

Rethinking Multicultural Counseling Competence: An Introduction to the Major Contribution

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Abstract

In this introductory article of the Major Contribution, we explore the construct of multicultural counseling competence, particularly its inception and the early social movements from which it evolved. We posit that although the intentions of early pioneers and professional organizations were admirable and the subsequent body of work impressive, progress has stalled. A conceptual and operational impasse now impedes advancement of the discourse and ultimately hinders our ability to adequately serve clients, supervisees, and consultees who are the beneficiaries of our efforts. In this article, we lay the foundation for an analysis of the impasse, a proposal for an alternative model of the construct, and a case conceptualization that demonstrates usage of the model. We conclude by providing an overview of the Major Contribution, including a synopsis of the subsequent three articles and our intention to rejuvenate this dialogue with our colleagues and students.

Keywords

multicultural counseling competence, diverse populations, research, training, practice

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Significance of the Scholarship to the Public

Multicultural counseling competence has stalled at an impasse. To progress onwards, scholars and practitioners need to understand the history, development, and status of this construct. This article provides a foundation for rethinking multicultural counseling competence and prepares readers for subsequent articles in this Major Contribution, the purpose of which is to rejuvenate dialogue about the construct.

Multicultural counseling competence, as a construct, has stalled at a conceptual and operational impasse. The major models offer inexplicit guidance to translate multicultural research and scholarship into practice. Clinicians generally have to surmise for themselves how to engage in this process of translation. Since the early 1980s, although scholars have taken notable strides, the ongoing proliferation of research and scholarship erroneously gives the impression that we continue to advance knowledge at a similar pace. However, the actual advancement is not commensurate with the proliferation. Worthington and Dillon (2011) observed that theoretical and methodological limitations concerning multicultural counseling competencies constrain conclusions we can draw from investigations. Furthermore, clinicians experience gaps between their multicultural beliefs and practices, while educators struggle to articulate a consistent standard of training (Metzger et al., 2010). There is even disagreement on the meaning of multicultural counseling competence within the field of counseling psychology (Ridley, Mollen, et al., 2021 [this issue]).

The most disconcerting evidence of the impasse surprisingly arises more from what psychologists do not know than that which they do know. Upon their review of the current scholarship, for example, Chu et al. (2016) insightfully surmised: “Despite the progress, little is known about *why* cultural competency works. Research has been insufficient in identifying psychotherapy components of change based on theoretical explanations of the mechanisms of cultural competency” (p. 18). Frisby and O’Donohue (2018) similarly evaluated the construct in their statement “that some fundamental and basic questions are often left unexplored” (p. v). How can psychologists advance their understanding of the construct if they are unable to explain why and consequently how multicultural counseling competence works? The profession needs answers.

The impasse obstructing advancement is especially challenging because there is generally little awareness of its existence. In the physical world, impasses usually are discernible, making it possible to formulate a plan of action to remove, surmount, or bypass them. In the world of ideas and concepts, where the theory-into-practice translation may be ambiguous, impasses often are not as apparent. For this reason, removing, surmounting, or bypassing them presents a

daunting challenge. How can psychologists formulate a plan of action if they do not know there is an impasse? They cannot. The foremost need, therefore, is the realization of an invisible impasse situated within the expansive literature. Unless one dives deeply into the literature, sorts through the voluminous amount of information, and evaluates where the field of multicultural counseling is now relative to where it has been in the past, the impasse will remain an insidious obstruction to progress. How did psychologists arrive at this place?

Sue et al. (1982, 1992) formally started the conversation on the topic through their pioneering and widely cited scholarship. In their initial position paper, Sue et al. (1982) presented a conceptualization now known as the tripartite model. The model provides a general description of three multicultural counseling competencies: beliefs/attitudes, knowledge, and skills. Ten years later, Sue et al. (1992) followed up on their original work and issued a directive to the profession: Implement multicultural counseling competencies and standards in counseling practice and education. In issuing their call, the authors argued for multicultural perspectives in the areas of assessment, practice, training, and research.

In addition, Sue et al. (1992) offered five reasons for the need to adopt their proposed competency standards. The first is the diversification of the U.S. population, as indicated by a decrease in the proportion of the White population and a concomitant increase in the combined populations of People of Color. The second is the shifting emphasis from monocultural to multicultural training in graduate programs, with greater affirmation and accountability of cultural diversity. The third is the sociopolitical reality of the linkage of counseling professionals to racism and oppression, as well as counseling psychologists' responsibility to participate in social change. The fourth is the historically harmful models positing that cultural differences are a type of deviance. The fifth involves ethical implications such as malpractice, resulting from the lack of sufficient preparation, research, and supervision in the multicultural competencies.

During the ensuing years since Sue et al.'s (1992) landmark publications, there has been an explosion of interest in multicultural counseling competence (Arredondo & Tovar-Blank, 2014; Trimble, 2014). Scholars, researchers, practitioners, and trainees have tried to explicate what it means to counsel clients competently in consideration of their cultural backgrounds. The enormous body of work on the topic includes articles, chapters, monographs, books, conference presentations, instruments, and training resources, all of which have yielded compelling, thought-provoking discussions on the topic. Yet the fundamental definition of multicultural counseling competency remains unclear, and the extant models to translate it into practice have serious limitations. A quote attributed to William James comports with this predicament. "There are a great many people who think they are thinking when they merely are rearranging their prejudices" (Platt, 1989, p. 240). Heeding

the observations of Chu et al. (2016), Debra Mollen and Charles Ridley acknowledge that the field is at risk for merely rearranging, rewording, and repackaging its views about multicultural counseling competence to the detriment of the advancement of this construct. The paucity of explanations of why and how the construct works give us a reason for pause. Should psychologists rethink their thinking?

The purpose of this article is to introduce a Major Contribution dedicated to revisiting and reconceptualizing multicultural counseling competence. We endeavor to demarcate the inadequacies of current definitions and models, redefine the construct in a way that overcomes existing definitional problems, propose a new model of the construct, and illustrate the implementation of our proposed model. We offer this contribution based on the dual premises that (a) research and scholarship cannot make significant advancements without a sounder conceptualization of multicultural counseling competence as a construct and (b) most professionals need better guidance to meet the pressing challenges of meaningfully applying multicultural research and scholarship to practice.

To achieve this objective, we have organized this introductory article into three major sections. In the first section, we explain the historical context in which the movement in multicultural counseling competence emerged. In the second section, we discuss the perplexing status of multicultural counseling competence in professional psychology. In the third section, we describe the organization of this Major Contribution. We conclude the article by calling on counseling psychologists and other professionals to join us in advancing the conversation in the movement.

Historical Context of the Birth of Multicultural Counseling Competence

Like many movements, the initial inertia relative to multicultural counseling competence occurred in a sociopolitical context. The movement of competent multicultural counseling began in earnest during the postcivil rights era in the United States, that reflected the preceding decades where activists fought and won fierce legal battles, theoretically ensuring justice, equality, and freedom for all peoples in the nation. For example, Title VII of the Civil Rights Act of 1964 made it unlawful to discriminate in personnel selection, placement, and promotion based on sex, race, color, religion, or national origin (Aamodt, 2010). Gaining a sense of empowerment from the act, ethnic minorities and international psychologists began to urge the American Psychological Association (APA) for a paradigm shift (Arredondo & Perez, 2006; Trimble, 2014). As Arredondo et al. (2008) explained, the sociopolitical climate of the 1960s and 1970s “spilled over into counseling and psychology professional organizations that were in disfavor with a

self-empowered racial/ethnic minority membership” (p. 267). Then, the Civil Rights Act of 1991 amended the Civil Rights Act of 1964 and strengthened other federal civil rights laws. This legislation further served as an impetus for the ethical necessity of integrating cultural considerations into clinical practice, and it helped spark a shift toward skill-based, culture-centered counseling (Chin, 2003).

Nevertheless, as discourse concerning the ideals of social justice, equality, and freedom continued into the postcivil rights era, mental health professionals struggled to translate these ideals into improved practice. For instance, they faced the formidable challenge of providing equitable service delivery to underserved populations, while simultaneously overcoming cultural oppression and racism (Ridley, 2005; Sue, 1978). Compounding this challenge was psychology’s traditional pattern of reacting to, as opposed to stepping into, the forefront of social change. Atkinson and Hackett (1998) inferred that these changes in society exposed the inadequacy of training in the profession, stating, “counselors and other mental health professionals soon discovered that their training did not prepare them to work with such issues as discrimination, alienation, and basic survival” (p. 4).

Although the profession was slow to react to social change, it did accelerate its momentum, and empowerment for marginalized clients became a popular and enduring theme in the psychological literature (APA, 2017b; Helms, 1984; Ponterotto & Casas, 1991). As Arredondo and Tovar-Blank (2014) suggested, the movement was not an accident. The reaction was long overdue, but the slow reactivity did not diminish the movement’s contributions, or its importance to the profession.

Status of the Construct

The status of multicultural counseling competence signifies a liberation of the profession from its historical and pervasive inattention to culture. Accompanying this liberation are benefits and challenges. The construct has risen to a place of prominence in the profession, but it perplexingly still lacks a consensus definition. This contradiction occurs within the context of emerging scholarship and research that is influencing the discourse in multicultural counseling competence.

Prominence in the Profession

Striking descriptions of the construct in the literature reveal its prominence. Sue et al. (1999) described multicultural competence as a “defining feature of psychological practice, education and training, and research” (p. 1061), and Delgado-Romero (2003) referred to it as “appropriate ethical conduct” (p. 316).

Betancourt et al. (2003) described the construct as a “key cornerstone in efforts to eliminate racial/ethnic disparities in health and health care” (pp. 299–300), whereas Arredondo and Tovar-Blank (2014) called it a “dynamic paradigm for the 21st century” (p. 19). Barden et al. (2017) asserted that demonstrating this construct is “paramount for counselors” (p. 203). In what sense do these phrases capture the ethos of multicultural counseling competence? Consider the position of the APA as indicated in four of its official documents.

First, in the *Ethical Principles of Psychologists and Code of Conduct*, there is the following statement regarding the ethics of treating diverse populations:

Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status, and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices (APA, 2017a, p. 4).

Second, in the *Standards of Accreditation for Health Service Psychology and Accreditation Operating Procedures*, is the following statement regarding criteria of accreditation for doctoral programs:

The program recognizes the importance of cultural and individual differences and diversity in the training of psychologists. The Commission on Accreditation defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. (APA, Commission on Accreditation, 2019, p. 7)

Third, in the *Guidelines for Psychological Practice in Health Care Delivery Systems*, is the following statement regarding service to diverse populations:

It is important that [psychologists] maintain cultural competence for healthcare delivery to diverse patient groups, including specific competence for working with patients of varying gender, race and ethnicity, language, culture, socioeconomic status, sexual orientation, religious orientations, and disabilities. (APA, 2013, p. 5)

Fourth, in the *Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality*, the following statement is written as Guideline 2:

Psychologists aspire to recognize and understand that as cultural beings, they hold attitudes and beliefs that can influence their perceptions of and interactions with others as well as their clinical and empirical conceptualizations. As such, psychologists strive to move beyond conceptualizations rooted in categorical assumptions, biases, and/or formulations based on limited knowledge about individuals and communities. (APA, 2017b, p. 4)

In unison, the voices of thought leaders in the field and official statements from APA clearly have elevated multicultural counseling competence. It stands in a place of prominence in the training and practice of practitioners of the profession. In contrast to the profession's previous inattention to culture, no psychologists or other mental health providers today can justifiably excuse themselves from the multicultural and diversity mandates put before us.

Lack of a Consensus Definition

Although multicultural counseling competence enjoys prominence in the profession, confusion persists around the meaning of the construct. Regrettably, the concern about a lack of consensus on the meaning of the construct is not novel (Constantine & Ladany, 2000; Ridley et al., 2001). Constantine and Ladany's (2000) admonition two decades ago, for instance, continues to resonate: "counselors and counseling psychologists may wish to consider whether the current definition of 'multicultural counseling competence' sufficiently captures its presumed meaning" (p. 162).

The lack of a consensus definition stems from many fundamental questions that remain unanswered: "How is multicultural counseling competence manifested in actual practice?" "Is multicultural counseling competence culturally-specific or culturally-general?" "How does multicultural counseling competence contribute to therapeutic change?" "Is multicultural counseling competence distinguishable from counseling competence in general?" "How does multicultural counseling competence differ from incompetence in multicultural counseling?"

Both authors of this introductory article have extensive experience teaching multicultural courses, conducting workshops, giving invited lectures, and presenting at professional conferences. Anecdotal data from our experiences suggest that often some attendees at these events have struggled to translate the extensive body of multicultural knowledge into competent professional practice, which is the manifestation of the impasse in the field. Informal and unsolicited comments by puzzled workshop or conference attendees about their own training as graduate students frame sentiments along these lines: "After amassing all this multicultural information in our courses, I still am uncertain in how to proceed in my counseling with

culturally diverse clients.” “I learned about the values, attitudes, and beliefs of various cultural and racial groups, but when I counsel a client from one of those groups, I still feel stuck.” “There must be more to multicultural counseling than what I learned in class.”

The above questions beg for cogent answers. On the one hand, the answers could have extensive and positive implications for theory explication, research, practice, training, ethics, and policymaking. Given the priorities set by the profession, a sound conceptualization of multicultural counseling competence benefits the total spectrum of mental health provision. Educators and trainers could better train, advise, supervise, and evaluate students. Practitioners could truly claim that they are culturally competent. On the other hand, leaving the above questions unanswered exacerbates the confusion and contributes to the identified impasse. This leaves practitioners unable to state definitively which multicultural competencies to use, why they are useful, when to use them, how to use them, or whether using the competencies equate to competence.

It is of interest that a profession that elevates multicultural counseling competence to a prominent status also struggles to clarify its meaning. Professional psychology as a field should hold itself accountable for this contradiction, as continuing this state of affairs is unacceptable.

Emerging Scholarship and Research

An impartial rethinking of multicultural counseling competence is not possible without contextualizing the construct within the current multicultural theory and research. Since the early 2000s, a number of counseling psychologists have moved to the forefront of explaining newer conceptualizations meant to attend to cultural dynamics in counseling as well as address flaws in multicultural competence models (e.g., Davis et al., 2018; Hook et al., 2013; Kivligan et al., 2019; Owen, 2013; Owen et al., 2016; Pérez-Rojas et al., 2019). For example, Owen et al. (2011) argued that the concept of multicultural counseling competence does not fit well with the ever-evolving, incremental, and contextual nature of the therapeutic process. Instead, they suggested the approach of multicultural orientation (MCO) as an alternative to the language surrounding competence. They differentiated MCO from multicultural competencies as a “way of being” with clients in therapy rather than “a way of doing” therapy. They concluded that clients viewed therapists as more credible when the therapists showed an interest in cultural issues, resulting in a strengthened alliance facilitative of change.

Owen (2013) subsequently delineated three pillars of MCO: cultural humility, cultural opportunities, and cultural comfort. Cultural humility, which is other-oriented, manifests itself in clinicians’ openness, curiosity,

lack of arrogance, and genuine desire to understand clients' cultural identities (Hook et al., 2013). Cultural opportunities, as opposed to missed opportunities, occur when therapists explore clients' cultural heritage and integrate their findings into therapy. Cultural comfort of therapists influences the likelihood that they will seize cultural opportunities. There is also initial evidence associating MCO with positive therapeutic outcomes (Hook et al., 2013; Owen et al., 2016).

The scholarship in counseling psychology on cultural humility emanates from the earlier work of Tervalon and Murray-García (1998), who proposed this construct for training physicians. They also distinguished cultural humility from cultural competence. Arguing that cultural competence is not a "discrete endpoint," they opined that cultural humility better connotes the lifelong commitment and engagement needed to treat patients from diverse backgrounds.

Another important extension in the multicultural field is social justice, which emphasizes empowerment and activism for historically marginalized and underrepresented groups (DeBlaere et al., 2019; Speight & Vera, 2008; Vera & Speight, 2003). This movement has directed attention to several important concepts, such as intersectionality, power and privilege, and oppression. Intersectionality refers to multiple overlapping identities (e.g., race, gender, religion, sexual orientation, social class, etc.), that can compound the discrimination, prejudice, and systemic disadvantages a person experiences (Cole, 2009; Crenshaw, 1993). Power, privilege, and oppression contribute additional complexity to a person's lived experiences, as well as to the dynamics within the counseling relationship (Chan et al., 2018). The social justice approach advocates for making these dynamics and intersecting identities known and challenging the systemic disadvantages that individuals experience. Despite this advancement in theory, research, and practice, a recent critique of intersectionality is that it shifts attention to merely recognizing the identities a person holds away from social justice's original intention of challenging systemic, intersecting forms of oppression and privilege (Moradi & Grzanka, 2017).

These emerging conceptualizations invigorate the rethinking of multicultural counseling competence by showing a continued high interest in culture's involvement in counseling. Given the flaws of the construct, it is also understandable that researchers and scholars would begin to conceptualize other ideas about its involvement. These ideas present formidable challenges that merit serious consideration. It is important to also consider the extent to which new ideas forge new ground, repackage old ideas into new language, or simply step in to occupy the vacuum left by the many unanswered questions of the field. Is multicultural counseling competence becoming outdated and supplanted? Or is it underdeveloped and in need of refinement? We invite a rethinking of this matter.

Organization of This Major Contribution

We organized this Major Contribution into four sequential articles, each building on the foundation of the preceding article(s). Following this introductory article, the second article is titled “Multicultural Counseling Competence: A Construct in Search of Operationalization” (Ridley, Mollen, et al., 2021). We analyze the major definitional problems with the construct of multicultural counseling competence, followed by an explanation and critique of its three major models. The third article, titled “The Process Model of Multicultural Counseling Competence,” redefines the construct. Based on this definition, we propose a process model (Ridley, Sahu, et al., 2021 [this issue]) that builds on the conceptualizations of the skills-based, adaptation, and process-oriented models of the construct in addition to some news features. In so doing, it seeks to overcome the limitations of existing models and provide better guidance for the demonstration of competence. In the fourth article, “A Case Using the Process Model of Multicultural Counseling Competence,” we describe a case based upon the model set forth in the third article (Sahu et al., 2021 [this issue]). The purpose of this article is to demonstrate how clinicians can apply the model to actual clinical practice.

Conclusion

Few constructs in the mental and behavioral health care professions have garnered as much attention over the past several decades as multicultural counseling competence. To say the least, the interest has been staggering, and the ideas have been thought provoking. The movement, whose challenge and scrutiny has extended across the spectrum of healthcare professions, has changed the very essence of professional psychology. In the current climate, the importance of the ethical mandate to serve diverse populations cannot be overstated (APA, 2017a, 2017b). At the same time, the need for sound operationalization of the construct cannot be ignored. Without addressing the invisible impasse of inexplicit guidance, professionals cannot presume to demonstrate multicultural counseling competence. Without a sound definition and model, the professional practice of this competence is presumptuous. Therefore, existing thinking must give way to rethinking. In this Major Contribution, we hope that our ideas will help advance the conversation of this important movement. Most importantly, we hope that clients, supervisees, and consultees will be the ultimate beneficiaries of this work.

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