

CULTURAL COMPETENCY IN COUNSELING

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What happens in one part of the world is no longer a bounded concern for the immediate area alone. Through globalization, many others around the world share information and impact. With increased level of exchange and availability of information among different people groups, people in general are more informed about different ways of living other than their own. Thus, multiculturalism or cultural diversity is relevant to all who live in this world today.

In the field of counseling, relevancy of cultural diversity is even greater. Because counselor, counselee, and counseling process all carry their own unique culture within themselves, and those differing culture interfaces in the counseling scene. However, cultural diversity received unequal amount of attention in the body of literature. In comparison to U.S., Korea produced a very limited number of literature regarding cultural diversity in counseling. The purpose of this study is to examine issues related to cultural diversity in the field of counseling through available literature from the U.S. and Korea. Importance of and ways to promote cultural competency in counseling will be explored through a review of a scientist-practitioner model.

IMPORTANCE OF CULTURAL DIVERSITY IN COUNSELING

Demographic Changes

Cultural diversity in counseling was recognized as the fourth force in mental health field (Pedersen, 1991), and a wide range of literature regarding multicultural counseling has been published during the last three decades in the U.S.. One of the reasons for such increased awareness about cultural diversity in counseling is due to demographic changes. There has been an increased number of ethnic minorities in the U.S. population. In fact, ethnic minority groups are projected to

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reach the majority of the total population in the years between 2030 and 2050 (Sue, et al., 1998). With an increasing number of ethnic minority groups, cultural diversity issues in counseling has gained its significance.

Ethics Guidelines

Despite an increasing number of ethnic minority groups, the ethnic minorities are reported to underutilize mental health services in comparison to Whites, Asian Americans at the lowest among the ethnic minority groups (Leong, Wagner, & Tata, 1995). Both demographic studies about ethnic minority population and their utilization of mental health services called for professionals to consider cultural diversity or multiculturalism in mental health fields. Barriers that decrease utilization of mental health services for ethnic minorities may range from larger organizational systems to individual professionals' lack of awareness and skills. With an increasing number of ethnic minorities and their underutilization of mental health services, the counseling field attempted to address the needs of ethnic minority groups through intentional examination of culture within counseling profession.

In response, the American Counseling Association (ACA) adopted the 5th edition of ethical standards in 1995 with strong emphasis on cultural diversity for the first time in the history of codes. In the preamble, it states "Association members recognize diversity and embrace a cross-cultural approach in support of the worth, dignity, potential, and uniqueness of people within in their social and cultural contexts" (ACA, 2005). Furthermore, there are specific references in ethical standards including F.11.c. multicultural/diversity competence which call for counselor educators to actively infuse multicultural/diversity competency in their training and supervision practices. Another professional organization, American Psychological Association (APA), also emphasized "respect" as one of the main ethical principles. APA ethics guidelines under *Principle E: Respect for People's Rights and Dignity*, states:

Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status and consider these factors when working with members of such groups. Psychologists try to eliminate the

effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices (APA, 2003).

Consideration of cultural diversity in counseling is no longer an option but an ethical obligation in the U.S. (Watson, Z. E. P., Herlihy, B. R., & Pierce L.A., 2006).

Accreditation

Accreditation agencies also responded to the need of cultural diversity and multiculturalism in counseling in support of ethical guidelines. The Council for the Accreditation of Counseling and Related Educational Programs (CACREP) holds training standards to incorporate multiculturalism in both master's and doctoral level counseling education program. In addition, American Psychological Association, an accreditation agency for doctoral programs in counseling, clinical, and school psychology programs requires schools to provide educational opportunities for students in order to demonstrate "substantial understanding of and competence" in issues of cultural and individual diversity (APA, 2005).

Reported studies proved that the majority of counseling educational institutions implemented multiculturalism in their curriculum. In one study, the majority of APA accredited graduate training program in counseling psychology is reported to offer (73%) and require (42%) a multicultural counseling course (Quintana & Bernal, 1995). In another study with 59 professional counselors, 63% reported that they were required and 69% was offered at least one course on multiculturalism (Holcomb-McCoy, 1999). The multicultural counseling courses have generally been regarded as effective in increasing the level of cultural sensitivity in working with culturally diverse population (D'Andrea, Daniels, & Heck, 1991; Smith, Constantine, Dunn, Dinehart, & Montoya, 2006; Quintana & Bernal, 1995).

Cultural Diversity in Korea

Demographic shift also occurred in Korea. According to Korea Ministry of Government Administration and Home Affairs, there are over 536,000 non-Korean residents living in Korea, making up 1.1% of

the total population as of 2005 (Joins, June 7th, 2006). This change in demographic information is noteworthy because Korea traditionally has been regarded as a monolithic society. Globalization allowed greater migration opportunities and exchanges among different people groups, resulting in increased number of non-Korean residents in Korea. Population increase is accounted by migrated workers (47.6%) from less developed countries, international marriages (12.2%) and children from those international marriages (4.7%). Thus, Korea too is becoming more diverse in ethnicity and culture. These demographic changes, however small in portion, call for an attention to consider cultural diversity issues in counseling.

In Korea, only a very few journals about multiculturalism is available. The concept of multicultural counseling and implications in Korean context were introduced in early to mid-90s (Kim, 1995; Seol, 1993), but it did not appear to have gained much support in the counseling field as evidenced by no follow-up researches. In addition, counseling education institutions do not seem to offer any courses and practical training opportunities relevant to multicultural issues. Counseling educational institutions are not required to offer multicultural counseling courses. There are no accreditation agencies for counseling education that hold them accountable for such courses. While increase in non-Korean population is recognized, the need for multicultural consideration has not yet reached the consensus in the counseling field.

CULTURAL COMPETENCY TRAINING IN COUNSELING

A culturally competent counselor is one who is actively engaged in the process of understanding his or her own and client's assumptions and values. In addition, a culturally competent counselor is in the ongoing process of developing culturally relevant and sensitive counseling services for his or her clients (Sue & Sue, 2003). As there are many facets to consider in multicultural counseling, there are also various methods of training to increase cultural competency.

The studies measuring multicultural competency in general found to be effective. Allison, Echemendia, Crawford, and Robinson (1995) found that most therapists reported competence in working with clients from diverse background. The therapists' perception of competence in working with ethnic minority groups was closely tied with their clinical

exposure during training with clients from specific cultural groups. A vast majority of empirical studies were conducted to measure the effectiveness of multicultural training (Pope-Davis, Reynolds, Dings, & Nielson, 1995). In a recent meta-analysis of multicultural education programs, Smith, Constantine, Dunn, Dinehart, & Montoya (2006) found moderate effect size ($d=0.49$) for students who participated in multicultural education. That is, those students who completed a course in multicultural training will report moderately higher multicultural competence than other students who has not taken a course. In addition, those students who completed a multicultural education intervention reported large increase in multicultural competence than other students who completed general education unrelated to multiculturalism at the same period of time ($d=0.92$). This study demonstrated the efficacy of multicultural trainings to increase level of multicultural competency.

“Multicultural counseling” includes many aspects about the counseling program: Research, training, theories, methods, assessment and treatment are all relevant areas to consider multicultural issues. In consideration of multicultural issues, sociopolitical arena also needs to be taken into account because life and experiences of ethnic minority groups are embedded in their larger systemic contexts. Counselors should not overlook prejudices and discriminations against ethnic minority groups which do exist even today (Whitley, Jr. & Kite, 2006).

In response to the needs to consider the larger contexts, some researchers emphasized multicultural counseling training at the institutional level instead of a course or specifically designed programs. However, there appears to be more emphasis on the increasing cultural competency such as awareness, skills, and knowledge, through training programs. Hence, the question has not clearly answered yet: “Can one achieve true multicultural counseling training without resolving institutions’ own biases and lack of understanding?” Atkinson, Brown, and Casas’s study (as cited in Ponterotto, 1997) emphasized two elements in achieving ethnic parity. One is the programs and institutions’ clear goal and explicit commitment in achieving the goal and the other is the commitment reflected in the program as *diversity appreciation* instead of *diversity tolerance*. Sue (1991) also offers a model for organizations to incorporate cultural diversity. In addition, both Wherly (1995)’s five developmental stages in multicultural counselor preparation and Sue, Ivey, and Pedersen (1996)’s Multicultural Counseling and Therapy (MCT) model takes the

sociopolitical context of helping profession.

Furthermore, approaches to multicultural counseling can be divided into two groups. One starts from currently available, White-European based approaches and works through modifications as one understand other cultural domain. The other one starts from a specific culture to understand behaviors and find treatment methods relevant to the culture. In order to move beyond the limitations of multicultural training models, culture-specific approach has been advocated by some authors to move one step further in cultural competency beyond increased sensitivity in cultural diversity (Leong & Kim, 1991; Schwartz & Sagiv, 1995; Sue, 1990; Nwachuku & Ivey, 1992).

Other models adopted a developmental model or hierarchy of objectives in a continuum of multicultural training starting from awareness of individuals' own culture and acceptance of diversity to specific skills in working with culturally diverse populations (D'Andrea & Daniels, 1991; LaFromboise & Foster, 1992; Wehrly, 1995). One of the studies offered by Preli and Bernard (1993) uniquely provide list of instruction techniques that are easy to adopt in a course including: identifying one's own ethnicity through the name game; use of the genogram; to bringing a home video to share with the class to identify cultural elements. In general, these models offer a gradual process of training towards the goals. Different cultural competency training models need further follow up studies to measure their effectiveness.

Scientist-Practitioner Model

The Scientist-Practitioner model proposed by LaFromboise and Foster (1992) provides an integration model with five areas of emphasis to increase multicultural competency at a doctoral level of training by placing the responsibility on the whole program. First, the importance of promoting multicultural issues at an institutional level where all faculty members unite to fight against institutional racism and to influence decision making process was emphasized. It is strongly advocated to have ethnic minority faculty to teach and serve as role models, and to promote multicultural research. The second area of emphasis is the knowledge which is incorporated in each class throughout the graduate training. The third area of emphasis is the research in the multicultural issues. While the influence of the

community research committees is acknowledged, multicultural sensitivity from the planning and implementing research is emphasized. The fourth area of emphasis is the clinical instruction beyond knowledge. The authors suggested to not only gain basic understanding of the cultural and political histories of the ethnic minority groups but also to take diagnostic and treatment issues relevant to the ethnic minority groups. Finally, the clinical experience in practicum and internship was emphasized in promoting multicultural competency. This model as a whole has not received extensive evaluation to understand its effectiveness. Instead, other researches seem to support different parts of this model, i.e., involvement of training at a larger system, and emphasizing clinical training vs. designing a single course (D'Andrea & Daniels, 1991; Allison, Echemendia, Crawford, & Robinson, 1995; Holcomb-McCoy & Myers, 1999; Sue, Ivey, & Pedersen, 1996). Although empirical studies of effectiveness of multicultural training do not seem to incorporate larger systems such as programs or institutions at the stage of development, there seems to be some acknowledgment in the field of importance of looking at more than a course design to promote multicultural competency.

The greatest benefit of having this model appears to be that of creating the context of learning environment that is culturally sensitive. Rather than designating one course or one faculty to foster multicultural counseling training, this model considers the context in which it takes place by emphasizing institutional modification. The author's acknowledgment of institution's role in promoting multicultural competency accords with other scholarly published work as cited before. Without the commitment of the institution and program to promote multicultural counseling training, the level of competency promoted may be limited, i.e., remaining at the level of increased cultural sensitivity without actual skills to work proficiently with clients from diverse cultural backgrounds. This model places responsibility on the programs not only to work with institutions which they belong, but also to install multicultural training programs at all phases of their programs.

For example, the model takes both classroom and clinical training into consideration. Knowledge and research about multicultural issues can be incorporated through classroom instructions as proposed by the authors. Students can increase their knowledge and sensitivity if multicultural issues are incorporated in their studies continuously from

basic psychology courses to advanced treatment related courses. The model certainly advocates for the multicultural issues to be relevant throughout all phases of the graduate training. In conjunction with availability of minority faculty as teacher, role model, and researcher, this model seems to be effective in promoting multicultural competency.

However, the emphasis of classroom learning seems to be contingent upon how faculty members conduct their classes. What the authors propose cannot be achieved without full cooperation of faculty members. In other words, without meeting the first area of emphasis, institutional modification, successfully, the area of classroom learning cannot be achieved as the authors suggested. To be specific, there needs to be consensus in the commitment to promote multicultural training and the agreement of methods by all faculty members before actual process of training unfold as proposed by the authors. Reaching the consensus can be a difficult process which probably needs further examination by itself.

This brings an important issue in evaluation of the model. The authors seem to present the importance of institutional and program's commitment in an ambivalent manner. Although they clearly demonstrate the importance of such commitment in a forefront, they seem to be equally willing to accept the lack of commitment. They proposed this model only as an ideal that they are very understanding and accepting of programs without such commitment for reasons such as funding limitations and resistance to change. This model describes what multicultural counseling training looks like ideally, but does not address possible obstacles in installing the training. There seems to be a void between where the current counseling programs stand in general and where the authors would like to bring.

However, the authors' proposal to increase flexibility to consider nontraditional approach in multicultural counseling seems to be the most significant contribution of this model. For example, the nontraditional research method, i.e., critical incident observation and ethnographic techniques, proposed to expand beyond evaluation of currently accepted research method seems to be not only appropriate but also a must in working with less available ethnic minority research participants. Moreover, considering ethnicity as an independent variable sensitive to degree of acculturation as pointed by the authors would yield a better understanding about the ethnic minority groups and further implications of training and service delivery.

In addition, the authors suggest several approaches in clinical instruction that seems too important in promotion of multicultural competency. First, the articulated need for flexibility in working with ethnic minority groups expresses dangers of uniform approach without accounting for individual variation. Second, the authors propose to understand the cultural and political histories of different ethnic minority groups in order to examine dynamics of institutional racism. Here the authors advocate for the psychoeducational view of counseling where counselor's primary role is considered as teaching and empowering clients to modify the conditions they are in. Third, the authors suggest evaluating treatments from specific cultural viewpoints instead of applying the theories behind treatment to the ethnic minority groups. All of the authors' suggestions in clinical instruction seem to be important factors in promotion of multicultural competency.

This model is especially helpful for Asians to be empowered and make changes rather than accepting the environment as they are. The perception of Asians as the "model minority" may be connected with their tendency to conform instead of asserting their needs and make changes actively. Thus, counselor who is aware of political histories of ethnic minority group and working with them to promote changes in their situations seem to be very appropriate training component. In addition, the role expansion of a counselor to include psychoeducation appears to be very helpful in working with Asians to discuss issues not limited to racism alone but to other areas as well (Kim, 1996).

The authors recommended that students should be equipped to measure relevance of counseling theories before applying to culturally diverse clients. Although this recommendation is invaluable, culture-specific treatments within a specific theoretical framework may need further research, which are not readily available. Within Asians, different cultural groups share unequal amount of certain assumptions and values. Accounting for each in-group variation certainly is not a simple task. Without having culture-specific approaches available to counselors, the application of the authors' suggestions and recommendations appears to be limited.

One further consideration about the presented model is its evaluation system. It is unclear how the 11 objectives listed in the model is achieved and evaluated. The authors seem to assume that the model is designed to meet all of the objectives by the time student completes internship as described, but it does not specify which

objectives are affected by different aspects of the training. In addition, some of the objectives appear to be very difficult to achieve. For example, objectives to “be able to modify institutional barriers that affect a client’s culture”; “be able to design and evaluate treatment approaches comprised of conventional and alternative therapies”; and “be able to collaborate with community gatekeepers for purposes of services delivery and research” seem to require great skill and effort to achieve although ideally desired. Because authors do not identify possible difficulties and ways to remedy the difficulties, the presented model may need to develop further practical guidelines. It may be helpful in identifying the objectives that need to be promoted, but it also needs to provide more support explaining how objectives can be achieved or take place in the program.

The Scientist-Practitioner model has many strengths as well as areas of weaknesses in multicultural counseling training. First, the model provides a good framework in multicultural counseling training in graduate programs. However, it lacks significant steps to install the program as presented by the authors. Issues related to overcoming funding limitations and resistance at a broader level need to be addressed before a program provides the effective multicultural training. Taking a closer look at a model multicultural training program as Ponterotto (1997) has done or multicultural organizational development issues as Sue (1995) provided would be helpful to understand the dynamics involved in taking the initial step toward multicultural counseling training. This would be an important step because it allows programs to understand where they stand in the continuum of multicultural counseling training and decide which directions they need or want to take.

The organizational issues are fundamental ones that deserve close examination before taking any further steps. When the organizational issues are clearly understood, the scientist-practitioner model has a better chance for successfully installation. However, the organizational difficulties do not necessarily stop multicultural training at all aspects, but require some modifications. It would be more helpful to identify different stages of development in multicultural counseling training.

The Scientist-Practitioner model presented also possesses strong clinical implications. The recognition of importance of sociopolitical issues as well as working toward changes in clients’ situation as a counselor seems to be a radical shift from the traditional view of

counseling. In addition to the individual differences, it takes the cultural and sociopolitical aspects into the counseling. The emphasis on the clinical training through supervision from multiculturally competent clinicians in the community seems to coincide with the concept of “the cycling of resources” found in community psychology (Vincent & Trickett, 1983).

On the other hand, the model does not provide adequate understanding of how one might gain culture-specific knowledge and skills in addition to the cultural sensitivity. Currently available resources may not adequately address all the needs in multicultural counseling and cultural competency. Defining what culturally appropriate counseling looks like may require joint effort. In comparison to the “add-on” approach to modify treatment based on middle class Whites to meet the different needs of ethnic minority groups, assessing the helping processes and resources that ethnic minorities utilize would be helpful. A careful examination of different ethnic minority groups will yield ways in which counseling can offer to individuals as well as to the groups through identifying and providing continual support to their strengths.

Furthermore, the proposed Scientist-Practitioner model would be enhanced if it takes acculturation process and ethnic identity development into account. The two elements, acculturation and ethnic identity development, are very closely connected with multicultural counseling. A competent counselor should have a good working level of understanding in those two areas. Cultural competency seems to be a complex task in its attempt to install training programs; one must be confident about what actually takes place in the training. A concerted and continued effort in the promotion of multicultural counseling competency appears to be a must in order to deepen the knowledge on how multicultural counseling training operates.

CONCLUSION

Cultural competency is an important concern for counselors. Cultural competency is relevant not only for those counselors in the ethnically diverse society like U.S., but also for ethnically unified society like Korea due to globalization and recent changes in the demographic make up. Counseling training institutions should not overlook multicultural issues in counseling, and they should provide

training opportunities to promote cultural competency. Such training should include opportunities to examine awareness, skills, and knowledge of counselor's own culture as well as those of clients. In addition, a counselor should be able to take larger systems into account. The counselors' role and treatment approach should be examined to include non- traditional methods. A culturally competent counselor will be made through training opportunities that take multiculturalism seriously.

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