, research, and direct client contact. My greatest challenge in the office setting, is believe it or not, is the use of the entire skillset for counseling people from my own cultural group. I feel so much more at ease when counseling with other diverse clients. Early in my career, I was inspired by Maya Angelou's Phenomenal Woman: Four Poems Celebrating Women (1995). Hence, I felt if I could feel the phenom of my African heritage as a woman that others can see and feel in me, I can honor the phenom of all women from a diversity of cultures. In my mind, I know that my clients are struggling with mental and physical challenges, so I my MCA is fixated on enhancing their experience in counseling at VR. Many of them have disorders that will not change, and their disabilities have made adjusting to the workplace almost impossible in some cases. My faith plays a large part of how I keep myself in a

place of humility to not lose sight of my purpose in life. Diversity makes me feel connected even when I want to resist.

Discussion

The theory underlying this present study was the Sue et al. (1992) MCC model, as I discussed in Chapter Two. This classic model breaks up MCC into three components: awareness, knowledge, and skills. In the present study, I defended this model and illustrated that the separated components are correlated in MCC. In the multidimensional model (Sue, 2001), the emphases of MCC consists of individual, professional, organizational, and societal levels of intervention. The present study rested on the updated the theory that MCA development plays a role in the multidimensional model, controlled by intersections of race, and environmental systems.

The present study corroborates Intersectional Theory from the field of law (Crenshaw, 1989). The complex interplay of identity, relationships, and experiences that I discovered in the present study aligns with the existing MCC. Intersectional Theory (Crenshaw, 1989) can now be deployed in psychology and counseling utilizing the concepts of intersectionality to enhance multicultural competency. The American Psychological Association recently released an updated document using the MCC of Sue et al. (1992) as an ethical guide. This guide advocates for the awareness of intersectional identities and environmental factors in conceptualizing client cases and called for increased awareness of the clinician's personal perspectives around culture and intersectional identities (APA, 2017).

The present study benefits the arena of counselor education from the aspect of vocational rehabilitation. It is first important to note that this research study was the first in the school counseling literature to empirically examine how personal beliefs about justice, multicultural

counseling knowledge, and multicultural counseling awareness relate to social justice advocacy attitudes among practicing school counselors. Christensen (1995) noted that as counsellors from minority cultural, ethnic, or racial groups begin to develop multicultural awareness, they gain recognition of oppressive conditions in society and no longer use the dominant culture as a reference point.

Implications

The participants of this study described their early personal experience as having laid the groundwork for the other causal conditions they identified. The participating VRCs voiced that their early personal experience has driven their resourcefulness to embrace new learning opportunities, training, and challenges essential in their future MCA development. VRCs are accountable for determining their clients' eligibility for services, assessing their rehabilitation needs, and writing service plans to meet these demands, and the results of this study showed that ongoing training to address the growing cultural diversity in the United States. The goal of VRCs are to achieve successful outcomes while keeping biases and stereotyping at a minimum, which could affect the overall job placement and retention for their clients. These findings support the potential preeminence of MCA among the three multicultural competency components: awareness, knowledge, and skills (Sue & Sue, 2012).

The findings of this study extend previous theoretical ideas by associating the VRCs' own vulnerability obtained through former personal experiences as having a hypothetical pathway to shared and empathy for their caseload of diversity. One VRC noted, "As a Black person…I am literally so 'woke' that even when I want to retort to unprofessional behavior, I have to lean on the hope of tomorrow and know that there will be better days." The findings of this study also provide support for the theoretical propositions of questioning of the role of

MCAs' role in MCC. The implications for MCA research merits further qualitative research to arrange a more all-embracing definition and to confirm and extend ideas about the role of MCA development. I recommend employing a strategy such as longitudinal research to trace MCA as it develops as opposed to relying so greatly on reflective narratives.

To explore how my Christian worldview informed my interpretation of the findings of this study, I considered the Pentateuch, which contains the Judeo-Christian-Islamic description of the creation of life. According to my seminal studies in Christianity, at the end of this project, I found it necessary to gather myself and refer to Genesis and the creation of mankind. God made everything that was made, then he made mankind. Only two individuals—male and female—were made, without clothes, knowledge of their sexuality, and racial identity. The story of creation is one of purity and of beauty that is hard to correlate to the ways of the strain of divisions witnessed by peoples of the world, especially in the United States. Multicultural awareness requires the knowledge that there are differences between people from the various regions of the world, not that one culture is better based on the hue of the covering of bodies. Starting with the Old Testament, it can be clearly shown that human lineage is easily traceable to one people. The Word of God illustrates this unifying factor in Galatians 3:28, in which Paul pleads with Galatians regarding gender and racism, stating, "There is neither Jew nor Greek, slave nor free, male nor female, for you are all one in Christ Jesus."

Finally, as some of the counselors spoke through tears, I wanted a genesis to emerge and overshadow what was never God's intention that people be separate but not equal. I believe that counselors must see themselves as agents from all cultures to facilitate new beginnings in wholeness to people of all faiths or no faiths at all. Is it any wonder that "When Jesus saw him lie, and knew that he had been now a long time in that case, he saith unto him, Will thou be made

whole?" (John 5:6). This 'wholeness' in MCC includes multicultural awareness, knowledge, and skills, calling into question the place of the knowledge and skill components of multicultural competence development (see Figure 2; Mollen et al., 2003).

Delimitations and Limitations

The rationale behind this phenomenological study was to examine the participants' lived experience of the phenomenon of Black VRCs' multicultural competence. The participants included VRCs who self-identified as Black or African American, were over 18 years of age, had a master's degree, and had worked with the Vocational Rehabilitation from Wake, Durham, Harnett, and Vance counties in NC for at least 1 year. I selected the population of Black VRCs because of their cultural heritage and they practice in an area a diversity with multicultural clients with disabilities at Vocational Rehabilitation. One major limitation was that more participants were available when the study was first corroborated, but schedules abruptly changed due to the COVID-19 pandemic, impacting the availability of the counselor participants.

I hoped that the findings of this study would help more broadly conceptualize what role MCA might encompass in providing effective multicultural practice and training for all VRCs. My purpose in conducting this study was to facilitate an increased understanding of the common patterns and intricacies of how the VRCs are culturally aware, the processes utilized to develop cultural awareness, and experiences with cultural awareness in counseling diverse clients. The phenomenology of MCA was generally expressed as involving a greater understanding, sensitivity, and appreciation of the cultural history, experiences, and lifestyles of clients. Although the framework of MCC (Sue et al., 1998) guided this inquiry, this did not eliminate the possibility that the VRCs in this study may have intentionally or inadvertently bespoke their responses to appear in the most positive light.

Recommendations for Future Research

The results of this study deserve further qualitative research on MCA development to provide a more thorough definition and to extend conceptions about what promotes MCA development. Longitudinal research would be the best research strategy to track MCA, as it does not rely so heavily on retrospective accounts. The strengths of the present study resulted in an enhanced understanding of multicultural counseling competence in VR counseling and the role that personal MCA development plays in the practice of Black VRCs. The exploratory features of this work may inspire other researchers to examine multicultural counseling competency as it relates to outcomes.

Summary

In this research study, I addressed the question of how Black VRCs develop multicultural awareness, and the results point to several influences. Of the five influences that the participating VRCs identified, their personal experiences with differences was the most powerfully emotional, even to the point of participants being tearful at times. The early experiences of most of the participants were traumatic in retrospect due to the harshness of discrimination experienced. The painful consequences that these experiences held for both themselves and/or people around them, however, seem to have inspired a dedication to eradicating social injustice in both their personal and professional lives. The participants brought this resourcefulness to each of the causal influences that they described. They took each of these experiences personally and allowed them to challenge the way they thought, felt, and behaved. The prominence of personal experience suggests that it may be misguided to attempt to develop multicultural awareness without first transforming the perspective of the clinician.

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APPENDICES

APPENDIX A: LETTER TO HEADS OF DEPARTMENTS

Dear Stephanie Vinson,

My name is Regina Alston. I am a doctoral student pursuing an Ed.D in Community Care & Counseling in the School of Behavioral Health Sciences at Liberty University in Lynchburg, Virginia. I am contacting you to because your program is the best place to collect data for my qualitative study. I also hope to collect data from the other VR programs in the catchment area counties (Durham, Harnett, Vance). My dissertation focuses on the role that cultural awareness development plays in multicultural counseling competency. I plan to analyze and share my findings with scholars in the field of counselor education.

I anticipate collecting data in the spring of 2020. I am contacting you as a request to please assist me in distributing the survey questionnaire to VR counselors and counselors-in-training. I will be collecting demographical information and conducting semi-structured interview with each participant.

I would like to forward the survey along with the consent letter to distribute to the counselors. Counselors will anonymously complete the survey, and responses directly sent to me via e-mail, without identifying information. Their responses will never be made public.

Thank you in advance for your consideration and assistance in this regard. I look forward to hearing from you.

Sincerely,

Regina W. Alston, BS, MA, Mmin
Ed.D Student
Liberty University
919-368-2309
Rwalston@liberty.edu

APPENDIX B: CONSENT

Title of the Project: MULTICULTURAL COMPETENCE IN VOCATIONAL REHABILITATION: THE ROLE OF MULTICULTURAL AWARENESS AMONG BLACK VRCS

Principal Investigator: Regina Alston, BS, MA, Mmin, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. In order to participate, you must be Black or African American, at least 18 years old, have a master's degree, and be employed as a vocational rehabilitation counselor (VRC) or VRC-in-training working at Vocational Rehabilitation (VR) for at least one year in Wake, Durham, Harnett, or Vance Counties of North Carolina. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research project.

What is the study about and why is it being done?

The purpose of this study is to examine how Black VRCs understand multiculturalism in their everyday work in the VR program. Your participation in this study will be an important contribution to this endeavor and may also contribute to your understanding of your own personal and professional development.

What will happen if you take part in this study?

If you agree to be in this study, I would ask you to do the following things:

1. Complete a questionnaire. This form should take about 15 minutes to complete.
2. Please sign and return the consent, demographic questionnaire, and interview questions via email rwalston@liberty.edu.

How could you or others benefit from this study?

While the findings of this study are likely beneficial, there is no direct benefit to the individual participant from completing the questionnaire or interview.

What risks might you experience from being in this study?

The risks involved in this study are minimal and may include:

- elicit thoughts and feelings that you struggle with in your development as a competent counselor
- self-reflection is an inherent requirement in the counseling profession

The possible risks that come with your participation in this study are no more serious than what you have already exposed yourself to in having chosen this profession.

How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records.

- Participant responses will be kept confidential through the use of codes.
- Interviews will be conducted in a location where others will not easily overhear the conversation.
- Data will be stored on a password-locked computer and may be used in future presentations. After three years, all electronic records will be deleted.
- Any Interviews will be recorded and transcribed. Recordings will be stored on a password locked computer for three years and then erased. Only the researcher will have access to these recordings.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University or Vocational Rehabilitation. If you decide to participate, you are free to not answer any question or withdraw at any time.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Regina Alston. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at regina.alston@rhanet.org, 919-368-2309.

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu

Your Consent

Before agreeing to be part of the research, please be sure that you understand what the study is about. You will be given a copy of this document for your records/you can print a copy of the document for your records. If you have any questions about the study later, you can contact the researcher/study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

☐ The researcher has my permission to audio-record me as part of my participation in this study.

_____
Printed Subject Name

_____
Signature & Date

APPENDIX C: PARTICIPANT DEMOGRAPHICS SHEET

MULTICULTURAL COMPETENCE IN VOCATIONAL REHABILITATION: THE ROLE OF MULTICULTURAL AWARENESS

1. Gender M_____ F _____
2. Age _____
3. Ethnicity/Race: _____
4. Sexual Orientation _____
5. Religion _____
6. Social Class _____
7. Number of Clients who Clients = the estimated percentage of the client load who identifies as racial and ethnic minorities _____%__
8. Multicultural Courses _____
9. Multicultural awareness covered during supervision _____
10. Experience providing VR counseling in years _____

APPENDIX D: SEMI-STRUCTURED INTERVIEW PROTOCOL

MULTICULTURAL COMPETENCE IN VOCATIONAL REHABILITATION: THE ROLE OF MULTICULTURAL AWARENESS AMONG BLACK VRCS

Standardized Open-Ended Semi-Structured Interview Questions

Warm up question:

I am interested in understanding more about how in MCC in VRCs and the role that the development of MCA plays. Can you tell me how you understand or define MCA?

Please walk me through your multicultural awareness development.
How do you perceive and describe your MCA development?
What are the challenges involved in your development of MCA?

How has your cultural awareness developed over time as a VRC, have you noticed any shifts or progressions?

Can you provide examples of what has influenced your cultural awareness?
Prompt for: personal experiences:
course work
contact with diverse groups in your practice
MCA in supervision experiences
consumption of media and reading materials

In Practice

Can you tell me a story from your practice where your MCA really worked well? (An AHA moment)

What are other ways in which you use MCA to facilitate your counseling with diverse clients?

MCA is often foundational to being MCC. I am curious, how do you define MCC?

What role, if any, does your MCA play in being a multiculturally competent counselor?

The Challenges *(tensions)*

What are the challenges (internal or external) if any did you face in developing MCA?

Explore both challenging ideas, and the challenging ways ideas were presented.
Prompt for tension.
If present, how do you explain this tension?
How have you handled it?
What did you resist most?
Describe a time you were confronted, what was helpful?

What was not?
Who called you on it? What allowed you to hear it?
What has helped you get through other challenging moments? What has not helped

What helps you to continue to develop multicultural awareness?

How have the challenges progressed over time?

We have been talking about challenges in MCA development for some time, is there anything else that you have thought about that you could tell me?

The Interview

Is there something else you would like to add or personal reflections about this interview on MCC and MCA?

APPENDIX E: FREQUENCIES OF CODES

MCA
multifaceted - complex
gratification - cultural pride
personal experience – different
marginalized – poor
accrue – accumulate
mixture – diversity
behavioral health – stress
(annexation – inclusion) (African American, White, and Latinx) VR policy workshops *(monthly in-service training and updates) (Africans, Caribbean, Asian, and Indian – diverse cultures) uncomfortable, misunderstood Caucasian White (uncomfortable – uneasy)* Always self-aware vocational rehabilitation counseling.

Development 15
Complex 9
My Values 25
Open 37
Question 23

Catalytic
Links
Necessary 7
Qualities 11
Stimulates 10

Challenge
Feels bad 23
Fear 15
With Other 21

Clients
Abilities 14
Assumptions 17
Contribute 13
Menacing 5

Control Prejudice
Acceptance 32
Examples 31
Humility 29
Knowledge 29

Dilemmas
Counselor 43
Examples 28
Results 9
Strategies 34

Emotion 161

Pride
Complicate 8
Intimidate 7
Overwhelm 9

Identify
Comparison 10
Explain 2
Identity 40
Struggle 37

Interest
Curiosity 17
Reciprocity 11

Motivation
Care 9
Joy
Integrity 30

Personal
Sensitive32
Understand 19

Power 24

Practice
Client Guide 25
Concrete 4
Connection 26
Context 48
Problem 46
Safety 29
Value Differences14

Shifts
Combination 3
Conscious 19
Expand 18
Maturation 23
Ongoing 25

Supervision
Ingrained 7
None 6
Not Norm 6
Trust 4

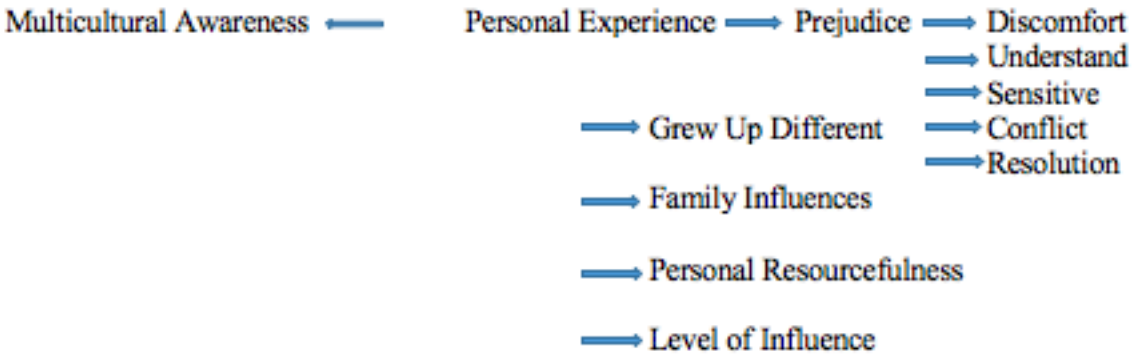
-Suggestions
Attitude 8

APPENDIX F: AUDIT TRACK OF CATEGORY DEFINITION

July 2020

July 2020

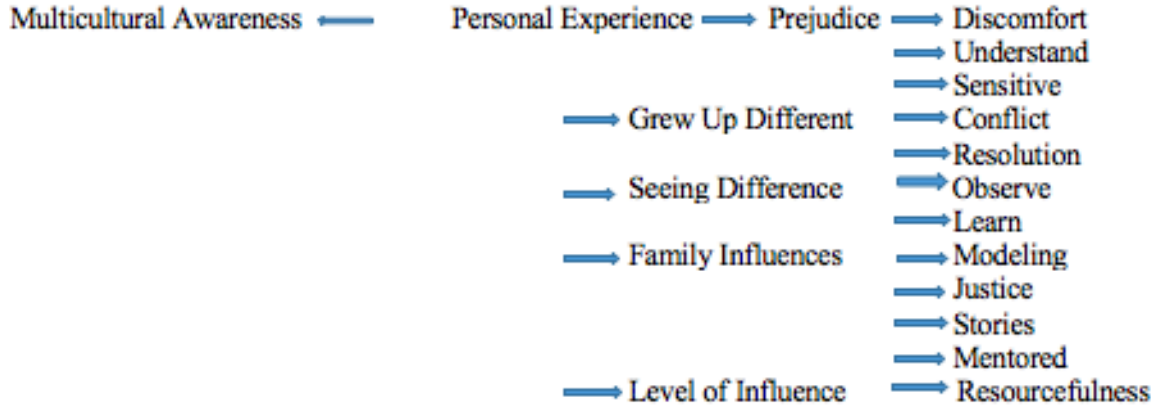
Personal Experience Category



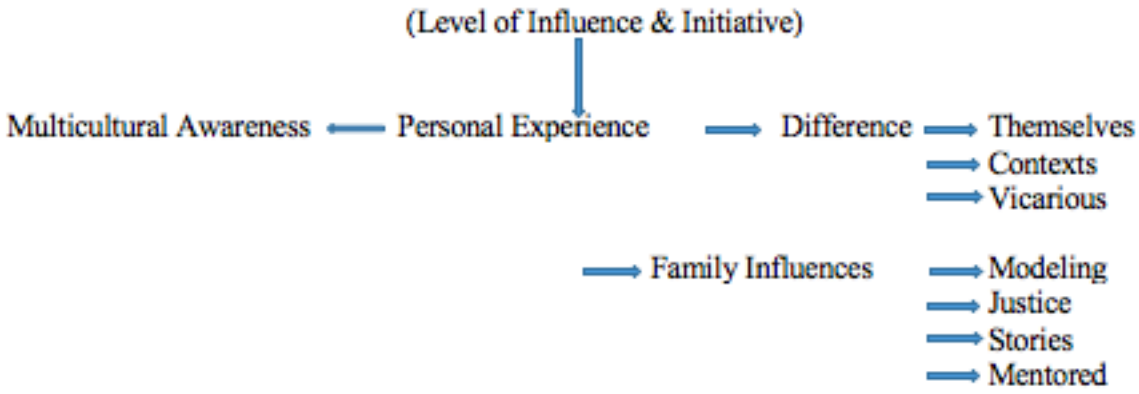
July 2020

August 2020

Revision of Personal Experience Category



August 2020


(Level of Influence & Initiative)
Multicultural Awareness
Personal Experience
Difference
Themselves
Contexts
Vicarious
Family Influences
Modeling
Justice
Stories
Mentored

.