

Article 63

**Enhancing Multicultural Empathy in the Classroom and Beyond:
A Proposed Model for Training Beginner Counselors**

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Abstract

In this article, the authors discuss the concept of multicultural empathy, an extension of the current literature surrounding cultural empathy. Here, we define multicultural empathy based on an extensive review of the literature and propose a model to assess multicultural empathy in beginner counselors. By introducing external observation rather than self-report measures to assess multicultural empathy, counselors can be rated on five levels of multicultural empathy (ranging from consistently inadequate to consistently advanced) and across four dimensions of human experience (cognitive, emotional, behavioral, and developmental). The proposed Multicultural Empathy Model can be used in counselor training and supervision and has practical implications in a wide range of settings, from classrooms, to training, clinical, and school sites.

Constant demographic shifts undoubtedly affect how professional counselors understand the counselor-client relationship, particularly when considering the variability that exists within race, ethnicity, gender, age, disability, sexual orientation, education, and/or religion. By the year 2050, ethnic minorities are projected to constitute a numerical majority within the United States (U.S. Bureau of the Census, 2008). This is in dramatic contrast to the counseling field, where White females are still the predominant majority in a variety of clinical settings (e.g., schools, community agencies, and rehabilitation programs; D'Andrea & Daniels, 1997; Orfield & Yun, 1999; Sue & Sue,

2008). As a result, clients of color and those from diverse backgrounds may be more likely to experience less effective interactions with counselors who might find themselves unprepared to serve them (Zhang & Burkard, 2008). Helping counselors become more adept at serving clients with diverse backgrounds can help reduce the risk of negative experiences clients face, which often result in non-completion of treatment (Liu, Sheu, & Williams, 2004). It is imperative that counselors develop a continually expanding set of tools to help assess multicultural counseling competencies and provide future practitioners with a solid skill set that leads to success and client retention.

This article's intent is to propose a model for training and assessing beginner counselors in the acquisition of multicultural empathy. After providing a general overview of the literature on multicultural competencies, empathy, and multicultural empathy, the authors will discuss a promising model for assessing multicultural empathy designed for counselors, supervisors, and educators.

Multicultural Competencies

In the last decade, multicultural counseling competencies have received an increasing emphasis in counseling literature, most of which indicates that counselors deal with a number of realities pertaining to diversity. Recent issues explored in the literature include racial bias and discrimination (Utsey, Chae, Brown, & Kelly, 2002), micro aggressions (Sue, Bucceri, Lin, Nadal, & Torino, 2007), linguistic diversity (Fuentes, Potere, & Ramirez, 2002), increasing antipathy towards immigrant populations (Vallas & Zimmerman, 2007), and discrimination and identity development with sexual minorities (Bidell, 2012; Johns & Probst, 2004; Parks, Hughes & Matthews, 2004; Rosario, Schrimshaw, & Hunter, 2004). A study conducted by Liu et al. (2004) examined the relationship among multicultural competencies, research training, and self-efficacy, and the multicultural environment. The results demonstrated that multicultural competence predicted counselor self-efficacy, helping to illustrate the importance of developing multicultural competence in order to facilitate positive outcomes with clients.

The increasing visibility of multicultural counseling competency research parallels the strong emphasis on multicultural training in counseling programs. Both the American Counseling Association's (ACA) *Code of Ethics* (2005) and the Association for Multicultural Counseling and Development (AMCD) emphasize multicultural competencies. Their work on the topic has become a central guide to multicultural training and education. Analyzing research of semester-long multicultural courses, Malott (2010) supported that "researchers have demonstrated that just one multicultural counseling course can positively affect variables related to multicultural competency" (p. 58). However, Chao (2012) noted that although multicultural training can enhance multicultural skills, attention should be paid to enhancing counselors' multicultural awareness as well. In his recent study, Chao (2012) supported that participants' levels of multicultural competence and knowledge were enhanced by having more training, but training had no effect on their levels of multicultural awareness. It is therefore important to continually improve upon and consider additional aspects to be included in multicultural training that tap into the many dimensions of culturally competent counseling practice.

A 20-year analysis of empirical research using articles included in a PsycINFO search database demonstrated that: a) the number of studies on multicultural competencies has increased over the last two decades, b) most studies deal with intrapersonal correlates of counselors' multicultural competencies, c) many emphasized clients' perception of counselors' credibility and multicultural competence, and d) very few focused on objective ratings of counselor's or trainee's multicultural counseling competence (Worthington, Soth-McNett, & Moreno, 2007).

One important limitation of these studies is the use of descriptive field surveys that rely on self-reports of multicultural competencies. While many studies have been performed using such measures, including the Multicultural Awareness, Knowledge and Skills Survey (D'Andrea, Daniels, & Heck, 1991), the Multicultural Counseling Awareness Scale-Form B (Ponterotto & Alexander, 1996), and the Cross-Cultural Counseling Inventory (LaFromboise, Coleman, & Hernandez, 1991), and new studies of recently developed measures such as the California Brief Multicultural Competence Scale (Gamst et al., 2004), experts caution that self-report measures may adequately gauge the counselor's perceived awareness of cultural issues but will fail to capture the counselor's attitudes, beliefs, and demonstrated abilities (Constantine, Gloria, & Ladany, 2002). These findings emphasize the need for studies that evaluate multicultural competence with more objective measures based on counselors' actual performance and the inclusion of training models that capture multiple dimensions of cultural competence.

Multicultural Supervision

Multicultural supervision has not received adequate attention in clinical supervision research and literature (Kaduvettoor et al., 2009). Multicultural supervision has been defined as a situation in which the supervisor and the supervisee are ethnically different (Dressel, Consoli, Kim, & Atkinson, 2007). Culturally competent supervisors strive to identify and explore a variety of cross-cultural considerations between counselor trainee and client, counselor trainee and themselves, or themselves and the client. This focus requires a heightened self-awareness, greater depth of knowledge about diversity in a broad sense, and a more sophisticated skill set to provide culturally sensitive feedback in counseling than if diversity issues are not explored (D'Andrea & Daniels, 1997). Indeed Kyung, McCarthy, and LeRoy (2009) examined 124 counselor supervisors reported that more counseling supervision experience resulted in supervisors feeling more knowledgeable and multiculturally aware, highlighting the potential utility of supervision to not only enhance multicultural competencies, but also adequately train the next generation of counselor supervisors.

With the current emphasis on diversity issues in counselor preparation programs, coupled with the increasingly racially and ethnically diverse population of the U.S., it appears that counselor trainees may have more relevant experience (e.g., theoretical, practical) dealing with diversity issues than their supervisors (Hird, Cavalieri, Dulko, Felice, & Ho, 2001; Sehgal et al., 2011). While more accredited programs now mandate the inclusion of multicultural courses, only 67.6% have made them requirements for graduation (Sehgal et al., 2011; Sherry, Wilde, & Patton, 2005). As a result, supervisees oftentimes have more theoretical, conceptual, and practical experiences, rendering them

potentially more culturally sensitive and competent than their supervisors (Duan & Roehlke, 2001).

The authors of this article believe that a model designed to assess multicultural empathy through external observations of the counseling relationship is an important addition to current training practices, as it will provide supervisors with a tool to foster improved counselor communications with clients from different cultural backgrounds. Additionally, a model that engages beginner counselors to observe and provide feedback to their classmates or colleagues on their multicultural empathy skills may provide for a more dynamic training environment, one where the collective multicultural experiences can be infused into advanced multicultural training and education.

Empathy and Multicultural Empathy

Several studies that examine multicultural counseling competence have focused on empathy and cultural empathy (Brammer, Abrego, & Shostrom, 1993; Chung & Bemak, 2002; Egan, 1998; Patterson & Welfel, 1994). Empathy, an essential theoretical element within humanistic theory, has been defined in a variety of ways by different scholars. First and foremost, Carl Rogers (1961) conceptualized empathy as the counselor's ability to enter the client's world, primarily at the emotional level. According to Rogers, the counselor needs to strive to understand the client's worldview while communicating such an understanding to the client. Egan (1998) described three elements of empathy: perceptiveness, "know-how," and assertiveness, while Patterson and Welfel (1994) believed empathy consists of two levels: primary and advanced. Brammer et al. defined it in cognitive terms, framing it as thinking with the client, rather than thinking for or about them. Demonstrating just how important empathy is for positive clinical outcomes, Elliot, Bohart, Watson, and Greenberg (2011) conducted a meta-analysis of the relationship between empathy and clinical outcomes based on their definition, measurement, and practice regarding empathy. Their results supported that regardless of the clinician's theoretical orientation, the client and observer perceptions of therapist empathy predicted better clinical outcomes than the therapist's own perception of empathic accuracy measures.

It is less clear how the concept of empathy relates to an exploration of cultural variables. Chung and Bemak (2007) offered several definitions of cultural empathy in their review of the literature. Most relevant to the current study are definitions by Ibrahim (1991), Sue, Yau, and Mao (1995), David and Erickson (1990), and Ridley and Lingle (1996). Ibrahim defined culturally sensitive empathy as counselors showing empathy in a culturally consistent and meaningful way whereas Sue et al. (1995) understood it as the communication and understanding of the client's worldview that acknowledges the counselor/client's cultural differences. David and Erickson understood culturally appropriate empathy as the counselor's ability to bridge the counselor/client cultural gap. Finally, Ridley and Lingle provided a multidimensional definition, stating that since culture is multidimensional, cultural empathy involves perceptual, affective, and cognitive processes in understanding and communicating across cultures.

Despite coverage in the literature of the concept of multicultural empathy, there seems to be a lack of clear standards to define, measure, and differentiate this phenomenon. An exception to this general lack of operationalization is Wang et. al.'s

(2003) ethnocultural empathy scale (SEE), with acceptable published psychometric properties. Wang et al. define ethnocultural empathy as empathy directed towards individuals from racial and ethnic cultural groups who are different from one's own, and measure it based on four components: empathic feeling and expression, ethnocultural empathy awareness, acceptance of cultural differences, and empathy perspective taking.

Although many terms are being used interchangeably in the literature to refer to the concept of cultural empathy in a cross cultural setting, what is most salient from this review of the literature on cultural empathy is that it appears to be a multidimensional phenomenon, dependent on an interpersonal process where the counselor has acquired sensitivity and understanding of the client's worldview, and most importantly, can be directly enhanced through learning and practice.

Through extended experience, practice, and immersion in literature, the authors propose that both empathy and cultural empathy are inclusive of several dimensions that comprise *multicultural empathy*, recognizing that it applies to a concept of culture that is, like Ridley and Lingle (1996) described, multidimensional. The authors define multicultural empathy as the counselor's ability to understand and communicate with the client at an emotional, cognitive, behavioral, and developmental level. At the *emotional* level, the focus is on the verbal and nonverbal expressions of emotion by persons from different cultural backgrounds, primarily ethnic, as well as recognition of the counselor's own expression of emotions. At the *cognitive* level, the most relevant variable is the client's worldview, defined by Sue and Sue (2008) as how persons perceive their relationship to the world (e.g., nature, people, animals, institutions, objects, the universe, religion, science, time, art, and others). Expanding on this definition, Sue and Sue stated that worldviews not only comprise attitudes, values, beliefs, opinions, and concepts, but also how individuals think, define and interpret events. This happens at an overt level (communicating the world view to others) or a covert level (self-cognitions in the forms of self-statements, self-instructions, and the like), as defined in cognitive theory. The *behavioral* level includes norms and rules of behavior that are culturally determined and adhered to by clients, also found in Sue and Sue's cultural definitions. Finally, the authors added a *developmental* variable as acknowledgement of the vast multicultural counseling and development literature that speaks to developmental processes such as acculturation, cultural identity, gender role socialization and cultural upbringing or history (e.g., the immigration story). Sue and Sue have written extensively on these constructs, as well as those within the human development field including Adler (1989) and Berry, Poortinga, Segall, and Dasen (1992).

The authors' conceptualization of multicultural empathy, informed by the literature, rests on a continuum that includes general empathy, primary multicultural empathy, and advanced multicultural empathy. *General empathy* implies that the counselor adequately addresses universal aspects of empathy but does not address the cultural aspects of the client. *Primary multicultural empathy* involves attending to cultural aspects of the communication but only at a descriptive level, such as asking questions to clarify or obtain information about the client's cultural emotions, behaviors, cognitions, and cultural development. At the *advanced* level, the counselor accurately understands and communicates with clients at a deeper cultural level by engaging clients in analysis, interpretation, and to even predict cultural emotions, behaviors, cognitions, and development. Skills used at a primary level would include paraphrasing, reflection of

feeling, and summarizing, while confrontation and interpretation would typically be used at the advanced level of multicultural empathy (Pedersen, 2000).

Although it is possible that multicultural empathy exists on additional dimensions, or more nuanced continuums, based on the synthesis of multicultural counseling competence, multicultural development theory, multicultural supervision, empathy, and cultural empathy definitions, the authors propose a model of multicultural empathy based on external observation, not self-report data. Utilizing the feedback obtained from external observation, the counselor educator, supervisor, classmate, or colleague can promote a learning environment that aids the development of multicultural empathy and extends to the beginner counselor an opportunity to self-examine and receive specific direction on acquiring those advanced skills. The proposed model detailed below is applicable for the pre-service (graduate) and post-service (continuing education) training and supervision of counselors (e.g., rehabilitation counselors, mental health counselors, school counselors) that are in the beginner stages of developing their multicultural counseling skills.

The Multicultural Empathy Model

As previously stated, the model is based on the conceptual framework that multicultural empathy includes emotional, cognitive, behavioral, and developmental dimensions. The proposed model consists of the four dimensions with external observers determining displayed multicultural empathy skills on a 5-point scale that represent various levels, ranging from consistently inadequate to consistently advanced, as follows:

1. *Consistently inadequate.* The counselor fails to ask questions or make verbal/nonverbal interventions addressing the cultural aspects of each dimension. An example of a level one rating would be a client discussing his/her immigration history and the counselor following up on information unrelated to cultural content. In this case, the counselor would be detracting from experiences related to the developmental dimension.

2. *Inconsistently adequate.* The counselor occasionally addresses the cultural aspects of each dimension. For example, the counselor identifies a critical element of cultural identity but fails to address acculturation when the client speaks about his experiences relating to the host culture.

3. *Consistently adequate.* The counselor actively attends, both verbally and non-verbally, to each dimension but does not show advanced multicultural empathy. For example, the counselor is able to identify and label an emotion appropriately from a cultural perspective (e.g., “from your non-verbal expressions, I can tell you are very sad”), but fails to elicit a deeper level of multicultural empathy that comes from a culturally appropriate interpretation or confrontation (e.g., “it seems that every time we talk about home, you experience a lot of sadness and I wonder how you might accept that emotion and deal with it”).

4. *Inconsistently advanced.* The counselor frequently considers the cultural communications of the client at each dimension but either fails to do so during critical occasions, or does so incorrectly. For example, the counselor correctly interprets that the client’s sadness is related to conversations about his/her country of origin but fails to

confront the client or inaccurately confronts the client about his/her need to work on employment skills.

5. *Consistently advanced.* At this level, the counselor is consistently “in-tune” with the client. The counselor is able to interpret the client’s cultural communications correctly, use confrontations appropriately, and can predict the client’s feelings in a particular situation. The consistently advanced counselor can predict how the client will think or behave in that situation and where the client is in his/her cultural identity development.

6. *Non-applicable.* The contents under a particular dimension did not come up in the session or did not apply because the client was focused on other dimensions that required attention. An empathic counselor should not detract from the client’s focus just to be able to touch on all four dimensions.

The observer can score the counselor at each dimension level by calculating the mean observer ratings (if more than one rater) and by calculating the total mean across all four dimensions. If all four dimensions do not apply to the session being evaluated, ratings are comprised of the dimensions addressed in the session. For example, if the first observer gives the counselor a 3.0 and the second observer gives a 2.0 on the emotional dimension, the mean would be a 2.50. If the means across all four dimensions are a 2.50 for emotions, a 3.0 for cognitive, 3.0 for behavioral, and 2.5 for developmental, the total mean multicultural empathy would be 2.75. If only emotional and cognitive dimensions apply, scores would be calculated by the same method but the overall score would be the mean of two scores. For training purposes, non-applicable dimensions can be revisited for further instruction and practice (e.g., developmental or behavioral dimensions). Figure 1 contains the actual rating scale as used by trained observers.

The simplicity of the 5-point Likert rating scale is proposed intentionally to increase the *utility value* of this model for practitioners, making it applicable to all cultural diversity characteristics described in the multicultural counseling literature (gender, ethnicity, sexual orientation, gender identity, age, race, religion, education, and disability).

Training the Observer

Observers using this model should be knowledgeable about multicultural counseling competence, empathy, and multicultural empathy, and the provided rating criteria. To achieve competence using the scale, the authors recommend a *train the trainer* strategy comprised of four steps: a) readings or presentations on multicultural competence and multicultural empathy; b) videos depicting counseling sessions focused on multicultural empathy; c) practice of multicultural empathy through simulated counselor/client dyads, and d) rating the level of multicultural empathy showed by training peers engaged in simulated counseling sessions. Trainees are considered ready to use the model when achieving over 80% inter-observer reliability with an expert instructor also rating the same sessions. See Figure 2 for a sample of the conceptual training contents and readings.

Testing the Practical Utility of the Model

The model was initially put into practice by two groups of six doctoral counseling students enrolled in a graduate course on advanced multicultural theory. The sample was

mainly female students in their first to third year of course study and was representative cross-nationally. The students mostly identified as White and between the ages of 25-32 years old. Participants ranged from those self-reporting as having minimal clinical professional experience to licensed and certified professional counselors. All students had their master's degrees in counseling or a related field prior to participating in this pilot.

The student's task was to: a) provide input on the classifications of cultural variables and b) utilize the practicality of the scale by rating their peers through four 2-hour training blocks of simulated counseling/client dyads. Students received a 2-hour review of the concept of multicultural empathy prior to using the scale. Every student provided a rating of their peers' performance allowing the authors to observe the inter-rater reliability, which was found to be high at the end of the training (.80 or higher). Each simulated session lasted a minimum of 30 minutes and no longer than 45 minutes. Students reported that not all of the dimensions of multicultural empathy were presented during the simulated session. For example, developmental aspects or cognitive aspects did not apply because the simulated client was focused on other dimensions requiring attention (e.g., emotions). In these situations, raters marked those dimensions as non-applicable and evaluated the counselor on the relevant dimensions presented in that session.

Recently, the authors expanded on these procedures with a group of beginner counselors currently practicing within various counseling specialties (vocational rehabilitation, family-based, mental health, and school counseling). A total of 14 counselors, all of whom were female, were shown training videos consisting of three taped, scripted dyads meant to demonstrate three levels of multicultural empathy (inadequate, adequate and advanced) across the four dimensions of the Multicultural Empathy Model. Participants were then asked to practice multicultural empathy in simulated counselor/client dyads, with the remaining observers rating the dyads. Observers rating their peers on the displayed level of multicultural empathy achieved an inter-rater reliability of .80 or higher on the model.

The authors reviewed feedback provided on participant evaluations to further gauge the model's practical utility. The participant evaluation consisted of two sections: program evaluation and training outcomes. For program evaluation, participants were asked to rate the training content, presentation of content, content relevance, the professional benefit of the material, and the increased skills on a 5-point Likert scale. This section also asked participants to provide feedback on the most and least beneficial aspects of the training. Participants reported that the most beneficial portions of the training were the role-play activities and training videos. For training outcomes, participants were asked to rate the effectiveness and relevance of the training content to their work and setting also on a 5-point Likert scale. Of 14 participants reporting on the training, 93% highly valued (5) the training content and presentation. In addition, evaluation findings revealed that all participants either strongly agreed (71%) or agreed (29%) that they learned multicultural empathy skills necessary to achieve better client outcomes, particularly with those from different cultural backgrounds.

Summary and Conclusions

The Multicultural Empathy Model was developed with the purpose of providing supervisors, educators, and trainers with a multidimensional method of rating counselor's multicultural competence. Focusing on multicultural empathy, the model provides the external observer, whether that is a supervisor, educator, colleague, or counseling student, with a more comprehensive means of determining the counselor's ability to understand and communicate with a diverse client on four distinct dimensions: the a) emotional, b) cognitive, c) behavioral, and d) developmental levels. The observer can determine the four dimensions of multicultural empathy based on a five-point Likert scale ranging from consistently inadequate (level 1), to inconsistently adequate, consistently adequate, inconsistently advanced, and consistently advanced (level 5). The authors proposed utilizing a *train the trainer* strategy through a combination of readings, videos, simulated counselor/client dyads, and rating practice in order to enhance competency. Although this observational strategy is more complex than self-report, we believe the advantage of increased knowledge and awareness of multicultural empathy compensates for the complexity involved in training observers to use this model.

One of the advantages of the Multicultural Empathy Model is that it focuses on behavioral observations. By setting clear rating guidelines and relying on independent observers to assess multicultural empathy, this particular model avoids some of the problems inherent in self-report measures assessing multicultural competence, primarily the inflation of scores, social desirability effects, and inaccuracy of results. Although self-report measures can be helpful in enhancing understanding of multicultural competence and areas for improvement, especially in graduate students as reported by Ivey, D'Andrea, Ivey and Simek-Morgan (2007), using independent observers to achieve a more accurate assessment of multicultural counseling competence in individual counseling situations is recommended (Cartwright, Daniels, & Zhang, 2008; Chao, 2012; Sehgal et al., 2011).

Limitations

Although the authors have grounded the proposed model through relevant literature, the use of trained raters, and sessions testing its utility, further research is needed to determine the applicability of the model in multiple settings, as well as to establish the reliability and validity of the Model and rating levels proposed. Despite evidence in the literature supporting the concept of cultural or multicultural empathy, there is still a lack of clear standards that define multicultural empathy, as well as a general lack of operationalization and measurement of this phenomenon. The construct of multicultural empathy and the utility of the Multicultural Empathy Model needs to be examined more fully—carrying out a qualitative study that captures the voices of individuals from diverse cultures and explores the existence of multicultural empathy, as well as the perceived benefit from applying the MEM would be a welcomed undertaking for future research.

Another limitation of the model is the additional training component suggested by the authors. Although this observational strategy is more complex than self-report, it holds the potential for increased objectivity in rating multicultural empathy in counseling diverse clients. Regardless, utilizing a train-the-trainer approach is a limitation when compared to the immediacy of self-report measures.

Training Applicability

The Multicultural Empathy Model can be used to meet and enhance the educational and training needs of both pre-service professionals as well as those already practicing in the field of mental health. Specifically for pre-service professionals, it can be used to supplement courses that are endorsed in the Council for Accreditation of Counseling and Related Educational Programs' (CACREP) training standards. By addressing multicultural counseling education and training needs early on, counselor education programs can establish a standard where awareness regarding multicultural issues is essential. Beyond didactic instruction, the model can be incorporated within internship practical experiences—as well as clinical supervision—by directly addressing graduate students' multicultural empathy skills. These applications are in line with current research supporting the integration of multicultural education into practical and supervisory components of mental health pre-service professionals as a means of increasing their multicultural competency (Vereen, Hill, & McNeal, 2008).

For mental health professionals engaged in continuing education and supervision, the model can be used to gauge multicultural competence needs, strengths, and limitations. Used either by a supervisor to rate a supervisee on their expression of multicultural empathy for a specific session, or a mental health professional rating a peer to facilitate a dialogue on the dimensions of multicultural empathy during training and peer supervision, the Multicultural Empathy Model can be used with beginner counselors to educate, train, and promote acquisition of advanced multicultural empathy skills.

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Note: This paper is part of the annual VISTAS project sponsored by the American Counseling Association. Find more information on the project at: http://counselingoutfitters.com/vistas/VISTAS_Home.htm

Instructions: Please rate each of the dimensions of empathy below, namely emotions, cognitions, behavior, and cultural development, using the 5-point criteria included under the scale. Please check N/A if one or more dimensions do not come up in the session, using the criteria for N/A added to the list of criteria found below the scale.

MEM Characteristic	<u>Level *</u> <u>1</u> <i>Consistently Inadequate</i>	<u>Level</u> <u>2</u> <i>Inconsistently Adequate</i>	<u>Level</u> <u>3</u> <i>Consistently Adequate</i>	<u>Level</u> <u>4</u> <i>Inconsistently Advanced</i>	<u>Level</u> <u>5</u> <i>Consistently Advanced</i>	<u>N/A</u>
Emotions						
Cognitions						
Behavior						
Cultural Development						

*Level criteria are provided in pp. 6-7.

Total Mean Score:

Figure 1. The Multicultural Empathy Model.

Session	Topic	Outline
1	Traditional Empathy Definitions	<ol style="list-style-type: none"> 1. Communicating caring 2. Understanding client's experiences 3. Thinking in the client's perspective 4. Feeling the client's emotions
2	Traditional Dimensions of Empathy	<ol style="list-style-type: none"> 1. Emotions 2. Cognitions 3. Perceptiveness 4. Assertiveness
3	Definitions of Cultural Empathy	<ol style="list-style-type: none"> 1. Counselors showing empathy in a culturally consistent and meaningful way 2. Communication and understanding of the client's worldview acknowledges counselor/client cultural differences 3. Involving perceptual, affective, and cognitive processes in understanding and communicating across cultures
4	Dimensions of Cultural Empathy	<ol style="list-style-type: none"> 1. Attitudes 2. Values 3. Beliefs 4. Opinions 5. Concepts 6. Making decisions 7. Behaviors 8. Definitions and interpretations 9. Worldview
5	Communicating Cultural Empathy	<ol style="list-style-type: none"> 1. Understanding of the client's self-experiences 2. Communicate interest in learning client's culture 3. Express self-awareness of cultural experiences 4. Clarifying cultural language 5. Facilitate client's cultural self-awareness
6	Definition of Multicultural Empathy	<ol style="list-style-type: none"> 1. Ability to understand and communicate a multidimensional concept of culture (emotional, cognitive, behavioral, and developmental levels)
7	Dimensions of Multicultural Empathy	<ol style="list-style-type: none"> 1. Emotions <ul style="list-style-type: none"> • Non verbal and verbal expressions • Self-Awareness; • Identify, label, interpret and confront accurately within the clients' culture 2. Cognitions <ul style="list-style-type: none"> • Worldview: nature, art, science, time, people • Identify, label, interpret and confront client values and beliefs accurately • Self-statements, self-instructions, self- efficacy, coping 3. Behavior <ul style="list-style-type: none"> • Cultural norms and rules of behavior 4. Development <ul style="list-style-type: none"> • History (e.g., immigration); • Family and group socialization • Cultural identity development • Acculturation • Gender roles

Figure 2. Conceptual training contents of the Multicultural Empathy Model.