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A Model for Analyzing Critical Cultural Domains in Counselor Development

Marie A. Wakefield, Douglas L. Garner, Dale-Elizabeth Pehrsson, and Tiffany Tyler

Wakefield, Marie A., past president of ACA, is a doctoral student at the University of Nevada, Las Vegas. Her research interests are in cultural competency and sociocultural advocacy.

Garner, Douglas L., is a doctoral student at the University of Nevada, Las Vegas. His research interests are improving minority student achievement, social justice, and advocacy.

Pehrsson, Dale-Elizabeth, is Professor and Chair for the Department of Counselor Education at University of Nevada, Las Vegas. She investigates best practices with all children using metaphoric-narrative approaches.

Tyler, Tiffany, is a doctoral student at the University of Nevada, Las Vegas. Her research interests are urban education, school reform, dropout prevention, and cultural competency.

Introduction

The shift in the multicultural counseling paradigm towards diversity and cultural pluralism has influenced the direction of counseling, moving our profession beyond the confines of race and ethnicity. As the cultural variables have become multilayered due to increased urbanization, modernization, and industrialization (Hogan, 2007; Pedersen, 2002), solutions for problems rely on varied counseling styles that better reach our global society (Pedersen, 2002).

The implications of these dynamics on counseling practices are huge, for they require counselors to respond to our clients in ways that are grounded in responsiveness to cultural diversity. This necessitates counselors seek out professional growth opportunities that develop new levels of awareness and help update their knowledge base (Lee & Ramsey, 2006).

The world is an ever-evolving place and the literature underscores the many new challenges to the professional practice of counseling, training, and research. These include an increase in clients with biracial/multiracial heritages (Diller, 2007); many

demographic changes that impact economic, social, legal, political, educational, and cultural systems (Sue, 1991); global immigration (Arredondo, Tovar-Blank, & Parham, 2008; Atkinson, 2004); expanding older client populations and needs related to aging trends (Hays, 2008); higher birth rates in minority groups (Hays, 2008; Sue, 1991); an increase in hate crimes since 9 -11 (Arredondo & Toporek, 2004; Atkinson, 2004); the continued presence of racism, sexism, and other forms of oppression (Crethar, Rivera, & Nash, 2008; Hays, 2008); and the persistence of traditional principles developed from a framework of predominately Eurocentric constructs perceived as best practices (Atkinson, 2004; Pedersen, 2002; Sue, Arredondo, & McDavis, 1992; Sue & Sue 2008; Vera & Speight, 2003).

Researchers agree ethical practices for working with culturally different populations require an awareness of personal values and beliefs, being knowledgeable of clients' world views, and utilizing effective, culturally appropriate interventions (Diller, 2007; Ivey, D'Andrea, Ivey, & Simek-Morgan, 2007; Remley & Herlihy, 2005). However, terms such as multicultural counseling (Baruth & Manning, 2007a; Cartwright, Daniels, & Zhang, 2008; Corey, 2001; D'Andrea, Daniels, & Heck, 1991; Fuertes & Gretchen, 2001; Lee & Ramsey, 2006) and multicultural competency (Brammer, 2004; Butler, 2003; Dunn, Smith, & Montoya, 2006) use common language when referring to counseling people of various cultures.

For the purpose of this article, the term cultural competency will refer to the mastery of a skill set to effectively work with a culturally different population (Bucher, 2004; Diller & Moule, 2005; Duke, Conner, & McEldowney, 2009; Guindon & Sobhany, 2001; Sue, 2001). This article provides a brief history of the multicultural movement, cultural competence, the rationale for a model that can assess culturally competent counseling, a framework for self-awareness, application of a model for culturally competent practices, and implications for future research.

Rationale for Cultural Competency

Competent counselors must acquire research, critical reasoning, and assessment skills in order to practice effectively, gain confidence, and garner respect from other professionals (Eriksen & McAuliffe, 2003). Solid research abilities can lead to opportunities that enhance the development of greater knowledge regarding specific cultural dimensions; knowledge acquisition thus leads to appropriate and effective interventions (Weaver, 2005).

Further, the cultural context, the counselor's theoretical foundation, and the client's perception of cultural competence all have implications for the effectiveness of the counseling process (Hodge, Limb, & Cross, 2009; Sue, 2001). The Critical Counselor Domain Model (CCDM) provides a structure for the type of self-analysis imperative for professional growth and development for culturally competent counseling. The model offers a lens from which counselors and educators can identify strengths and areas for growth. The CCDM provides a useful tool for examining values and individual motivations for pursuing work in this profession. Messages and values developed earlier in life often become evident through self-exploration (Henriksen & Trusty, 2005).

Recent empirical and theoretical articles focus heavily upon multicultural competencies and specific behaviors of counselors as they integrate issues of diversity

into their work (Vera & Speight, 2003). Counselors are urged to move beyond ethnocentric ways of thinking and acting. Counselors are encouraged to explore multiple interpretations of reality and demonstrate greater respect and acceptance of different ways individuals from diverse cultural groups perceive mental health and personal well-being. As counselors meet these objectives, there is greater potential for effective ethical practices for client-counselor relational exchanges (D'Andrea et al., 2001).

Counselors must be cognizant of a variety of components. For example, counselors must consider the salience of multilayered identities (Hogan, 2007; Weaver, 2005); evolving demographics that impact the well-being of societal systems (D'Andrea et al., 2001; Lee & Ramsey, 2006; Sue, 1991); the stress of acculturation (Lee, Blando, Mizelle, & Orozco, 2007a); insensitivity to disabilities (Atkinson & Hacket, 2004; Baruth & Manning, 2007a); and the presence of racism, sexism, and other forms of oppression (Crethar et al., 2008; Lee & Ramsey, 2006). All these factors have implications for a paradigm shift in the training, practices, and research for the profession of counseling.

Hays (2008) highlighted our profession's responsibility to pay attention to the disenfranchised. This directive is especially important in respect to language conditions which have added to the complexity of accessing mental health care regardless of race and gender. Further, people of varied cultures respond differently to events such as national disasters or global changes that contribute to the instability of the family and the development of mental illnesses (Arredondo et al., 2008).

Professional standards put forth by the Council for Accreditation of Counseling and Related Educational Programs (CACREP), updated dimensions of counseling practitioners' practices prescribed in the 2005 ACA *Code of Ethics and Standards of Practice*, the plethora of professional presentations, training models of cross-cultural activities, and scholarly publications (Arredondo & Arciniega, 2001; Brinson, Brew, & Denby, 2008; Smith, Ng, Brinson, & Mityagin, 2008; Vereen, Hill, & McNeal, 2008) all point toward a need for culturally competent practitioners. Indeed, there has been a mandate set forth by our profession. Additionally, the American Psychiatric Association 2000 document, *Diagnostic and Statistical Manual of Mental Disorders (DSM- IV-TR),* provided a supplemental that addressed cultural definitions and consideration in the diagnostic assessment (Guindon & Sobhany, 2001).

The research has cited high rates of minority individuals who underutilize or prematurely terminate counseling services (Day-Vines et al., 2007; Fouad & Arredondo, 2007; Hays, 2008; Kim & Lyons, 2003; Sue, 2001). Specifically, Baruth and Manning (2007a) noted statistics for non-returning clients after the first session was 50% and higher for African Americans, Native Americans, Asian Americans and 42% for both Latino Americans and European Americans. Barriers that may have deterred culturally different clients from seeking treatment include an uncomfortable or unwelcoming environment, negative past experiences with the system, unfamiliarity of available services, a lack of belief in a structure designed to meet the needs of someone culturally different (Diller, 2007), and expectations of conformity to the counselors' standards (Baruth & Manning, 2007b).

Counselors have encountered challenging situations with clients of differing cultural backgrounds that threaten the effectiveness of the counseling experience. As a result, the counseling process may encounter a surplus of obstacles. Obstructions include the following: lack of communication, counselor misunderstandings of the effect of

culture on the process and outcome, challenges to values and orientations related to social class, stereotyping regarding certain cultures, assumed racism or cultural bias from client or counselor, issues resulting from the lack of understanding of clients' worldviews, and differing language or variations of dialect (Baruth & Manning, 2007b; Sue & Sue, 2008).

Through the continued acquisition of knowledge, skill, and self-evaluation, experts have enumerated several benefits from those who advocate and practice cultural competency: respect for the unique needs of various populations; the recognition of behaviors, values, and institutions that have been shaped by culture; the acknowledgement of variations in cultural concepts such as family and community and their natural systems that serve underrepresented folks; an understanding of specific social attributes that may empower individuals as portrayed in the group's history (McLeod, 2003) and an increase in satisfaction of clients as the understanding of the interplay between privilege and oppression increases (Hays, 2008).

An essential indication of a competent cultural counseling professional practice is an insatiable appetite for new knowledge and understanding. It is not a matter of simply possessing the ability to quote sources of evidence; rather, it is the application of effectiveness. Professional practice requires wisdom, knowledge, and skill of a master craftsperson, one who is able to analyze and process material for optimal judgments and decisions. Regardless of the model of therapy being taught, researched, or practiced, training, researching, and self-evaluation dictate the necessity of addressing theory and skills that are ethical, cultural, and social. The future of the profession of counseling depends on the resourceful support of successful, savvy practitioners who have a commitment to providing the most effective services.

The Historical Movement of Cultural Competency

The women's movement underscored inequality and oppression across cultures. Indeed, early feminist scholars analyzed broader forms of oppression across many groups (Vera & Speight, 2003). The women's movement drew attention to the practices that marginalized all women (hooks, 1984). Feminists' voices have drawn attention to situations in which children and women were victims of domestic violence and physical, sexual, and psychological abuse (Herlihy & Corey, 2001). Women like Sarah and Angelina Grimke illustrate early examples of the feminist voice. In the 1830s, these two Quaker-educated women spoke as abolitionists and women's rights advocates, only to be silenced by male abolitionists who thought speaking publicly was injurious to a female's character. In 1851, emancipated slave Isabella Van Wageman spoke at The Women's Rights Conference in Akron, Ohio, proclaiming "Ain't I a Woman" (Schenken, 1999a). This abolitionist, feminist, and Pentecostal preacher, also known as Sojourner Truth, advocated for the rights of women, children, poor, and oppressed peoples (Mabee, 1993; Painter, 2004).

Ratified in 1868, the Fourteenth Amendment extended to all citizens the protections of the Constitution against unjust state laws. In 1869, Elizabeth Cady Stanton and Susan B. Anthony formed the National Women Suffrage Association (NWSA), an organization for white and black women and men dedicated to the goal of universal suffrage (Schenken, 1999a). The Fifteenth Amendment enfranchised black men with voting rights in 1870. Fifty-five years later and 72 years after the first Women's Rights

Convention, the Nineteenth Amendment provided women this right (Langley & Fox, 1994; Schenken, 1999b). Consequently, issues of social injustice, oppression, disenfranchisement, and poverty were all issues of importance to diverse populations (Lewis, 2001). However, the novice counselor may not be aware of how legal or assumed segregation, stereotypes, and stigmas have historically affected relationship building and trust of diverse clients with non-minority counselors. The CCDM model provides novice, fledging counselors with opportunities to assess their awareness.

Issues of diversity in the disciplines of psychology and counseling were explored in the 1950s, although Western-centric forms of counseling dominated. The approaches to counseling were monocultural with a lack of attention to the minority group experience (Baruth & Manning, 2007b; Brammer, 2004; Diller, 2007; McLeod, 2003; Sue, 2001; Vera & Speight, 2003). An assumed set of universal applications of concepts and goals that excluded cultural views continued. Apprentice counselors can utilize the CCDM to assess their abilities to develop interventions that consider experiences and worldviews of clients. Therefore, creating culturally appropriate interventions and practices, such as integrating the clients religious and spiritual beliefs into the agreed upon implementation plan, is valuable to the process.

Psychologists continued to advocate for culturally sensitive practices through cases such as *Brown v. Board of Education* (1954). The multicultural movement gained momentum with the creation of the Association of Black Psychologists in 1968. As a result, professional boundaries of psychology and counseling crossed and other professional organizations were formed to provide a voice for the inclusion of underrepresented groups, culturally sensitive practices, and shared power. The goal was to work toward systemic changes in counseling education, training, research, and practices.

The Civil Rights movement in the 1960s and 1970s impacted counseling and psychotherapy (Arredondo et al., 2008; Atkinson & Hackett, 2004; Baruth & Manning, 2007a; Lee & Ramsey, 2006). During the 1970s, professional organizations representing mental health practitioners such as the American Personnel and Guidance, now the American Counseling Association (ACA) and psychologists of the American Psychological Association (APA) began to address issues related to ethnic minorities (Atkinson, 2004). Affronting the effectiveness of standards in the counseling profession led to the formation of culture-specific mental health associations in the hopes of improving counselor preparation, training research processes, monocultural/monolingual assessment, evaluation, and clinical practices. From this, two prominent divisional organizations were formed: The Association for Non-white Concerns (renamed the Association for Multicultural Counseling and Development) under ACA in 1972 and the Society of Psychological Study of Ethnic Minority Issues (Division 45) by APA in 1987 (Atkinson, 2004). The CCDM provides all practitioners the opportunity to appreciate the history and contributions of professional organizations relating to the field of counseling and psychology. As part of counselors' cultural competence development, the CCDM encourages counselors to become active members and serve in leadership roles

During the early 1980s, ethnic-racial minorities were presented as genetically or culturally deficient in counseling texts, research studies, and clinical training (Arredondo & Toporek, 2004). Those described deficiencies included nutrition relating to mental deprivation and susceptibility to illness; crowding, noise, and lack of stimulation as an

environmental issue; sociocultural concerns such as adequate role models or parental encouragement; and linguistic issues centered around lack of exposure to standard English (Lee et al., 2007a). The CCDM can provide continued guidance for distinguished practitioners in their awareness, skills, and abilities as culturally competent counselors.

Dire concerns inspired the APA Council of Representatives to adopt as policy the "Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists" (Atkinson, 2004, p. 57). The guidelines cited were specific to developing cultural competence. The goals of the guidelines included helping professionals acknowledge the needs of culturally different/diverse people, recognizing the value of documenting updated data, and encouraging the engagement in any and all venues that promote professional growth and advancement.

In response to the potential impact of increased diversity on the counseling profession, 31 multicultural counseling competencies (MCCs) were constructed to introduce counselors to more effective ways to serve clients of color (Arredondo & Arciniega, 2001; Cartwright et al., 2008; Day-Vines et al., 2007; Hays, 2008). The dimensions of competency included three areas: beliefs and attitudes, knowledge, and skill (Arredondo, 1999; Atkinson, Bui, & Mori, 2001**;** Corey, 2001**;** Sue, 1991; Sue, 2001; Day-Vines et al., 2007). In this article, the CCDM offers an outline for a number of components contributing to the discourse on assisting counselor educators, counselor education students, and neophyte practitioners in assessing their progress toward culturally competent practices when dealing with diverse clients.

Issues of diversity such as those in the Gay Lesbian Bi-sexual Transgender and Questioning Community are also similar but unique in nature to those of any diverse community. The Society for Human Rights in Chicago was one of the earliest known gay rights organizations (Katz**,** 1992). The state of Illinois in 1962 became the first state to decriminalize homosexual acts between consenting adults (Singer & Deschamps, 1994).

The event that transformed the gay rights movement from a small group of activists into a widespread protest for equal rights acceptance occurred after a police raid in 1969 on a gay bar in Greenwich Village. The Greenwich Inn gained worldwide attention as the confrontation with police (the Stonewall riots) lasted for three days (Lee, Blando, Mizelle, & Orozco, 2007b). This led to the American Psychiatric Association removing homosexuality from its official list of mental disorders. In 1982, Wisconsin became the first state to outlaw discrimination on the basis of sexual orientation. The CCDM provides a structure for assessment by new counselors, graduate students, and counselor educators to self-assess their movement toward culturally competent practices. For example, individuals in counseling will have to re-exam personal biases, prejudices, attitudes, and beliefs concerning issues and challenges of the GLBTQ Community. These social issues include children, same-sex marriage, military service, health care, unemployment, poverty, healthcare, non- inclusion, and disenfranchisement. These are challenges faced by all diverse communities and for which solutions are sought. Therefore, it is imperative that the counseling profession prepares itself to meet the challenges faced by diverse clients and communities. The CCDM can contribute to the discourse in the area of counselor education, supervision, and training as a living, fluid, developing model to assess progress toward culturally competent best practices.

Overview of the Critical Cultural Domains Model (CCDM)

As students have attended instructional presentations that address cultural diversity or multiculturalism, they offer a wide array of responses related to their perceived value and necessity of the material presented. They are often critical. In the spring semester of 2008, student guided discussions and journal writings demonstrated students' lack of understanding and confusion regarding the utility of cultural knowledge and historical contexts. The students participating in this class wrote many comments, a selected few include:

"My people weren't here during slavery. What does that have to do with me?"
" I grew up in poverty. How can I be privileged?"
" I don't care how someone lives his or her life. I don't judge."
" Civil rights and affirmative action changed all the problems."
"Why are we beating this to death, why do we have to have a history lesson?"
"When I see you, I don't see your color."

These comments and the occasional display of apathy or lack of participation aroused the instructor's interest in regarding how people come to learn and define culturally competent behavior. With all the available literature, training, resources, and assessments, are graduate students working to develop a culturally competent skill set that will allow them to meet client and community needs? What do students perceive as their comfortable level of competence, and what steps are they willing to take to achieve a higher level?

Cultural competence, when viewed as a developmental process, involves continued acquisition of knowledge, the development of more advanced skills, and an ongoing self-evaluation (Diller, 2007). Operationally defined, cultural competence is the integration and transformation of knowledge about standards and practices that will facilitate effective results with clients (Cross, Bazron, Dennis & Isaacs, 1989).

The CCDM, represented by Figure 1, was designed with domains and levels of advancement providing a framework to assess the personal growth and development in culturally competent counseling of graduate students, neophyte practitioners, and counselor educators. Each domain presents a developmental sequence for areas of cultural awareness, self-awareness/assessment, knowledge, skill level, and application.

A major theoretical underpinning for the CCDM is Relational-Cultural Theory (RCT). Essential components emphasized in the delivery of this theory are concepts associated with the writings of three very prominent theorists: Alfred Adler, Erik Erikson, and Carl Rogers (Comstock et al., 2008). Community, belonging, homonymy, and empathy (Ruiz, 2005) are key concepts of RCT and they underscore the relational factors relevant to mental health (Comstock et al., 2008 Daniels, 2007). The major tenets of RCT emphasize relational competence based on mutuality (West, 2005), authenticity, an adaptation to the needs of others, expanding relationship networks, and the management of disconnections through the life span (Comstock & Qin, 2005). Theorists assert that this relational model facilitates greater understanding of an individual's capacities in a sociocultural context (Daniels, 2007). Relational development aligns with racial, cultural, and social identities (Comstock & Qin, 2005).

Advocates of RCT have reinforced the need for clarity in the relationship and redefining boundaries to ensure protection, client rights, and safety. Critical to RCT is a commitment to maximize connectedness with clients. Also, counselors focus on the developmental process of relational competence and pursue opportunities to enhance relational curiosity and accept vulnerability as potential growth (Comstock & Qin, 2005).

RCT addresses relational atrocities such as isolation, shame, and microaggressions, as well as their impact on human suffering and disconnection established during relational interaction (Comstock et al., 2008). Relationships can develop through courage and when connectedness, openness, and the recognition of support are encouraged to combat vulnerabilities.

The four domains of the CCDM, disposition, cognitive understanding, therapeutic skills, and affective behaviors, reflect the literature's sentiment of cultural competency skills of awareness, knowledge, and skills. This model was designed to explore counselor self-awareness, self-development, and self-knowledge, elements that are vital to achieving a culturally competent counselor skill set. The four levels of mastery for culturally competent counseling include novice, apprentice, proficient, and distinguished.

The novice level represents the beginner; in this level individuals often demonstrate self-focused and narrow-minded behaviors, skills, emotions, and thoughts. This limited development often manifests with student patterns of resistance and results in restricted growth and learning. Lack of awareness and skill at this level might imply conscious and unconscious cultural insensitivity.

Counselors who are at the apprentice level display some movement toward competent behavior. At this level, counselors may still be gathering information and grappling with functional requirements as they are challenged to meet the needs of diverse populations. Supervisors working with counselors who are functioning in the novice and apprentice categories must invest much supervisory time; these supervisees are far from skilled.

As counselors become more proficient, they show a greater level of involvement and comfort. They reveal evidence of seeing the bigger picture. Less supervision is needed as the professional demonstrates culturally responsible action. As a proficient professional, their dialogue expresses a supportive relationship. The professional understands the impact of societal and historical forces and this knowledge works to enhance the counseling process. Intervention strategies are client-centered, intentionally aligned with the values of the culturally different individuals. Counselors utilize current research and community resources for support.

At the distinguished level, professionals immerse themselves using holistic approaches and accept new roles that impact system change. There is a deliberate intention to work for the client and mobilize every effort to ensure the client successfully develops a self-advocacy skill set. The level of mastery is rich for the distinguished culturally competent counselor. Indeed, they excel in every aspect of awareness, knowledge, and skill.

Figure 1.
Critical Couselor Domain Model: A Model for Analyzing Critical Cultural Domains in
Counselor Development: *Assessing Learning Across the Curriculum* ©

	Novice	**Apprentice**	**Proficient**	**Distinguished**
Disposition	Little or no development or implementation	Limited development or partial implementation	Fully functioning and operational level of development and implementation	Exemplary level of development and implementation
	Has little or no knowledge of diverse cultures and may deny the importance of cultural variables in counseling	Demonstrating an emerging awareness of his/her own cultural biases and assumptions (Pedersen, 2002)	Demonstrates an awareness and sensitivity to one's cultural heritage having an ability to identify specific features of culture of origin and the effect of the relationship with culturally different clients	Knowledgeable of institutional barriers that prevent minorities from using mental health services
	May overemphasize the importance of difference	Actively engaging in a continuous process of challenging personal attitudes and beliefs that do not support respecting and valuing of differences (Sue, Arredondo, & McDavis, 1992)	Demonstrates a level of comfort with differences in race, ethnicity, culture, and beliefs	Recognizes that the process of developing cultural competency is ongoing and long-term
	Lacks experiences of exploration and discussion of cultural differences	Exploring the community for knowledge of the accessibility of the variety of culturally appropriate services	Demonstrates a working knowledge of available services to meet the cultural needs of clients	Knowledgeable of relevant discriminatory practices at the social and community level
	Demonstrates inadequate experience working with a diverse population	Limited experiences in cultural discussions, working with diverse populations, and available community services	Understands how Eurocentric tradition in counseling may conflict with cultural values of other traditions	Establishes a working relation-ship with providers of various cultures within the community to expedite services for those at risk

	Has no knowledge of available community	Limited knowledge of the effect of oppression, racism, discrimination, and stereotyping	Possesses knowledge and understanding about how oppression, racism, discrimination, and stereotyping affect them personally in their work (Lago, 2006a)	
Cognitive Understanding	Comes to training only having knowledge of their own culture - "Tunnel Vision"	Working to provide a climate and context for recognizing and understanding how diverse cultures share common ground and uniqueness (Pedersen, 2002)	Demonstrates knowledge about personal racial and cultural heritage and how it personally and professionally affects definitions of normality-abnormality and the process of counseling (Lago, 2006b)	Demonstrates 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 cultural values of various minority groups
	Lacks understanding of cultural stereotypes and bias and holds preconceived notions about others who are culturally different	Identifying areas to grow in a capacity to provide competent services	Recognizes the limits of their competencies and expertise and, therefore, seeks educational, consultative, and training experiences to enrich understanding and effectiveness	Utilizes expertise in identifying and administering appropriate culturally relevant assessments
	Lacks knowledge of assessment models	Limited awareness of assessment models	Limited skill in the use of assessment models	

Therapeutic Skills	Exhibits one way of thinking	Recognizing a need for cultural competence and its affect on service	Understands how race, culture, ethnicity, gender, or disability may affect personality formation, vocational choices, manifestation of psychological disorders, help-seeking behavior and the appropriateness or inappropriateness of counseling approaches	Understands how race, culture, ethnicity, gender, or disability may affect personality formation, vocational choices, manifestation of psychological disorders, help-seeking behavior and the appropriateness or inappropriateness of counseling approaches
	Often places imposition of values onto others	Developing an understanding of how culture influences interventions with client	Familiar with relevant research findings regarding mental health and mental health disorders that affect various racial and ethnic groups	Familiar with relevant research findings regarding mental health and mental health disorders that affect various racial and ethnic groups
	Unaware of the ethical practices established to ensure cultural competency	Exploring specific knowledge and information about a particular group or individual	Demonstrates skill and knowledge in the ethical practices of cultural competency	Reflects diversity in one's scholastic endeavors
	Accepts unreasonable assumptions without proof or ignores the proof that might disconfirm one's assumptions	Actively participates in reading and activities designed to develop cultural awareness and works toward eliminating racism and prejudice (Sue et al., 1992)

Possesses a general awareness of the ethical standards for cultural competency | Knowledgeable and demonstrates efficiency in the practice of culturally competent ethical standards | Consistently practices cultural sensitivity and the ethical practices of cultural competency at an exemplary level |

Affective Behaviors	Becomes culturally encapsulated (Pedersen, 2002)	Assisted by a supervisor in learning to engage in a variety of verbal and non-verbal helping responses	Able to implement more than one method or approach to helping but recognizes that helping styles and approaches may be culture bound	Demonstrates knowledge of the potential bias in assessment instruments, use of procedures, and interprets findings keeping in mind the cultural and linguistic characteristics of clients
	Defines reality according to a universal, monocultural perspective	Able to send and receive both verbal and non-verbal messages accurately and appropriately	Refers to good sources when linguistic skills are insufficient	Serves as an advocate for culturally appropriate services and utilizes professional skills and leadership to affect change
	Insensitive to cultural variations	Working to gain a proficient level of comfort with the differences of race, ethnicity, culture, and beliefs		Educates clients of service alternatives available and their personal and legal rights for effective cultural intervention
	Fails to evaluate others' viewpoints			

Application of Cultural Competency through the CCDM

The 2005 ACA Code of Ethics provides direction for supervision, training, and teaching by counselor educators to ensure inclusion of the development of cultural competency in their students (Arredondo et al., 2008; Brinson et al., 2008; Pack-Brown, Thomas, & Seymour, 2008). The literature suggests that acceptance (or rejection) of such forces as race, ethnicity, and culture have been powerful variables which influence how people think, make decisions, behave, and define events (Sue, 2001). The application of the CCDM can empower individuals to assess their learned attitudes, biases, values, and assumptions. Although acquiring cultural competency is a complex process, meaningful exploration and learning will enhance a counselor's effectiveness.

The presentation of diverse pedagogy in course content and learning can enhance the process of culturally competent counseling. Utilizing the CCDM, exploration of self and others in an emotionally safe environment encourages open dialogue between

culturally different individuals and discourages counselors from feeling shame or humiliation for honest expressions. A skilled educator creates opportunities for personal growth through content learning and skill development and applies a variety of techniques that diminish social and emotional distance. Effective teaching lays a solid foundation for lifelong awareness, sensitivity, and culturally responsive counseling practices.

Establishing relationships creates greater understanding of an individual's frame of reference and well being; once this occurs engaging in problem solving is enhanced. The culturally competent counselor thus promotes a strengths-based approach in the helping relationship (Weaver, 2005). The intersectionality of cultural groups demands that counselors are cognizant of the complex nature of identity such as culture, gender, sexual orientation, religion, class, disability, national origin, social economic status, and age (Brammer, 2004; Lee & Ramsey, 2006; Weaver, 2005).

The potential for enhancing the therapeutic process when counselors are both willing and displaying the capacity to explore cultural and racial origins in order to try to understand cultural identity, beliefs and value systems, stereotypes, and assumptions is profound (Day-Vines et al., 2007). For example, a culturally competent counselor who functions at the proficient or distinguished level moves beyond basic understanding of Native American clients. The proficient counselor researches, acknowledges, and probes to understand the specific diversity that is nation, tribal, or reservation-specific to work with specific clients. This counselor understands that each client and each client's tribal origins are unique and each possesses an identifiable set of values (Fouad & Arredondo, 2007).

Counselor educators play a significant role in providing opportunities for students to develop critical thinking skills necessary in making ethical decisions (Vera & Speight, 2003). Those opportunities include identifying cultural biases, evaluating strengths from a cultural perspective, offering meaningful interpretations of clients' behaviors in culturally competent ways, and aligning interventions (Pack-Brown et al., 2008). During the supervisory process, an intentional discussion can be initiated to enhance knowledge of the relationship of cultural identity and culturally competent practices.

Culturally competent counseling is enhanced when student and instructors use the CCDM to identify personal strengths and potential problem areas. When a skill level is assessed using the domains as a guide, a deeper awareness can be cultivated and specific goals for growth in cultural competency can be attained.

Implications for Further Research in Cultural Competency

Acquiring cultural competency is a complex process with a tremendous number of variables that challenge the counseling profession. The CCDM is designed to facilitate and support the training. Through the use of this tool as a guide, counselors can develop and provide more culturally competent services; ensure a deeper level of cultural awareness, knowledge, and skill; assess pedagogical practices; and research efficacy of counseling interventions. Outcomes may offer greater insight into matters impacting pedagogy, policies, procedures, clinical practice, and system barriers.

Several instruments measure multicultural competence such as the Cross-Cultural Counseling Inventory Revised (CCC I-R), Multicultural Counseling Inventory (MCI), Multicultural Counseling Knowledge and Awareness Scale (MCKAS), and the

Multicultural Environment Inventory (MEI; Dunn et al., 2006; Hays, 2008). Additional assessment tools are needed to validate counselor programs that prepare professionals to work with various marginalized groups such as gay/lesbian, bisexual, and religious minority groups (Hays, 2008). While these instruments evaluate counselor awareness, the CCDM seeks to guide counselor educators and students in their acquisition and development of competence.

The preparation and training of counselors to be culturally competent has significant implications for the profession and the community it endeavors to serve. Unfortunately, little empirical information is provided regarding the preparation and training of those who serve in supervisory roles, the perceptions of the supervisors' competence from the supervisees' perspective, and the clients' understanding of the meaning of cultural competency (Dunn et al., 2006; Kwong, 2009; Ober, Granello, & Henfield, 2009). Dunn and colleagues (2006) noted that of the 137 studies measuring cultural competence, less than 10% investigated cultural influences on treatment, whereas 70% focused on evaluating multicultural training. Evidence-based practices that verify the impact of culturally competent counseling interventions are needed (Lassiter, Napolitano, Culbreth, & Ng, 2008; Smith et al., 2008).

Consideration of life span issues and effective interventions with various cultural groups would be invaluable information for ultimate client growth and empowerment, not to mention competent practice (Baruth & Manning, 2007a). There is limited literature available that informs practitioners regarding specific needs and differences among and between ethnic groups (Lee et al., 2007a).

The responsibility of all counselors, and more specifically school counselors, to meet the needs of their diverse population is challenging. Although there is a checklist of multicultural competencies, the counselor's role in promoting cultural competence has received little attention in schools. Research using cultural audits or studies that examine school counselors' usage of models promoting development of racial and ethnic identity would provide enrichment to the counselor-student relationship. Data can assist in developing collaborative efforts with school administrators as well as providing an opportunity to improve policies, programs, publications, and practices for diverse groups, and prepare students to interact globally (Nelson, Bustamante, Wilson, & Onwuegbuzie, 2008).

Counselors provide a broad range of services to diverse client populations. As the counseling profession moves forward, a continued assessment of principles and practices that support the intentional effort to increase culturally competent counseling is undeniably a necessity. Cultural competency requires a complex skill set that cannot be defined by a single indicator. Counselors have an ethical responsibility to be culturally informed and responsive to clients. Therefore, counselors must update their knowledge, create and implement practices, intervention strategies, and structures that consider historical, cultural, and environmental experiences/influences, and work to change policies, practices, and programs within institutions that oppress the culturally different.

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