Articles

Multicultural Counseling Competencies and Standards: A Call to the Profession

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In April 1991, the Association for Multicultural Counseling and Development (AMCD) approved a document outlining the need and rationale for a multicultural perspective in counseling. The work of the Professional Standards committee went much further in proposing 31 multicultural counseling competencies and strongly encouraged the American Association for Counseling and Development (AACD) and the counseling profession to adopt these competencies in accreditation criteria. The hope was to have the competencies eventually become a standard for curriculum reform and training of helping professionals.

Originally accepted for publication in the *Journal for Multicultural Counseling and Development,* this document was considered so important that many recommended its publication in the *Journal of Counseling & Development* to reach the largest audience possible. As a result, we are pleased to announce that both journals have decided to publish the document jointly as a service to the profession.

RATIONALE AND DESCRIPTION

Despite the long history of warnings and recommendations concerning the need to develop a multicultural perspective in the counseling profession and the need to develop multicultural competencies and standards, it is ironic that the Association for Multicultural Counseling and Development (AMCD) finds itself continuing to justify these concerns. Numerous conferences held by the American Association for Counseling and Development (AACD), the American Psychological Association (APA), and other government-sponsored events have noted the serious lack and inadequacy of training programs in dealing with racial, ethnic, and cultural matters (ACES Commission on Non-White Concerns [McFadden, Quinn, & Sweeney, 1978]; Austin Conference 1975, Dulles Conference 1978, National Conference on Graduate Education in Psychology 1987, and President's Commission on Mental Health 1978 [Sue, 1990; Sue, 1991]; Vail Conference [Korman, 1974]).

Since the early 1970s, it has been gratifying to witness the increase in both literature and graduate training programs addressing the need to develop multicultural awareness, knowledge, and skills. For example, an early curriculum survey (McFadden & Wilson, 1977) of graduate education programs revealed that fewer than 1% of the respondents reported instructional requirements for the study of racial and ethnic minority

groups. Subsequent surveys (Arredondo-Dowd & Gonzales, 1980; Ibrahim, Stadler, Arredondo, & McFadden, 1986; Wyatt & Parham, 1985) have revealed an increasing emphasis in this area. The most recent survey, to be published shortly (Hills & Strozier, in press) revealed that 89% of counseling psychology programs now offer a multiculturally focused course. These surveys, however, fail to give us any indication about (a) their integration in the overall counseling curriculum, (b) the multicultural perspective of the courses, and (c) the degree of commitment by the department to multicultural issues. Indeed, the greatest fears among multicultural specialists are (a) that program professionals continue to see multicultural courses as less legitimate than other counseling requirements, (b) that they are taught primarily by junior-level faculty or adjuncts, (c) that they are haphazard and fragmented without a strong conceptual framework linked to specific competencies, and (d) that they tend to deal with cultural differences from a purely intellectual perspective without reference to the sociopolitical ramifications of counseling (oppression, discrimination, and racism) (Ponterotto & Casas, 1991; Sue, 1990; Sue & Sue, 1990; Sue et al., 1982). In reality, most counselors do not have enough practical experience in training, nor in their daily lives, with racial and ethnic minorities.

The purpose of this article is threefold. First, we explore the need and rationale for a multicultural perspective in our society, particularly in counseling and education. We advocate the need for a multicultural approach to assessment, practice, training, and research. Second, we propose specific multicultural standards and competencies that should become part of what can be defined as a culturally competent counselor. Last, we advocate specific strategies and issue a call for action regarding the implementation of multicultural standards in AACD.

The multicultural competencies and standards proposed in this report refer primarily to four groups in our society: African Americans, American Indians, Asian Americans, and Hispanics and Latinos. Many of these standards, however, have had useful relevance to other oppressed groups as well. Before we continue, it is imperative to clarify some terms and issues likely to be raised in this report. One of these is the controversy surrounding the inclusiveness or exclusiveness of the term *multicultural counseling* (Fukuyama, 1990; Lee & Richardson, 1991; Locke, 1990). There are those who would like to define *culture* broadly to include race, ethnicity, class, affectional orientation, class, religion, sex, age,

and so forth. As such, multicultural counseling would include not only racial and ethnic minorities, but also women, gays and lesbians, and other special populations. There are those who prefer to limit the discussion of multicultural counseling to what has been referred to as "Visible Racial Ethnic Minority Groups" African Americans, American Indians, Asian Americans, and Hispanics and Latinos. Those who hold this point of view acknowledge that to some extent all counseling is cross-cultural, but that the term can be defined so broadly that it dilutes the focus on racial and ethnic concerns (a primary one being racism) and allows counseling professionals to avoid and omit dealing with the four major minority groups in our society.

We believe that the "universal" and "focused" multicultural approaches are not necessarily contradictory. Both offer legitimate issues and views that can enrich our understanding of multicultural counseling. On the one hand, we believe strongly that all forms of counseling are cross-cultural, that cultural issues need to be seen as central to cross-cultural counseling (not ancillary), and that by focusing just on ethnic minority issues, we may be "ghettoizing" the problem. Yet, we believe that multicultural counseling is a specialty area as well. Although all of us are racial, ethnic, and cultural beings, belonging to a particular group does not endow a person with the competencies and skills necessary to be a cultural skilled counselor. After all, does a person who is born and raised in a family make that individual a competent family counselor?

THE RATIONALE AND NEED FOR A MULTICULTURAL PERSPECTIVE

Multiculturalism has been referred to as psychology's "fourth force" (Pedersen, 1988, 1989, 1990) and is seen as "the hottest topic" in the counseling profession (Lee, 1989; Lee & Richardson, 1991). Much of this is driven by our recognition that we are fast becoming a multiracial, multicultural, and multilingual society (Sue, 1991; Sue & Sue, 1990). In the past, society has operated primarily within a monocultural and monolingual perspective reflected in what has been referred to as the "encapsulated counselor" (Wrenn, 1962). The changing "complexion of our society" and the "diversification of America (US.)" as reflected in the 1990 U.S. Census makes it imperative for the counseling profession to take a proactive stance on cultural diversity.

The Diversification of the United States

The 1990 U.S. Census reveals that the United States is fast undergoing some very radical demographic changes. Projections show that by the year 2000, more than one third of the population will be racial and ethnic minorities, with even higher numbers (45%) in our public schools. By the year 2010, fewer than 20 years from now, racial and ethnic minorities will become a numerical majority, with White Americans constituting approximately 48% of the population (Sue, 1991). The current population trend can be referred to as the "diversification of America" and is the result of two notable trends: (a) current immigration patterns and (b) differential birth rates among the White and racial and ethnic minority populations (Atkinson, Morten, & Sue, in press).

1. The current immigration rates (documented immigrants, undocumented immigrants, and refugees) are the largest in U.S. history. Unlike their earlier European counterparts who are oriented more toward assimilation, the current wave consists of primarily Asian (34%), Latino (34%), and other visible racial and ethnic groups. These groups are not readily assimilated, as many prefer to retain their cultural heritage. For example, the Asian American population is the fastest growing group in the United States (nearly an 80% increase in the 1980s) because of the large increase of Indochinese refugees since the 1965 changes in immigration laws. The Latino population will reach 55 million by the year 2000, and they will constitute the largest group by the year 2025.

2. Along with becoming an aging population (the mortality rate of Whites is declining, and people are living longer), White Americans are experiencing a declining fertility and birthrate (1.7 children per mother). This is in marked contrast to racial and ethnic minorities who are also showing birth declines, but continue to have a much higher rate (African Americans = 2.4, Mexican Americans = 2.9, Vietnamese = 3.4, Laotians = 4.6, Cambodians = 7.4, and Hmongs = 11.9 per mother).

The implications concerning the dramatic increase in the non-White population are immense. Already 75% of the entering labor force are racial and ethnic minorities and women. By the time the so-called "baby boomers" retire (those born between 1946 and 1961), the majority of people contributing to the social security and pension plans will be racial and ethnic minorities. Business and industry already recognize that in the United States the minority marketplace equals the GNP (gross national product) of Canada, and projections are that it will become immense as the shift in demographics continues. To remain economically competitive, businesses now recognize that they must learn how to utilize fully a diverse work force.

Likewise, counselors and teachers in our schools have already encountered these demographic forces in their work. Educational institutions are most likely to be first affected by the changing student population. In California, for example, the number of White students has already dropped below 50% enrollment. Last year, one in every four students in California lived in a home in which English was not spoken. One in every six students was foreign-born (Atkinson, Morten, & Sue, in press). Increasingly, working with minority constituents will become the norm rather than the exception. To be fully competent in working with minority populations or those clients culturally different from ourselves, it is imperative that AACD take a proactive stance in incorporating standards of practice that reflect the diversity of our society.

Monocultural Nature of Training

A body of literature exists that documents the widespread ineffectiveness of traditional counseling approaches and techniques when applied to racial and ethnic minority populations (Bernal & Padilla, 1982; Casas, 1982; Casas, Ponterotto, & Gutierrez, 1986; Ibrahim & Arredondo, 1986; President's Commission on Mental Health, 1978; Smith, 1982; Sue, 1990; Sue & Sue, 1990; Sue et al., 1982). It is apparent that the major reason for therapeutic ineffectiveness lies in the training of mental health professionals (Sue, Akutsu, & Higashi, 1985). Even in graduate programs where a course or courses on multicultural counseling exist, it is often still treated as ancillary and not an integral part of counseling (Arredondo-Dowd & Gawelek, 1982). Counseling professionals need to recognize that race, culture, and ethnicity are functions of each and everyone of us and not limited to "just minorities" (Sue & Sue, 1990). For example, a review of the AACD *Ethical*

Standards (1988) and the AACD *Bylaws* (1989) by this committee leads us to three conclusions: (a) Not much, if anything is said about multicultural and cross-cultural issues, (b) not a single statement about multicultural and cross-cultural courses or preparation is included under Section H: Preparation Standards in the *Ethical Standards* (AACD, 1988), and (c) multicultural and cross-cultural competence is still seen in isolation (and as unnecessary) from the overall standards of the profession. Likewise, APA ethical guidelines (1991b) have been severely criticized by Pedersen (1989) who stated:

> . . . existing (APA) guidelines suggest that competence in the cultures of persons being studied or served should be included "when necessary." As long as that phrase is allowed to stand, cultural factors and the expertise in being responsive to them rest with the complainant, not the psychologist. In view of the present state of our knowledge about the presence of cultural factors in all forms of psychological functioning, we conclude that psychologists individually and collectively cannot justify the inclusion of the conditional phrase "when necessary." (p. 649)

There are hopeful signs, however, that APA has begun the process of revising the *Bylaws* and *Ethical Principles* to reflect an affirmation of cultural diversity. In the spring of 1990, a subcommittee on cultural and individual differences was created to review Criterion II of the APA "Criteria for Accreditation." A number of recommendations were proposed with new phrases "must be imparted," "must be developed," and "in all phases of the program's operation" (APA, 1991a).

Sociopolitical Reality

Another important factor that we need to recognize is that the profession of counseling, oftentimes, reflects the values of the larger society (Katz, 1985; Sue & Sue, 1990). References to counseling as "the handmaiden of the status quo" and "transmitters of society's values" indicate the potential sociopolitical nature of counseling. There are two political realities that counseling professionals must acknowledge and address.

First, the worldview of both the counselor and client is ultimately linked to the historical and current experiences of racism and oppression in the United States (Atkinson, Morten, & Sue, 1989; Helms, 1990; Parham, 1989; Sabnani, Ponterotto, & Borodovsky, 1991). For the minority client, he or she is likely to approach counseling with a great deal of healthy suspicion as to the counselor's conscious and unconscious motives in a cross-cultural context. For the White counselor or helping professional, he or she is likely to inherit the racial and cultural biases of his or her forebears (Corvin & Wiggins, 1989; White & Parham, 1990). In all cases, the counselor, client, and counseling process are influenced by the state of race relations in the larger society. That the counselor is "supposed to help" or that counseling is "supposed to encompass" values and assumptions that reflect democratic ideals such as "equal access to opportunity," "liberty and justice for all," and "pursuit of happiness" may not be realistically reflected in the actual practice of counseling. Indeed, these lofty goals have often been translated into support for the status quo. When used to restrict rather than foster the well-being and development of individuals from ethnic and racial minority groups, it may entail overt and covert forms of prejudice and discrimination (Sue & Sue, 1990).

Second, counseling professionals need to recognize that counseling does not occur in isolation from larger events in our society.

All of us have a responsibility in understanding the political forces and events that affect not only our personal but professional lives as well. For example, the changing demographics cited earlier are having a major impact upon our educational, economic, social, political, legal, and cultural system (Sue, 1991). With the increased visibility of racial and ethnic minorities in the United States, it seems that racial intolerance is on the rise. The increase in so-called "hate crimes" (murder, physical attacks, threats, racial epithets, destruction of property, and so forth) against minority groups is well documented. These reports are even more disturbing in light of the apparent erosion of the nation's civil rights law and President Bush's vetoing of the Civil Rights Act of 1990 and his opposition to the democratic version of the 1991 proposal.

Likewise, the "English-only movement" seems to have major political ramifications on the nature of race relations in the United States and directly to education and counseling. In a perceptive article concerning the "English-only movement" and language use, specialists (Padilla et al., 1991) concluded that (a) linguistic assimilation is already occurring rapidly among racial and ethnic minorities, (b) promoting second language learning for English speakers fosters positive interethnic relations, (c) maintaining bilingualism enhances positive identity, (d) high-quality bilingual education programs can promote higher levels of academic achievement and language proficiency, and (e) the movement contains a strong racist flavor. These authors concluded further that the English-only movement can have negative consequences for the delivery of psychological, educational, psychometric, and health services for linguistic minorities. Promoting bilingualism rather than monolingualism should be a major goal to the provision of mental health services; it is an expression of personal freedom and pluralism.

Multicultural Conceptualizations and Research

White middle-class value systems are often reflected in counseling and social psychological research regarding racial and ethnic minorities. Historically, three very harmful models have been used to guide and conceptualize research on racial and linguistic minorities (Casas, 1985; Katz, 1985; Ponterotto, 1988; Sue & Sue, 1990). The first of these is the inferiority or pathological model. The basic premise is that minorities are lower on the evolutionary scale (more primitive) than are their White counterparts and, thus, are more inherently pathological. The second model assumes that Blacks and other racial and ethnic minorities were deficient in desirable genes and that differences between Whites and minorities were the reflection of biological and genetic inferiority (genetically deficient model). The culturally deprived (deficient) model blamed the culture for the "minority problem." Ironically, it was well-intentioned White social scientists who were attempting to reject the genetically deficient model who talked about "cultural deprivation." Unfortunately, these social scientists were as much prisoners of their own cultural conditioning as those of an earlier decade (Sue & Sue, 1990). Instead of blaming genes, they blamed the culture. The cultural deficit notion does not make sense because everyone inherits a culture. What proponents of this view were really saying was that racial and ethnic minorities do not possess "the right culture." Thus, the underlying data and research base regarding racial and ethnic minorities have (a) perpetuated a view that minorities are inherently pathological, (b) perpetuated racist research and counseling

practices, and (c) provided an excuse for counseling professionals not to take social action to rectify inequities in the system (Baratz & Baratz, 1970; Katz, 1985; Sue & Sue, 1990; Thomas & Sillen, 1972).

Within the last 10 years, a new and conceptually different model has emerged in the literature. Oftentimes referred to as the "culturally different model" (Katz, 1985; Sue, 1981), multicultural model (Johnson, 1990), culturally pluralistic model, or culturally diverse model (Ponterotto & Casas, 1991), the new model makes several assumptions. First and foremost is the explicit belief that to be culturally different does not equate with "deviancy," "pathology," or "inferiority." Second, there is strong acknowledgment that racial and ethnic minorities are bicultural and function in at least two different cultural contexts. Third, biculturality is seen as a positive and desirable quality that enriches the full range of human potential. Last, individuals are viewed in relationship to their environment, and the larger social forces (racism, oppression, discrimination, and so forth) rather than the individual or minority group may be the obstacles.

If AACD and other professional organizations take a strong stand in adopting the new model and all its implicit assumptions, then research and counseling may become a proactive means of correcting many of the inadequacies and problems that have plagued us for ages. For example, adoption of such a model would mean that (a) graduate programs could no longer present a predominately White Anglo-Saxon Protestant orientation, (b) racial and ethnic minority issues would become an integral part of the curriculum and internship requirement, (c) research would become a powerful means of combating stereotypes and correcting biased studies, (d) studies would begin to focus on the positive attributes and characteristics of minorities as well as biculturalism, (e) recruitment, retention, and promotion of racial and ethnic minorities in counseling would increase, (f) interracial and interethnic relations would be improved, and (g) we would refocus research and practice toward the environment though systems intervention.

Ethical Issues

> The provision of professional services to persons of culturally diverse backgrounds by persons not competent in understanding and providing professional services to such groups shall be considered unethical. (Korman, 1974, p. 105)

> A serious moral vacuum exists in the delivery of cross-cultural counseling and therapy services because the values of a dominant culture have been imposed on the culturally different consumer. Cultural differences complicate the definition of guidelines even for the conscientious and well-intentioned counselor and therapist. (Pedersen & Marsella, 1982, p. 498)

Both of these quotes make it clear that professionals without training or competence in working with clients from diverse cultural backgrounds are unethical and potentially harmful, which borders on a violation of human rights. In 1981 both AACD (1981) and APA (1981) published ethical guidelines making it imperative for counselors and therapists to have some sort of formal training on cultural differences. Yet, declarations such as these do not automatically improve counselor sensitivity and effectiveness, nor do they mean that training programs will on their own volition infuse cross-cultural concepts into the curriculum (Ibrahim & Arredondo, 1986, 1990). Too often, lip service is given to multicultural concerns, without the commitment to

translate them into ethical standards and see that they become part of the accreditation criteria. If we truly believe that multiculturalism is central to our definition of a competent counselor, then monoculturalism can be seen as a form of maladjustment in a pluralistic society (Szapocznik, Santisteban, Durtines, Perez-Vidal, & Hervis, 1983).

It seems that a major obstacle in getting our profession to understand the negative implications of monoculturalism is that White culture is such a dominant norm that it acts as an invisible veil that prevents people from seeing counseling as a potentially biased system (Katz, 1985). Counselors who are unaware of the basis for differences that occur between them and their culturally different clients are likely to impute negative characteristics. What is needed is for counselors to become culturally aware, to act on the basis of a critical analysis and understanding on their own conditioning, the conditioning of their clients, and the sociopolitical system of which they are both a part. Without such awareness, the counselor who works with a culturally different client may be engaging in cultural oppression using unethical and harmful practices.

CROSS-CULTURAL COMPETENCIES AND STANDARDS

It is clear to us that the need for multiculturalism in the counseling profession is urgent and necessary for ethical practice, an integral part of our professional work. These realities and philosophies should underlie AACD's mission and purpose. Yet, a study of AACD's *Bylaws* (1989) and the *Ethical Standards* (AACD, 1988) reveals serious shortcomings and casts doubt upon the organization's awareness and commitment to the concepts of multiculturalism. Reviews of the *Ethical Principles* (1981) of AACD have continued to indicate that it falls short in addressing racial and ethnic matters across all professional activities (Casas, Ponterotto, & Gutierrez, 1986; Cayleff, 1986; Ibrahim & Arredondo, 1986; Ponterotto & Casas, 1991). Our critical analysis of the bylaws, for instance, indicates only one place in which reference to racial and ethnic groups is made (Article XIV— Nondiscrimination). The *Ethical Standards* (AACD, 1988) contains nothing in the Preamble regarding multiculturalism and mentions racial, ethic, national origin, and/or minority groups only four times (one under Section B: Counseling Relationship, Article 19; two under Section C: Measurement & Evaluation, Articles 1 and 12; and one under Section G: Personnel Administration, Article 11). Sections on General, Research and Publication, Consulting, Private Practice, and Preparation Standards contain nothing on multiculturalism. Omission in the Preparation Standards, in our eyes, is inexcusable and represents a powerful statement of the low priority and lack of commitment to cultural diversity.

Furthermore, we find it difficult to accept two prevailing reasons given for the lack of multicultural statements in the standards and guidelines. The first is that additions and revisions of the standards would make the document too cumbersome and lengthy. The second explanation is that although there is a failure to address minority groups explicitly, the guidelines do so implicitly (Ponterotto & Casas, 1991). Behind this last statement is the belief that the standards are developed from a universal humanistic perspective and that they underscore the dignity and worth of all persons. The first reason suffers from structural bias in that it considers racial and cultural statements less worthy than other statements. The issue of length is a convenient excuse not

to make needed changes. Furthermore, we are not recommending simple changes in the standards that would tack on more articles to the *Ethical Principles* (AACD, 1981). What needs to occur is a philosophical change in the premise of counseling that incorporates a movement toward inclusiveness, altruism, community, care, and justice (Hillerbrand, 1987; Ivey, 1987; LaFromboise & Foster, 1989; Ponterotto & Casas, 1991). The second reason is simply another form of "universalism" in which "people are people" and "should be treated the same." Such beliefs are ethnocentric and have been documented to be highly destructive to racial and ethnic minority constituents (Sue & Sue, 1990).

Cross-Cultural Counselor Competencies

Although the AACD *Ethical Standards* (1988) makes reference to counselors not claiming professional qualifications exceeding those they possess and recognizing their boundaries of competence (Section A: General, Articles 4 and 9), it fails to define competence in the multicultural sense. We believe this represents one of the major shortcomings of our profession. Although many individual authors and groups have proposed cross-cultural counseling guidelines, skills, and competencies, AACD and its numerous divisions have failed to enact such standards. The only formal statement adopted by a division of AACD is seen in a position paper: ACES Commission on Non-White Concerns (McFadden, Quinn, & Sweeney, 1978). As a result of these glaring deficiencies, AMCD, under the Presidency of Dr. Thomas Parham, requested the Professional Standards Committee to (a) outline multicultural issues facing our profession, (b) develop tentative minimal cross-cultural counseling competencies for adoption by AMCD and AACD, and (c) explore means of implementing these standards into official documents of AACD and in the accreditation process.

In developing cross-cultural competencies, we have relied heavily upon the works of the Division of Counseling Psychology— *Position Paper: Cross-cultural Counseling Competencies* (Sue et al., 1982) and the *Guidelines for Providers of Psychological Services to Ethnic and Culturally Diverse Populations* (APA, 1991b). These competencies and standards have been widely endorsed and currently represent the best that various groups and organizations have to offer. If these principles are to be adopted by AACD, they need to be appropriately translated into meaningful statements for the profession. At this time, attempts to add to or refine them would require massive investment of time and energy. Because of time constraints, we have chosen to (a) provide a conceptual framework from which these competencies can be organized and developed and (b) leave the task of tangible translations for future urgent work.

The culturally competent counselor. In their review of the literature dealing with characteristics of the culturally skilled counselor, Sue and Sue (1990) have been able to organize these characteristics along three dimensions. *First, a culturally skilled counselor is one who is actively in the process of becoming aware of his or her own assumptions about human behavior, values, biases, preconceived notions, personal limitations, and so forth.* They understand their own worldviews, how they are the product of their cultural conditioning, and how it may be reflected in their counseling and work with racial and ethnic minorities. The old adage "counselor, know thyself" is important in not allowing biases, values, or "hang-ups" to interfere with the counselor's ability to work with

clients. Prevention of ethnocentrism is a key ingredient to effective cross-cultural counseling.

Second, a culturally skilled counselor is one who actively attempts to understand the worldview of his or her culturally different client without negative judgments. It is crucial that counselors understand and share the worldviews of their culturally different clients with respect and appreciation. This statement does not imply that counselors have to hold the worldviews as their own, but can accept them as another legitimate perspective.

Third, a culturally skilled counselor is one who is in the process of actively developing and practicing appropriate, relevant, and sensitive intervention strategies and skills in working with his or her culturally different clients. Studies consistently reveal that counseling effectiveness is improved when counselors use modalities and define goals consistent with the life experiences and cultural values of clients. It is recognized that extrapsychic as well as intrapsychic approaches may be more appropriate and that differential helping strategies may be needed.

In summarizing these three characteristics, Sue and Sue (1990) stated:

> These three goals stress the fact that becoming culturally skilled is an *active process,* that it is ongoing, and that it is a process that *never reaches an end point.* Implicit is recognition of the complexity and diversity of the client and client populations, and acknowledgement of our own personal limitations and the need to always improve. (p. 146)

Dimensions of cultural competency. Most attempts to identify specific cross-cultural counseling competencies have divided them up into three dimensions: (a) beliefs and attitudes, (b) knowledge, and (c) skills (Carney & Kahn, 1984; Sue et al., 1982). The first deals with counselors' attitudes and beliefs about racial and ethnic minorities, the need to check biases and stereotypes, development of a positive orientation toward multiculturalism, and the way counselors' values and biases may hinder effective cross-cultural counseling. The second recognizes that the culturally skilled counselor has good knowledge and understanding of his or her own worldview, has specific knowledge of the cultural groups he or she works with, and understands sociopolitical influences. The last deals with specific skills (intervention techniques and strategies) needed in working with minority groups (it includes both individual and institutional competencies). A more thorough description of these three dimensions can be found in the previous two cited references.

Cross-Cultural Counseling Competencies: A Conceptual Framework

Given the aforementioned discussion of cross-cultural counseling competencies, it is possible to develop a 3 (Characteristics) × 3 (Dimensions) matrix in which most of the cross-cultural skills can either be organized or developed. For example, the characteristics (a) counselor awareness of own assumptions, values, and biases; (b) understanding the worldview of the culturally different client; and (c) developing appropriate intervention strategies and techniques would each be described as having three dimensions: (a) beliefs and attitudes, (b) knowledge, and (c) skills. Thus, a total of nine competency areas are identified in Appendix A. We tentatively offer what we believe to be important competencies under each area.

COUNSELOR AWARENESS OF OWN ASSUMPTIONS, VALUES, AND BIASES

Beliefs and Attitudes

1. Culturally skilled counselors have moved from being culturally unaware to being aware and sensitive to their own cultural heritage and to valuing and respecting differences.

2. Culturally skilled counselors are aware of how their own cultural background and experiences, attitudes, and values and biases influence psychological processes.

3. Culturally skilled counselors are able to recognize the limits of their competencies and expertise.

4. Culturally skilled counselors are comfortable with differences that exist between themselves and clients in terms of race, ethnicity, culture, and beliefs.

Knowledge

1. Culturally skilled counselors have specific knowledge about their own racial and cultural heritage and how it personally and professionally affects their definitions and biases of normality-abnormality and the process of counseling.

2. Culturally skilled counselors possess knowledge and understanding about how oppression, racism, discrimination, and stereotyping affect them personally and in their work. This allows them to acknowledge their own racist attitudes, beliefs, and feelings. Although this standard applies to all groups, for White counselors it may mean that they understand how they may have directly or indirectly benefitted from individual, institutional, and cultural racism (White identity development models).

3. Culturally skilled counselors possess knowledge about their social impact upon others. They are knowledgeable about communication style differences, how their style may clash or facilitate the counseling process with minority clients, and how to anticipate the impact it may have on others.

Skills

1. Culturally skilled counselors seek out educational, consultative, and training experiences to enrich their understanding and effectiveness in working with culturally different populations. Being able to recognize the limits of their competencies, they (a) seek consultation, (b) seek further training or education, (c) refer out to more qualified individuals or resources, or (d) engage in a combination of these.

2. Culturally skilled counselors are constantly seeking to understand themselves as racial and cultural beings and are actively seeking a nonracist identity.

UNDERSTANDING THE WORLDVIEW OF THE CULTURALLY DIFFERENT CLIENT

Beliefs and Attitudes

1. Culturally skilled counselors are aware of their negative emotional reactions toward other racial and ethnic groups that may prove detrimental to their clients in counseling. They are willing to contrast their own beliefs and attitudes with those of their culturally different clients in a nonjudgmental fashion.

2. Culturally skilled counselors are aware of their stereotypes and preconceived notions that they may hold toward other racial and ethnic minority groups.

Knowledge

1. Culturally skilled counselors possess specific knowledge and information about the particular group that they are working with. They are aware of the life experiences, cultural heritage, and historical background of their culturally different clients. This particular competency is strongly linked to the "minority identity development models" available in the literature.

2. Culturally skilled counselors understand how race, culture, ethnicity, and so forth may affect personality formation, vocational choices, manifestation of psychological disorders, help-seeking behavior, and the appropriateness or inappropriateness of counseling approaches.

3. Culturally skilled counselors understand and have knowledge about sociopolitical influences that impinge upon the life of racial and ethnic minorities. Immigration issues, poverty, racism, stereotyping, and powerlessness all leave major scars that may influence the counseling process.

Skills

1. Culturally skilled counselors should familiarize themselves with relevant research and the latest findings regarding mental health and mental disorders of various ethnic and racial groups. They should actively seek out educational experiences that enrich their knowledge, understanding, and cross-cultural skills.

2. Culturally skilled counselors become actively involved with minority individuals outside the counseling setting (community events, social and political functions, celebrations, friendships, neighborhood groups, and so forth) so that their perspective of minorities is more than an academic or helping exercise.

DEVELOPING APPROPRIATE INTERVENTION STRATEGIES AND TECHNIQUES

Attitudes and Beliefs

1. Culturally skilled counselors respect clients' religious and/orspiritual beliefs and values about physical and mental functioning.

2. Culturally skilled counselors respect indigenous helping practices and respect minority community intrinsic help-giving networks.

3. Culturally skilled counselors value bilingualism and do not view another language as an impediment to counseling (monolingualism may be the culprit).

Knowledge

1. Culturally skilled counselors have a clear and explicit knowledge and understanding of the generic characteristics of counseling and therapy (culture bound, class bound, and monolingual) and how they may clash with the cultural values of various minority groups.

2. Culturally skilled counselors are aware of institutional barriers that prevent minorities from using mental health services.

3. Culturally skilled counselors have knowledge of the potential bias in assessment instruments and use procedures and interpret findings keeping in mind the cultural and linguistic characteristics of the clients.

4. Culturally skilled counselors have knowledge of minority family structures, hierarchies, values, and beliefs. They are knowledgeable about the community characteristics and the resources in the community as well as the family.

5. Culturally skilled counselors should be aware of relevant discriminatory practices at the social and community level that may be affecting the psychological welfare of the population being served.

Skills

1. Culturally skilled counselors are able to engage in a variety of verbal and nonverbal helping responses. They are able to *send* and *receive* both *verbal* and *nonverbal* messages *accurately* and *appropriately.* They are not tied down to only one method or approach to helping but recognize that helping styles and approaches may be culture bound. When they sense that their helping style is limited and potentially inappropriate, they can anticipate and ameliorate its negative impact.

2. Culturally skilled counselors are able to exercise institutional intervention skills on behalf of their clients. They can help clients determine whether a "problem" stems from racism or bias in others (the concept of healthy paranoia) so that clients do not inappropriately blame themselves.

3. Culturally skilled counselors are not averse to seeking consultation with traditional healers or religious and spiritual leaders and practitioners in the treatment of culturally different clients when appropriate.

4. Culturally skilled counselors take responsibility for interacting in the language requested by the client; this may mean appropriate referral to outside resources. A serious problem arises when the linguistic skills of the counselor do not match the language of the client. This being the case, counselors should (a) seek a translator with cultural knowledge and appropriate professional background or (b) refer to a knowledgeable and competent bilingual counselor.

5. Culturally skilled counselors have training and expertise in the use of traditional assessment and testing instruments. They not only understand the technical aspects of the instruments but are also aware of the cultural limitations. This allows them to use test instruments for the welfare of the diverse clients.

6. Culturally skilled counselors should attend to as well as work to eliminate biases, prejudices, and discriminatory practices. They should be cognizant of sociopolitical contexts in conducting evaluations and providing interventions, and should develop sensitivity to issues of oppression, sexism, and racism.

7. Culturally skilled counselors take responsibility in educating their clients to the processes of psychological intervention, such as goals, expectations, legal rights, and the counselor's orientation.

We believe that these cross-cultural competencies represent AMCD's first formal attempt to define the attributes of a culturally skilled counselor. They are not meant to be "the final word" in establishing cross-cultural standards for the profession; rather, they represent what we consider to be very important criteria for counselor practice in working with racial and ethnic minorities. Many will, no doubt, undergo further revision, and other new competencies will be added. We propose these competencies in the spirit of open inquiry and hope they eventually will be adopted into the counseling standards of the profession.

A CALL FOR ACTION

In light of the foregoing analysis and discussion, the Professional Standards Committee of AMCD makes the following recommendations and requests the following actions.

1. In keeping with Goal II: Professional Standards, Objective C—"To promote and encourage the highest standards of ethical and professional conduct for multicultural counseling and development"—(Strategic Plan for the Association for Multicultural Counseling and Development, 1990, p. 6), we propose that the executive committee of AMCD immediately appoint an ad hoc committee to review, advocate, and work to implement a major change in the AACD *Bylaws* (1989) and *Ethical Standards* (1988). The direction of these changes should be consistent with the position and analysis outlined in this article and other detailed recommendations found elsewhere (Casas, Ponterotto, & Gutierrez, 1986; Cayleff, 1986; Ibrahim & Arredondo, 1986, 1990; Ponterotto & Casas, 1991; Sue & Sue, 1990). We believe that enough analysis and discussion has taken place and that the time for action is *now*.

2. We ask that AACD's governance and leadership actively endorse the spirit of the proposed competencies with the knowledge that further refinement, revisions, and extensions will occur. These competencies can serve to pace the movement of the profession because they are grounded in the realities of our culturally diverse populations.

3. We further propose that AMCD and AACD immediately set up a mechanism that will advocate the adoption of these competencies in accreditation criteria and eventually become a standard for curriculum reform in graduate schools of counseling and other helping professions. Perhaps a miniconference devoted to developing strategies for implementation of the standards and competencies would be helpful.

4. A change in the bylaws and ethical standards may be meaningless unless the goals of multiculturalism are put into practice. Strong (1986) has defined a multicultural organization as the following:

> . . . one which is genuinely committed to diverse representation
> of its membership; is sensitive to maintaining an open,
> supportive, and responsive environment; is working toward
> and purposefully including elements of diverse cultures in its
> ongoing operations; and one which is authentic in its response
> to issues confronting it. (p. 7)

We propose that AMCD serve a proactive role in doing a critical analysis of how AACD can become a more multicultural organization. This may entail altering the structure of the organization. We are aware, however, of the difficulty inherent in this task, but believe such actions are well worth the effort.

In closing, we urgently appeal to the leadership of AACD and all of its divisions to consider the infusion of multiculturalism throughout their organizations. We hope this commitment will be reflected in education, training, research, and practice of counselors everywhere. Multiculturalism is inclusive of all persons and groups. Continuing to deny its broad influence and importance is to deny social reality.

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APPENDIX A

Proposed Cross-Cultural Competencies and Objectives

I. Counselor Awareness of Own Cultural Values and Biases
    A. Attitudes and Beliefs
        1. Culturally skilled counselors have moved from being culturally unaware to being aware and sensitive to

their own cultural heritage and to valuing and respecting differences.

2. Culturally skilled counselors are aware of how their own cultural backgrounds and experiences and attitudes, values, and biases influence psychological processes.

3. Culturally skilled counselors are able to recognize the limits of their competencies and expertise.

4. Culturally skilled counselors are comfortable with differences that exist between themselves and clients in terms of race, ethnicity, culture, and beliefs.

B. Knowledge

1. Culturally skilled counselors have specific knowledge about their own racial and cultural heritage and how it personally and professionally affects their definitions of normality-abnormality and the process of counseling.

2. Culturally skilled counselors possess knowledge and understanding about how oppression, racism, discrimination, and stereotyping affects them personally and in their work. This allows them to acknowledge their own racist attitudes, beliefs, and feelings. Although this standard applies to all groups, for White counselors it may mean that they understand how they may have directly or indirectly benefitted from individual, institutional, and cultural racism (White identity development models).

3. Culturally skilled counselors possess knowledge about their social impact on others. They are knowledgeable about communication style differences, how their style may clash or foster the counseling process with minority clients, and how to anticipate the impact it may have on others.

C. Skills

1. Culturally skilled counselors seek out educational, consultative, and training experience to improve their understanding and effectiveness in working with culturally different populations. Being able to recognize the limits of their competencies, they (a) seek consultation, (b) seek further training or education, (c) refer out to more qualified individuals or resources, or (d) engage in a combination of these.

2. Culturally skilled counselors are constantly seeking to understand themselves as racial and cultural beings and are actively seeking a nonracist identity.

II. Counselor Awareness of Client's Worldview

A. Attitudes and Beliefs

1. Culturally skilled counselors are aware of their negative emotional reactions toward other racial and ethnic groups that may prove detrimental to their clients in counseling. They are willing to contrast their own beliefs and attitudes with those of their culturally different clients in a nonjudgmental fashion.

2. Culturally skilled counselors are aware of their stereotypes and preconceived notions that they may hold toward other racial and ethnic minority groups.

B. Knowledge

1. Culturally skilled counselors possess specific knowledge and information about the particular group they are working with. They are aware of the life experi-

ences, cultural heritage, and historical background of their culturally different clients. This particular competency is strongly linked to the "minority identity development models" available in the literature.

2. Culturally skilled counselors understand how race, culture, ethnicity, and so forth may affect personality formation, vocational choices, manifestation of psychological disorders, help-seeking behavior, and the appropriateness or inappropriateness of counseling approaches.

3. Culturally skilled counselors understand and have knowledge about sociopolitical influences that impinge upon the life of racial and ethnic minorities. Immigration issues, poverty, racism, stereotyping, and powerlessness all leave major scars that may influence the counseling process.

C. Skills

1. Culturally skilled counselors should familiarize themselves with relevant research and the latest findings regarding mental health and mental disorders of various ethnic and racial groups. They should actively seek out educational experiences that foster their knowledge, understanding, and cross-cultural skills.

2. Culturally skilled counselors become actively involved with minority individuals outside of the counseling setting (community events, social and political functions, celebrations, friendships, neighborhood groups, and so forth) so that their perspective of minorities is more than an academic or helping exercise.

III. Culturally Appropriate Intervention Strategies

A. Attitudes and Beliefs

1. Culturally skilled counselors respect clients' religious and/or spiritual beliefs and values, including attributions and taboos, because they affect worldview, psychosocial functioning, and expressions of distress.

2. Culturally skilled counselors respect indigenous helping practices and respect minority community intrinsic help-giving networks.

3. Culturally skilled counselors value bilingualism and do not view another language as an impediment to counseling (monolingualism may be the culprit).

B. Knowledge

1. Culturally skilled counselors have a clear and explicit knowledge and understanding of the generic characteristics of counseling and therapy (culture bound, class bound, and monolingual) and how they may clash with the cultural values of various minority groups.

2. Culturally skilled counselors are aware of institutional barriers that prevent minorities from using mental health services.

3. Culturally skilled counselors have knowledge of the potential bias in assessment instruments and use procedures and interpret findings keeping in mind the cultural and linguistic characteristics of the clients.

4. Culturally skilled counselors have knowledge of minority family structures, hierarchies, values, and beliefs. They are knowledgeable about the community characteristics and the resources in the community as well as the family.

5. Culturally skilled counselors should be aware of relevant discriminatory practices at the social and community level that may be affecting the psychological welfare of the population being served.

C. Skills

1. Culturally skilled counselors are able to engage in a variety of verbal and nonverbal helping responses. They are able to *send* and *receive* both *verbal* and *nonverbal* messages *accurately* and *appropriately.* They are not tied down to only one method or approach to helping but recognize that helping styles and approaches may be culture bound. When they sense that their helping style is limited and potentially inappropriate, they can anticipate and ameliorate its negative impact.

2. Culturally skilled counselors are able to exercise institutional intervention skills on behalf of their clients. They can help clients determine whether a "problem" stems from racism or bias in others (the concept of health paranoia) so that clients do not inappropriately personalize problems.

3. Culturally skilled counselors are not averse to seeking consultation with traditional healers and religious and spiritual leaders and practitioners in the treatment of culturally different clients when appropriate.

4. Culturally skilled counselors take responsibility for interacting in the language requested by the client and, if not feasible, make appropriate referral. A serious problem arises when the linguistic skills of a counselor do not match the language of the client. This being the case, counselors should (a) seek a translator with cultural knowledge and appropriate professional background and (b) refer to a knowledgeable and competent bilingual counselor.

5. Culturally skilled counselors have training and expertise in the use of traditional assessment and testing instruments. They not only understand the technical aspects of the instruments but are also aware of the cultural limitations. This allows them to use test instruments for the welfare of the diverse clients.

6. Culturally skilled counselors should attend to as well as work to eliminate biases, prejudices, and discriminatory practices. They should be cognizant of sociopolitical contexts in conducting evaluation and providing interventions and should develop sensitivity to issues of oppression, sexism, elitism, and racism.

7. Culturally skilled counselors take responsibility in educating their clients to the processes of psychological intervention, such as goals, expectations, legal rights, and the counselor's orientation.

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