The Counseling Psychologist

http://tcp.sagepub.com

A Three-Dimensional Model for Counseling Racial/Ethnic Minorities

Donald R. Atkinson, Chalmer E. Thompson and Sheila K. Grant

The Counseling Psychologist 1993; 21; 257
DOI: 10.1177/0011000093212010

The online version of this article can be found at:
http://tcp.sagepub.com/cgi/content/abstract/21/2/257

Published by:

http://www.sagepublications.com

On behalf of:

Division of Counseling Psychology of the American Psychological Association

• PROFESSIONAL FORUM

A Three-Dimensional Model for Counseling Racial/Ethnic Minorities

Donald R. Atkinson
University of California, Santa Barbara

Chalmer E. Thompson
University of Southern California

Sheila K. Grant
University of California, Santa Barbara

The counseling profession's heavy reliance on the psychotherapy role has been criticized as being unresponsive to the needs and experiences of ethnic-minority clients. The use of other counseling roles and techniques indigenous to the client's ancestral culture have been proposed as alternatives to psychotherapy; however, no schema currently exists to help counselors select an appropriate helping role or strategy. This article describes one schema that is based on the variables of locus of problem etiology, level of acculturation, and goals of counseling. Limitations of the current model and the need to develop other selection schemata are discussed.

After initially ignoring the importance of racial/ethnic/cultural variables in mental health services, professional psychology in the past decade has increasingly endorsed the importance of training in cross-cultural sensitivity for providers of psychological services (Mio & Morris, 1990). Both the American Association for Counseling and Development (AACD) and the American Psychological Association (APA) included the need for formal training in cultural differences in their ethical guidelines that were published in 1981. In 1982, the APA Division 17 Education and Training Committee developed a list of attitudes, knowledge, and skills that they judged to be characteristic of the culturally skilled counselor (Sue et al., 1982). And the current accreditation manual of the APA mandates that doctoral programs provide training in cultural sensitivity and awareness (APA, 1986). There now seems to be a consensus within the profession, at least at the national leadership level, that psychologists and counselors must be sensitive to and knowledgeable about their clients' racial/ethnic/cultural background.

Requests for reprints should be sent to Donald R. Atkinson, Graduate School of Education, University of California, Santa Barbara, Santa Barbara, CA 93106.

THE COUNSELING PSYCHOLOGIST, Vol. 21 No. 2, April 1993 257-277

With respect to appropriate roles, theories, and strategies when counseling racial/ethnic minorities, however, there is considerable disagreement. Regarding counseling roles, for example, Patterson (1985) has argued that conventional psychotherapy can be effective across cultural groups in the United States. Others have criticized the conventional psychotherapy role for blaming client problems on the client rather than on an oppressive environment. For example, Smith (1985) points out that the conventional psychotherapy role stresses that "clients' problems are located within the individual (intrapsychically based), rather than in the conditions to which minorities adjust" (p. 568). Katz (1985) also is critical of conventional psychotherapy and admonishes counselors to change the environmental conditions that create the problems for disfranchised groups, rather than simply changing individual behavior. Parham and McDavis (1987) take a medial position, advising counselors to accept responsibility for changing both oppressive external environments and destructive personal behavior when counseling African-American men. Parham and McDavis (1987) point out that

> restricting intervention to external factors alone, however, implies that Black men have no part in alleviating their predicament as a population at risk and that they lack the mental fortitude to deal effectively with adverse conditions in society. . . . Black men must simultaneously shoulder some of the blame for their predicament and some of the responsibility for developing personal intervention strategies that will ultimately better their condition. Counseling professionals can assist Black men in developing such strategies. (p. 24)

The most frequently cited alternative to the psychotherapy role is the social or environmental change agent role. However, several other roles have been proposed as alternatives or complements to the conventional psychotherapy role. For example, Atkinson, Morten, and Sue (1989) suggest that counselors should also function as facilitators of self-help, outreach workers, consultants, ombudsmen, and facilitators of indigenous support systems. Although it is clear that there is some disagreement about the appropriateness of the conventional psychotherapy role for resolving racial/ethnic-minority client problems, the reality is that most counselor training programs continue to emphasize the conventional psychotherapy role over alternative roles (Corey, Corey, & Callanan, 1988).

Similarly, there is disagreement about how applicable conventional counseling theories and strategies are for racial/ethnic-minority clients. Proponents of the various positions range from those who argue that the constructs from some existing counseling theories and strategies are universally applicable (Fukuyama, 1990; Vontress, 1979) to those who propose that counselors adopt the helping strategies from the client's indigenous culture (Cayleff, 1986; Heinrich, Corbine, & Thomas, 1990; Torrey, 1970). In between these

two extremes are a number of other positions regarding the need to accommodate counseling strategies to cultural values, including the positions that conventional counseling theories and strategies can be matched with (Majors & Nikelly, 1983; Ponterotto, 1987), adapted to (Ruiz & Casas, 1981; Toldson & Pasteur, 1972; Wilson & Calhoun, 1974), or combined into eclectic approaches compatible with (Harper & Stone, 1974; McDavis, 1978; Stikes, 1972) the client's culture.

The variegated and often conflicting recommendations regarding appropriate roles, theories, and strategies for racial/ethnic-minority clients leave practicing counselors in a quandary. Given the criticisms of the conventional psychotherapy role, should the counselor summarily reject this role in favor of a change agent role when working with a racial/ethnic-minority client? If one adopts the more moderate (and widely accepted) position that both roles are needed, on what basis does one choose among the various roles a counselor can assume? Further, should the counselor forsake his or her preferred counseling theory and associated strategies in favor of helping techniques indigenous to the client's ancestral culture? What factors should be taken into account in attempting to match strategies to client needs?

We believe that many of the recommendations for counseling racial/ethnic minorities made to date are valid and useful; what is needed is a conceptual framework that can assist practitioners in selecting from among the many recommended roles, theories, and strategies those that are most appropriate for a particular client. We hypothesize that a number of factors may need to be taken into account when a counselor selects the role(s) and strategy(ies) to adopt when working with a racial/ethnic-minority client. We propose that, given our current limited state of knowledge, at least three factors should be considered when making this decision. These three factors are (a) the client's level of acculturation, (b) the locus of the problem's etiology, and (c) the goals of helping. Each of these factors will be examined in the next section followed by the presentation of a three-dimensional model for identifying appropriate counseling roles and strategies when working with a racial/ethnic-minority client.

FACTORS TO CONSIDER IN SELECTING AN APPROPRIATE COUNSELING ROLE

Locus of Problem Etiology

Although some theorists (behaviorists in particular) might argue that all client problems have an external source, the causes of problems that clients

bring to counseling can be conceptualized as an etiology continuum ranging from internal on one end to external on the other. Although it is difficult to think of a problem that has an exclusively internal or exclusively external source (most are probably the result of varying degrees of both internal and external forces), weak impulse control, irrational fear, and mood swings are examples of problems generally assumed to have an internal etiology whereas post-traumatic stress syndrome, job discrimination, and sexual harassment are examples of problems that are assumed to have an external cause. For our purpose of developing a model to identify counseling roles and strategies when working with racial/ethnic-minority clients, we restrict our discussion of external sources to those that are a function of discrimination and oppression.

For racial/ethnic minorities, many problems that initially appear to have an internal source can be traced to past experiences of discrimination or oppression by a racist society (Gurin, Gurin, Lao, & Beattie, 1969; Oler, 1989). For example, a Mexican-American student may manifest feelings of inadequacy (internal behavior) because teachers have systematically (although perhaps unconsciously) given her negative feedback (external stimulus). An African-American man may express feelings that the counselor labels paranoid when in reality they are justifiable reactions of cultural mistrust to a social environment that is insensitive at best and dangerous at worst (Thompson, Neville, Weathers, Poston, & Atkinson, 1990). Or an Asian-American man may feel insecure about his new management role because throughout his life people have overlooked his interpersonal skills and rewarded his computational skills. These examples point up the need to consider possible external causes of problems that are traditionally treated from an intrapsychic perspective. Conversely, how someone handles job discrimination, cultural mistrust, and job insecurity may be dependent to some extent on factors not necessarily related to ethnicity or culture; thus there may be a need to treat aspects of the problem intrapsychically while attempting to remove or redress the extrapsychic cause of the problem.

In any event, we believe the concept of internal versus external causes (particularly external causes that are a function of oppression) of the client's problem is valid and useful when deciding how counseling should proceed with a racial/ethnic-minority client.

Acculturation

Acculturation is the process of change that occurs when two cultures come in contact with each other (Redfield, Linton, & Herskovits, 1936). Although theoretically both cultures can change as part of the acculturation process, it

is generally recognized that when non-European racial/ethnic-minority groups have immigrated to the United States, their culture, not the mainstream culture, has undergone the significantly greater change (Keefe, 1980). With respect to an individual member of a racial/ethnic-minority group, acculturation refers to the extent to which he or she has adopted the beliefs, values, customs, and institutions of the dominant culture. Earlier theorists saw this as a unidimensional process with the person's indigenous culture on one end and the dominant culture on the other. Individuals in the middle of the continuum were thought to be caught between two cultures, a situation that could lead to psychological distress (Park, 1950). It is now generally recognized that racial/ethnic-minority individuals can be bicultural (socialized to both their indigenous culture and the dominant culture) without any negative effects (Valentine, 1971).

Researchers have begun to document the role of acculturation in counseling process and outcome. For example, evidence has been found that less-acculturated Latino-Americans perceive ethnically similar counselors as more credible sources of help than Anglo-American counselors (Pomales & Williams, 1989; Ponce & Atkinson, 1989; Sanchez & Atkinson, 1983). Also, Kunkel (1990) reported that Mexican-oriented college students had higher expectations for counselors to be directive and empathic than did Anglo-oriented students. A study involving Native American participants replicated these findings. Johnson and Lashley (1989) found that students with a strong commitment to Native American culture expressed a greater preference for an ethnically similar counselor and a greater expectation for nurturance, facilitative conditions, and counselor expertise than did respondents with a weak commitment to Native American culture.

Acculturation also has been documented to be an important variable in determining the attitudes toward counseling held by Asian-Americans, although the results have not always been as hypothesized. Atkinson and Gim (1989) found a relationship between acculturation and attitudes toward seeking professional psychological help; less-acculturated Asian-Americans were least likely to recognize a personal need for professional psychological help, least tolerant of the stigma associated with psychological help, and least willing to discuss their problems with a psychologist. However, for concerns presumably not perceived as mental health problems, Gim, Atkinson, and Whiteley (1990) found that less-acculturated Asian-American college students rated their problems as more severe and expressed greater willingness to see a counselor than did their more-acculturated counterparts. In a study that exposed participants to a counselor who was either Asian-American or Caucasian-American and either culture sensitive or culture blind, less-

acculturated Asian-Americans gave their lowest credibility ratings to a culture-blind Caucasian-American counselor (Gim, Atkinson, & Kim, 1991).

These studies provide strong and consistent evidence that acculturation plays an important role in Native American, Mexican-American, and Asian-American preferences for counselors and expectations for the counseling experience. We are not aware of any counseling studies in which acculturation has served as a within-group variable for African-American clients. Undeniably, there is an African-American/Black culture. However, due to a number of complex factors (e.g., presence of African-Americans in this country since the first European-Americans arrived, systematic efforts by slave owners to repress traditional African culture, Black influence on the mainstream culture), most African-Americans are probably bicultural. As will be discussed later, this suggests that within-group variables other than acculturation may be more appropriate determinants of counselor role when working with African-Americans. To the extent to which a client identifies with either Black or mainstream culture, however, the concept may still be useful in selecting an effective counseling role when working with an African-American client.

Goals of Counseling

Krumboltz (1966) suggested that the three major goals of counseling are to facilitate decision making, prevent problems, and remediate problems. Similarly, Jordan, Myers, Layton, and Morgan (1968) divided counseling goals into three areas: educative/development, preventive, and remedial/rehabilitative. These three goals are reflected in the definition of counseling psychology developed by the Education and Training Committee of Division 17 (1984) of the American Psychological Association. The Committee described counseling psychology as

> a psychological speciality in which practitioners help others improve their well-being, alleviate their distress, resolve their crises, and increase their ability to solve problems and make decisions. Counseling psychologists enable and facilitate psychological growth and development by helping others better use existing resources and skills, or by guiding them in developing new ways to help themselves. (p. 1)

If one accepts that Krumboltz's facilitation of decision making and Jordan's educative/development can be subsumed under the goal of preventing problems, then the goals of all counseling can then be conceptualized as falling on a continuum ranging from prevention of problems on one end to remediation of problems at the other. As with the portrayal of problem

etiology as a continuum, goals of counseling often include both preventive and remediative elements and can be conceptualized somewhere between the two extremes. The goal of getting along better with prejudiced co-workers may involve learning assertive behavior that will prevent future problems as well as demanding certain rights in order to remediate current problems. In a similar fashion, the goal of relieving depression, possibly due to a client's self-defeating outlook on life, may use cognitive restructuring strategies that will remediate a current problem and at the same time prevent a recurrence of depression in the future.

A major issue with respect to counseling goals is who should initiate them. Emphasizing the spirit of counseling and psychotherapy, Rogers (1957) advised that the goals should be left up to the client. Kinzie (1972) reinforced this view by suggesting that the goals of therapy "will be primarily determined by the patient himself [sic] and by his culture" (p. 226). Other authors concur by taking the position that by definition, the client is the person who determines the goals for counseling (Krumboltz, 1966). Given that requirement, a teacher becomes the client when he or she refers a student for counseling and the court is the client when it demands that an individual undergo therapeutic rehabilitation, because both the teacher and the court define the goals of counseling. We prefer to think of the person receiving the services as the client; this may or may not be the person defining the goals of counseling. In the model we will be discussing, prevention goals are often established by the counselor, and remediation goals are frequently established by the client. In either case, we identify the person receiving the services as the client.

THREE-DIMENSIONAL MODEL FOR SELECTING COUNSELING ROLES

As we suggested earlier, we believe that the client's level of acculturation, the locus of problem etiology, and the goal of counseling should be taken into account when determining the counselor's roles and strategies with a racial/ethnic-minority client. Because each of these factors represents a continuum, their interaction can be conceptualized along three axes, the intersection of any two axes constituting a plane and the interaction of all three axes constituting a cube, as represented in Figure 1. We next discuss eight roles of counseling associated with the intersection of the three continua extremes. We begin with a role not sanctioned by the profession and eschewed by most practitioners.

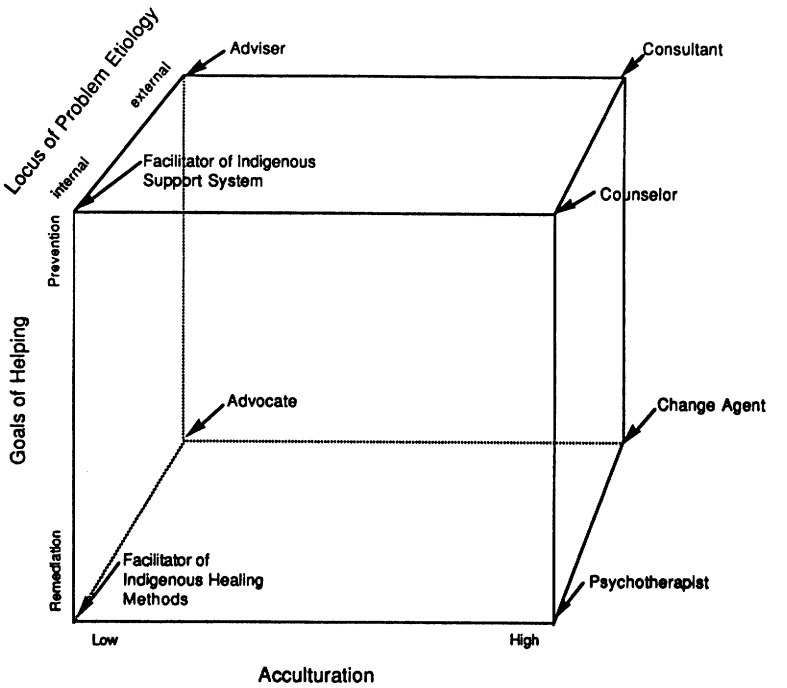

Figure 1 Three-dimensional model for counseling racial/ethnic minorities.

Adviser

Discrimination and oppression, however blatant and pervasive, may not be easily recognized by those who have limited experience dealing with American mainstream culture. This is often true of low-acculturated individuals. In the case of newly arrived immigrants, limited English-speaking ability and the conflict of cultural values place them at an extreme disadvantage, which is only compounded by the often negative treatment they receive from government officials, prospective employers, neighbors, and others with whom they come in contact. Further, generational conflicts frequently result when second and later generations of the family begin to adopt the values of the host culture. These conditions produce high levels of stress that result in psychological and physical problems. Thus psychological problems may evolve that have an external source.

Very often, recent immigrants will be unaware of the potential problems that they are likely to encounter. Frequently, they have idealized views about

what immigration to the United States means. To prevent (or reduce the impact of) the problems that may develop, low-acculturated clients need to be advised as soon as possible of their source and likely impact so that they can decide how best to deal with them. Being forewarned of potential problems can help low-acculturated clients prepare for them and to recognize that the problems are a function of external sources, not personal failings.

Similarly, those racial/ethnic-minority individuals who are many generations removed from immigration may be unaware of the potential problems they are likely to encounter when they first move beyond the support of their racial/ethnic-community. The minority person who is the first generation to attend college at a predominantly White university and who has had limited contact with the dominant culture, for example, may be initially naive as to the kind of discrimination he or she will face on the campus. Also, the minority person who is the first in his or her family to work in a predominantly White work setting also may not anticipate all the ways in which he or she will be discriminated against.

We have labeled the counselor's role in this situation as that of adviser, a role that many authors consider to be anathema to counseling. Yet that is precisely the role that we believe counselors must assume if they are to help low-acculturated clients prevent problems that can result from discrimination and oppression. In this role, the counselor literally advises the client about potential problems and how others have managed to prevent them from occurring or at least reduce their impact. For example, the counselor might recommend the formation of a community support group to help recently arrived immigrants with generational issues before they develop into conflict.

The adviser role is not one that can be filled by counselors in private practice with offices in upscale professional buildings. Low-acculturated individuals are not likely to have the money or inclination to seek out private practitioners for advice about preventing problems. Counselors who want to help prevent problems due to discrimination and oppression of low-acculturated clients will need to seek employment (or volunteer their time) in community centers used by immigrant families. Quite obviously, issues of rapport and trust will need to be addressed before the counselor will be able to function as an adviser with racial/ethnic-minority clients.

Advocate

We believe that counselors need to function as advocates for clients who are low in acculturation and who need remediation of a problem that results from oppression and discrimination. For example, a recent immigrant from

Mexico may show up at a community mental health center complaining of depression. After further discussion with the counselor, it becomes evident that the client is being harassed by the Immigration and Naturalization Service (INS). Although the client has a green card, he is constantly being stopped and questioned by INS agents because he looks Mexican. Or a student who has recently immigrated from Cambodia may be referred to the school counselor for placement in a remedial class when in fact the student is quite gifted academically but lacks English-speaking ability.

In situations such as these, we believe the counselor can function most effectively as an advocate. Before doing so with adult clients, however, it is imperative that the counselor establish a working rapport with the client so that the client's, not the counselor's, goals are being pursued. This is unlikely to happen unless the counselor seeks out the low-acculturated clients in ethnic community centers. In the advocate role, the counselor may need to literally speak for the client because limited English-speaking ability may preclude self-representation. In some cases, this may mean demanding services that are being withheld without justification. In others, it may mean advising people in power of the impact that their actions, whether intentional or not, are having on the client.

Facilitator of Indigenous Support Systems

Low-acculturated clients can be expected to manifest some intrapersonal and interpersonal problems that have an internal source, or at least that are not directly the result of discrimination and oppression. For example, it can be anticipated that a recent immigrant will feel some depression and/or guilt about leaving his or her relatives behind in another country. Also, it can be anticipated that a recent immigrant may develop feelings of insecurity that result from a strange environment, even in the absence of discrimination. It can be further anticipated that family relationships will be stressed due to immigration, resulting in interpersonal problems.

To prevent (or minimize) these problems, we believe the counselor can best function as a facilitator of indigenous support systems. To do this, the counselor needs to know what kind of support systems were available in the indigenous culture (e.g., extended family, community elder, religious support group). By facilitating the development of support systems that evolved in the client's culture to prevent problems, the counselor can help to prevent the manifestation of intrapsychic problems in the new culture.

Facilitator of Indigenous Healing Systems

Once the problems discussed in the previous section manifest themselves, the goal of counseling becomes remediation. Depression, anxiety, low self-esteem, guilt, loneliness, and other psychological problems are by no means the exclusive purview of Western society.

Typically, counselors function as psychotherapists and apply conventional counseling strategies to the treatment of intrapersonal problems, regardless of the client's acculturation level. For the low-acculturated client, we believe the counselor can best serve as a facilitator of indigenous healing methods. This can be done in either of two ways. One way of facilitating indigenous healing methods is to refer the client to a healer from his or her culture. For example, a traditional Mexican client might be referred to a curanderismo, a Mexican or Mexican-American folk healer who has been trained in traditional healing arts (Cayleff, 1986). Or a Puerto Rican client who practices Santeria might be referred to a spiritist (Berthold, 1989). Another example might be to refer a traditional Chinese client to an acupuncturist or a Tai Chi Chuan instructor for the relief of psychological distress (Das, 1987).

The second method of facilitating indigenous healing methods involves the counselor in the direct application of these methods. In our opinion, this should be undertaken only if the counselor has been trained in the healing methods by an indigenous healer and if the counselor can honestly defer to the belief system inherent in these methods. Sue and Zane (1987) point out that the therapist's credibility is diminished with a culturally different client if the therapist (a) conceptualizes the problem in a manner incongruent with the client's belief system, (b) requires client responses that are not compatible with the client's culture, and (c) establishes a goal that is discrepant from the client's goal. Thus the counselor is required to adopt the client's worldview or belief system (Berthold, 1989; Ibrahim, 1985; Scott & Borodovsky, 1990; Sue, 1978), which, according to Cayleff (1986), "entails understanding and honoring folk belief systems such as (a) the humoral hot-cold theory of physical and mental disease . . . , (b) . . . folk diseases . . . , and (c) religious healing rituals and practices" (p. 345). If the counselor cannot adopt the client's worldview or has not been trained in the indigenous healing methods, then the appropriate way for the counselor to facilitate these methods is by making a referral to an indigenous healer.

Consultant

Discrimination against racial/ethnic-minority clients is not limited to those individuals who are low in acculturation. A member of a racial/ethnic

minority who is highly acculturated may seek out the counselor to prevent a problem that has an external source. For example, the parents of an African-American family that is moving to a new city might be concerned about the impact of a predominantly European-American school system on their children's attitudes. Or a Mexican-American woman who has accepted a management position in a chain restaurant may anticipate resistance from European-American supervisees and wants to prevent management problems from developing. Ethnic-minority clients in these situations are generally aware of the potential problems but may need professional assistance to prevent them.

The counselor role that we believe best meets the needs of a highly acculturated client seeking to prevent externally caused problems is that of consultant. According to Hansen, Himes, and Meier (1990), consultation involves a collegial relationship between the consultant and the consultee, who work together to affect the behavior of a third party. As a consultant, the counselor can work with a racial/ethnic-minority client to set up preventive programs that it is hoped will ward off or at least minimize the problems that will result from racism and discrimination. The consultation model that is most appropriate to the current model is organizational consulting, in which the consultant and consultee work together to change an unhealthy or unproductive system (Hansen et al., 1990).

Change Agent

Clients high in acculturation who experience oppression and discrimination may need to remediate a problem that has already developed as a result of these forces. In this case, we believe the most effective way for the counselor to function is as a change agent. According to Egan (1985), "change agent refers to anyone who plays an important part in designing, redesigning, running, renewing, or improving any system, subsystem, or program" (p. 12). In the change agent role, the counselor attempts to change the social environment that contributes to the oppression of racial/ethnic-minority clients, often without a specific client in mind. This is usually done by facilitating the formation of racial/ethnic-minority political groups. Through political power, racial/ethnic minorities are often able to bring about change in their social and physical environment.

The change agent role is similar to the consultant role. The distinction that we make is that consultation is an appropriate role for the counselor to play in attempting to prevent problems due to oppression, but once the problems have occurred the counselor should accept responsibility for actively working to eliminate the conditions. Thus we agree with Anderson and Love

(1973) who encourage counselors to "assume responsibility for making efforts to increase positive human relations and fostering development of a multicultural view of the world" (p. 667). This role also differs from the advocate role because clients high in acculturation are usually able to speak for themselves.

Counselor

In some situations, the counselor is in a position to prevent intrapsychic problems from occurring for racial/ethnic-minority clients high in acculturation. In this case, counselors should function in what we refer to as the traditional counselor role. We distinguish this role from that of psychotherapy, which we associate with the practice of healing or remediating already existing problems. It is in the best tradition of counseling that to prevent problems, counselors focus their efforts on the educational and developmental needs of clients (see earlier section on goals of counseling). For example, a school counselor might work with students in a predominantly Mexican-American school as part of a drug abuse prevention program. Similarly, a community counselor might offer a parent-training workshop for parents in an African-American, blue-collar neighborhood.

With racial/ethnic-minority clients who are highly acculturated, this role should not differ significantly from the counselor role with European-American clients, except that the counselor always needs to be sensitive to the client's culture and aware that racial/ethnic-minority clients, regardless of acculturation, are subjected to discrimination. Because most clients are somewhere between the extremes on the acculturation continuum, the counselor should also be alert to cultural factors that might play a role and that might call for the facilitation of indigenous support systems. Also, the counselor should continuously examine the locus of problem etiology, to detect any external forces (specifically, discrimination and oppression) that may be influencing the problem.

Psychotherapist

We purposely left this combination of conditions until last because this is the role for which counselors are best trained and the role most frequently applied inappropriately to racial/ethnic-minority clients and their problems. The conventional psychotherapy role is appropriate, in our opinion, only for a client who is highly acculturated and now wants relief from an existing problem that has an internal etiology.

As with the counselor role, the psychotherapy role with a client high in acculturation should not differ significantly from psychotherapy with a European-American, although care should be taken to ensure that psychotherapeutic strategies are selected that are compatible with the client's experiences and needs. And, as espoused by countless cross-cultural counseling scholars, practitioners working with any racial/ethnic-minority client need to be trained in (and to internalize) the requisite knowledge, skills, and attitudes to enable them to be sensitive to cultural influences and ever vigilant to the impact of external forces (discrimination and oppression) on the problem.

LIMITATIONS OF THE MODEL

One of our purposes in developing this model is to help counselors conceptualize the complexities involved in selecting counseling roles and strategies when working with racial/ethnic-minority individuals. We hope the model will stimulate counselors to examine the interaction of these and other factors when working with every racial/ethnic-minority client. It is our assumption that other factors that should be taken into account when selecting counseling roles and strategies will emerge as more research on racial/ethnic/cultural variables in counseling is conducted. For example, we believe level of modernity also should be taken into account when selecting a counseling role for some racial/ethnic-minority clients. Psychotherapy may be an appropriate counseling role to assume with an attorney from Mexico City but an inappropriate role when working with a farmer from rural Mexico, even though both are recent immigrants to the United States. We believe that both acculturation and modernity will affect expectations of and readiness for counseling. Other factors that might influence expectations of and readiness for counseling, such as educational background and prior counseling experience, should be taken into account. Certainly, factors such as gender, age, income level, extended family and community support, and numerous other variables also need to be recognized for their role in defining the client, his or her problem, and how the counselor should proceed in attempting to help the client.

Another important variable not included in the current model that should be taken into account when determining counseling roles is racial/ethnic-identity development. Racial/ethnic-identity development is a within-group characteristic that is important for understanding all racial/ethnic-minority clients, but particularly important when working with African-Americans, a

group for whom acculturation may have limited relevance (with the exception of recent African immigrants from Africa, the Caribbean, or elsewhere). Current theories of racial/ethnic-identity development do not describe a linear continuum that can be readily incorporated into the three-dimensional model we are proposing. Nonetheless, we believe racial/ethnic-identity development should be considered when selecting counseling roles and strategies for a Black client. For example, a counselor working with an African-American client who is at Cross's (1971) immersion/emersion stage of development might want to facilitate the use of support systems within the Black community (e.g., Black churches) to prevent a problem with an internal etiology (e.g., substance abuse) before attempting to provide counseling for this purpose. Also, when the goal is remediation of a problem with an internal etiology, culturally sensitive psychotherapy may be appropriate for an African-American client at the internalization stage of identity development, whereas participation in a community-based racial-affirmation group might be a necessary prerequisite to psychotherapy for someone at the immersion/emersion stage. The fact that racial/ethnic-identity development is not included is a limitation of the model, and we encourage the development of alternative models that take this client characteristic into account.

In addition to limitations associated with client variables not included in the model, we are concerned that aspects of the model will be misinterpreted. As indicated in Figure 1, each of the eight counseling roles are defined by the extremes of three continua describing client acculturation, locus of problem etiology, and goal of counseling. In reality, counselors are not likely to encounter racial/ethnic-minority clients who are totally acculturated or totally unacculturated, who have problems where the cause is completely internal or completely external, or whose goals are exclusively preventive or exclusively remedial. For example, because most racial/ethnic-minority clients will fall between the two extremes of the acculturation continuum, the most appropriate strategy for remediation of a client problem may be one that incorporates features of both indigenous healing methods and psychotherapy. Clients who are bicultural (i.e., have adopted aspects of the dominant culture as well as maintained a significant acceptance of their indigenous culture) may also turn to these indigenous healing methods, perhaps to complement or augment conventional counseling. For this reason, the three-dimensional model of cross-cultural counseling should not be viewed as a prescriptive tool for identifying a single counseling role to employ. For many clients, combinations of roles will best meet the client's needs; for other clients, changes in acculturation level, progress on resolution of the problem,

and/or a shift from potential problem to actual problem will necessitate continually changing the counselor's role.

Another concern is that some readers may interpret the model as a carte blanche for business as usual with clients who are highly acculturated to the dominant culture. Although we suggest that conventional counseling and psychotherapy may be appropriate for clients who are highly acculturated, we are not suggesting that counselors need not provide culturally/ethnically sensitive forms of counseling and psychotherapy when working with these individuals. Highly acculturated racial/ethnic-minority clients may be bicultural, with strong ties to their ancestral heritage. Whether bicultural or not, highly acculturated racial/ethnic-minority clients may (and many psychologists would argue should) have a strong identification with their racial/ethnic group. Furthermore, no racial/ethnic-minority client can fully escape the oppression and discrimination of a basically racist society. For these reasons, counselors need to be sensitive to the unique experiences of racial/ethnic-minority clients and not mistake our support of the counseling and psychotherapy roles as a stamp of approval for culturally blind counseling and psychotherapy.

NEED FOR EMPIRICAL VERIFICATION

We believe the concept of assessing multiple factors (acculturation, problem etiology, and goals of counseling as a minimum) in determining the counselor's role when counseling racial/ethnic minorities has important implications for training and practice. Before this model is put into practice or used to train counselors, however, we strongly urge that it be subjected to a variety of empirical investigations. Consistent with Ponterotto and Casas's (1991) recommendations for cross-cultural counseling research, we believe both qualitative and quantitative research designs could be used to test the validity of this model. With respect to qualitative-research designs, case studies of individuals whose level of acculturation, problem etiology, and goals for counseling fit the extremes of the continua might be conducted to determine their perceptions of what roles could be helpful. Similarly, life histories of individuals who have experienced acculturation and various types of problems might reveal helper roles that were most useful.

With respect to quantitative-research designs, survey studies might determine how ethnic-minority people of varying levels of acculturation react to descriptions of a counselor's role under various problem and goal conditions. Analog studies might also be used to assess reactions to a bogus helping session under varying conditions of observer acculturation, problem etiology,

and goals for counseling. Outcome studies incorporating these same variables are also conceivable.

IMPLICATIONS FOR TRAINING

Before discussing the implications for training associated with this model, we feel it is important to reaffirm the need for all counselors to receive extensive training in fundamental cross-cultural counseling skills, knowledge, and attitudes. In particular, we believe that counselors need to continuously engage in a process of self-examination, a theme that has been echoed in several noted works in the cross-cultural counseling literature (e.g., Gunnings, 1976; Parham, 1989; Sue & Sue, 1990). We believe this process could make the difference between clients' perceiving the counselor in the adviser role as informative rather than paternalistic, in the advocate role as supportive rather than idealistic, or in the psychotherapist role as helpful rather than patronizing.

To determine an appropriate role or combination of roles when working with a racial/ethnic-minority client, the counselor must (a) assess the client's level of acculturation, (b) determine the degree to which the cause of the problem is internal or external, and (c) establish the degree to which the goal of counseling is prevention or remediation. Unfortunately, most counseling psychologists (as well as other psychological specialists) have not been trained to assess acculturation or to conceptualize client problems as having external causes. For recent immigrants, level of acculturation may be obvious. For second, third, or later generations, however, level of acculturation is less apparent. Although several research instruments could be used to measure acculturation, administration of these instruments could be cumbersome or even impossible for some of the roles discussed (e.g., advocate, adviser, change agent). Interviewing strategies could be employed to assess level of acculturation. However, few training programs are teaching counselors to assess acculturation level and to incorporate this client variable into the development of a helping strategy.

Similarly, the concept of extrapsychic sources of psychological problems is not new but has yet to receive serious attention by training programs. Typically, conventional training focuses on strategies for helping clients change their own behavior, not the behavior of institutions that may be oppressing them. This focus is maintained by a variety of factors including historical precedent within psychology, third-party payments that require a mental disorder diagnosis for reimbursement, accreditation standards, and the ideal of rugged individualism. Increased emphasis is needed in training

psychologists to recognize and remediate problems that have an external etiology.

Finally, few counselors have been trained to fill all the roles described in this model. It is evident from a quick perusal of counseling psychology curricula that the roles of psychotherapist, counselor, and consultant are promoted to the exclusion of the others we have described. In particular, very few counselors have been trained to function as either advocate or facilitator of indigenous support and healing systems. We realize that these roles are not without controversy. Some counselors may be willing to help clients develop skills to assert themselves but are unwilling to personally advocate on behalf of clients. Others might find it uncomfortable, or even judge it unethical, to refer a client to a nonprofessional, particularly if religious rituals are involved. Certainly, the roles of advocate and facilitator of indigenous support and healing systems carry with them the responsibility of ensuring the client's welfare. In the case of referral to an indigenous healer, it is incumbent on the counselor to ensure that the process is nonmaleficent. But to withhold such a referral in some cases could be harmful and therefore unethical. For a more thorough discussion of ethical issues related to varying counselor roles when counseling racial/ethnical-minority clients, the reader is referred to Cayleff (1986).

It is our thesis that many of the nontraditional roles for counselors discussed in this article are productive alternatives to psychotherapy when working with racial/ethnic-minority clients. We believe training programs should place greater emphasis on training for these roles. Until efforts are made toward the training of counseling psychologists to assume more diverse roles in counseling, the option of referral may need to prevail over the option of implementing direct services. Facility in all of these roles and goals of counseling is keyed ultimately to the training that practitioners receive as part of their graduate education.

REFERENCES

American Association for Counseling and Development. (1981). *Ethical standards*. Alexandria, VA: Author.

American Psychological Association. (1981). Ethical principles of psychologists. *American Psychologist, 36*, 633-638.

American Psychological Association. (1986). *Accreditation handbook* (rev. ed.). Washington, DC: APA Committee on Accreditation and Accreditation Office.

Anderson, N. J., & Love, B. (1973). Psychological education for racial awareness. *Personnel and Guidance Journal, 51*, 666-670.

Atkinson, D. R., & Gim, R. H. (1989). Asian-American cultural identity and attitudes toward mental health services. *Journal of Counseling Psychology, 36*, 209-212.

Atkinson, D. R., Morten, G., & Sue, D. W. (1989). *Counseling American minorities: A cross-cultural perspective* (3rd ed.). Dubuque, IA: William C. Brown.

Berthold, S. M. (1989). Spiritism as a form of psychotherapy: Implications for social work practice. *Social Casework: The Journal of Contemporary Social Work, 7O*, 502-509.

Cayleff, S. E. (1986). Ethical issues in counseling gender, race, and culturally distinct groups. *Journal of Counseling and Development, 64*, 345-347.

Corey, G., Corey, M. S., & Callanan, P. (1988). *Issues and ethics in the helping professions.* Belmont, CA: Brooks/Cole.

Cross, W. E., Jr. (1971). The Negro-to-Black conversion experience: Toward a psychology of Black liberation. *Black World, 20*(9), 12-37.

Das, A. K. (1987). Indigenous models of therapy in traditional Asian societies. *Journal of Multicultural Counseling and Development, 15*, 25-37.

Education and Training Committee of Division 17. (1984). *What is a counseling psychologist?* (Available from the American Psychological Association, 1200 Seventeenth Street N.W., Washington, DC 20036)

Egan, G. (1985). *Change agent skills in helping and human service settings.* Monterey, CA: Brooks/Cole.

Fukuyama, M. A. (1990). Taking a universal approach to multicultural counseling. *Counselor Education and Supervision, 30*, 6-17.

Gim, R. H., Atkinson, D. R., & Kim, S. J. (1991). Asian American acculturation, counselor ethnicity and cultural sensitivity, and ratings of counselors. *Journal of Counseling Psychology, 38*, 1-6.

Gim, R. H., Atkinson, D. R., & Whiteley, S. (1990). Asian-American acculturation, severity of concerns, and willingness to see a counselor. *Journal of Counseling Psychology, 37*, 281-285.

Gunnings, T. S. (1976). *A systemic approach to counseling.* East Lansing: Michigan State University.

Gurin, P., Gurin, G., Lao, R., & Beattie, M. (1969). Internal-external control in the motivational dynamics of Negro youth. *Journal of Social Issues, 25*, 29-54.

Hansen, J. C., Himes, B. S., & Meier, S. (1990). *Consultations: Concepts and practices.* Englewood Cliffs, NJ: Prentice-Hall.

Harper, F. D., & Stone, W. O. (1974). Toward a theory of transcendent counseling with Blacks. *Journal of Non-White Concerns in Personnel and Guidance, 2*, 191-196.

Heinrich, R. K., Corbine, J. L., & Thomas, K. R. (1990). Counseling Native Americans. *Journal of Counseling and Development, 69*, 128-133.

Ibrahim, F. A. (1985). Effective cross-cultural counseling and psychotherapy: A framework. *The Counseling Psychologist, 13*, 625-638.

Johnson, M. E., & Lashley, K. H. (1989). Influence of Native-Americans' cultural commitment on preference for counselor ethnicity and expectations about counseling. *Journal of Multicultural Counseling and Development, 17*, 115-122.

Jordan, J. P., Myers, R. A., Layton, W. C., & Morgan, H. H. (1968). *The counseling psychologist.* Washington, DC: American Psychological Association.

Katz, J. H. (1985). The sociopolitical nature of counseling. *The Counseling Psychologist, 13*, 615-625.

Keefe, S. E. (1980). Acculturation and the extended family among urban Mexican Americans. In A. M. Padilla (Ed.), *Acculturation: Theory, models and some new findings* (pp. 85-110). Boulder, CO: Westview.

Kinzie, J. D. (1972). Cross-cultural psychotherapy: The Malaysian experience. *American Journal of Psychotherapy, 26*, 220-231.

Krumboltz, J. D. (1966). Behavioral goals for counseling. *Journal of Counseling Psychology, 13*, 153-159.

Kunkel, M. A. (1990). Expectations about counseling in relation to acculturation in Mexican-American and Anglo-American student samples. *Journal of Counseling Psychology, 37*, 286-292.

Majors, R., & Nikelly, A. (1983). Serving the Black minority: A new direction for psychotherapy. *Journal of Non-white Concerns in Personnel and Guidance, 11*, 142-151.

McDavis, R. J. (1978). Counseling Black clients effectively: The eclectic approach. *Journal of Non-White Concerns in Personnel and Guidance, 7*, 41-47.

Mio, J. S., & Morris, D. R. (1990). Cross-cultural issues in psychology training programs: An invitation for discussion. *Professional Psychology: Research and Practice, 21*, 434-441.

Oler, C. H. (1989). Psychotherapy with Black clients' racial identity and locus of control. *Psychotherapy, 26*, 233-241.

Parham, T. A. (1989). Cycles of psychological nigrescense. *The Counseling Psychologist, 17*, 187-226.

Parham, T. A., & McDavis, R. J. (1987). Black men, an endangered species: Who's really pulling the trigger? *Journal of Counseling and Development, 66*, 24-27.

Park, R. E. (1950). *Race and culture*. Glencoe, IL: Free Press.

Patterson, C. H. (1985). *The therapeutic relationship: Foundations for an eclectic psychotherapy*. Monterey, CA: Brooks/Cole.

Pomales, J., & Williams, V. (1989). Effects of level of acculturation and counseling style on Hispanic students' perceptions of counselor. *Journal of Counseling Psychology, 36*, 79-83.

Ponce, F. Q., & Atkinson, D. R. (1989). Mexican-American acculturation, counselor ethnicity, counseling style, and perceived counselor credibility. *Journal of Counseling Psychology, 36*, 203-208.

Ponterotto, J. G. (1987). Counseling Mexican Americans: A multimodal approach. *Journal of Counseling and Development, 65*, 308-312.

Ponterotto, J. G., & Casas, J. M. (1991). *Handbook of racial/ethnic minority counseling research*. Springfield, IL: Charles C Thomas.

Redfield, R., Linton, R., & Herskovits, M. (1936). Memorandum on the study of acculturation. *American Anthropologist, 37*, 149-152.

Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology, 21*, 95-103.

Ruiz, R. A., & Casas, J. M. (1981). Culturally relevant and behavioristic counseling for Chicano college students. In P. B. Pedersen, J. G. Draguns, W. J. Lonner, & J. E. Trimble (Eds.), *Counseling across cultures* (pp. 180-202). Honolulu: University of Hawaii Press.

Sanchez, A. R., & Atkinson, D. R. (1983). Mexican-American cultural commitment, preference for counselor ethnicity, and willingness to use counseling. *Journal of Counseling Psychology, 30*, 215-220.

Scott, N. E., & Borodovsky, L. G. (1990). Effective use of cultural role taking. *Professional Psychology: Research and Practice, 21*, 167-170.

Smith, E.M.J. (1985). Ethnic minorities: Life stress, social support, and mental health issues. *The Counseling Psychologist, 13*, 537-579.

Stikes, C. S. (1972). Culturally specific counseling: The Black client. *Journal of Non-White Concerns in Personnel and Guidance, 1*, 15-23.

Sue, D. W. (1978). World views and counseling. *Personnel and Guidance Journal, 58*, 458-462.

Sue, D. W., Bernier, J. E., Durran, A., Feinberg, L., Pedersen, P., Smith, E. J., & Vasquez-Nuttall, E. (1982). Cross-cultural counseling competencies. *The Counseling Psychologist, 10*(2), 45-52.

Sue, D. W., & Sue, D. (1990). *Counseling the culturally different: Theory and practice*. New York: Wiley.

Sue, S., & Zane, N. (1987). The role of culture and cultural techniques in psychotherapy: A critique and reformation. *American Psychologist, 42*, 37-45.

Toldson, I. L., & Pasteur, A. B. (1972). Soul music: Techniques for therapeutic intervention. *Journal of Non-White Concerns in Personnel and Guidance, 1*, 31-39.

Torrey, E. F. (1970). Mental health services for American Indians and Eskimos. *Community Mental Health Journal, 6*, 455-463.

Thompson, C. E., Neville, H., Weathers, P. L., Poston, W. C., & Atkinson, D. R. (1990). Cultural mistrust and racism reaction among African-American students. *Journal of College Student Development, 31*, 162-168.

Valentine, C. A. (1971). Deficit, difference, and bicultural models of Afro-American behavior. *Harvard Educational Review, 41*, 137-157.

Vontress, C. E. (1979). Cross-cultural counseling: An existential approach. *Personnel and Guidance Journal, 58*, 117-122.

Wilson, W., & Calhoun, J. F. (1974). Behavior therapy and the minority client. *Psychotherapy: Theory, Research and Practice, 11*, 317-325.