The Multicultural Education of Art Therapists and How They Develop A Multicultural Identity: A Literature Based Study

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By
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Dedication

I dedicate this thesis to my family for giving me the opportunity to achieve more than we ever imagined.
Acknowledgments

Thank you to my thesis advisor, Betty Hartzell, and my thesis committee members, Yasmine Awais and Flossie Ierardi for your support, encouragement and commitment to my research.
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The objective of this study was to understand the current status of counselor, creative arts therapist and art therapist multicultural education—specifically student development of personal multicultural identity; and to propose an educational intervention tool to aid in the advancement of art therapy student multicultural identity development.

Information that was analyzed describing the population of the United States, racism, societal oppression, race and counseling, multicultural counseling education and creative arts therapy education informed a presentation of literature about art therapy education as it relates to self-education and specific methods of instruction in counseling and art therapy education. The investigation helped develop the experiential art task proposed in the discussion chapter. The major findings of this literature-based study include a collection of criticism about multicultural education of counselors within the context of a pluralistic society. Current literature suggests that more multicultural education leads to more developed multicultural counseling competency. Literature emphasizes multicultural identity development and its critical role in the ability of a professional to competently practice multicultural counseling.

This study encountered several limitations bound by the type and amount of research available involving counseling, creative arts therapy and art therapy multicultural education. The scope of this thesis limits the depth of exploration of other forms of social identity, and has investigated racism and counseling in detail. Also, possible inadvertent omission of some
pertinent literature by the researcher must be included. No one has an objective point of view when talking about race. So the literature reviewed and opinions presented in this study are shaped by inherent bias because this is a society and world where everyone is racially situated (Miller & Garran, 2008).
CHAPTER 1: INTRODUCTION

The purpose of this literature based study is to compile information about art therapy multicultural education and information about how art therapy students learn to understand their multicultural identity. The secondary purpose is to propose an experiential exercise to promote the multicultural identity formation of art therapy students. The proposed research design is a literature based study: critical review of the literature. Data for this study will be literature that will be collected, organized, categorized and analyzed according to Garrard’s (2007) Matrix Method through grids. Analysis will focus on the main themes of research.

Currently, American society is more multilingual, multiethnic, and multicultural than at any other time in its history (Aponte & Clifford, 1993; Sue, 1991; U. S. Bureau of the Census, 1992), and ethnic minorities are the fastest growing populations in the United States (U.S. Department of Health and Human Services, 2001). Over thirty-four percent of the current United States population is Black or African American, Hispanic or Latino, Asian American, Pacific Islander American, or American Indian (U.S. Census Bureau, 2005). However, most counselors are ethnically European American, and all of the major theoretical approaches to counseling (Psychoanalysis, Behaviorism, etc.) were developed by Europeans or Americans of European descent (Lee, Blando, Mizelle & Orozco, 2007). Practicing art therapy in the United States is certain to include serving a wide variety of individuals with unique cultural traditions, values, beliefs and behaviors (Coseo, 1997). The counseling profession has informed the creative arts therapies particularly through methods of multicultural education. Art therapy clients cover the broad spectrum of ethnic diversity while art therapy practitioners largely represent a narrow spectrum of the U.S. population—90% of art therapists are White (Talwar, Iyer, & Doby-Copeland, 2004), and 91% are female.
(Elkins, Stovall, & Malchiodi, 2003). Especially in urban areas, art therapists are seeing more clients who are people of color.

The U.S. population continues to evolve in diversity. Current United States population statistics, since year 2005, support the importance of educating counselors and therapists with an understanding of clients who are a part of minority groups. According to the U.S. Bureau of the Census (2008), the resident population of the United States is over 300 million people. One percent of the United States population is American Indian and or Alaska Native (U.S. Census Bureau, 2005). There are over 4.4 million Native Americans (U.S. Census Bureau, 2004), 39.2 million African Americans (Lee, Blando, Mizelle & Orozco, 2007) comprise 13 percent of the U.S. population (U.S. Census Bureau, 2005), with 42.7 million people, the Hispanic population accounted for 14 percent of the total U.S. population (U.S. Census Bureau, 2005). 12.5 million Asian Americans (U.S. Census Bureau, 2003) and over one million Arab American people are living in the United States (Brittingham & de la Cruz, 2005). In 2005, people who were single-race non-Hispanic White numbered 198.4 million, representing 67 percent of the the U.S. population. According to the 2000 census, German American (42.9 million), Irish American (30.5 million) and English American (24.5 million) ethnic groups from northern Europe and Italian American (15.7 million) from southern Europe are the most populous European American ethnic groups in the United States (U.S. Census Bureau, 2006). 20.6 million Americans define their ancestry as “American” or the “United States” (Lee, Blando, Mizelle & Orozco, 2007). Some other minority groups include women; men of color; lesbian, gay, bisexual, and transgender people; old adults; persons with a disability; and bicultural/biracial people (Lee, Blando, Mizelle & Orozco, 2007).
Different frameworks for multicultural training include the perspectives: etic, assumes counseling is universally applicable; emic, teaches a general process for gathering and integrating culture-specific information; idiographic, uses the client as the primary source for data and stresses client individuality in cultural matters; autoplastic, requires clients to change themselves in order to fit into their cultural environment; and alloplastic, emphasizes the influence of the client’s political, social, and economic environment in contributing to his or her problems and focuses on empowerment and advocacy for clients at the risk of victimization (Ridley, Mendoza & Kanitz, 1994). Counselor education programs might teach their students with a single course approach to multicultural education or have a curriculum infusion approach to education (Fouad, Manses & Casaas, 1992). A single course related to multicultural counseling, although the most common format for multicultural training, is often criticized (Lee, Blando, Mizelle & Orozco, 2007). It is only a starting point for graduate students and lacks the depth needed in order to foster a high level of awareness, knowledge or skill; has a potential for stereotyping; and does not easily allow for integration of awareness knowledge and skills (D’Andrea et al. 1991). A model training curriculum is outlined by Lee, Blando, Mizelle & Orozco (2007) in terms of counselor awareness, knowledge and skills. Knowledge refers to the facts and information needed to understand people of another culture, skills are specific interventions and applications of methods for working with people of another culture, and awareness refers to learning about one’s self in order to better relate to and understand the client. For the purposes of this research, I will be focusing on the awareness component of multicultural education.

A review of the literature about multicultural education will provide a comprehensive understanding of what is known about multicultural education, and an understanding of the
ways counseling, creative arts therapy and art therapy students learn about themselves. Prior research suggests that therapists are more likely to demonstrate higher levels of multicultural competence when they have an awareness of themselves as multicultural beings (Muller & Pope, 2003; Neville et al., 1996; Ottavi, Pope-Davis, & Dings, 1994; Vinson & Neimeyer, 2000), have improved understanding of themselves and their biases, values and beliefs (Carter, 2003), have established a positive a working alliance with clients (Burkard, Ponterotto, Reynolds, & Alfonso, 1999) and feel increased comfort with intercultural interactions (Parker, Moore, & Neimeyer, 1998). Promotion of self-awareness and empathy toward others tends to increase competence (Coleman, 1998), increase pluralism and decrease racism (Evans & Foster, 2000; Pederson, 1994).

Client needs, professional standards and graduate student development (Hill, 2003) warrant the advancement of counselor and therapist multicultural competency, but literature about the multicultural education of counselors and therapists reflects ambiguity about specific educational methods (Seto, Young, Becker, & Kiselica, 2006; Bernal & Castro, 1994). In addition to verbal communication, Creative Arts Therapists communicate nonverbally through the arts to access deeper levels of a person’s being. Art is intrinsically rooted in the daily life of many minority populations—rather than through the more intellectualized verbal expression characteristic of the upper middle class (Ciornai, 1983). Art therapy research suggests that confronting one’s own feelings (Addison, 1996), exploring one’s own cultural and ethnic identity (Talwar, Iyer & Doby-Copeland, 2004), examining the influence culture has on personal and others’ perceptions of different modes of artistic perception, and developing awareness of personal and cultural backgrounds with values and biases (Cattaneo, 1994) improves art therapists’ cultural competency. Cherry (2002) found
that stronger cultural identification is possible following the completion of only one multicultural art therapy course.

Counseling educators use a variety of methods to educate their students about multicultural counseling. Instructional strategies include experiential self-awareness exercises, games, didactic methods, video, reading, writing assignments, modeling/observational learning, supervised practica and internships, service-learning, immersion experiences, guest lecturers, etc. A recent survey of Masters level art therapy instructors reveals how education about multicultural issues has become more important in the last 10 years, that instructors consider multicultural education to be important, but these instructors did not have a focus on multicultural issues in any of their classes (Maccari, 2008). Cognitive detachment among mental health service providers and lower class and minority clients can be mended through education, but the social and emotional gap can only be bridged through the reeducation of counselors—aimed at changing attitudes (Das, 1995). Multicultural education requires more than information about culture groups and specific skills for working with diverse clients.

Counselors need a general awareness of their own multicultural identity and how that influences their view of the world, and how their cultural identity influences their clients. Therapists become more effective when they have an understanding of their own motives, biases, values and assumptions about human behavior (Wehrly, 1995). Many multicultural experts believe that the awareness of self as an ethnic being is paramount and necessary for one to be effective in culturally diverse helping interactions (Carter, 1995; Helms, 1990; Ponterotto, 1988; Sue & Sue, 1999). As individuals further understand themselves as ethnic
beings, they are more likely to demonstrate a higher level of multicultural competence (Mueller & Pope, 2001).

Art therapy educators often use art tasks and experiential learning to help students learn. Coseo (1997) describes how artmaking helped identify and address characteristics unconsciously associated with minority populations. Coseo’s findings relate to the proposal of an art task to facilitate the development of art therapy students’ multicultural identity.

The research question is: What is being done in multicultural education for counselors, creative arts therapists and art therapists, with a focus on art therapists. The secondary question is: How do art therapy students learn about themselves to develop their personal multicultural identity? The third issue will be the proposal of an educational intervention tool designed for the promotion of student multicultural identity. The objective of this study is to understand the current status of counselor, creative arts therapist and art therapist multicultural education—specifically student development of personal multicultural identity; and to propose an educational intervention tool to aid in the advancement of art therapy student multicultural identity development. The experiential exercise will be geared specifically for art therapy students and not counseling students. This is an important context as most of creative arts therapy education requirements have grown from standards for counseling education, and the Triad Training Model of developing student awareness, knowledge and skills structures multicultural counseling curriculum. While multicultural education consists of many different approaches and methods, this review will focus on ethnicity to assess the status of knowledge about how art therapy students develop awareness about themselves without specifically addressing the other components of multicultural education.
The limitations of this study are bound by the type and amount of research available involving counseling, creative arts therapy and art therapy multicultural education. Delimitations include the boundaries of researching only multicultural education of counselors, creative arts therapists and the specific focus on art therapists. The scope of this thesis limits the depth of exploration of other forms of social identity, and has investigated racism and counseling in detail. Also, possible inadvertent omission of some pertinent literature by the researcher must be included in this thesis. All people who write about race and racism must share their assumptions, values and biases because no one has an objective point of view when talking about race since we live in a society and world where everyone is racially situated (Miller & Garran, 2008).
CHAPTER 2: LITERATURE REVIEW

The literature examined in the following chapter addresses multicultural education of counselors and art therapists and how they learn about themselves. Garrard’s Matrix Method guided the organization of literature. This chapter begins with an overview of the demographics of the population of the United States of America. The concept of racism is first approached with a historical perspective and then in the context of current time. The interface between counseling and prejudice is investigated followed by an examination of multicultural education of counselors, creative arts therapists and art therapists including a discussion of multicultural competency and multicultural identity development. Self-education is explored and particular training strategies present a broad understanding of multicultural education of counselors and art therapists and their identity as multicultural beings.

History of the United States Population

The American society is more multilingual, multiethnic, and multicultural than at any other time in its history (Aponte & Clifford, 1993; Sue, 1991; U. S. Bureau of the Census, 1992), and ethnic minorities are the fastest growing populations in the United States (U.S. Department of Health and Human Services, 2001). The dominant culture in the United States is that of middle class White males. Over 34 percent of the current United States population is Black or African American, Hispanic or Latino, Asian American, Pacific Islander American, or Native American (U.S. Census Bureau, 2005). This is a growing proportion of the population that requires appropriate services, including mental health services.

Most counselors are ethnically European American, and all of the major theoretical approaches to counseling have been developed by Europeans or Americans of European
descent (Lee, Blando, Mizelle & Orozco, 2007). The counseling profession has informed the creative arts therapies particularly through methods of multicultural education. Practicing art therapy in the United States is certain to include serving a wide variety of individuals with unique cultural traditions, values, beliefs and behaviors (Coseo, 1997). Art therapy clients cover the broad spectrum of ethnic diversity while art therapy practitioners largely represent a narrow spectrum of the U.S. population—90% of art therapists are White (Talwar, Iyer & Doby-Copeland, 2004), and 91% are female (Elkins, Stovall & Malchiodi, 2003). Especially in urban areas, art therapists are seeing more clients who are people of color.

The U.S. population continues to evolve into a more diverse country. Current United States population statistics support the rationale for educating counselors and therapists with an understanding of multicultural clients. According to the U.S. Bureau of the Census (2008), the resident population of the United States is over 300 million people. Understanding proportions of specific racial groups can help a counselor or art therapist appreciate the diversity of the U.S. population.

Native Americans make up one percent of the population when combined with Alaska Natives (U.S. Census Bureau, 2005). African Americans comprise 13 percent of the U.S. population (U.S. Census Bureau, 2005). The Hispanic population accounts for 14 percent of the total U.S. population (U.S. Census Bureau, 2005). 12.5 Million Asian Americans (U.S. Census Bureau, 2003), and over one million Arab American people live in the United States (Brittingham & de la Cruz, 2005).

In 2005, people who were single-race non-Hispanic represented 67 percent of the United States population. According to the 2000 census, the most populace European American ethnic groups in the United States were German American, Irish American,
English American and Italian American ethnic groups (U.S. Census Bureau, 2006). 20.6 Million Americans define their ancestry as “American” or the “United States” (Lee, Blando, Mizelle & Orozco, 2007). Other groups include (but aren’t limited to) women; men of color; lesbian, gay, bisexual, and transgender people; older adults; persons with a disability; and bicultural/biracial people (Lee, Blando, Mizelle & Orozco, 2007).

Racism

Certain groups of people have distinctive (to varying degrees) physical differences such as skin tone, hair color/texture, facial features, etc. Race can be understood as a legitimate biological or genetic construct, but can also be understood as an ideology used to justify the domination of one identifiable group of people by another. However, the genetic evidence cited by the American Anthropological Association and others is that there is far greater genetic variation within “racial” groups than between them. Yet, the American census continues to classify people by race. (Miller & Garran, 2008)

The modern, western concept of race is rooted in seismic historical dislocations and collisions, and the European Enlightenment provided a conceptual frame to buttress the exploitation of distinct groups of people. The Enlightenment was a time of “scientifically” ordering the world through classification as well as establishing cultural and aesthetic norms. This led to categorizing people into races as well as privileging the White race as being the most intelligent and having the highest standards of beauty, culture and conduct. (Miller & Garran, 2008)

Exploration of Africa and America led Europeans to have more contact with Native Americans and with Africans who were subsequently enslaved and shipped to America—serving as the economic underpinning for European colonization of the Americas, Africa and
other parts of the world. This condition created a racially oppressive social structure, requiring a legitimizing rationale. (Miller & Garran, 2008)

The phenomenon of racism existed long before the term. In fact, the word “racism” first came into common usage in the 1930s when a new word was required to describe the theories on which the Nazis based their persecution of the Jews. Racism was initially linked with religious intolerance in Europe. Religious bigotry differs from racism in that the former held potential for people to be accepted if they were to change their faith. Racism relies on an essentialist, fixed, unchanging view of human beings. The Enlightenment viewed human beings as having descended from animals rather than as being children of God. The coalescing of European thinking about race had the ironic effect of serving as a foundation for the biological determinism and scientific Darwinism of the 19th century while also articulating ideals of equality and justice, which would be used later to question and undermine the rationale for racism. (Fredrickson, 2002)

Modern racism seems to have begun in the Iberian Peninsula in the 15th and 16th centuries with the Spanish conceptualizing the Jews as having “impure” blood. The destruction of Nazi Germany, the desegregation of the American South in the 1960s, and the establishment of majority rule in South Africa may indicate that regimes based on biological racism or cultural essentialism are a thing of the past. The Enlightenment and 19th century romantic nationalism created a new intellectual context for debates over slavery and Jewish emancipation. The author compares the color-coded racism of the 19th century and the anti-Semitic racism that appeared in Germany around the same time with an account of the rise and decline of the 20th century’s overtly racist regimes (Jim Crow South, Nazi Germany, and apartheid South Africa). (Fredrickson, 2002)
The concept of race, both scientific and cultural, has been used ever since the inception of the United States to justify severe exploitation and terrible economic and social inequalities (Miller & Garran, 2008). Dehumanization and denigration served to rationalize the murder and slaughter of Native Americans, enslavement of African Americans, dispossession and loss of rights of Mexican Americans, exclusion of Chinese and Japanese immigrants, and pogroms against many of the mentioned groups (Miller & Schamess, 2000; Takaki, 1987). Generations transmit racism by shared interactions between individuals and the social institutions that they are subject to and create (Rollock & Gordon, 2000). Prejudice and bias have been equated with racism, a system of privilege, and oppression with rights and privileges for members of some groups and not others. Racism is illegal in the United States of America. Further, racism is morally wrong and injures everyone, depriving all (perpetuators and beneficiaries alike) of his or her full humanity. Racism divides and alienates people, extracting an emotional cost and social and economic expenses as well (Miller & Garran, 2008). The wedding of racial essentialism, racism and social Darwinism led to further justifications for social and economic exclusion, as well as to pathologizing the cultures and mental health of groups considered to be “inferior” (Jansson, 2005; Steinberg, 2001).

Diversity refers to individual differences among people such as: age, gender, sexual orientation, religion, physical ability/disability, etc. (Arredondo, Toporek, Brown, Jones, Locke, Sanchez & Stadler, 1996). Multiculturalism is the preservation of multiple cultures within an inclusive society and focuses on ethnicity, race and culture. (Arredondo, Toporek, Brown, Jones, Locke, Sanchez & Stadler, 1996). A person may define themselves with a variety of racial and cultural categories. People of color and women may be more likely to
embrace principles of multiculturalism than Whites and men, in part because of existing
power dynamics in North American society (Smith, 2004). Ethnicity is the group of people a
person identifies with, and not defined by physical characteristics.

Race constitutes a different meaning than ethnicity. Originally carrying a meaning
that referenced a biological origin and physical appearance, the concept of race was always
more inclusive (embracing a number of ethnic groups within a given racial category). Over
time, race has acquired a social meaning in which these biological differences, via
stereotyping, have become markers for status assignment within a social system. The status
assignment based on skin color identity has evolved into complex social structures that
promote a power difference between White people and various people of color. Power-
assigning social structures in the form of institutional racism affect the life opportunities, life
styles, and quality of life for both White people but especially minority people. They
compound, exaggerate, and distort biological and behavioral differences reinforcing
misconceptions on the part of both groups about one another and even themselves.
(Pinderhughes, 1989)

Culture can be understood as the customary beliefs, social forms, and material traits
of a racial, religious or social group (Merriam-Webster, 2009). Culture consists of language,
ideas, beliefs, customs, taboos, codes, institutions, tools, techniques, works of art, rituals,
ceremonies and symbols (Sue & Sue, 2008). Also, a person’s attitudes, values, ideals, and
beliefs are greatly influenced by the culture (or cultures) in which he or she lives (Miller &
Garran, 2008).

Culture factors into the interactive processes between individuals, their families, their
groups, and their environment; in the assignment of people’s opportunities and life-styles by
their social structures; in the cohesiveness and solidarity of groups and their manner of survival; in the structure and process of family dynamics; in the development of personality and ego functioning, including the sense of cohesiveness and the stability of the self; in the coping mechanisms involved and the identity achieved; in how people are viewed and how they view themselves; and in how people view and behave toward culturally different others (Pinderhughes, 1989).

Color-blind thinking suggests that cultural origin is irrelevant. Pinderhughes (1989) feels that the blending process and “melting pot” ethic of American society has sometimes prevailed over forces favoring separate though equal cultural and ethnic identities. However, “History, literature, art, music, as well as the sciences endorsed the value of cultural assimilation and provided no reference point for the culturally different except in depicting their culture as inferior and inadequate” (Pinderhughes, 1989). Therapists cannot afford to be culture blind (Hocoy, 2002) because race and culture are valuable components of a person’s identity. A criticism of multicultural research is that it focuses only on differences between people (McNiff, 1984). A person may not be appropriately valued without an understanding of cultural context. McNiff (1984) asserts that the continuation of studies that focus only on differences will result in a diffusion and separation of human energy. Two educators suggest that counselors should focus on the individual with the presenting problem rather than the person’s race and ethnicity (Vontress & Jackson, 2004). Some authors expand the concept of a personalized definition of cultural identity to propose that political correctness and multiculturalism distract from clinical practice. Clinicians must be respectful of the humanity and culture of all people in order to be in consonant with the new paradigm in psychotherapy (Riley-Hiscox, 1999).
Understanding how behavior (even our own) may have a cultural, rather than a pathological, basis can help clinicians become more empathetic and understanding towards clients who are culturally diverse (Cherry, 2002). Empathy is a critical component to counseling, and seems to be required in multicultural interactions.

The Jungian concept, the shadow, has been mentioned in multicultural counseling research. The “shadow” can be understood as the dark, unaccepted parts of the self. It may be in the shadow where a person’s unconscious feelings about race can be understood. There is an ethical component to the shadow that informs the values of professional, interpersonal life, and there is nothing like consciousness-raising in dealing with the problematic areas of shame, power and envy (Bouchard, 1998).

Racism, communicentric bias, distorts the knowledge base and effectiveness in social science fields (Rollock & Gordon 2000). Racism divides and alienates people, extracting an emotional cost and social and economic one as well (Norris & Spurlock, 1992). In North American Society, White middle class men hold the preponderance of power. People of color and women may be more likely to embrace principles of multiculturalism than Whites and men, in part because of existing power dynamics in North American society (Smith, 2004). Multiculturalism promotes diversity as a valuable characteristic, and people with experience as a minority seem to encourage multiculturalism more than members of the majority culture.

Other Forms of Social Identity

People may identify with minority cultural groups that experience oppression other than racial/ethnic minority groups. Miller & Garran (2008) say that no one is defined only by race, and racism is strongly connected to other forms of social oppression. Other minority statuses in the United States include, but are not limited to, ability/disability, socioeconomic
class or status, education, gender, immigrant/refugee populations, language, sexual minorities and religion and spirituality. Race, gender, education, professional training, political affiliation and sexual minority status all, at times, make up the networks and categorical distinctions on which ideological control and domination of social institutions and resources builds (Miller & Garran, 2008). The scope of this thesis limits the depth of exploration of other forms of social oppression, but they have been briefly mentioned in this section.

**Ability/Disability**

There are more than 50 million people in the United States that have a disability (U.S. Census Bureau, 2006). The United States Census Bureau (2008) divides what it has determined to be persons with “disabilities” into the following categories: sensory disability (4.6%), physical disability (9.9%), mental disability (6.3%) and self-care disability (3.5%) comprising 15.7% of the United States population. These statistics do not account for people with multiple disabilities and people that have disability who are institutionalized. Disability may have a profound impact on social class and vice versa, possibly resulting in discrimination in a person’s opportunity for education and/or employment (Lee, Blando, Mizelle & Orozco, 2007).

**Older Adults**

There is a great increase of the numbers and percentages of older adults living in the United States, and it is only expected to multiply in the coming years. Ageism describes a form of racism against older adults. Although statistics dispute stereotypes, common ideas about older people are: old people are physically or cognitively impaired, cannot learn new material, are senile, have depressed mood and anxiety, have psychological problems, are isolated, lonely, and not socially active. (Lee, Blando, Mizelle & Orozco, 2007)
Socioeconomic Class/Status

Class, or socioeconomic status, influences many different minority culture experiences. Class-bound inequities receive little attention from the mainstream media while racial and ethnic scapegoating continues as a subtext for public discourse (Miller & Garran, 2008). African Americans suffer the highest poverty rate of any racial or ethnic group in the United States, 22%, the Hispanic population has a poverty rate of 21%, women are impoverished more often than men, and White people experience the least amount of poverty at 9.8% (Russell, 2003). Class intertwines with racism, and both are forms of social oppression. According to Miller and Garran (2008), it cannot be determined if racism or classism is more paramount as a social force because independently, they are both powerful social dynamics.

Education

Anyon (2003) describes the far-reaching segregation that can occur due to income and race, and how this affects educational opportunities due to unequal distribution of resources for education, which is funded mostly through local property taxes. Language affects educational attainment. Russell (2003) states that nearly half of all generations of the Hispanic immigrant population lack a high school diploma.

Gender

Racism and sexism are forms of social oppression that reference the deepest core of a person’s identity, their body (Miller & Garran, 2008). Females make up over half of the U.S. population (Miller & Garran, 2008). A majority minority group is a group that is a mathematical majority yet still is considered a subordinate group whose members have significantly less control or power over their lives than members of a dominant or majority
group. Ethnic minority women have been described as having little trust in the health care system, believing that they will encounter racism (Burnette, 1996), and this reluctance may apply to seeking counseling as well (Lee, Blando, Mizelle & Orozco, 2007).

**Immigrant and Refugee Populations**

Without immigration, Europeans and Native Americans would not have come into contact. Immigration, especially from Central and South America and Asia, continues to restructure the dynamics of race, ethnicity and racism in the United States, and the current state of high immigration contributes to a major shift in the ethnic and racial population in the United States. Immigration and assimilation are vital to the social construction of who is white and who is of color. (Miller & Garran, 2008)

Laws and policies encourage and discourage people from entering the United States through economic needs, humanitarian efforts, political objectives and diversity promotion (Miller & Garran, 2008; Sue & Sue, 2008). Many barriers exist for immigrants needing social and mental health services such as: communication difficulties, lack of knowledge, cultural factors and a lack of resources (Sue & Sue, 2008).

Refugees are people who flee their country of origin in order to escape persecution of race, religion, nationality, political opinion or membership in a particular group (Chung & Bemak, 2007). Generally, refugees are under greater amounts of stress than immigrants because their escape is often sudden or traumatic, but most refugees are able to make a healthy transition to life in the United States (Sue & Sue, 2008).

**Language**

In 2000, 18% of the United States population reported speaking a language other than English as their primary language (U.S. Census Bureau, 2003). Spanish is the non-English
language that is most commonly spoken at home followed by Chinese, French and German (U.S. Census Bureau, 2003). Counties with a large proportion of the population who spoke a language other than English at home were concentrated in border states: California, Florida and Texas (U.S. Census Bureau, 2003). The U.S. Census Bureau (2003) defines linguistic isolation as a person living in a household where no one aged 14 or over speaks English at least “very well.” This may affect how well a person can communicate with public officials, medical personnel, service providers, and complicate fundamental activities such as grocery shopping and banking.

Sexual Minorities

Sexual orientation can be described as an enduring pattern of sexual attraction and is distinguished from a culturally organized conception of the self, sexual identity (Diamond, 2003). The gay, lesbian, bisexual and transgender communities make up a diverse group of people involving their identity, sexual attractions and/or behaviors, but they share that they are not heterosexual, or “straight” (Miller & Garran, 2008). Those who identify as non-heterosexual are becoming a more visible minority in the United States with the legalization of gay marriage in Massachusetts and California and the recognition of this legally binding status in other states, such as New York (Peters, 2008). Many sexual minority group members must find a way to exist in three communities simultaneously: interacting with other gay people, with others of their ethnic group, and with the predominantly White heterosexual majority (Morales, 1992).

Religion and Spirituality

The religions practiced within the United States is as follows: Protestant 51.3%, Roman Catholic 23.9%, Mormon 1.7%, other Christian 1.6%, Jewish 1.7%, Buddhist 0.7%,
Muslim 0.6%, other or unspecified 2.5%, unaffiliated 12.1%, none 4% (CIA, 2007). Jewish Americans have been targets of discrimination for a long time—most hate crimes are directed against people who are Jewish (Sue & Sue, 2008).

Bicultural/Biracial People

In the United States, the number of mixed-race people is growing rapidly, and is related to the increase in intercultural marriage (Lee, Blando, Mizelle & Orozco, 2007). In 1967, the last laws against anti-miscegenation (race mixing) were repealed, and the biracial baby boom began (Sue & Sue, 2008). Biracial people confront issues such as: racial/ethnic ambiguity, existing between margins and stereotyping (Sue & Sue, 2008). Interracial marriages are most common among the middle class (Lee, Blando, Mizelle & Orozco, 2007) and between White men and Asian women (Sue and Sue, 2008).

Race and Counseling

The composition of the population of the United States continues to change, and counselors must be prepared to work effectively with diverse clients (Sue & Sue, 1999) while the service provided by therapists must be perceived as essential to the needs of society and be rendered with competence (Feen-Calligan, 1996). Multicultural issues must be woven into the very fabric of our definition of what it means to be a counselor or psychologist (Reynolds, 1995) because all counseling is multicultural in nature. Sociopolitical and historical forces influence the culture of counseling beliefs, values, practices and the worldview of clients and counselors (Arredondo & Arciniega, 2001). Ethnicity, culture, race, language, and other dimensions of diversity need to be factored into counselor preparation and practice (Arredondo & Arciniega, 2001). Today’s culture makes understanding one’s values imperative in order to be respectful of, and to work effectively with others whose
values differ from one’s own (Gonzalez-Dolginko, 2000). Since societal and cultural forces shape every institution in a society, racist notions have been incorporated into the mental health system (Carter, 1995). Racism violates professional codes of ethics and compromises the capacity of human service professionals to help their clients and to uphold their professional ideals, including social justice (Miller, and Garran, 2008).

As racism persists in its traditional forms in American society, it retains the potential to disrupt individual mental health, confound the societal systems designed to promote psychological well-being and distort the processes for generating knowledge about psychopathology and mental health. Racism can influence definitions of pathological behavior and the behavior of diverse groups of people. Racism also affects the allocation of and access to resources necessary for appropriate treatment and well-being. There is special urgency in rooting out racism in mental health contexts because of the personal distress and social cost that mental health issues inevitably entail. The influence of racism on the American mental health system has been described as occurring through definitions of mental health and pathology, explanations of etiology, evaluation processes and service delivery. (Rollock & Gordon, 2000)

Racism underlies aspects of definitions, explanations of the etiology, evaluation, service delivery, institutional structure, research and training (Rollock & Gordon, 2000; Pinderhughes, 1989), and these institution structures have been developed in terms of what seems appropriate for the White American middle class (Pinderhughes, 1989). Racism can erode the mental health status of its individual victims and dominate the institutional and cultural mechanisms through which it operates (Rollock & Gordon, 2000). The blending of racial essentialism, racism and social Darwinism led to more validation for social and
economic exclusion, as well as to pathologizing the cultures and mental health of groups considered to be “inferior” (Rollock & Gordon, 2000). The mental health enterprise in the US is another element of culture that shapes and is shaped by the lived experiences of its citizens (Rollock & Gordon, 2000).

Practicing racially and culturally sensitive therapy requires the therapist to be receptive to how clients define themselves—according to racial/cultural themes. By listening, the therapist helps a client see the impact of race and culture on his/her everyday life. Assisting a client to understand her behavior within the racial/cultural context frees the client to reduce life stress by making more personally appropriate life choices. Two typical problems with the practice of using the concepts of cultural diversity and multiculturalism in the mental health fields are (1) the separation of White “normative” culture from other cultural groups (2) and indirect labeling of visible ethnic groups implies that the dominate cultural group is “better” adjusted to American culture. (Helms & Cook, 1999)

The American Counseling Association (2005) addresses diversity issues through its professional literature. The association encourages counselors to recognize that culture affects the manner in which clients’ problems are defined. Clients’ socioeconomic and cultural experiences are considered when diagnosing mental disorders; counseling professionals recognize historical and social prejudices in the misdiagnosis and pathologizing of certain individuals and groups, and the role mental health professionals have in perpetuating these prejudices through diagnosis and treatment. Mental health care providers are encouraged to select, and use with caution, assessment techniques that were normed on populations other than that of the client, and recognize the effects of age, color, culture, disability, ethnic group, gender, race, language preference, religion, spirituality, sexual
orientation, and socioeconomic status on test administration and interpretation, and place test results in proper cultural perspective with other relevant factors.

Counselors strive to communicate the parameters of confidentiality in a culturally competent manner while maintaining awareness and sensitivity regarding cultural meanings of confidentiality and privacy. Counseling professionals respect differing views toward disclosure of information and hold ongoing discussions with clients as to how, when, and with whom information is to be shared. Informed consent is explained within a cultural context. Standards encourage the promotion of cultural sensitivity. (American Counseling Association, 2005)

Cultural differences make it difficult to provide psychological help to members of many ethnic groups. Many individuals of East European and Middle Eastern family origins find almost intolerable the idea of revealing their personal lives to strangers, expressing negative attitudes about family members, or discussing sexual matters with someone younger or of the opposite sex (Calish, 2003) because it differs from their cultural values. Minority persons are more likely to utilize mental health services when those services are culture-compatible (Atkinson, Morten & Sue 1998).

The psychological health and development of society may require that repressed elements within society be brought into conscious awareness and integrated within the collective identity. Social justice may be essential to the well-being and maturation of society, as well as being necessary for the psychic development of individuals. Art therapists are suggested to adopt an action research approach by relinquishing theoretical dogma and cultural assumptions and consider the specific needs and worldview of the individuals being served. (Hocoy, 2005)
Specifically, art therapy and social action are linked through the versatility and power of imagery (Hocoy, 2005). Visual perception, which also includes interpretation of pictures is learned, and that specific mode of interpreting visual images is learned depends on one’s culture (Mangan, 1978). Art therapy can help one understand the reciprocal impact of societal and individual psychic processes (Hocoy, 2005). Art expression crosses into other cultural territories raising questions about cultural values and ownership (Henley, 1999). Expressing through art may seem more universal than verbal language, but the field of art therapy knows little cross-culturally in terms of psychological meaning (E. A. Hartzell, personal communication, April, 15 2009).

Practicing racially and culturally sensitive therapy requires that the therapist be open-minded enough to listen to the racial and cultural themes by which the client defines himself or herself. Assisting a client to understand her or his behavior within the racial and cultural context frees the client of stress, allowing them to make more personally appropriate life choices. (Helms & Cook, 1999)

The essence of all effective counseling involves being responsive to cultural issues, so there is no distinction between general and multicultural counseling competencies. An appreciation of the context in which problems and solutions occur (and a sensitivity to the context) are keys to effective counseling. Counselors must use general counseling skills to demonstrate their understanding and knowledge of the context (Coleman, 1998). Only those who are able to escape being caught up in the web of their own assumptions and maintain a balanced perspective will be able to communicate effectively with other cultures (Pederson, 1994). Unawareness of our culturally learned assumptions is not consistent with the standards of good and appropriate counseling (Pederson, 1994).
As the North American population continues to diversify, counseling psychologists/mental health service providers are obligated to examine cultural sensitivity issues in practice & facilitate the multicultural counseling competence needed in a pluralistic society (Carlson, Brack, Laygo, Cohen & Kirkscey, 1998). Multicultural training can be helpful in changing modes of information processing related to racial attitudes (Evans & Foster, 2000) but does not seem to promote the cognitive complexity needed for moral development.

All clinical encounters have the potential to be cross-cultural (Doby-Copeland, 2006). Multicultural counseling refers to integration of multicultural and culture-specific awareness, knowledge and skills into counseling interactions. (Arredondo, Toporek, Brown, Jones, Locke, Sanchez & Stadler, 1996).

Multicultural Education of Counselors

Counselors must be prepared to work effectively with diverse clients because the composition of the population of the United States continues to change (Sue & Sue, 1999). Previous research has reflected reluctance by training programs to include course work on mental health and socio-cultural issues relative to minority groups (Bernal & Padilla, 1982). Although multicultural education is generally believed to be effective, there continue to be questions about the extent of its efficacy (Vontress & Jackson, 2004), but a “troubling” number of respondents reported seeing clients despite reporting low levels of competence with that client group (Allison, Echemendia, Crawford & Robinson, 1996). Counselors who hold a worldview different from their clients’ (and are unaware of the basis for this difference) are most likely to impute the client with negative traits (Sue, 1991).
Client needs, professional standards and graduate student development (Hill, 2003) warrant the advancement of counselor and therapist multicultural competency, but literature about the multicultural education of counselors and therapists reflects ambiguity about specific educational methods (Seto, Young, Becker, & Kiselica, 2006; Bernal & Castro, 1994). The field of multicultural counseling education developed without sufficient empirical, theoretical and institutional support (Ponterotto & Casas, 1991). Ponterotto (1997) emphasized the need for high-quality professional training specific to working with multicultural populations. And other researchers call for the development of learning objectives, instructional strategies, and ultimately program designs based on a clearly articulated training philosophy (Ridley, Espelage & Rubinstein, 1997; Ridley, Mendoza & Kanitz, 1994).

Aponte and Clifford (1995) think that barriers to counselor education exist at the societal/community level, the institutional/departmental level and the individual level. Multicultural education consists of multiple paths to multicultural counseling competency, but many instructors do not avail themselves of guidelines provided by extant theoretical models (Arredondo, Toporek, Brown, Jones, Locke, Sanchez & Stadler, 1996). High-quality professional training specific to multicultural populations is needed (Kiselica, Maben & Locke, 1999). Outcomes associated with multicultural education have come under scrutiny over the past several years (Kiselica, Maben & Locke, 1999). A study examining the impact of multicultural training on White racial identity attitudes and therapy competencies demonstrated that gains were maintained over one year after the completion of one multicultural training course (Neville, Heppner, Louie, Thompson, Brooks & Baker, 1996).
The American Psychological Association (APA) has standards for promoting multicultural competence. For APA accreditation, graduate programs must demonstrate a plan for providing trainees knowledge about the influence of diversity on human experience. APA has issued ethical guidelines for providing services to historically oppressed groups, including statements for obtaining training, experience, and supervision to ensure the appropriateness and effectiveness of services. Guidelines include: (1) Suggestion to recognize that, as cultural beings, they may hold attitudes and beliefs that can detrimentally influence their perceptions of and interactions with individuals who are ethnically and racially different from themselves. (2) Encouragement to recognize the importance of multicultural sensitivity/responsiveness, knowledge, and understanding about ethnically and racially different individuals. (3) Support for using the constructs of multiculturalism and diversity in psychological education. (4) Considerations with research with diverse populations and (5) Strategies to apply culturally appropriate skills in clinical and other applied psychological practices. (American Psychological Association, 2002)

The American Mental Health Counselors Association (2000) supports multiculturalism with extensive integration of multicultural sensitivity. Mental health counselors are expected to actively attempt to understand the diverse cultural backgrounds of the clients with whom they work. This includes learning how the counselor’s own cultural/ethical/racial/religious identity impacts his or her own values and beliefs about the counseling process. When there is conflict between the client’s goals, identity and/or values and those of the mental health counselor, a referral to an appropriate colleague must be arranged. Mental health counselors are expected to provide only those services and use only those techniques for which they are qualified by education, techniques or experience.
Through awareness of the negative impact of both racial and sexual stereotyping and
discrimination, the member should strive to ensure the individual rights and personal dignity
of the client in the counseling relationship. Mental health counselors provide thorough
discussion of the limitations of their data, especially when their work touches on social
policy or might be misconstrued to the detriment of specific age, sex, ethnic, socioeconomic,
or other social categories. (American Mental Health Counselors Association, 2000)

American Counseling Association supports multiculturalism throughout the
profession. Counselors are asked to actively attempt to understand the diverse cultural
backgrounds of the clients they serve. Informed consent should be communicated within a
cultural context. Counselors are encouraged to recognize that culture affects the manner in
which clients’ problems are defined, and clients’ socioeconomic and cultural experiences are
considered when diagnosing mental disorders. Multiculturalism and diversity should be
addressed in the supervisory relationship. Counselors can minimize bias and respect diversity
in designing and implementing research programs, and when appropriate to research goals,
counselors are sensitive to incorporating research procedures that take into account cultural
considerations. Counseling professionals need to communicate the parameters of
confidentiality in a culturally competent manner while maintaining awareness and sensitivity
regarding the cultural meanings of confidentiality and privacy. Also, counselors should
respect differing views toward disclosure of information by holding ongoing discussions with
clients as to how, when, and with whom information is to be shared. (American Counseling
Association, 2005)

Methods of Education
Counseling educators use a variety of methods to educate their students about multicultural counseling. Instructional strategies include experiential self-awareness exercises, games, didactic methods, video, reading, writing assignments, modeling/observational learning, supervised practica and internships, service-learning, immersion experiences, guest lecturers, etc. Cognitive detachment among mental health service providers and lower class and minority clients can be mended through education, but the social and emotional gap can only be bridged through the reeducation of counselors—aimed at changing attitudes (Das, 1995). Multicultural education requires more than information about culture groups and specific skills for working with diverse clients.

Incorporating ethnic content and training experiences cannot be achieved without addressing the barriers to such efforts at multiple levels including the societal, community, university, department, program, and individual levels (Aponte & Clifford, 1993). According to Aponte & Aponte (2000) changes to date have been limited. A broad and long-term perspective in educating psychologists to work with ethnic populations involves changing beliefs, attitudes, and behaviors at multiple levels: increasing the number of ethnic faculty and students, changing and developing curriculum that allows ethnic content to be embedded in the theoretical, research and practice components of training programs (Aponte & Aponte, 2000). Some programs focus on the development of specific pluralistic or cross-cultural counseling competencies while others attempt to alter trainee attitudes towards persons who are culturally different (Carney, & Kahn, 1984).

The availability of trained mental health professionals to fulfill needs of diverse population may be limited (Bernal & Castro, 1994). Diverse populations are under represented in faculty and student populations of education programs. The number of
multicultural students in graduate programs is often directly related to the number of ethnic faculty in the programs (Aponte & Aponte, 2000) with greater diversity in the faculty associated with greater diversity within the student population. Also, organizational commitment to multiculturalism in diversity representation of professional, intern, and peer counselor staff are key factors (Manese, Wu & Nepomuceno, 2001). A shift in the conceptualization of diversity education to an approach that takes difference into account offers the potential to contribute to the reduction of health disparities (Frank & MacLeod, 2005) because mental health workers may know more about the identities of their clients.

Multicultural education should become more integrated throughout the curriculum of graduate programs (Arredondo & Arciniega, 2001). All departmental constituencies (faculty, students, staff) can be involved in a well-organized, comprehensive, systemic effort to bring about change (Stadler, Suh, Cobia, Middleton & Carney, 2006). Some authors emphasize that multicultural education should become more infused across the curriculum of graduate programs (Kiselica, Mabe & Locke, 1999; Ponterotto, 1998).

Multicultural education interventions have been typically associated with positive outcomes across a wide variety of participant and study characteristics (Smith, Constantine, Dunn, Dinehart & Montoya, 2006). Perhaps this is understood through outcome research generally suggesting that multicultural education can facilitate the development of attitudes, knowledge and skills associated with multicultural counseling competence (Smith, Constantine, Dunn, Dinehart & Montoya, 2006).

There are various education methods in multicultural counseling education. Training strategies include: cultural specific events approaches (presentations and colloquium), workshop approaches (extended training experienced), interdisciplinary approaches (courses
in related disciplines), separate course approaches (courses with specific ethnic content),
areas of concentration approach (organized courses and training experiences), and integration
approaches (ethnic content embedded in all courses). (Aponte & Clifford, 1995, 2000)

Different frameworks for multicultural training include the perspectives:

- Etic, assumes counseling is universally applicable without empirical justification or
cultural modification.
- Emic, teaches a general process for gathering and integrating culture-specific
information at the risk of promoting stereotypes.
- Idiographic, uses the client as the primary source for data and stresses client
individuality in cultural matters.
- Autoplastic, requires clients to change themselves in order to fit into their cultural
environment.
- Alloplastic, emphasizes the influence of the client’s political, social, and economic
environment in contributing to his or her problems and focuses on empowerment and
advocacy for clients at the risk of victimization (Ridley, Mendoza & Kanitz, 1994).

Counselor education programs might teach their students with a single course
approach to multicultural education or have a curriculum integrated with multicultural
learning in all coursework (Fouad, Manses & Casaas, 1992). A single course related to
multicultural counseling is the most common format for multicultural training (Lee, Blando,
Mizelle & Orozco, 2007). A specific course about culture is only a starting point for graduate
students to understand diversity and counseling. A single course lacks the depth needed in
order to foster a high level of awareness, knowledge or skill; has a potential for stereotyping;
and does not allow for integration of awareness knowledge and skills (D’Andrea et al. 1991).
**Theoretical Approaches to Education**

Many instructors base interventions and assignments around the content of a textbook rather than on existing theory and research. A critical flaw in the field is the lack of evidence that the many paths taken by instructors lead directly to skillful multicultural practice in clinical settings. Multicultural education interventions that were explicitly based on theory and research yielded outcomes nearly twice as beneficial as those that were not. (Smith, Constantine, Dunn, Dinehart & Montoya, 2006)

Helms (1994) proposed a model of racial identity development based on the premise that all people, regardless of race, go through a stage-wise process of developing racial consciousness wherein the final stage is an acceptance of race as a positive aspect of themselves and others. Educators could match training experiences with the trainee’s level of racial consciousness (Helms, 1984).

Trainees who have completed Multicultural Education and Diversity Appreciation Training (ME/DAT) have consistently perceived themselves as experiencing positive changes in cultural biases, although the extent and nature of prejudice reduction is unclear. (Kiselica, Maben & Locke, 1999)

A three-pronged model of training curriculum is outlined by Lee, Blando, Mizelle & Orozco (2007) in terms of counselor awareness, knowledge and skills. The Triad Training Model is a comprehensive guide for multicultural education (Sue & Sue, 2008).

- Knowledge refers to the facts and information needed to understand people of another culture, the sociopolitical system of the United States, counseling knowledge and institutional barriers preventing some clients from seeking mental health treatment.
• Skills are specific interventions, communication techniques and applications of helping responses and interventions with people of another culture.

• Awareness refers to learning about one’s self, differences from clients, sensitivity, attitudes, values and biases in order to better relate to and understand the client.

Education programs actively train students to gain awareness, knowledge and skills in the competencies of multicultural practice (American Counseling Association, 2005). Knowledge of racial and ethnic groups and culture is required for multicultural competency. Skills specific to the needs of the population include strategies for working with clients. There is a general positive trend in the awareness, knowledge and skills of the students as they progress through training (Carlson, Brack, Laygo, Cohen & Kirkscey, 1998).

Multicultural education could better address issues of practitioner competence. Sometimes multicultural education has focused more on knowledge acquisition than on skill development, and multicultural education may be less effective when it is not founded on research-based principles of multicultural competence (Carter, 2001). Constantine & Sue (2005) emphasize the need for high-quality professional training specific to working with multicultural populations. Counselor educators should actively infuse multicultural/diversity competency in their coursework, workshops, training and supervision practices (American Counseling Association, 2005).

Clinical Experience

Clinical experience working with diverse clients is a strong predictor of multicultural skills (Allison, Echemendia, Crawford & Robinson, 1996). Students who have had diverse client contact perceive themselves to have greater multicultural awareness, knowledge, skills and confidence in being a competent counselor (Carlson, Brack, Laygo, Cohen & Kirkscey,
Internship training that provides an integrative multicultural approach increases multicultural competency (Manese, Wu & Nepomuceno, 2001).

*Immersion Experience*

Another way to develop skills is through an immersion experience. Multicultural competency may be attained in the course of in vivo experiences within different communities through research projects/other types of fieldwork and experiential exercises related to one’s own experiences of racial issues (Inman, Meza, Brown & Hargrove, 2004).

*Workshops*

Students may develop multicultural counseling competence by participating in workshops. Most respondents reported accessing education and training experiences about providing services to diverse client groups (Allison, Echemendia, Crawford & Robinson, 1996). Continuing education is a way professionals can maintain up-to-date information about emerging issues within the field.

*Experiential Exercises*

Experiential exercises often help students learn. An experiential exercise is one where the student learns from experience. Students have rated experiential activities as being the most helpful component in their acquisition of multicultural competence (Heppner & O’Brien, 1994). According to Carlson, Brack, Laygo, Cohen & Kirkscey (1998), classes or workshops offer an important experiential component as well as information regarding counseling with specific populations. Optimally, multicultural education includes direct supervision of experiential learning activities and guided practice (Smith, Constantine, Dunn, Dinehart & Montoya, 2006).
Multicultural education could better address issues of practitioner competence (Carter, 2001). Carter (2003) is hopeful that in the future more educational programs will uphold a student competence standard in classes designed to teach them about racial-cultural issues, because the standards for cultural competency have been in existence for over 20 years. The service provided by art therapists must be perceived as essential to the needs of society and be rendered with competence (Feen-Calligan, 1996). Carter (2003) and Coleman (1998) agree that there is no distinction between general and multicultural counseling competence.

Allison, Echemendia, Crawford & Robinson (1996) found that most therapists reported competence in working with diverse clients, but there was notable variability among ratings of therapists’ self-perceived competence with different client groups. Authors found significant differences in self-reported multicultural competence (Constantine & Yeh, 2001), and higher levels of racism are negatively associated with self-perceived multicultural competence (Constantine, 2002). Experience working with multicultural clients and attending professional development seminars have been found to be the strongest predictors of higher levels of multicultural competencies, followed by prior multicultural course work and case consultation (Arthur & Januszkowski, 2001).

Constantine, Juby & Liang (2001) examined multicultural counseling competence and race-related attitudes among White marital and family therapists. Racism and White racial identity attitudes together contribute to significant variance in marriage and family therapist’s self-reported multicultural counseling knowledge and awareness. More mature racial identity statuses are positively associated with self-perceived multicultural counseling
competence. Multicultural counseling competence is not just about the reduction of racism, but the development of empathy. (Constantine, Juby & Liang, 2001)

Professional counselors seem to believe that they are most competent in the awareness, skills, and definitions areas of competence, and they perceive themselves to be less competent on the knowledge and racial identity dimensions (Holcomb-McCoy & Myers, 1999). Constantine (2001a) emphasized the importance of including behaviorally based methods of assessing multicultural counseling competence, as opposed to relying exclusively on self-report measures.

*Personal Characteristics and Multicultural Identity Development*

The different experiences of Whites and persons of color are indeed relevant to their self-perceived multicultural counseling competencies (Pope-Davis, Reynolds, Dings & Neilson, 1995). Ethnicity was related to higher levels of perceived multicultural competence (Holcomb-McCoy & Myers, 1999, Pope-Davis, Reynolds, Dings & Neilson, 1995). Many researchers have reported no significant differences in multicultural counseling competencies by race/ethnicity (Manese, Wu & Nepomuceno, 2001; Pope-Davis, Reynolds, Dings & Ottavi, 1994). Also, matching counselors and clients by race or ethnicity may not necessarily result in greater counseling successes or outcomes (Constantine, 2001a). As age increases there seems to be less confusion about and reliance on others with regard to racial issues, raising the idea that this model of racial consciousness has a developmental model (Mueller & Pope, 2003).

There is a positive relationship between the receipt of multicultural education and self-perceived multicultural counseling competence (Constantine, 2001a; Pope-Davis, Reynolds, Dings & Neilson, 1995; Sodowsky, Kuo-Jackson, Richardson & Corey, 1998).
Counseling psychology students rated themselves as more multiculturally competent than clinical psychology students in three of the four multicultural competency areas (Pope-Davis, Reynolds, Dings & Neilson, 1995), and this may be understood from the curriculum content of the varying educational programs. Interns reported greater multicultural knowledge and skills when they had received supervision for a multicultural counseling situation, attended more multicultural workshops, or taken more multicultural course work than interns who had no such supervision, fewer workshop hours, or less coursework (Pope-Davis, Reynolds, Dings & Ottavi, 1994). Researchers found that there was no significant difference in self-perceived multicultural competence between graduates of Council for Accreditation of Counseling and Related Educational Programs (CACREP) accredited and non-accredited programs (Holcomb-McCoy & Myers, 1999).

A competency-based approach to teaching provides guidelines and developmental benchmarks for adaptive cognitive, emotional, and behavioral attributes (Arredondo & Arciniega, 2001). Arredondo & Arciniega (2001) propose a model designed to provide flexibility for discussing multiple identities in both sociopolitical and historical contexts.

In an examination of the relevance and integration of multicultural issues in marriage and family therapy programs and their relation to therapist competence in working with racially/ethnically diverse clients, programs were seen to have met several multicultural competencies: curriculum issues, counseling practice and supervision, and presentations on multicultural issues. Unmet competencies include minority representation in student and faculty populations, multicultural research considerations, student-faculty competency evaluations, and a physical environment supportive of multicultural learning. Results showed a lack of relationship between perception of multicultural competency and self-perceived
multicultural counseling, and a significant and positive relationship between self-reported multicultural competencies and number of formal courses taken. (Inman, Meza, Brown & Hargrove, 2004)

Counselor feelings of social inadequacy and locus of control racial ideology overall and individually made significant contributions to self-reported multicultural counseling competency. Multicultural training variables made significant contributions to self-reported multicultural counseling competencies (Sodowsky, Kuo-Jackson, Richardson & Corey, 1998). Knowledge/skills scores significantly increased at the end of training (Manese, Wu & Nepomuceno, 2001; Constantine, 2000). There is a positive relationship between the receipt of multicultural education and self-perceived multicultural counseling competence (D’Andrea, Daniels & Heck, 1991). Both a person’s gender and levels of affective and cognitive empathy were significant predictors of self-reported multicultural counseling competence (Constantine, 2000). Greater levels of emotional empathy are positively associated with self-reported multicultural competence (Constantine, 2000).

Exposure during training to working with clients from specific cultural groups was important in predicting therapists’ current perceived competence (Allison, Echemendia, Crawford & Robinson, 1996). Students who have had more client contact perceive themselves to have greater multicultural awareness, knowledge, skills and confidence in being a competent counselor (Carlson, Brack, Laygo, Cohen & Kirkscey, 1998).

A competency-based approach to teaching provides guidelines and developmental benchmarks for adaptive cognitive, emotional and behavioral attributes. Counselor awareness of own cultural values and biases, counselor awareness of client’s worldview, and culturally
appropriate intervention strategies have been combined in a model for teaching. (Arredondo & Arciniega, 2001)

Multicultural Identity Development of Counselors

Prior research suggests that therapists are more likely to demonstrate higher levels of multicultural competence when they have an awareness of themselves as multicultural beings (Muller & Pope, 2003; Neville et al., 1996; Ottavi, Pope-Davis, & Dings, 1994; Vinson & Neimeyer, 2000), an improved understanding of themselves and their biases, values and beliefs (Carter, 2003), establish a positive a working alliance with clients (Burkard, Ponterotto, Reynolds, & Alfonso, 1999) and feel increased comfort with intercultural interactions (Parker, Moore, & Neimeyer, 1998). Promotion of self-awareness and empathy toward others tends to increase competence (Coleman, 1998), increase pluralism and decrease racism (Evans & Foster, 2000; Pederson, 1994). Boston & Short (1998) believe that being committed to the human service profession makes it mandatory that one explores one’s own thoughts and feelings.

Counselors need a general awareness of their own ethnic identity, how that influences their view of the world, and how their cultural identity influences their clients. Therapists tend to become more effective when they have an understanding of their own motives, biases, values and assumptions about human behavior (Wehrly, 1995; Mueller & Pope, 2001). Many multicultural experts believe that the awareness of self as an ethnic being is paramount and necessary for one to be effective in culturally diverse helping interactions (Carter, 1995; Helms, 1990; Ponterotto, 1988; Sue & Sue, 1999).

Awareness of one’s self as a racial being and of one’s experience regarding racial and cultural issues tends to help a student understand his or her clients. Potential for harm can
exist when therapists do not understand their own biases or the biases that exist in general theories of counseling. In order for a therapist to become competent in counseling the multicultural population, the therapist must first explore his or her own cultural biases. (Acton, 2001)

Personality includes race and racial identity in extremely dynamic and complex ways to explain individual development. Through self-learning and racial identity development, students and professionals often come to appreciate racial and cultural differences as important and valuable aspects of their own and other people’s identity. One’s identity, as it relates to race, tends to be affected by the manner in which race is denied, avoided, or discussed in the family or other socializing institutions. (Carter, 1995)

No matter how much the therapist may feel that he or she can identify with the client, there are still elements of one’s own growth and development that lead to a different set of values and attitudes (Boston & Short, 1998). Health care workers need to look objectively at their own values and beliefs, and self-assessment is the first step for therapists working with diverse clients: looking at one’s own feelings and attitudes about the people who are “different” (Sue & Sue, 2008). Therapists need to deal with personal beliefs about ethnic populations through an exploration of these beliefs, attitudes, behavior, and interactions with ethnic persons (Aponte & Aponte, 2000). The American Counseling Association (2005) encourages counselors to explore their own cultural identities and how these affect their values and beliefs.

Multicultural identity development is seen as important when working with clients to formulate appropriate treatment goals and interventions. The group participant can move through the stages of racial development with the support of other group members (Pack-
Brown, Whittington-Clark & Parker, 1998). The authors believe in the importance for group leaders to achieve ego statuses or attitudes that approach advanced levels of racial identity development (Pack-Brown, Whittington-Clark & Parker, 1998). One of the most effective treatment approaches for minority clients should include facilitating an internalization of an accurate, positive, and affirming racial identity (Pack-Brown, Whittington-Clark & Parker, 1998).

Racial Identity Development Models

Counseling and therapy in the culture of the United States of America are conducted in a society dominated by White males. White racial identity development is important for mental health workers to know because most mental health workers are White—most art therapists are White females (Elikins & Stovall, 2000). Racial identity constructs apply in some manner to both Black and White racial groups though their manner of expression may differ because of the groups’ opposite racial experiences in the U.S. (Helms, 1990).

Racial identity development should be considered an integral component in the planning of multicultural counseling training and education (Ottavi, Pope-Davis & Dings, 1994). Most multicultural training models suggest that the first step toward becoming a culturally sensitive trainee is to examine one’s own racial and ethnic biases. (Atkinson, Morten & Sue, 1998).

Helms’ (1995) stages of White racial identity development are based on the idea that White people in the United States have been socialized in an environment where members of their group were privileged in comparison to those of other racial groups. White people have tended to learn to protect this privilege by adopting racist attitudes and behaviors. White racial identity development involves five statuses:
Contact, characterized by an unawareness of White people considering how they may benefit from institutional and cultural racism, and may only superficially acknowledge their membership in the White racial group.

Disintegration, portrayed by an increasing awareness of White people and identification their own racial group membership.

Reintegration, distinguished by an idealization by White people of their racial group by selectively perceiving and distorting information that allows for the maintenance of racism.

Pseudo-independence, reflected in White people’s intellectual understanding of racism and how they may have perpetuated it, along with a subtle feeling of superiority and intolerance toward other racial groups.

Autonomy, exemplified by an internalization of a positive racial identity that no longer imposes arbitrary racial definitions on others and displays an intellectual and emotional appreciation of racial differences and similarities (Constantine, 2002; Helms, 1995).

Ponterotto’s model is based on Helms’ theoretical concepts. Ponterotto’s stages are: pre-exposure, exposure, zealot/defensive, and integration, which are nearly analogous with Helms’ stages (Hardimann, 1994). Another developmental model from Hardimann (1994) depicts five stages describing the process by which White people develop an anti-racist, positive White identity in the context of a racist society. Stages include

- Pre-socialization
- Acceptance of socialization
- Rejection of socialization
• Redefinition

• Internalization (Hardimann, 1994).

The Hardimann, Helms, and Ponterotto models of White identity development all focus on the impact of White racism on a White person’s identity (Hardimann, 1994). The White identity development models suggest that multicultural identity development is incumbent on White helping professionals engaging in self-reflection and to uncover their internalized racism (Hardimann, 1994). White helping professionals need to examine the White cultural bias that permeates many of the most respected and utilized theories (Hardimann, 1994). Experience with multicultural issues, self-identification with a socially marginalized group, discussions with supervisors on race and multicultural issues, and interest in working with culturally diverse students and staff were all significantly related to several dimensions of White racial consciousness. (Mueller & Pope, 2003)

Helms’ (1990) Black Racial Identity Development consists of the stages:

• Pre-encounter (characterized by a person’s idealization of Whiteness and denigration of Blackness)

• Encounter (an increased consciousness of race and experience)

• Immersion (characterized by an idealization of blackness/emersion and a denigration of Whiteness)

• Internalization (characterized by a person’s racial transcendence)

Groups such as Asian Americans and Latino Americans have ethnic identity development models. A People of Color Racial Identity developmental model describes the ethnic identity development of minority persons in the American society to provide a conceptual framework for counselors to understand their culturally different client’s attitudes
and behaviors. Sue & Sue (2008) describe how racial/cultural identity development can be understood through attitudes toward self, attitudes toward others of the same minority, attitudes toward others of a different minority and attitudes toward the dominant group with the following stages: conformity, dissonance and appreciating, resistance and immersion, introspection and integrative awareness. (Sue & Sue, 2008)

There may be a link between White racial identity and self-reported multicultural competence. Supervisees’ racial identity was significantly related to self-reported multicultural counseling competency. Racial identity for both groups was not significantly related to multicultural case conceptualization ability. Supervisors’ instruction to focus on multicultural issues was significantly related to conceptualizations of a multicultural treatment strategy. (Ladany, Inman, Constantine & Hoftheinz, 1997)

Inman, Meza, Brown and Hargrove (2004) examined the relevance and integration of multicultural issues in Marriage and Family Therapy (MFT) programs and its relation to therapist competency when working with racially/ethnically diverse clients. Authors suggest counselor’s worldview, theoretical orientation, value system, cultural group membership, and previous experience as potentially affecting multicultural competence. Therapists might explore how their own family-of-origin impacts the therapeutic process. In vivo experiences within different communities through research projects/other types of fieldwork, and experiential exercises related to one’s own experiences of racial issues might be other pathways toward this goal. (Inman, Meza, Brown & Hargrove, 2004)

Significant increases were found in multicultural counseling competency, but not in levels of racial identity development across time (Vinson & Neimeyer, 2000). Racial identity development might not be linear, so it would not be expected to show consistency across
Changes in multicultural counseling competency could lead to more complex racial identity development (Vinson & Neimeyer, 2000). As individuals further understand themselves as racial beings, they are more likely to demonstrate a higher level of multicultural competence (Mueller & Pope, 2003). Students’ White racial identity development, educational level, and clinical experience demonstrated moderate correlations with multicultural competencies (Ottavi, Pope-Davis & Dings, 1994). More mature racial identity statuses are positively associated with self-perceived multicultural counseling competence (Ottavi, Pope-Davis & Dings, 1994).

Education programs develop training curriculum along a variety of approaches with incorporating multiple variables to supplement education. Training strategies include: culture-specific events approach, separate courses approach, interdisciplinary approach, workshop approach, area of concentration approach and integration approach (Aponte & Aponte, 2000). The completion of a diversity-related course appeared to increase trainees’ multicultural therapy competencies and to facilitate the adoption of more sophisticated White racial identity ego statuses (Neville, Heppner, Louie, Thompson, Brooks & Baker, 1996). Common themes of identity and cultural barriers were mentioned in art therapy courses (Bermudez & ter Maat, 2006). Findings underscore the importance of racially and ethnically diverse speakers and panels in promoting multicultural therapy competencies (Neville, Heppner, Louie, Thompson, Brooks & Baker, 1996). Some educators facilitate experiential activities to further student learning.

Creative Arts in Therapy Multicultural Education

Some people understand art to be more intrinsically rooted in the daily life of many minority populations than intellectualized verbalization (Ciornai, 1983). Art, dance,
storytelling, singing, playing of instruments, and drama are important in many cultures as curative methods and a means of communication (Lewis, 1997). The arts can be used as a trans-cultural and profound facilitator for growth and recovery (Lewis, 1997) in addition to verbal therapy. Creative Arts Therapists communicate verbally and nonverbally by means of creativity to often access deeper parts of a person’s being. Creative arts therapies include: music therapy, dance/movement therapy, art therapy, poetry therapy, artists/therapists, drama therapy, and psychodrama (McNiff, 1986). Cherry (2002) found that stronger cultural identification is possible following the completion of only one multicultural art therapy course.

*Dance/Movement Therapy*

Dance Movement Therapy is defined as the psychotherapeutic use of movement as a process which furthers the emotional, physical, cognitive and social integration of the individual (American Dance Therapy Association, 2008). The Code of Ethical Practice of the American Dance/Movement Therapy Association defines responsible professional behavior for dance/movement therapists and makes these definitions known to the community at large (American Dance Therapy Association, 2008). Professionals must not misrepresent the level of training and education they have acquired (American Dance Therapy Association, 2008). Dance/movement therapists practice solely in the areas for which they have been trained and are professionally qualified to perform (American Dance Therapy Association, 2008). In Dance/Movement Therapy, course work includes cultural, anthropological, and social foundations of movement behavior (American Dance Therapy Association, 2008b).

*Music Therapy*
Music therapy is an allied health profession in which music is used within a therapeutic relationship to address physical, psychological, cognitive, and social needs of individuals (Music Therapy Association, 2008). Spirituality and cultural background is defined as an interrelationship among a client’s musical experiences, personal belief system, and cultural background, which may be influenced by the client’s geographical origin, language, religion, family experiences, and other environmental factors (American Music Therapy Association, 2005). The American Music Therapy Association establishes rules and standards to inform professionals and consumers of policy and expectations.

There is no mention of multicultural education requirements by the American Music Therapy Association (2008). However, in assessment, consideration may be given to a client’s spirituality and cultural background, and methods will be appropriate for the client’s chronological age, diagnoses, functioning level, spirituality and other cultural background (American Music Therapy Association, 2005). The association has an anti-discrimination policy. A music therapist will perform only those duties for which he or she has been adequately trained, not engaging outside his or her area of competence (American Music Therapy Association, 2007). The music therapist will strive for the highest standards in his/her work, offering the highest quality of services to clients/students (American Music Therapy Association, 2007). In addition, the music therapist works to eliminate the effect on his/her work of biases based upon these factors (American Music Therapy Association, 2007).

Art Therapy
Art therapy is a mental health profession that uses the creative process of art making to improve and enhance the physical, mental and emotional well being of individuals of all ages (American Art Therapy Association, 2009).

Bringing repressed elements within an individual and society into conscious awareness and integrating them with the collective identity are essential to the psychological health and development of society. Social justice may be essential to the well-being and maturation of society, as well as being necessary for the psychic development of individuals. Art therapists are encouraged to adopt an action research approach by relinquishing theoretical dogma and cultural assumptions and consider the specific needs and worldview of the individuals being served. (Hocoy, 2005)

Art therapy and social action are linked through the versatility and power of the image (Hocoy, 2005). Visual perception, which also includes interpretation of pictures, is learned, and the specific mode of interpreting visual images that is learned depends on one’s culture (Mangan, 1978). Art therapy can help one understand the reciprocal impact of societal and individual psychic processes (Hocoy, 2005). Art expression crosses into other cultural territories, raising questions about cultural values and ownership (Henley, 1999). The service provided by art therapists must be perceived as essential to the needs of society and be rendered with competence (Feen-Calligan, 1996).

The American Art Therapy Association (2003) provides principles to cover situations encountered by art therapists to safeguard the welfare of the individuals and groups with whom art therapists work and to promote the education of members, students, and the public regarding ethical principles of the art therapy discipline. Art therapists recognize not only cultural diversity, but also the impact of socioeconomic and political factors on the
psychological development and socio-cultural identifications of minority persons and art making. The association has an anti-discrimination policy. Art therapists are to be aware of and respect cultural, individual, and role differences, and consider these factors when working with members of such groups. Also, art therapists 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. (American Art Therapy Association, Inc, 2003)

The Art Therapy Credentials Board is a professional organization responsible for the credentialing of art therapists. It has an Antidiscrimination statement. Art therapists assess, treat or advise on problems only in those cases in which they are competent as determined by their education, training and experience; and they do not permit students, employees, or supervisees to perform or to hold themselves out as competent to perform professional services beyond their education, training, experience, or competence. Art therapists are encouraged, whenever possible, to recognize a responsibility to participate in activities that contribute to a better community and society, including devoting a portion of their professional activity to services for which there is little or no financial return. (Art Therapy Credentials Board, 2005)

Multicultural art interventions presented in an atmosphere of respect can strengthen the therapeutic alliance (Acton, 2001). Art therapy research suggests that confronting one’s own feelings (Addison, 1996), exploring one’s own cultural and ethnic identity (Talwar, Iyer & Doby-Cpoeland, 2004), examining the influence of culture on personal as well as others’ perceptions of different modes of artistic perception and developing awareness of personal
and cultural backgrounds with values and biases (Cattaneo, 1994) has been said to improve art therapist cultural competency.

**Drama Therapy**

Drama therapists are trained in theater arts such as: improvisation, role-playing, puppetry, mime and theatrical production, psychology and psychotherapy. Psychodrama deals with specific theory and methodology of theater and therapy (McNiff, 1986). The American Board of Examiners in Psychodrama, Sociometry and Group Psychotherapy (2007) establishes national standards and certification procedures. The organization has an antidiscrimination policy. The American Board of Examiners in Psychodrama, Sociometry and Group Psychotherapy (2007) has adopted the Code of Ethics of the American Psychological Association. Drama therapists limit their practice and services to those which are in their professional competence by virtue of their education and professional experience and consistent with any requirements for state/provincial and national/international credentials (National Association for Drama Therapy, 2007). A drama therapist refrains from initiating a drama therapy activity if there is a substantial likelihood that personal circumstances will prevent the drama therapist from performing his/her work-related activities in a competent manner, and must take appropriate measures such as obtaining professional consultation or assistance and determine whether he/she should limit, suspend, or terminate work-related duties (National Association for Drama Therapy, 2007).

**Poetry Therapy**

Poetry therapy can be understood as the use of poetry, literature, creative language and the expressive use of language in therapy. Poetry therapy is a small professional
specialization when compared to other creative arts therapies, and does not have a set of published professional standards.

Art Therapist Multicultural Education

Training shapes a profession, but influences upon the profession shape the type of training that is demanded by the market—delineating a reciprocal relationship between training and practice (Wadeson, 1989). McNiff (1986) writes about the benefits of creative arts therapies in multicultural situations, but doesn’t speak about methods of instruction. Art therapy should diversify its educational programs to train researchers, administrators, and lobbyists in addition to clinicians (Feen-Calligan, 1996). The service provided by art therapists must be perceived as essential to the needs of society and be rendered with competence (Feen-Calligan, 1996).

A recent survey of 38 Masters level art therapy instructors indicates how education about multicultural issues has grown to be more essential in the last 10 years, that instructors judge multicultural education to be important (Maccari, 2008). Since 87% of art therapy practitioners in 2000 identified as “Caucasian” (Elkins & Stovall, 2000), it is pertinent that art therapists understand diverse populations. Cherry (2002) has found that stronger cultural identification is possible following the completion of one multicultural art therapy course.

American Art Therapy Association (AATA) (2003) standards maintain an antidiscrimination policy. Art therapists 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. Art therapists try to eliminate the effect of biases based on those factors in their work, and they do not
knowingly participate in or condone activities of others based upon such prejudices. The organization recognizes not only cultural diversity, but also the impact of socioeconomic and political factors on the psychological development and socio-cultural identifications of minority persons and their art making. (American Art Therapy Association, 2003)

American Art Therapy Association (2007) describes the required curriculum content including multicultural guidelines: art therapy assessment will be provided with an understanding of cultural factors, cultural diversity theory and competency models will be applied to an understanding of diversity of artistic language, and symbolism and meaning will be understood in artwork and art making in a cross-cultural manner and within a diverse society. Art therapists should investigate their role in social justice, advocacy, and conflict resolution and understand theories of counseling and development of competencies that are essential for a culturally responsive therapist. Cultural self-awareness can be developed through self-assessment, strategies for working with diverse communities, and critical thinking with regard to attitudes, beliefs, and competent practice. (American Art Therapy Association, 2007)

General ethical principles of the Art Therapy Credentials Board (2005) include an antidiscrimination policy. Art therapists assess, treat or advise on problems only in those cases in which they are competent as determined by their education, training and experience; and they do not permit students, employees, or supervisees to perform or to hold themselves out as competent to perform professional services beyond their education, training, experience, or competence (Art Therapy Credentials Board, 2005).

A recent survey (Maccari, 2008) found that (1) the majority of participants who graduated from art therapy programs over ten years ago did not have a specific course
focused on multicultural issues; (2) Almost half of all survey participants did not have a focus on multicultural issues in any of their classes; (3) Currently, the overwhelming majority of participants consider multicultural education for art therapists to be very important; (4) Race is the most difficult factor for students to discuss openly in class, and most instructors feel only somewhat confident educating others about this cultural factor; (5) Emerging issue: how to address the homogeneousness of the profession and build a more culturally diverse art therapy group of practitioners. (Maccari, 2008)

AATA has instituted more rigorous standards for programs, and this may influence results. 78.4% Of participants have sought out “Workshops” to better understand and explore their cultural identity. 62.2% of participants have engaged in “Artistic exploration” as a means to better understand their own cultural identity. 58.3% of instructors give assignments specifically focused on exploring students’ own cultural identity. (Maccari, 2008)

The Triad Training Model of multicultural counseling education has generally been applied to art therapy multicultural education. Art therapists should take an opportunity to increase awareness and appreciation of themselves as racial beings (Sidun & Ducheny, 1998). Awareness often will deepen an appreciation of culture and worldview and will improve art therapists’ effectiveness when working with all clients, most notably those of different racial or ethnic backgrounds (Sidun & Ducheny, 1998).

Knowledge about the life situation of individuals (cultural background, socioeconomic status, etc.) must be taken into consideration by the arts therapists in order to facilitate the healing process of clients (Ciornai, 1983). Professionals are encouraged to be wise in applying the cultural knowledge that one knows in order to avoid overdoing cultural sensitivity by stereotyping individuals (Kaplan, 2002). Gaining culturally specific knowledge
requires that particular attention be paid to understanding a person’s worldview (Doby-Copeland, 2006). Kaplan (2002) suggests that the reader study cultural diversity, conduct related research, but proceed with cautious respect for the uniqueness of each client.

The skills portion of the Triad Training model includes the specific ways of working with diverse populations. Moncrief (2007) has identified twelve factors that were useful in demonstrating sensitivity to the individual culture of each client: individualizing approaches, considering abilities, recognizing communication styles, determining graphic developmental level and style, respecting attention span/working pace, gauging interest in the art materials/processes, being aware of emotional needs, honoring individual qualities, considering familial circumstances, reprioritizing the client, developing self-awareness, and trusting instincts.

**Education Methods**

Art therapy educators often use art tasks and experiential learning to help students learn. Coseo (1997) describes how artmaking helps identify and address characteristics unconsciously associated with minority populations. Coseo’s findings relate to the proposal of an art task to facilitate the development of art therapy students’ multicultural identity. The ultimate purpose for training for cultural competence is to develop ethno-relativistic thinking (Calish, 2003). Curriculum and training did not exist in most art therapy graduate programs prior to the requirement by AATA Education Standards of 1994 (Calish, 2003). The profession of art therapy has exhibited growth and consistency in education requirements and enrollment (Pearson, Walker, Martinek-Smith, Knapp, & Weaver, 1996).

There are several overarching approaches to art therapy multicultural education:
• (a) A separate course in ethnic studies that focuses on specific groups using a historical perspective, with provision for development of positive attitudes through intensive experiences in cross cultural settings

• (b) An area of concentration that includes a skills-building pre-practicum course with specialized practicum sites

• (c) An interdisciplinary approach to provide depth of knowledge and cooperation in both research and practice

• (d) An integrative approach that provides instruction for all students with cooperation from all faculty, using sites that provide multicultural services (Calish, 2003).

Some proposed educational guidelines are divided into critical content areas: program philosophy, faculty preparedness, curriculum content, cross-cultural supervision, and multicultural resources (Doby-Copeland, 2006). The value of multicultural training philosophy lies in the provision of a standard of behavior for the training program (Doby-Copeland, 2006). Training should emphasize not only didactic but also personal work involving the student’s racial identity and self-esteem while also exploring biases with respect to age, disability, religion, ethnicity, social status, sexual orientation, indigenous heritage, national origin, and gender (Hays, 1996; Phinney, 1996).

Practicum experience is preliminary clinical education for therapists followed by the clinical internship. Supervision is a component of clinical learning and an interface of multicultural counseling and learning. Service learning supplements clinical experience, and the former is done on a volunteer basis. Experience attained by means of volunteerism produces different learning for students in that it is less demanding of performance and may be a more appropriate environment for the development of multicultural counseling skills.
Service learning was introduced by Feen-Calligan (2005) as pedagogy to facilitate the identity construction of art therapy students and was found to nurture aspects of professional identity.

Workshops are learning opportunities available to professionals that are not geared for matriculated students but rather people working in clinical practice. Training is a continuous process (Doby-Copeland, 2006). Therapists are encouraged to continue learning about multiculturalism and diversity after their education, and many licensure boards require continuing education. Sometimes, a therapist’s multicultural education is attained only through workshops and continuing education.

Some education programs value a multicultural experience where a student who generally would be a part of the majority population is given the opportunity to encounter the experience of being a minority. This is called an immersion experience. The immersive experience in San Miguel de Allende allowed the program at Loyola Marymount to build a comprehensive experience to support multicultural competencies (Linesch & Carnay, 2005). Art making provided participants with the opportunity to look into unarticulated biases, fears and resistances, and it was the art making that provided the participants the tools to experiment with change (Linesch & Carnay, 2005). Immersion experiences are difficult to develop because they require: connections to populations that are quite different from American culture, the scheduling international travel into an already busy curriculum, faculty availability/willingness to travel abroad, and resources to fund travel abroad. One solution is to find an immersive experience within the United States such as, on a Native American Reservation or in a diverse, concentrated part of a metropolitan city.
Experiential exercises are learning events where students participate in an activity that elicits deeper understanding about an activity. Students can be guided to discover and examine the influence that culture has on their own and others’ perceptions of different modes of artistic expression (Cattaneo, 1994). Art making is an effective tool for addressing and confronting cultural prejudices and values that interfere with treatment (Coseo, 1997). An experiential workshop may be outlined and designed to facilitate an exploration of white racial identity composed of: an introduction and invitation, a short didactic presentation, a group discussion, creation of artwork, examination of the artwork, and summary (Sidun & Ducheny, 1998).

Workshops and continuing education are ways professionals maintain awareness of developments within the field. In addition, some authors recommend that each art therapist pursue individual development in accordance with a sense of professional direction, which may include personal therapy, spending time in the studio, building relationships of trust with other colleagues, readings, and reflecting on one’s own practice (Bouchard, 1998). Attaining cultural competence is an ongoing process requiring constant self-awareness examination to increase an understanding of how our biases, values and cultural customs affect interactions with culturally diverse populations (Doby-Copeland, 2006).

Education About One’s Multicultural Identity

Health care workers need to look objectively at their own values and beliefs (Churchill, 1995, Marger, 1991, Norris & Spurlock, 1992, Wilson & Smith, 1993). Biases and prejudices left unchecked may interfere with effective and appropriate treatment, as therapists may superimpose their values onto their clients’ situation and treatment (Norris & Spurlock, 1992; Churchill, 1995). Counseling programs are expected to provide training
components that encourage self-growth and self-disclosure as a part of the training process (American Counseling Association, 2005). For example, art therapists have an ethical responsibility to educate themselves about the therapeutic issues that are common among the Hispanic population (Bermudez & terMaat, 2006). Self-assessment, the looking at one’s own feelings and attitudes, cultural values and prejudices about the people who are “different,” is the important first step for therapists working with diverse clients (Atkinson, Morten & Sue, 1991; Brownlee, 1978; Churchill, 1995; Dtati, 1999; Golub, 1989; Green, 1982; Lofgren, 1981).

Creative Arts Therapist Self Awareness

Standards of professional organizations encourage education programs to promote student examination of one’s self as well as others (American Music Therapy Association, 2008). McNiff (1986) stresses the importance of personal awareness by advocating for an understanding of how personality and behavior affect clients and therapy.

Guided psycho-physical exercises aid self-reflection on how someone embodies his or her own race, culture, and ethnicity. Sensitizing creative arts therapists to their habitual bodily manifestation of emotions and symbolic dance movement provoked their discovery of flexibility and responsiveness towards their clients or students who were members of non-Western cultures. Once the therapist identified the roots of his or her own cultural position, the development of a culturally congruent practice was more likely to occur. (Chang, 2006)

Art Therapist Education About Self

Understanding the self is expanded to the understanding of clients and patients, and developing self-awareness is a shared experience between the therapist and the client (Wadeson, 1987). Wadeson (1990) further postulates that the key to working with patients in
an emotionally non-exploitative, clinically responsible way is self-awareness. Inappropriate interventions may result if art therapists are unaware of how their personal perceptions, views and beliefs enter into treatment decisions (Angell, Levick, Rhyne, Robbins, Rubin, Ulman, Wang & Wilson, 1981). Many researchers highlight the importance of addressing one’s own cultural values and prejudices while working with culturally different clients (Dtati, 1999; Golub, 1989; Green, 1982; Lofgren, 1981).

As art therapists view art, they must remember how their own cultural experience in terms of color, symbol identification, organization of space, and figure depiction influences their understanding of art (Doby-Copeland, 2006). Clarifying personal values is important (Golub, 1989), especially for healthcare workers (Green, 1982). Art therapists must first confront their own feelings (Addison, 1996).

Rubin warns that unawareness of the forces that determine theory/practice can be no more than an externalization of our own intra-psychic issues, and only after self-analysis are we ready to think or talk about the mature and creative use of the self in art therapy (Rubin, 2001).

Applications of Self-Awareness

By exploring feelings and attitudes held about other cultures, one is able to see what biases and prejudices are brought to the therapeutic relationship. We must understand the impact of our own cultural background on the therapeutic relationship; this includes cultural values, attitudes and assumptions held. Insights gained through self-assessment can lead to understanding—the first step toward culturally appropriate and sensitive treatment. (Coseo, 1997).
The therapist must tease apart issues of personal responsibility from societal oppression if the process of facilitating autonomy and insight is to proceed. Also, therapists must identify when the insensitivity of therapists may distort their views of their minority clients. Personal reflection must be a constant theme of the therapist’s professional supervision. (Henley, 1999)

Countertransference can be understood as the unconscious feelings that a therapist feels toward a client. Kileo (1991) presents an overview of a collection of interviews about countertransference and art therapy based on interviews with 14 professional art therapists exploring their use of drawings they did after sessions with clients. The experiences of several art therapists showed that post-session art making was useful for them in developing an empathic capacity, clarifying confused feelings, or rendering unacknowledged feelings into form. None of the art therapists suggested that they relied on this method to identify their issues with countertransference. (Kileo, 1991)

Waller (1992) assessed proposed changes in art therapist education and suggested that art therapists’ engagement in their own personal therapy was felt to be essential if the “psychotherapeutic” base of the work was to be credible (Waller, 1992).

Art therapists use art making to help their clients, and art therapists may also use art to help themselves understand and cope with clinical issues. Art making is an effective tool for addressing and confronting cultural prejudices and values that interfere with treatment (Coseo, 1997). By exploring feelings and attitudes held about other cultures, one is able to see what biases and prejudices are brought to the therapeutic relationship (Coseo, 1997).

Art making aids in self-assessment by lowering defenses, organizing thoughts and helping to define responses (Coseo, 1997). Some educators emphasize the use of personal
work involving the student’s racial identity and self-esteem while exploring biases (Calish, 2003). In clinical practice, post-session artwork can help an art therapist process strong feelings, increase empathy, explore merging by using the client’s symbols, and the impact of the work on the “artist self” (Wadeson, 1990). Reflecting on images can help a therapist recognize intense feelings and deepen empathy for a client (Ramseyer, 1990).

Applications of Multicultural Counseling Education

Multicultural competencies should become as central to the field of counseling as empathy and other basic communication skills (Reynolds, 1995). The American Psychological Association (2003) emphasizes that multicultural education should become more infused across the curriculum of graduate programs. There is a great deal of criticism of programs that offer only one course about diversity rather than integrating multicultural issues in all parts of education. However, findings suggest that trainees in programs that infuse multicultural content in all courses in addition to providing multicultural-specific course work did not necessarily embrace the multicultural literature nor were they any clearer on what multicultural competence is (Steward, Morales, Bartell, Miller & Weeks, 1998). But other researchers found that no matter the ethnicity of students, multicultural training enhanced the participant awareness of themselves as racial beings (Parker, Moore & Neimeyer, 1998), and awareness of the self as a racial being improves one’s multicultural counseling skills. Teaching one course in multicultural counseling is not evidence of a learning organization nor does it demonstrate that training programs and their faculty are being responsive to the standards of professional organizations (Reynolds, 1995).

Education programs address multicultural issues through diversity of students and faculty, but mere contact between demographically diverse college students is not sufficient
to reduce prejudice and develop an appreciation for diversity (Berrymann-Fink, 2006). The American Counseling Association (2005) requires that counselor educators actively attempt to recruit and retain a diverse student body; recognize and value diverse cultures and types of abilities students bring to the training experience; provide appropriate accommodations that enhance and support diverse student well-being and academic performance.

Contact that is interpersonal, cooperative, rewarding, and positively sanctioned by students’ institutions and social networks is associated with the reduction of general and specific prejudice (Berrymann-Fink, 2006). The reduction of generalized prejudice as well as prejudice based on race, sex, and sexual orientation was significantly associated with contact between equals, interpersonal contact, cooperative contact, rewarding contact, and contact sanctioned by the institutions and social networks of which the students were a part (Berrymann-Fink, 2006).

Toporek (2001) developed the Multicultural Counseling Competency Assessment and Planning Model (MCCAP) that integrates personal, professional, and institutional contexts as critical elements in multicultural competence. Affective, cognitive and behavioral learning and competence are integrated and include self-assessment, and strategic planning to assist counselors, psychologists and educators in a more complete application of multicultural counseling standards (Toporek, 2001).

Arredondo & Arciniega (2001) assert that multicultural education should become more infused across the curriculum of graduate programs. A competency-based approach to teaching provides guidelines and developmental benchmarks for adaptive cognitive, emotional, and behavioral attributes. The model provides flexibility for discussing multiple identities in both sociopolitical and historical contexts. (Arredondo & Arciniega, 2001)
Ponterotto, Alexander & Grieger (1995) developed an assessment for programs to evaluate the quality of multicultural education. The researchers present a multicultural competency checklist that can be used by counseling training programs to guide the multicultural efforts of educational programs. The checklist includes 22 items organized along the themes: minority representation, curriculum issues, counseling practice and supervision, research considerations, student and faculty competency evaluation, and physical environment. Counseling training programs can use the multicultural competency checklist as a pragmatic guide for multicultural program development. (Ponterotto, Alexander & Grieger, 1995)

One way that programs address complex problems of multicultural education and self awareness is through immersion experiences. Alexander, Kruczek, & Ponterotto (2005) address multicultural competency development in school counselor trainees through international immersion experience learning. Also, Alred (2003) provides a therapeutic perspective on intercultural experience and/as education. Entering into a situation in which the familiar is drastically reduced and customary ways of responding to circumstances are seriously challenged has the potential to change an individual in important ways. Preparation for the year abroad, empathy, caution and curiosity, language, identity and therapy are discussed to explain why education for intercultural experience is training for therapy. Immersion can occur abroad or in a diverse community nearby.

Experiential activities, or hands-on learning, are a key mode of learning for groups (Reynolds, 1995). These activities show the importance and centrality of feelings and thought, and encourage self-awareness that is a major source of content for many experience-based design or educational interventions (Reynolds, 1995). Aside from experiential
activities aimed at increasing self-awareness, there tends to be little emphasis on how counselors’ personal lives influence their professional competence (Toporek, 2001). Counselor trainees’ perceptions during a multicultural counseling course highlighted the importance of experiential activities (Heppner & O’Brien, 1994).

Coursework can be developed to promote multicultural competency. This understanding of the multifaceted complexities involved in intercultural work is developed by exploring within a group format the participants’ own feelings, perceptions, and experiences vis-à-vis ethnicity, race, and power (Pinderhughes, 1989). As they identify and acknowledge their predispositions and biases in these areas, grappling with them privately and within the group, they may discover the origin of the feelings and perceptions that influence their behavior with culturally different others (Pinderhughes, 1989). Counselor educators include case examples, role-plays, discussion questions, and other classroom activities that promote and represent various cultural perspectives (American Counseling Association, 2005). The Racial-Cultural Counseling Laboratory course provides an understanding of a cognitive behavioral and affective integrative approach to racial-cultural competence training (Carter, 2003). Course components include: Lecture, small group, skill building and feedback (Carter, 2003). Counselor trainees’ perceptions during a multicultural counseling course highlighted the importance of ethnically diverse speakers to the development of awareness and knowledge (Heppner & O’Brien, 1994). The experiences and reactions of non-Anglo trainees in the process of developing positive multicultural attitudes must be included in the dialogue regarding the preparation of culturally competent psychologists (Rooney, Flores & Mercier, 1998).
A study by Seto, Young, Becker & Kiselica (2006) has investigated the impact of the triad-training model on counselor multicultural competency as measured by the Multicultural Counseling Inventory. No significant differences among the triad training group and the two comparison groups were found, and the changes in multicultural competency scores within the treatment group were found to be significant. (Seto, Young, Becker & Kiselica, 2006)

*Applications of Multicultural Education in Art Therapy*

Coseo (1997) states that art making can be an effective tool for addressing and confronting cultural prejudices and values that interfere with treatment, and can also be an effective tool for self-assessment by lowering defenses, organizing thoughts and helping to define responses. Although the literature on cross-cultural therapy emphasizes the responsibility of therapists to examine their own values and biases, few practical methods exist on how to actively pursue this area. Shortages of info may be due to the intimate nature that self-exploration requires, and art making may be what is needed to uncover conscious/unconscious attitudes, beliefs and expectations. Art making provided a way to uncover unconscious stereotypes and provide a tool to explore and reveal deeply held feelings about minorities. Removing denial through art making allows one to gain a difficult and frank view of stereotypes and prejudices. (Coseo, 1997)

Art making to clarify personal issues has proved helpful to uncover and address the countertransference issues that occur and interfere in therapeutic work (Fish, 1989; Kielo, 1991; Ramseyer, 1990; Wadeson, 1987, 1990). Image-making helps art therapists be more sensitive to clients when therapy stimulates the therapist’s own unresolved problems (Fish, 1989). Creative use of the self as an art therapist may lead to greater insight and an ability to
increase the understanding of the wide range of uses of visual imagery for therapeutic use (Fish, 1989).

An immersive situation (where the familiar is reduced and customary ways of response are foreign) requires a person to develop empathy and curiosity while learning about language, communication and personal identity (Alred, 2003). Alred (2003) endorses the development of immersion experiences in education because a person is changed in important ways resulting in greater self-understanding and development. Florida State University partners with an organization in Thailand to serve internationally. Every summer, two Florida State University art therapy graduate students work at a home outside Bangkok with child victims of sex trafficking and sexual abuse (Florida State University, 2009).

Art therapy education through experiential exercises is important (Wadeson, 1987). Cattaneo (1994), a multicultural art therapy educator, uses storytelling and art making to help students reconnect with their own history. In one activity, students use artwork to represent how their personal development has been shaped by race, ethnicity, class, religion, gender and sexual orientation (Cattaneo, 1994). Cattaneo encourages students to explore their exposure to different arts, the meaning they had for them as they were growing up, and how art influenced their present sense of aesthetics. This leads to an examination of their criteria for acceptance or rejection of certain works of art. Specifically, students bring reproductions of their favorite works of art to class for discussion because using an existing piece of art is a safer way of looking at one’s aesthetics than trying to elicit culturally different reactions to personal works (Cattaneo, 1994).

Sidun & Duchney (1998) propose an experiential model for exploring White Racial Identity and its impact on clinical work. The authors outline an experiential workshop
designed to facilitate an exploration of white racial identity composed of: an introduction and invitation, a short didactic presentation, a group discussion, creation of artwork, examination of the artwork, and summary. White racial identity exploration cannot occur in isolation. (Sidun & Ducheny, 1998)

Another educator uses “culture-brokers” (persons from the specific racial ethnic groups) as guest lecturers to provide an invaluable opportunity for students to experience the distinctive qualities of a unique group; rituals included the sharing of food, music, dance and customs, and film is also incorporated into coursework (Doby-Copeland, 2006). A different educator has students find a cultural figure from their own background with which they could identify—externalization of an internalized good object (Gerity, 2000). The figure could be a folk hero, a historic figure, or family member, and the goal is to work on accepting the culture of origin and to begin to examine feelings about differences (Gerity, 2000).

Professionals are encouraged to actively seek information on issues related to minority status (Addison, 1996). Each art therapist can pursue individual development in accordance with a sense of professional direction which may include personal therapy or analysis, spending time in the studio, building relationships of trust with other colleagues, reading and reflecting on one’s own praxis (Bouchard, 1998).
CHAPTER 3: METHODOLOGY

Design

The research design was a literature based study: critical review of the literature. The purpose of this study has been to provide information about art therapy education programs, related fields, and theoretical approaches to multicultural education and multicultural identity development. Literature was reviewed for the secondary purpose of proposing an educational intervention tool to increase student art therapist awareness of personal multicultural identity. Multicultural identity is a part of the awareness component of the Triad Training Model of counselor multicultural education.

Subjects
There were no human subjects in this study.

Procedures

Masters educational standards, codes of ethics, standards of practice and professional guidelines have been retrieved from professional organizations such as the American Art Therapy Association, the American Music Therapy Association, the American Dance/Movement Therapy Association and other creative arts therapy organizations. Data was collected through literature searches on electronic databases, journals, books, Internet sources and manual searches through reference lists. The Journal of Multicultural Counseling and Development, Journal of Counseling & Development, The Counseling Psychologist, the Journal of the American Art Therapy Association and The Arts in Psychotherapy, were common journals used for research on the topic. Key words used to retrieve relevant research were: counseling education, art therapy, racial/ethnic identity, identity, race, ethnicity, creative arts, music therapy, dance therapy etc.
The data for this study was literature. Data has been collected, organized and categorized according to Garrard’s (2007) Matrix Method through electronic grids focusing on main themes of research. Data was recorded through grids during data collection, and analysis occurred when data collection was finished.

The Matrix Method system was chosen to categorize and organize the appropriate research and logically report the subsequent findings. The goal of this research design was to structurally analyze and gain an understanding of the types of current and past literature relevant to these topics, as well as the gaps in the literature, which may lead to future theory development and a proposal, and also growth in the field of art therapy, specifically in multicultural education methods. The advantages of using the Matrix Method design are the efficient organization of information so that it may be analyzed effectively, and the inherent structure for creating order of the information (Garrard, 1999).

Operational Definition of Terms

**Culture**- Culture is known as the customary beliefs, social forms, and material traits of a racial, religious or social group (Merriam-Webster, 2009). Culture consists of language, ideas, beliefs, customs, taboos, codes, institutions, tools, techniques, works of art, rituals, ceremonies and symbols (Sue & Sue, 2008). Also, a person’s attitudes, values, ideals, and beliefs are greatly influenced by the culture (or cultures) in which he or she lives (Miller & Garran, 2008).

**Ethnicity**- Ethnicity can be understood as a sense of commonality that is more than race, religion, national or geographic origin. Ethnic identity refers to a person’s identification as an ethnic being.
**Multicultural identity**- Multicultural identity refers to a person’s ethnic identity in addition to their identity of any other minority group (e.g. women, black men, disabled, sexual minorities).

**Race**- Definitions of race tend to include physical or genetic groupings and involve biological underpinnings, but are not supported by a scientific basis.

**Data Analysis**

The data collected was organized and categorized according to Garrard’s (2007) Matrix Method. First, the data was organized into document grids/matrices where information from each source was abstracted in order to review. After each matrix, a summary table has been presented to clarify specific themes occurring within each research topic. The abstracted data was organized into primary matrices under the topics: race and the population of the United States, other forms of social identity, race and counseling, multicultural education of counselors and theory, multicultural competency in counseling, multicultural identity development in counseling, creative arts in therapy multicultural education, art therapist multicultural education, counselor and art therapist self-education, applications of multicultural education methods, and applications of multicultural education in art therapy. The data was further delineated and categorized into smaller, specific topics, and finally analyzed for emergent themes.

Each source’s reference, identification as a book/chapter/article, purpose/focus, findings/results, and key points was generally organized in the tables. The collected data was analyzed by identifying common trends, commonalities and differences among authors and studies. The data has been further analyzed by grouping the common trends and extracting themes, then compiling the emergent trends into lists according to author. The information
regarding the themes that are supported by the largest number of authors has contributed to
the development of a proposal of an art therapy task to help art therapy students
conceptualize their multicultural identity. The trends found have lead to the establishment of
theoretical ideas on multicultural education and multicultural identity development.

Proposal

The outcome of this study is a proposal of an art task for art therapy students. This
task facilitates personal reflection and artistic concretization of a student’s multicultural
identity. This proposal was based on the researcher’s analysis of literature regarding
education about multiculturalism for art therapy students.
CHAPTER 4: RESULTS

Overview of Results

The objective of this study is to understand the current status of counselor, creative arts therapist and art therapist multicultural education—specifically student development of personal multicultural identity; and to propose an educational intervention tool to aid in the advancement of art therapy student multicultural identity development.

A broad search of the literature included a total of 204 sources of research covering the spectrum of information concerning the United States population, racism, other forms of social identity, multicultural counseling, creative arts therapy and art therapy education, and the development of multicultural identity.

The major findings of this literature based study include a collection of criticism about multicultural education of counselors within the context of a pluralistic society. The analysis of literature suggests that more multicultural education leads to more developed multicultural counseling competency. Literature emphasizes multicultural identity development and its critical role in the ability of a professional to competently practice multicultural counseling.

Themes developed within each topic and are summarized in the following paragraph. Ten sources of literature discuss and criticize the interface between politics and race, and seven authors explain the role of diagnosis and treatment of people of color in the perpetuation of racism. Two sources provide evidence to support how racism and other form of social oppression, such as social class, are integrated. 20 authors provide criticism of current training, and 11 sources suggest more education might lead to higher levels of multicultural competence. Barriers to multicultural counseling education are discussed. Nine authors suggest more knowledge about specific cultural groups—even postgraduate continued
education. Researchers encourage more education for counselors and therapists, and encourage more diversity among students and faculty of graduate education programs. The following 11 different instructional strategies for multicultural counseling education were found: experiential exercises, games, video, reading assignments, writing assignments, observational learning, supervised practica and internships, service-learning, immersion experiences, guest lecturing, art making, etc. Many sources of literature point to the infusion approach to multicultural counseling education as a more effective framework for learning. Counselors and art therapists are encouraged to explore their personal identity to promote self-awareness by 18 sources.

The following tables describe the population of the United States, racism, race and counseling and multicultural counseling education. A matrix describing and creative arts therapy education leads to a presentation of information about art therapy. The final tables address art therapy education as it relates to self-education and specific methods of instruction in counseling and art therapy education. A summary table follows each matrix to reorganize the presented information in a more concise manner. An overview of the results follows the tables and summary pages. This information was analyzed in order to develop the experiential art task proposal, which follows in the discussion.
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<th>Reference</th>
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<th>Purpose/Focus</th>
<th>Findings/Results</th>
<th>Key Points</th>
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<tr>
<td>Helms, J. E. &amp; Cook, D. A. (1999). <em>Using race and culture in counseling and psychotherapy: Theory and process.</em> Needham Heights, MA: Allyn &amp; Bacon.</td>
<td>Book</td>
<td>*Acknowledge diversities of people with respect to race and culture.</td>
<td>*Practicing racially and culturally sensitive therapy requires the therapist to be open-minded to how the client defines themselves according to racial/cultural themes. *By listening, the therapist helps a client see the impact of race and culture on their everyday life. *Assisting a client to understand their behavior within the racial/cultural context frees the client to reduce life stress by making more personally appropriate life choices.</td>
<td>Two problems with the practice of using the concepts of cultural diversity and multiculturalism as they are typically used in the mental health fields are (1) the separation of White “normative” culture with other cultural groups (2) and indirect labeling of visible ethnic groups implies that the dominate cultural group is “better” adjusted to American culture.</td>
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*Illustrate how a deep understanding of the past can inform present and future actions. | *Students are encouraged to develop their own identity.  
*Show how African Americans, Latinos, women, sexual minorities, Asian Americans, Native Americans, the elderly, poor people, and other vulnerable populations, as well as social reformers, have achieved progressive reforms through policy advocacy. | The combination of racial essentialism, racism and social Darwinism led to further justifications for social and economic exclusion, as well as to pathologizing the cultures and mental health of groups considered to be “inferior.” |
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<tr>
<td>Miller, J. &amp; Garran, A. (2008). Racism in the United States: Implications for the helping professions. Belmont, CA: Thomson Brooks/Cole.</td>
<td>Book</td>
<td>Examine social and psychological dynamics of racism.</td>
<td>*Racism is morally wrong and injures everyone, depriving all (perpetuators and beneficiaries alike) of his or her full humanity. *Racism is illegal in the US *Certain groups of people have clear physical differences such as skin tone, hair color/textures, facial features, etc. The genetic evidence cited by the American Anthropological Association and others is that there is far greater genetic variation within “racial” groups than between them. *Racism has been equated with prejudice and bias, a system of privilege and oppression with rights and privileges for members of some groups and not others. *The concept of race, both scientific and cultural, has been used ever since the inception of the US to justify severe exploitation and terrible economic and social inequalities. *Racism is entwined with other forms of social identity.</td>
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<td>Miller, J. &amp; Schamess, G. (2000). The discourse of denigration and the creation of other. <em>Journal of Sociology and Social Welfare, 27</em>(3), 39-62.</td>
<td>Journal article</td>
<td><em>Describe intellectual frameworks that inform different fields of social work practice by exploring the relationships between intrapsychic mechanisms, family dynamics, small group processes and such society wide phenomena as public denigration, scapegoating, and the systematic oppression of politically targeted population subgroups.</em></td>
<td><em>Clinical theories are used to explore disturbing social trends such as the redistribution of wealth while removing services to the needy, the growth of prisons and disproportionate numbers of incarcerated people of color, societal retreat from social obligation and commitment and divisive political rhetoric.</em></td>
<td><em>Dehumanization and denigration served to rationalize the murder and slaughter of American Indians, enslavement of African Americans, dispossession and loss of rights of Mexican Americans, exclusion of Chinese and Japanese immigrants, and pogroms against many of the mentioned groups.</em></td>
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| O’Hare, W. P. (1989). Black demographic trends in the 1980s. In D. P. Willis (Ed.), *Health policies and Black Americans* (pp. 37-55). New Brunswick, NJ: Transaction. | Book | This article uses a variety of demographic data sources to examine the major population trends of the 1970s, which have continued during the 1st half of the 1980s. | *The author concludes that demographic change has slowed in some areas and quickened in others.*  
* Authors address population size and growth, where Black people live, issues of segregation, age (mortality and AIDS, fertility, young age structure), families, marriage patterns, education, involvement in the labor force, income, wealth, poverty, political participation and future implications.  
* African Americans still rank below Whites on nearly every measure of socioeconomic status. | Summaries of some of the major trends follow: The Black population is growing faster than the White population. Blacks continue to move out of the North and into the South and West, and move out of central cities into suburbs, but not as fast as whites and central city populations are becoming increasingly Black. The growth rates of preschool-age Blacks increased in the 1980s, but the growth rates of the school age and young adults declined. The fertility rates of Blacks continued to fall and to approach convergence with those of whites. Teen birthrates for unmarried blacks continued to fall during the first half of the 1980s. Life expectancy for Blacks continued to increase during the 1980s. Black children living in single parent families continued to increase. Black children living with a never-married parent grew much more rapidly. |
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| Pinderhughes, E.  | Book   | Reveal the pervasive influence of race, ethnicity, and power on the practitioner's own identity and in interactions with others such as peers, subordinates, and superiors, as well as clients. | *Cultural difference can cause individuals to develop negative, perceptions about themselves and others.  
*Internalizations can compromise the ability of the practitioner to provide assistance to the client  
*Practitioners must transcend the cultural blindness of the "melting-pot" perspective in which the white middle class is assumed to be the norm and develop a greater understanding and appreciation of differing needs and values.  
*Emphasizes that the development of cross-cultural sensitivity requires that practitioners first attain an awareness of their own cultural background and its meaning and significance for their interactions with others. | *The United States is an increasing complex multicultural society, but very little is being done to help young people prosper in it.  
*The author provides vignettes of experience to illustrate feelings and behaviors that emerge from people's racial and ethnic heritages, and shows how these merge with experiences of the inequality of power inherent in gender, social class, economic, and professional attitudes and values. |
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<tr>
<td>Rollock, D. &amp; Gordon, E. W. (2000).</td>
<td>Journal article</td>
<td>Discuss influence of racism on the mental health profession.</td>
<td>*Racism is one form of communicentric bias that distorts the knowledge base and effectiveness in social science fields.</td>
<td>*Racism is transmitted across generations by reciprocal interactions between individuals and the social institutions they create and to which they are subject.</td>
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<td>Racism and mental health in the 21st</td>
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<td>century: Perspectives and parameters.</td>
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<td>*American Journal of Orthopsychiatry,</td>
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<td>70(1), 5-13.</td>
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<td>Smith, T. B. (Ed.). (2004).</td>
<td>Book</td>
<td>Help readers internalize the principles of multiculturalism</td>
<td>This article focuses on the internalization of multicultural principles through discussing emotional reactions in multicultural scenarios, values and assumptions, and power, privilege, and contextual factors that impact multicultural practice.</td>
<td>People of color and Women may be more likely to embrace principles of multiculturalism than Whites and men, in part because of existing power dynamics in North American society.</td>
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<td>Practicing multiculturalism:</td>
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<td>Affirming diversity in counseling and</td>
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<td>Steinberg, S. (2001). The ethnic myth:</td>
<td>Book</td>
<td>Explain class, race and ethnicity.</td>
<td>Argues that traits which are often considered “ethnic” may be more directly related to class, locality and other social conditions.</td>
<td>The combination of racial essentialism, racism and social Darwinism led to further justifications for social and economic exclusion, as well as to the pathologizing of the cultures and mental health of groups considered to be “inferior.”</td>
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<td>Race, ethnicity and class in America.</td>
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<td>(3rd ed.) Boston: Beacon Press.</td>
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<td>Sue, D. W., Sue, D. (2008).</td>
<td>Textbook</td>
<td>Educate counselors about multicultural issues and counseling with minority groups such as immigrants, refugees, sexual minorities, older adults, women, and individuals with disabilities.</td>
<td>The authors outline experiences of specific cultural and social identity groups.</td>
<td>The authors attend to the interface between politics and race.</td>
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<tr>
<td>*Counseling the Culturally</td>
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<tr>
<td>Takaki, R. (1987). The</td>
<td>Chapter edited book</td>
<td>Delineate the different ways scholars approach and understand inequality in our society</td>
<td>The history and future of multicultural American are discussed.</td>
<td>Dehumanization and denigration served to rationalize the murder and slaughter of American Indians</td>
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<td><em>The metaphysics of civilization: Indians and the Age of Jackson.</em></td>
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Summary 1
Summary of Race and the Population of the United States

Authors defining race and racism:
Miller & Garran, 2008
Rollock & Gordon, 2000

Authors describing the history of racism:
Fredrickson, 2002
Jansson, 2005
O’Hare & Felt, 1991
Steinberg, 2001

Authors outlining experiences of specific cultural groups in the United States: Lee,
Blando, Mizelle & Orozco, 2007
Miller & Garran, 2008
Miller & Schamess, 2000
Sue & Sue, 2008
Takaki, 1987

Authors explaining multiculturalism in the United States:
Helms & Cook, 1999
Pinderhughes, 1989
Smith, 2004

Authors focusing on census data about African Americans:
O’Hare, 1989
O’Hare & Felt, 1991

Authors discussing the history of racism and mental health:
Jansson, 2005
Rollock & Gordon, 2000

Authors explaining the interface between politics and race:
Jansson, 2005
Lee, Blando, Mizelle & Orozco, 2007
Miller & Garran, 2008
Miller & Schamess, 2000
Pinderhughes, 1989
Steinberg, 2001
Sue & Sue, 2008
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<tbody>
<tr>
<td>Ciornai, S. (1983). Art therapy with working class Latino Women. The Arts in Psychotherapy, 10, 63-76.</td>
<td>Journal article</td>
<td>Suggest that expressive therapies can be a therapy of choice in working with poor Latino populations and possibly other minority populations.</td>
<td>The total life situation of individuals including cultural background and socioeconomic status must be considered by art therapists in order to facilitate the healing process of clients.</td>
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</tbody>
</table>
| Constantine, M. G. (2000). Social desirability attitudes, sex, and affective and cognitive empathy as predictors of self-reported multicultural counseling competence. Counseling Psychologists, 28, 857-872. | Journal article           | Explore the relative contributions of social desirability attitudes, sex, and affective and cognitive empathy to self-reported multicultural counseling competence. | *Both gender and affective and cognitive empathy were significant predictors of self-reported multicultural counseling competence.  
*Greater levels of emotional empathy are positively associated with self-reported multicultural competence. | There is a positive relationship between the receipt of multicultural education and self-perceived multicultural counseling competence. |
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<tr>
<td>Constantine, M. G. &amp; Gushue, G. V. (2003). School counselors’ ethnic tolerance attitudes and racism attitudes as predictors of their multicultural case conceptualization of an immigrant student. Journal of Counseling and Development, 81, 185-190.</td>
<td>Journal article</td>
<td>Examine the extent to which school counselors’ ethnic tolerance attitudes and racism attitudes were predictive of their multicultural case conceptualization ability for an immigrant student.</td>
<td>*Higher ethnic tolerance attitudes were associated with greater multicultural case conceptualization ability. *Higher racism attitudes were related to lower multicultural case conceptualization ability.</td>
<td></td>
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<tr>
<td>Diamond, L. M. (2003). Special section: Integrating research on sexual-minority and heterosexual development: Theoretical and clinical implications. Journal of Clinical Child and Adolescent Psychology, 32(4), 490-498.</td>
<td>Journal article</td>
<td>Outline weaknesses in contemporary research on sexual minority youth that stem from and perpetuate its historical isolation from mainstream developmental research: misspecification of the populations under study, lack of attention to within-group diversity, failure to test alternative explanations for sexual minority effects, and insufficient attention to the underlying processes and mechanisms through which these processes operate.</td>
<td>Sexual orientation is described as a stable and enduring pattern of sexual attraction and distinguishes this from sexual identity, a conception of self that is culturally organized.</td>
<td>Diamond refers to all people who do not identify as a straight heterosexual person as “sexual minorities.”</td>
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<td>Golub, D. (1989). Cross-cultural dimensions of art psychotherapy: Cambodian survivors of war trauma. In Wadeson, H., Durkin, J., &amp; Perach, D. (Eds.). Advances in Art Therapy, (pp.5-45). New York: John Wiley &amp; Sons.</td>
<td>Chapter edited book</td>
<td>Describe multicultural art therapy, make educational recommendations and provide structure to art therapists working in a multicultural context.</td>
<td>Details of traumas experienced by Cambodian children provide a historical context for knowing artwork, clinical issues, and necessary changes so art therapy effectively would address clinical issues within a Cambodian Buddhist worldview.</td>
<td>*Art therapy provides an opportunity for the therapist and client to represent different value systems. *Art therapists are encouraged to seek cultural sensitivity training, clarify their personal values, and develop a new understanding of the purpose, role and context of therapy.</td>
</tr>
<tr>
<td>Hardimann, R. &amp; Jackson, B.W. (1997). Conceptual foundations for social justice courses. In M. Adams, L. A. Bell, &amp; P. Griffin (Eds.), Teaching for diversity and social justice: A sourcebook (pp. 16-29). New York: Routledge.</td>
<td>Textbook</td>
<td>The “social oppression matrix” diagrams the levels of oppression (individual, institutional, and societal/cultural), the psychosocial processes (conscious and unconscious), and how these are manifested in attitudes and behaviors.</td>
<td>*Race, gender, schooling, professional training, political affiliation, and sexual preference constitute the networks and categorical distinctions on which ideological control and domination of social institutions and resources builds.</td>
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<td>Learmonth, M. (1999) Taoism and art therapy: Flowing and stuckness. In Campbell, J., Liebmann, M., Brooks, F., Jones, J. &amp; Ward, C. (Eds.), Art Therapy, Race and Culture. (pp. 192-208). Philadelphia, Jessica Kingsley Publishers.</td>
<td>Book chapter</td>
<td>Make connections between the model of human condition that has been developed in Chinese Taoism and ways of understanding that have developed in the author’s art therapy practice.</td>
<td>Image making in the context of therapy links action and expression with reflection and insight (an outward moving energy to an inward moving one).</td>
<td>*Gender is addressed with separate sections on women and men. *Gay, Lesbian, Bisexual, Transgender (GLBT) issues, considerations and implications are discussed. *GLBT persons, older adults, people with disabilities, and biracial people are discussed through presentations of values, theories, issues and implications. *Spirituality is addressed within the context of individual minority groups. *Multiple minority statuses are discussed within the context of chapters about racial and other minority statuses.</td>
</tr>
<tr>
<td>Lee, W. M. L., Blando, J. A., Mizelle, N. D. &amp; Orozco, G. L. (2007). Introduction to multicultural counseling for helping professionals (2nd ed.). New York: Routledge.</td>
<td>Textbook</td>
<td>Establish a framework for counseling minority clients by developing awareness of self and culture, knowledge about specific racial/ethnic groups, and other oppressed groups.</td>
<td></td>
<td>*Gender is addressed with separate sections on women and men. *Gay, Lesbian, Bisexual, Transgender (GLBT) issues, considerations and implications are discussed. *GLBT persons, older adults, people with disabilities, and biracial people are discussed through presentations of values, theories, issues and implications. *Spirituality is addressed within the context of individual minority groups. *Multiple minority statuses are discussed within the context of chapters about racial and other minority statuses.</td>
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<td>Schaverien, J. (1999). The scapegoat: Jewish experience and art psychotherapy groups. In Campbell, J., Liebmann, M., Brooks, F., Jones, J. &amp; Ward, C. (Eds.), Art Therapy, Race and Culture. (pp. 56-69). Philadelphia, Jessica Kingsley Publishers.</td>
<td>Book chapter</td>
<td>*Alert art therapists that some patients are troubled by unspecific, intergenerational fears, sometimes the Holocaust. *Discuss how art may facilitate awareness and integration of unconscious experience.</td>
<td>*Therapists can use their own experiences to work with their clients. *All Jewish people carry the legacy of the Holocaust unconsciously.</td>
<td>*Perhaps general points from this chapter can be applied to problems of people who are refugees.</td>
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</table>
| Sue, D. W., Sue, D. (2008). Counseling the Culturally Different: Theory and Practice (3rd ed.). New York, NY: John Wiley & Sons, Inc. | Textbook | Educate counselors about multicultural issues and counseling with minority groups such as immigrants, refugees, sexual minorities, older adults, women, and individuals with disabilities. | *Immigrant population characteristics, policy, the impact of 9/11 and barriers are discussed.  
*Special problems involving refugees, considerations of trauma, culture, loss, gender, domestic violence, and communication/linguistic issues are explained.  
*GLBT couples and families, identity, coming out, and aging are addressed.  
*Older adults and problems with physical, mental and economic health, mental deterioration, family intervention, elder abuse and neglect, substance abuse, depression, suicide, and sexuality are discussed.  
*Problems faced by women concerning economic status, barriers, discrimination, victimization, affective disorders, and aging are discussed.  
*The American Disability Act, myths, programs, and counseling issues are examined. | *Same sex relationships are not signs of mental disorders. |
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<tr>
<td>Yeskel, F. &amp; Leondar-Wright, B. (1997). Classism curriculum design. In M. Adams, L. A. Bell &amp; P. Griffin (Eds.), Teaching for diversity and social justice: A sourcebook (pp. 231-260). New York: Routledge.</td>
<td>Textbook</td>
<td>Discuss the role of class in oppression.</td>
<td>*Social ills are blamed on immigrants and violent people of color. *The struggle for gay and lesbian rights is seen as the demise of the traditional family.</td>
<td>Racial and ethnic scapegoating continues as a subtext for public discourse to this day, while class based inequities receive little attention from the mainstream media.</td>
</tr>
</tbody>
</table>
Authors describing other forms of social oppression:

- **Religion/Spirituality:**
  Learmonth, 1999
  Lee, Blando, Mizelle & Orozco, 2007
  Liebmann & Ward, 1999
  Schaverien, 1999

- **Sexual minorities:**
  Addison, 1996
  Diamond, 2003
  Lee, Blando, Mizelle & Orozco, 2007
  Miller & Garran, 2008
  Sue & Sue, 2008
  Yeskel & Leondar-Wright, 1997

- **Class:**
  Ciornai, 1983
  Miller & Garran, 2008
  Toporek & Pope-Davis, 2005
  Yeskel & Leondar-Wright, 1997

- **Immigrants:**
  Constantine & Gushue, 2003
  Miller & Garran, 2008
  Sue & Sue, 2008
  Yeskel & Leondar-Wright, 1997

- **Refugees:**
  Golub, 1989
  Schaverien, J. 1999
  Sue & Sue, 2008

- **Older Adults:**
  Sue & Sue, 2008

- **People with disabilities:**
  Sue & Sue, 2008

- **Gender:**
  Constantine, 2000
  Lee, Blando, Mizelle & Orozco, 2007
  Miller & Garran, 2008
  Sue & Sue, 2008

- **Biracial people**
  Sue & Sue, 2008
  Lee, Blando, Mizelle & Orozco, 2007

Authors suggesting that racism affects all other forms of oppression:
Miller & Garran, 2008
Toporek & Pope-Davis, 2005
Authors addressing the influence of class on racism:
Miller & Garran, 2008
Yeskel & Leondar-Wright, 1997

Authors defining the experience of multiple minority statuses:
Lee, Blando, Mizelle & Orozco, 2007
Toporek & Pope-Davis, 2005
Yeskel & Leondar-Wright, 1997

Authors discussing the role of identity development in social oppression:
Miller & Garran, 2008
### Table 3
Race and Counseling

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<tr>
<td>American Counseling Association. (2005). ACA Code of Ethics. <a href="http://www.counseling.org">www.counseling.org</a></td>
<td>Professional organization</td>
<td>Enable the association to clarify the nature of the ethical responsibilities of its members and serve as the basis for processing ethical complaints and inquiries initiated concerning members of the association.</td>
<td>*An antidiscrimination statement and policy is present in the code.</td>
<td>*Culture affects the manner in which clients’ problems are defined, and counselors recognize historical and social prejudices in the misdiagnosis and pathology and the role of mental health professionals in perpetuating prejudices through diagnosis and treatment.</td>
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<tr>
<td>Aponte, J. F. &amp; Clifford, J.P. (1993). Incorporating ethnically diverse content and training into predominantly White graduate and professional programs: Dealing with inertia and resistance. In S. D. Johnson, Jr., R. T. Carter, E. I. Sicalides, &amp; T. R. Buckley (Eds.), <em>The 1993 Teachers College Winter Roundtable Conference Proceedings: Training for cross-cultural competence</em> (pp.22-26). New York: Columbia University.</td>
<td>Professional conference proceedings</td>
<td>Discuss the incorporation of ethnically diverse content and education into graduate training programs.</td>
<td>*Incorporation of ethnic content and training experiences cannot be achieved without addressing the barriers to such efforts at multiple levels including the societal, community, university, department, program, and individual levels.</td>
<td>*The authors emphasize training as a way to improve competence in cross-cultural counseling and psychotherapy.</td>
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</table>
*Identify issues and barriers in educating efforts
*Present models and strategies for enhancing the ethnic education of students and professionals | Barriers to education exist at the societal/community level, the institutional/departmental level, and the individual level. | The authors identify guidelines that can help graduate and professional programs develop ethnic curricula. |
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<tr>
<td>Calish, A. (2003). Multicultural training in art therapy: Past, present, and future. <em>Art Therapy</em>, 20 (1), 11-15.</td>
<td>Journal article</td>
<td>Describe the past &amp; current state of multicultural art therapy education</td>
<td>Approaches to multicultural education include a separate course, a skills-building pre-practicum course with specialized practicum sites, an interdisciplinary approach through research and practice, and an integrative approach where multicultural education is incorporated in each course and practicum.</td>
<td>Cultural differences make it difficult to provide psychological help to members of many ethnic groups</td>
</tr>
<tr>
<td>Carter, R. T. (1995). <em>The influence of race and racial identity in psychotherapy</em>. New York: Wiley.</td>
<td>Book</td>
<td>Describe the influence of race and racial identity in psychotherapy</td>
<td>Any institution in a society is shaped by societal and cultural forces, so racist notions have been incorporated into the mental health system.</td>
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<td>Helms, J. E. &amp; Cook, D. A. (1999). <em>Using race and cultural in counseling and psychotherapy: Theory and process</em>. Needham Heights, MA: Allyn &amp; Bacon.</td>
<td>Book</td>
<td>Clarify terminology and language and discuss the emotion-laden constructs of race and culture in counseling.</td>
<td>*Practicing racially and culturally sensitive therapy requires the therapist to be open-minded to how the client defines themselves according to racial/cultural themes. *By listening, the therapist helps a client see the impact of race and culture on their everyday life. Assisting a client to understand their behavior within the racial/cultural context frees the client to reduce life stress by making more personally appropriate life choices.</td>
<td>*Two typical problems imply that the dominate cultural group is “better” adjusted to American culture: (1) the separation of White “normative” culture with other cultural groups (2) and indirect labeling of visible ethnic groups. *Western therapeutic approaches are modified to be more culturally sensitive</td>
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<td>Hocoy, D. (2005). Art therapy and social action: A transpersonal framework. <em>Art Therapy: Journal of the American Art Therapy Association, 22</em>(1), 7-16.</td>
<td>Journal article</td>
<td>Introduce a conceptual framework that integrates art therapy and social action.</td>
<td>Art therapists are suggested to adopt an action research approach by relinquishing theoretical dogma and cultural assumptions and consider the specific needs and worldview of the individuals being served.</td>
<td>Bringing repressed elements within society into conscious awareness and integrating them with the collective identity are essential to the psychological health and development of society.</td>
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| Pederson, P. B. (1994). *A handbook for developing multicultural awareness* (2nd ed.). Alexandria, VA. American Counseling Association. | Book | Demonstrate cultural biases in counseling and what can be done to change them. | Ten examples of frequently encountered cultural biases in counseling are identified, non-western alternative perspectives/assumptions about counseling are explained, the construct of individualism and its consequences is described, and unintentional racism is examined. | *Only those who are able to escape being caught up in the web of their own assumptions and maintain a balanced perspective will be able to communicate effectively with other cultures.*  
*Unawareness of our culturally learned assumptions is not consistent with the standards of good and appropriate counseling.* |
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<tr>
<td>Rollock, D. &amp; Gordon, E. W. (2000). Racism and mental health in the 21st century: Perspectives and parameters. <em>American Journal of Orthopsychiatry</em>, 70(1), 5-13.</td>
<td>Journal article</td>
<td>Review definitions and theories of racism, and examine the influence of racism on the American mental health system with attention to the effects on racial and ethnic minorities of the sociopolitical climate of the 1990s.</td>
<td>As racism persists in its traditional forms in American society, it retains the potential to disrupt individual mental health, confound the societal systems designed to promote psychological well-being, and distort the processes for generating knowledge about psychopathology and mental health.</td>
<td>*Racism underlies aspects of definitions, explanations of the etiology, evaluation, service delivery, institutional structure, research and training. *Racism can erode the mental health status of its individual victims and dominate the institutional and cultural mechanisms through which it operates.</td>
</tr>
<tr>
<td>Sue, D. W., Sue, D. (2008). <em>Counseling the Culturally Different Theory and Practice</em> (5th ed.). New York, NY: John Wiley &amp; Sons, Inc.</td>
<td>Textbook</td>
<td>Educate counselors about multicultural issues and counseling with minority groups</td>
<td>The composition of the population of the US continues to change, and counselors must be prepared to work effectively with diverse clients</td>
<td>Counseling with specific cultural populations is described.</td>
</tr>
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</table>
Authors addressing culture and the way it defines mental health problems:
American Counseling Association, 2005
Calish, 2003
Helms & Cook, 1999
Pederson, 1994
Rollock & Gordon, 2000
Sue & Sue, 2008

Authors describing pathology and its relation to prejudice:
American Counseling Association, 2005
Hocoy, 2005
Pederson, 1994
Rollock & Gordon, 2000
Sue & Sue, 2008

Authors discussing the perpetuation of racism through diagnosis and treatment:
Atkinson, Morten & Sue, 1998
Carter, 1995
Evans & Foster, 2000
Hocoy, 2005
Miller & Garran, 2008
Rollock & Gordon, 2000

Authors identifying barriers to multicultural counseling:
Aponte & Clifford, 1993
Aponte & Clifford, 1995
Pearson, Walker, Martinek-Smith, Knapp & Weaver, 1996

Authors explaining training for counseling education:
Aponte & Clifford, 1993
Aponte & Clifford, 1995
Calish, 2003
Sue & Sue, 2008

Authors focusing on awareness in counseling:
Helms & Cook, 1999
Hocoy, 2005
Norris & Spurlock, 1992
Pederson, 1994
Sue & Sue, 2008
Table 4
Multicultural Education of Counselors and Theory

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| Allison, K. W., Echemendia, R. J., Crawford, I., & Robinson, W. L. (1996). Predicting cultural competence: Implications for practice and training. Professional Psychology: Research and Practice, 27, 386-393. | Journal article | Survey to examine psychologist’s self-perceived competence in providing services to diverse client groups, explore training variables, and identify characteristics of individuals who serve diverse client groups. | *Most therapists reported competence in working with diverse clients, but there was notable variability among ratings of therapists’ self-perceived competence with different client groups.  
*Exposure during training to working with clients from specific cultural groups was important in predicting therapists’ current perceived competence.  
*Most respondents reported accessing education and training experiences in providing services to diverse client groups. | *Experience working with diverse clients is a strong predictor of multicultural skills.  
*A “troubling” number of respondents reported seeing clients despite reporting low levels of competence with that client group. |
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<td>American Counseling Association. (2005). ACA Code of Ethics. <a href="http://www.counseling.org">www.counseling.org</a></td>
<td>Professional organization</td>
<td>Enable the association to clarify the nature of the ethical responsibilities of its members and serve as the basis for processing of ethical complaints and inquiries initiated against members of the association.</td>
<td>The association has an antidiscrimination policy statement.</td>
<td>Counselors actively attempt to understand the diverse cultural backgrounds of the clients they serve.</td>
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<tr>
<td>American Mental Health Counselors Association. (2000). Code of Ethics</td>
<td>Professional organization</td>
<td>Provide an ethical standard for mental health counselors</td>
<td>The association has an antidiscrimination statement.</td>
<td>Multicultural issues are addressed within the subjects of welfare and the consumer, professional competency, and professional responsibilities.</td>
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<td>American Psychological Association. (2002). Guidelines on multicultural education, training, research, practice, and organizational change for psychologists. <em>American Psychological Association.</em></td>
<td>Professional organization</td>
<td>Establish standards to protect the public and practicing psychologists.</td>
<td>For the American Psychological Association (APA) accreditation, graduate programs must demonstrate a plan for providing trainees knowledge about the influence of diversity on human experience.</td>
<td>APA has issued ethical guidelines for providing services to historically oppressed groups, including statements for obtaining training, experience, and supervision to ensure the appropriateness and effectiveness of services.</td>
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<td>Aponte, J. F. &amp; Aponte, C. E. (2000). Educating and training professionals to work with ethnic populations in the twenty-first century. In J.F. Aponte &amp; J. Wohl (Eds.) <em>Psychological Intervention and Cultural Diversity</em> 2nd Ed. (pp.250-267). Boston: Allyn and Bacon.</td>
<td>Chapter edited book</td>
<td>*Review current status of education of psychologists working with ethnic populations. *Examine education issues from a future perspective. *Present strategies to enhance student ethnic education. *Identify guidelines to develop ethnic curricula.</td>
<td>*Training strategies include: culture-specific events approach, separate courses approach, interdisciplinary approach, workshop approach, area of concentration approach and integration approach. *A broad and long-term perspective in educating psychologists to work with ethnic populations involves changing beliefs, attitudes, and behaviors at multiple levels: increasing the number of ethnic faculty and students, changing and developing curriculum that allows ethnic content to be embedded in the theoretical, research and practice components of training programs.</td>
<td>*The number of ethnic students in graduate programs is often directly related to the number of ethnic faculty in the programs. *Changes to date have been limited.</td>
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* Present models and strategies for enhancing the ethnic education of students and professionals.  
*Identify guidelines that can help graduate and professional programs develop ethnic curricula. | Training strategies include: cultural specific events approach (presentations and colloquium), workshop approach (extended training experiences), Interdisciplinary approach (courses in related disciplines), separate courses approach (courses with specific ethnic content), area of concentration approach (organized courses and training experiences), and integration approach (ethnic content embedded in all courses). | *Identify issues and barriers in educating efforts. |
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<td>Arredondo, P., Toporek, R., Brown, S. P., Jones, J., Locke, D. C., Sanchez, J., &amp; Stadler, H. (1996). Operationalization of the multicultural counseling competencies. <em>Journal of Multicultural Counseling and Development, 24, 42-78.</em></td>
<td>Journal article</td>
<td>Focus on the operationalization of the multicultural counseling competencies and presents a list of competencies.</td>
<td>*Multicultural counseling refers to the integration of multicultural and culture-specific awareness, knowledge and skills into counseling interactions. *Multiculturalism focuses on ethnicity, race and culture. *Diversity refers to other individual, people differences (age, gender, sexual orientation, religion, physical ability/disability, etc.)</td>
<td>*Multicultural education currently consists of a multiple paths to competency, and many instructors do not use theoretical models to build curriculum. *The Dimensions of Personal Identity Model is used as a paradigm to see people more completely. *Emphasis is placed on individual change</td>
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<td>Bernal, M. E., &amp; Padilla, A. M. (1982). Status of minority curricula and training in clinical psychology. <em>American Psychologist, 37</em>, 780-787.</td>
<td>Journal article</td>
<td>Survey participants to obtain info on training experiences to prepare students to work with minority populations.</td>
<td>The data reflect a reluctance or lack of experience on the part of training programs to include course work on mental health and socio cultural issues relative to minority groups.</td>
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| Carlson, M.,       | Journal article      | Survey current students at different stages of curriculum completion about    | *There is a general positive trend in the awareness, knowledge, and skills of the students as they progress through their training.  
*Students who have had client contact perceive themselves to have greater multicultural awareness, knowledge, skills and confidence in being a competent counselor.                                                                 | As the north American population continues to diversify, counseling psychologists/mental health service providers are obligated to examine cultural sensitivity issues in practice & facilitate the multicultural counseling competence needed in a pluralistic society. |
<p>| Brack, C., Laygo,  |                      | their self-reported exposure to multicultural training, activities and         |                                                                                                                                                                                                                  |                                                                                                                                                                                                                 |
| R., Cohen, R., &amp;   |                      | confidence in being a counselor.                                               |                                                                                                                                                                                                                  |                                                                                                                                                                                                                 |
|                    |                      | training: Support for experiential skills building.                             |                                                                                                                                                                                                                  |                                                                                                                                                                                                                 |
|                    |                      | *Clinical Supervisor, 17, 75-87.                                              |                                                                                                                                                                                                                  |                                                                                                                                                                                                                 |</p>
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<td>Carney, C. G., &amp; Kahn, K. B. (1984). Building competencies for effective cross-cultural counseling: A developmental view. <em>The Counseling Psychologist, 12</em>(1), 111-119.</td>
<td>Journal article</td>
<td>Describe the developmental approach to training that specifically attends to cross-cultural counseling competencies in education</td>
<td>The counselor development model consists of five stages attending to the student’s knowledge of culture groups, attitudinal awareness and cross-cultural sensitivity, and specific cross-cultural counseling skills.</td>
<td>*Some programs focus on the development of specific pluralistic or cross-cultural counseling competencies while others attempt to alter trainee attitudes towards persons who are culturally different. *White mental health professionals ignore/minimize the importance of racial/ethnic differences</td>
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<td>Carter, R. T. (2001). Back to the future in cultural competence training. <em>Counseling Psychologist, 29</em>, 787-789.</td>
<td>Journal article</td>
<td>Discuss Sue’s contributions to theoretical understanding of multicultural counseling competency education</td>
<td>Multicultural education could better address issues of practitioner competence.</td>
<td>*Sometimes multicultural education has focused more on knowledge acquisition than on skill development *Multicultural education may be less effective when it is not founded on research-based principles of multicultural competence.</td>
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*Male school counselors reported significantly higher interdependent self-construals than their female peers. | The United States is largely viewed as an individualistic rather than collectivistic society                                                                                                                                                                                                                                                          |
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<td>Frank, B. &amp; MacLeod, A. (2005). Beyond the ‘four Ds of multiculturalism’: Taking difference into account in medical education. Medical Education, 39, 1178-1179.</td>
<td>Journal article</td>
<td>Caution readers to be more critical of diversity education.</td>
<td>A shift in the conceptualization of diversity education to an approach that takes difference into account offers the potential to contribute to the reduction of health disparities.</td>
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*Assisting a client to understand her or his behavior within the racial and cultural context frees the client of stress allowing them to make more personally appropriate life choices. | The authors discuss specific minority groups, the process of counseling and the practice of supervision in the context of multiculturalism |

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<td>Heppner, M. J., &amp; O’Brien, K. M. (1994). Multicultural counselor training: Students’ perceptions of helpful and hindering events. <em>Counselor Education and Supervision, 34, 4-18.</em></td>
<td>Journal article</td>
<td>Examine student understanding of helpful and detrimental events in multicultural counseling training in a descriptive, qualitative study</td>
<td>Students have rated experiential activities as being the most helpful component in their acquisition of multicultural competence.</td>
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| Kiselica, M. S., Maben, P., & Locke, D. C. (1999). Do multicultural education and diversity appreciation training reduce prejudice among counseling trainees? *Journal of Mental Health Counseling, 21, 240-255.* | Journal article | Review literature to evaluate the effectiveness of multicultural education and diversity appreciation training | Trainees who have completed Multicultural Education and Diversity Training have consistently perceived themselves as experiencing positive changes in cultural biases, although the extent and nature of prejudice reduction is unclear. | *Emphasis of the need for high-quality professional training specific to multicultural populations*  
*Outcomes associated with multicultural education have come under scrutiny over the past several years.* |
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<td>Ponterotto, J. G. (1997). Charting a course for research in multicultural counseling training. *31 characteristics of effective multicultural training are organized in three sections: characteristics of effective trainers and mentors, characteristics of promising trainees, and characteristics of facilitative training environments. * Present a research agenda for future multicultural counseling training. *Some qualitative research recommendations are made: racial identity development, multicultural competency assessment, mentoring, model programs, and the role of program diversity in training effectiveness.</td>
<td>Emphasized the need for high-quality professional training specific to working with multicultural populations</td>
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<td>The authors provide an integrative reaction to contributions of Liselica, Lark and Paul and Rooney, Flores, and Mercier.</td>
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<td>Smith, T. B., Constantine, M. G., Dunn, T. W., Dinehart, J. M., &amp; Montoya, J. A. (2006). Multicultural education in the mental health professions: A meta-analytic review. <em>Journal of Counseling Psychology, 53</em>(1), 132-145.</td>
<td>Journal article</td>
<td>Quantitatively summarize the existing research literature regarding the effectiveness of multicultural education.</td>
<td>*Multicultural education interventions were typically associated with positive outcomes across a wide variety of participant and study characteristics. *Outcome research generally suggests that multicultural education can facilitate the development of attitudes, knowledge and skills associated with multicultural counseling competence. *Many instructors base interventions, assignments, etc around the content of a textbook rather than on existing theory and research. *Multicultural education interventions that were explicitly based on theory and research yielded outcomes nearly twice as beneficial as those that were not.</td>
<td>*Two meta analyses, one with retrospective survey studies and one with prospective outcome studies estimate the typical extent of the effect of multicultural education and identify characteristics of study samples and methods that might explain variation in outcomes. *Optimally, multicultural education includes direct supervision of experiential learning activities and guided practice.</td>
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<td>Sue, D. W. (1991). A diversity perspective on contextualism. <em>Journal of Counseling &amp; Development, 70</em>, 300-301.</td>
<td>Journal article</td>
<td>Summarize and criticize “stage theories” and contextualism in developmental models</td>
<td>Racial-ethnic minorities may hold worldviews different from the majority of White Americans</td>
<td>Counselors who hold a worldview different from their clients (and are unaware of the basis for this difference) are most likely to impute client with negative traits.</td>
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<td>Sue, D. W. (1991b). A model for cultural diversity training. <em>Journal of Counseling Development, 70</em>, 99-105.</td>
<td>Journal article</td>
<td>Present a model for diversity assessment and training. It looks at the levels of organizational intervention, the barriers to multicultural change, and the ways of incorporating multicultural competencies in organizations.</td>
<td>A complex model is presented for understanding cultural diversity training with a functional focus on promotion, retention, and recruitment; the barriers to training (difference, discrimination and systemic problems); and competencies in beliefs/attitudes, knowledge and skills.</td>
<td>*An expansion of awareness regarding one’s own culture and the cultures of other ethnic groups is needed if a training program is directed toward understanding the beliefs and attitudes that counselors have about racial or ethnic minorities. *Primarily for business and industry.</td>
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| Sue, D. W., Sue, D. (2008). *Counseling the Culturally Different Theory and Practice* (5th ed.). New York, NY: John Wiley & Sons, Inc. | Textbook | Educate counselors about multicultural issues and counseling with minority groups | The composition of the population of the US continues to change, and counselors must be prepared to work effectively with diverse clients | *The triad training model is described  
*Racial identity development is defined and explained |
| Vontress, C. E., & Jackson, M. L. (2004). *Reactions to the multicultural counseling competencies debate.* *Journal of Mental Health Counseling,* 26, 74-80. | Journal article | React to Weinrach and Thomas’ (2002) critical analysis of the competencies to give personal reactions to them, and to indicate their significance to the mental health counseling profession. | The authors object to many of the components of the Competencies, which they consider to be essentially anti-therapeutic because of their focus on group stereotypes instead of the uniqueness of individual clients. | *Although multicultural education is generally believed to be effective, there are questions about the extent of its efficacy.  
*Counselors should focus on the individual with the presenting problem rather than race and ethnicity.* |
Summary 4
Multicultural Education of Counselors

Professional counseling organizations including a antidiscrimination statement:
American Counseling Association, 2005
American Mental Health Counselors, 2000
American Psychological Association, 2002

Literature suggesting counselors should understand diverse populations:
Allison, Echemendia, Crawford & Robinson, 1996
American Counseling Association, 2005
American Mental Health Counselors, 2000
American Psychological Association, 2002
Arredondo, Toporek, Brown, Jones, Locke, Sanchez & Stadler, 1996
Carlson, Brack, Laygo, Cohen & Kirksey, 1998
Helms & Cook, 1999
Sue, 1991
Sue & Sue, 2008
Vontress & Jackson, 2004

Authors describing personal characteristics that might improve multicultural counseling competence:
Constantine, 2001b

Authors addressing diversity of student body and faculty members of education programs:
Aponte & Aponte, 2000

Authors who discuss the effectiveness of multicultural education:
Carlson, Brack, Laygo, Cohen & Kirksey, 1998
Kiselica, Maben & Locke, 1999
Sue & Sue, 2008
  • Theoretically based education:
    Smith, Constantine, Dunn, Dinehart & Montoya, 2006
  • Longitudinal Studies:
    Bernal & Castro, 1994
    Neville, Heppner, Louie, Thompson, Brooks & Baker, 1996
  • Self-perception measures:
    Allison, Echemendia, Crawford & Robinson, 1996
    Constantine, 2001b

Authors who are critical of current training:
Allison, Echemendia, Crawford & Robinson, 1996
Aponte & Aponte, 2000
Arredondo, Toporek, Brown, Jones, Locke, Sanchez & Stadler, 1996
Bernal & Castro, 1994
Bernal & Padilla, 1982
Carney & Kahn, 1984
Carter, 2001
Constantine & Sue, 2005
D’Andrea & Daniels, 1996
Frank & MacLeod, 2005
Kiselica, Maben & Locke, 1999
Ponterotto, 1998
Ponterotto & Casas, 1991
Ridley, Espelage & Rubinstein, 1997
Smith, Constantine, Dunn, Dinehart & Montoya, 2006
Sue, 1991
Vontress & Jackson, 2004

**Literature describing theoretical models for multicultural counseling education:**
Aponte & Clifford, 1995
Arredondo, Toporek, Brown, Jones, Locke, Sanchez & Stadler, 1996
Carney & Kahn, 1984
Carter, 2001
Helms, 1984
Ridley, Mendoza & Kanitz, 1994
Smith, Constantine, Dunn, Dinehart & Montoya, 2006
Sue, 1991
Sue & Sue, 2008

**Literature describing guidelines for multicultural education:**
Ponterotto, 1997
Ponterotto, 1998
Ridley, Espelage & Rubinstein, 1997

**Literature suggesting training strategies for multicultural education:**
Aponte & Aponte, 2000
Aponte & Clifford, 1995
Carney & Kahn, 1984
Carter, 2001
Constantine, 2001b
Constantine & Sue, 2005
Smith, Constantine, Dunn, Dinehart & Montoya, 2006

- **Continuing Education:**
  Allison, Echemendia, Crawford & Robinson, 1996
  Aponte & Clifford, 1995

- **Clinical Experience:**
  Allison, Echemendia, Crawford & Robinson, 1996
  Carlson, Brack, Laygo, Cohen & Kirksey, 1998

- **Supervision:**
D’Andrea & Daniels, 1996

- **Infusion:**
  Aponte & Aponte, 2000
  Aponte & Clifford, 1995

- **Coursework:**
  Bernal & Padilla, 1982
  Helms, 1984
  Helms & Cook, 1999
  Ridley, Mendoza & Kanitz, 1994

- **Experiential exercises:**
  Carney & Kahn, 1984
  Heppner & O’Brien, 1994
  Smith, Constantine, Dunn, Dinehart & Montoya, 2006

- **Film:**
  Carney & Kahn, 1984

**Authors suggesting topics for future research:**
Neville, Heppner, Louie, Thompson, Brooks & Baker, 1996
Ponterotto, 1997
Ponterotto & Casas, 1991
Ridley, Espelage & Rubinstein, 1997
<table>
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<tbody>
<tr>
<td>Acton, D. (2001). The “color blind” therapist.</td>
<td>Journal article</td>
<td>Address multicultural training in art therapy, representation in the therapeutic professions and the creation of effective treatment models.</td>
<td>*In order for a therapist to become competent in counseling the multicultural population, the therapist must first explore his or her own cultural biases. *Multicultural art interventions presented in an atmosphere of respect can strengthen the therapeutic alliance.</td>
<td>Potential for harm can exist when therapists do not understand their own biases or the biases that exist in the general theories of counseling.</td>
</tr>
<tr>
<td>Allison, K. W., Echemendia, R. J., Crawford, L., &amp; Robinson, W. L. (1996). Predicting cultural competence: Implications for practice and training.</td>
<td>Journal article</td>
<td>Survey to examine psychologist’ self-perceived competence in providing services to diverse client groups. *Explore training variables. *Identify characteristics of individuals who serve diverse client groups.</td>
<td>*Most therapists reported competence in working with diverse clients, but there was notable variability among ratings of therapists’ self-perceived competence with different client groups. *Exposure to working with clients from specific cultural groups during training was important in predicting therapists’ current perceived competence.</td>
<td>*Experience working with diverse clients is a strong predictor of multicultural skills. *Most respondents reported accessing education and training experiences in providing services to diverse client groups.</td>
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*A competency-based approach to teaching provides guidelines and developmental benchmarks for adaptive cognitive, emotional and behavioral attributes.* | Counselor awareness of own cultural values and biases, counselor awareness of client’s worldview, and culturally appropriate intervention strategies. |
*Experience working with multicultural clients and attending professional development seminars were the strongest predictors of higher levels of multicultural competencies, followed by prior multicultural course work and case consultation.* | Students have rated experiential activities as being the most helpful component in their acquisition of multicultural competence. |
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<tr>
<td>Carlson, M. H., Brack, C. J., Laygo, R., Cohen, R., &amp; Kirkscey, M. (1998). An exploratory study of multicultural competence of counselors in training: Support for experiential skills building. <em>Clinical Supervisor, 17, 75-87.</em></td>
<td>Journal article</td>
<td>Survey current students at different stages of curriculum completion about their self-reported exposure to multicultural training and activities and their overall confidence in being a counselor.</td>
<td>*There is a general positive trend in the awareness, knowledge, and skills of the students as they progress through their training. *Students who have had client contact perceive themselves to have greater multicultural awareness, knowledge, skills and confidence in being a competent counselor.</td>
<td>It is important that classes or workshops offer an experiential component as well as information regarding counseling with specific populations.</td>
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<td>Carter, R. T. (2003). Becoming racially and culturally competent: The racial-cultural counseling laboratory. <em>Journal of Multicultural Counseling and Development, 31, 20-30.</em></td>
<td>Journal article</td>
<td>Present the Racial-Cultural Counseling Laboratory course to provide readers with an understanding of a cognitive, behavioral, and affective integrative approach to education.</td>
<td>A majority of students surveyed identified the Lab as one of the most valuable experiences in the program</td>
<td>Understanding the self is a prerequisite to understanding others</td>
</tr>
</tbody>
</table>
| Coleman, H. L. K. (1998). General and multicultural counseling competency: Apples and oranges? *Journal of Multicultural Counseling and Development, 26, 147-156.* | Journal article | Examine whether perceptions of general and multicultural counseling provide independent contributions to perceptions of counselor competence | *The essence of all effective counseling involves being responsive to cultural issues.*  
*There is no distinction between general and multicultural counseling competence* | *An appreciation of the context in which problems and solutions occur and sensitivity to context are keys to effective counseling.*  
*Counselors must use general counseling skills to demonstrate their understanding and knowledge of context.* |
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<tr>
<td>Constantine, M. G. (2000). Social desirability attitudes, sex, and affective and cognitive empathy as predictors of self-reported multicultural counseling competence. *Both sex and affective and cognitive empathy were significant predictors of self-reported multicultural counseling competence. *Greater levels of emotional empathy are positively associated with self-reported multicultural competence.</td>
<td>Journal article</td>
<td>Explore the relative contributions of social desirability attitudes, sex, and affective and cognitive empathy to self-reported multicultural counseling competence.</td>
<td>There is a positive relationship between the receipt of multicultural education and self-perceived multicultural counseling competence.</td>
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<tr>
<td>Constantine, M. G. (2001a). Predictors of observer ratings of multicultural counseling competence in Black, Latino and White American trainees. <em>Journal of Counseling Psychology</em>, 48, 456-462.</td>
<td>Journal article</td>
<td>Explore the relative contributions of (a) counselor and client race or ethnicity, (b) counselor-client racial or ethnic match, (c) previous academic training in multicultural counseling, and (d) self-reported multicultural counseling competence to observer ratings of trainees’ multicultural counseling competence.</td>
<td>*Results revealed that (a) Black American and Latino American counselor trainees were rated as more multiculturally competent than their White American peers, and (b) prior multicultural training was positively predictive of observer-rated multicultural counseling competence. *Reported no significant differences in report of multicultural counseling competencies by race/ethnicity.</td>
<td>*There is a positive relationship between the receipt of multicultural education and self-perceived multicultural counseling competence. *Matching counselors and clients by race or ethnicity may not necessarily result in greater counseling successes or outcomes. *Authors emphasize the importance of behaviorally based methods of assessing multicultural counseling competence, as opposed to relying exclusively on self-report measures.</td>
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| Constantine, M. G. (2002). Racism attitudes, White racial identity attitudes, and multicultural counseling competence in school counselor trainees. *Counselor Education & Supervision, 42, 162-174.* | Journal article | Investigate the relative contributions of prior multicultural training, racism attitudes, and White racial identity attitudes to self-reported multicultural counseling competence in 99 school counselor trainees | *Racism and White racial identity attitudes together contributed to significant variance in self-perceived multicultural counseling competence*  
*Higher levels of racism were correlated with lower levels of self-reported multicultural counseling competence*  
*Higher disintegration racial identity attitudes of Whites was associated with lower levels of self-perceived multicultural counseling competence.* | Didactic and experiential exercises that promote school counselor trainees to discover and process their own experiences of discrimination, oppression, and prejudice may help them to better recognize and relate to such issues in the lives of students of color. |
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<tr>
<td>Constantine, M. G., Juby, H. L., Liang, J. J. (2001). Examining multicultural counseling competence and race related attitudes among White marital and family therapists. <em>Journal of Marital and Family Therapy</em>, 27, 353-362.</td>
<td>Journal article</td>
<td>Explore the role of social desirability attitudes, number of formal multicultural counseling courses taken, and racism and White racial identity in predicting self-reported Multicultural counseling competency in Marriage and Family Therapists.</td>
<td>*Racism and White racial identity attitudes together contribute to significant variance to Marriage and Family Therapist’s (MFT) self-reported multicultural counseling knowledge and awareness among MFTs. *More mature racial identity statuses are positively associated with self-perceived multicultural counseling competence.</td>
<td>Multicultural counseling competency is not just about the reduction of racism, but the development of empathy.</td>
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<td>Holcomb-McCoy, C. C. &amp; Myers, J. E. (1999). Multicultural competence and counselor training: A national survey. Journal of Counseling and Development, 77, 294-301.</td>
<td>Journal article</td>
<td>Assess professional counselors’ perceptions of their multicultural competence and training using a survey.</td>
<td>*No significant difference was found in self-perceived multicultural competence between graduates of Council for Accreditation of Counseling and Related Educational Programs (CACREP) accredited and non accredited programs. *Ethnicity was related to higher levels of perceived multicultural competence.</td>
<td>Professional counselors believe that they are most competent on the awareness, skills, and definitions areas of competence, and they perceive themselves to be less competent on the knowledge and racial identity dimensions.</td>
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<td>Inman, A. G., Meza, M. M., Brown, A. L., &amp; Hargrove, B. K. (2004). Student-faculty perceptions of multicultural training in accredited marriage and family therapy programs in relation to students’ self-reported competence. <em>Journal of Marriage and Family Therapy</em> 30(3), 373-388.</td>
<td>Journal article</td>
<td>Examine the relevance and integration of multicultural issues in Marriage and Family Therapy (MFT) programs and its relation to therapist competence in working with racially/ethnically diverse clients.</td>
<td>*Results showed a lack of relationship between perception of multicultural competency and self-perceived multicultural counseling. *Results showed a significant and positive relationship between self-reported multicultural competencies and number of formal courses taken.</td>
<td>Programs were seen to have met several multicultural competencies: curriculum issues, counseling practice and supervision, and presentations on multicultural issues. Unmet competencies include: minority representation, research considerations, student-faculty competency evaluations, and physical environment.</td>
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<td>Kiselica, M. S., Maben, P., &amp; Locke, D. C. (1999). Do multicultural education and diversity appreciation training reduce prejudice among counseling trainees? <em>Journal of Mental Health Counseling, 21, 240-255.</em></td>
<td>Journal article</td>
<td>Review literature to evaluate the effectiveness of multicultural education and diversity appreciation training and the reduction of prejudice among mental health workers.</td>
<td><em>Trainees who have completed the training report positive changes</em>  <em>Training seems to foster White racial identity development</em></td>
<td>Emphasizes that multicultural education should become more infused across the curriculum of graduate programs.</td>
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<tr>
<td>Ladany, N. Inman, A. G., Constantine, M. G., &amp; Hoftheinz, E. W. (1997). Supervisee multicultural case conceptualization ability and self-reported multicultural competence as functions of supervisee racial identity and supervisor focus. <em>Journal of Counseling Psychology, 44</em>, 284-293.</td>
<td>Journal article</td>
<td>Test the hypothesis that supervisees’ multicultural case conceptualization ability and self-reported multicultural competence are functions of their racial identity and their supervisors’ instruction to focus on multicultural issues.</td>
<td><em>Supervisees’ racial identity was significantly related to self-reported Multicultural counseling competency.</em> <em>Racial identity for both groups was not significantly related to multicultural case conceptualization ability.</em> <em>Supervisors’ instruction to focus on multicultural issues was significantly related to conceptualizations of a multicultural treatment strategy.</em></td>
<td>There may be a link between White racial identity and self-reported multicultural competence.</td>
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<td>Manese, J. E., Wu, J. T. &amp; Nepomuceno, C. A. (2001). The effect of training on multicultural competencies: An exploratory study over a ten-year period. <em>Journal of Multicultural Counseling and Development</em>, 29, 31-40.</td>
<td>Journal article</td>
<td>Evaluate the effectiveness of predoctoral internship training on developing multicultural counseling competencies, and explore the relationship between demographics and educational variables on multicultural competencies.</td>
<td>Knowledge/skills scores significantly increased at the end of training.</td>
<td>* No significant differences in multicultural counseling competencies by race/ethnicity were reported. *Multicultural competency can be improved through internship training that provides an integrative multicultural approach. *Key factors include an organizational commitment to multiculturalism in diversity representation of professional, intern, and peer counselor staff are key factors.</td>
</tr>
<tr>
<td>McAllister, G., &amp; Irvine, J. J. (2000). Cross cultural competency and multicultural teacher education. <em>Review of Educational Research</em> 70(1), 3-24.</td>
<td>Journal article</td>
<td>Examine three process-oriented models that have been used to describe and measure the development of racial identity and cross-cultural competence of teachers.</td>
<td>Research revealed insights for multicultural teacher education in assessing readiness to learn, designing effective learning opportunities, and providing appropriate support and challenge for teachers.</td>
<td>Models of cross-cultural competence do provide some conceptual insight into how teachers can be more effective with their culturally diverse students.</td>
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| Ottavi, T. M., Pope-Davis, D. B., & Dings, J. G. (1994). | Journal article | Examine the hypothesis that counseling students’ multicultural counseling competencies are influenced by White racial identity attitude development. | *Student White racial identity development, educational level, and clinical experience demonstrates moderate correlations with multicultural competencies.  
*Racial identity attitudes explain variability in competencies beyond that accounted for by demographic, educational, and clinical variables. | *More mature racial identity statuses are positively associated with self-perceived multicultural counseling competence  
*Racial identity attitude development should be considered an integral component in the planning of multicultural counseling training |
<p>| Parker, W. M., Moore, M. A., &amp; Neimeyer, G. J. (1998). | Journal article | Examine the impact of multicultural training on the development of White racial identity and interracial comfort | An integrative multicultural training program resulted in significant increases along three dimensions of White racial consciousness and in the levels of interracial comfort. | All of the participants were White, and were educated by the same Black male instructor |</p>
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<tr>
<td>Pope-Davis, D. B., Reynolds, A. L., Dings, J. G. &amp; Neilson, D. (1995). Examining multicultural counseling competencies of graduate students in psychology. <em>Professional Psychology: Research and Practice,</em> 26, 322-329.</td>
<td>Journal article</td>
<td>Examine the multicultural counseling competencies of graduate students in counseling and clinical psychology</td>
<td>Counseling psychology students rated themselves as more multiculturally competent than clinical psychology students in three of the four multicultural competency areas.</td>
<td>*There is a positive relationship between the receipt of multicultural education and self-perceived multicultural counseling competence. *Being a student of color was related to having a higher level of self-perceived multicultural competence. *The different experiences of Whites and persons of color are indeed relevant to their self-perceived multicultural counseling competencies.</td>
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<td>Pope-Davis, D. B., Reynolds, A. L., Dings, J. G., &amp; Ottavi, T. M. (1994). Multicultural competencies of doctoral interns at university counseling centers: An exploratory investigation. <em>Professional Psychology: Research and Practice</em>, 25, 466-470.</td>
<td>Journal article</td>
<td>Explore the relationship between educational and demographic variables and multicultural counseling competencies among doctoral interns at university counseling centers</td>
<td>Interns who had received supervision for a multicultural counseling situation, attended more multicultural workshops, or taken more multicultural course work, report greater multicultural knowledge and skills than interns with no such supervision, fewer workshop hours, or less coursework.</td>
<td>*No significant differences by race/ethnicity were found. *No significant gender differences in self-reported multicultural competence were found.</td>
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<td>Sodowsky, G. R., Kuo-Jackson, P. Y., Richardson, M. F. &amp; Corey, A. T. (1998). Correlates of self-reported multicultural competencies: Counselor multicultural social desirability, race, social inadequacy, locus of control, racial ideology and multicultural training. <em>Journal of Counseling Psychology, 45, 256-264.</em></td>
<td>Journal article</td>
<td>Self-reported multicultural counseling competencies of 176 university counseling center staff were assessed.</td>
<td>*Counselor feelings of social inadequacy and locus of control racial ideology overall and individually made significant contributions to self-reported multicultural counseling competency.  *Multicultural training variables overall and individually made significant contributions to self-reported multicultural counseling competencies.</td>
<td>There is a positive relationship between the receipt of multicultural education and self-perceived multicultural counseling competence.</td>
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Summary 5
Multicultural Competency in Counseling

**Authors identifying personal characteristics that improve competency:**
Constantine, 2000
Constantine, 2001a
Holcomb-McCoy & Meyers, 1999
Manese, Wu & Nepomuceno, 2001
Ottavi, Pope-Davis & Dings, 1994
Pope-Davis, Reynolds, Dings & Neilson, 1995
Pope-Davis, Reynolds, Dings & Ottavi, 1994

**Research suggesting more education might lead to higher multicultural competence:**
Allison, Echemendia, Crawford & Robinson, 1996
Carlson, Brack, Laygo, Cohen & Kirkscey, 1998
Constantine, 2000
Constantine, 2001a
D’Andrea, Daniels & Heck, 1991
Inman, Meza, Brown & Hargrove, 2004
Kiselica, Maben & Locke, 1999
Ottavi, Pope-Davis & Dings, 1994
Parker, Moore & Neimeyer, 1998
Pope-Davis, Reynolds, Dings & Neilson, 1995
Sodowsky, Kuo-Jackson, Richardson & Corey, 1998

**Research suggesting more developed racial identity might improve multicultural counseling competence:**
Constantine, 2002
Constantine, Juby & Liang, 2001
Ladany, Inman, Constantine & Hoftheinz, 1997
Ottavi, Pope-Davis & Dings, 1994

**Authors criticizing the multicultural education of counselors:**
Carter, 2001
Holcomb-McCoy & Meyers, 1999
Inman, Meza, Brown & Hargrove, 2004

**Authors criticizing the assessment of multicultural counseling competence:**
Constantine, 2001a
Constantine & Yeh, 2001
Holcomb-McCoy & Meyers, 1999

**Literature providing teaching guidelines for multicultural competency:**
Arredondo & Arciniega, 2001
McAllister & Irvine, 2000
Authors suggesting that multicultural counseling competency requires the development of empathy:
Constantine, 2000
Constantine, Juby & Liang, 2001

Authors suggesting that self-awareness is a critical element for developing competency:
Acton, 2001
Arredondo & Arciniega, 2001
Carter, 2003

Authors discussing training variables in multicultural education:
Reynolds, Dings & Neilson, 1995

- **Infusion:**
  Kiselica, Maben & Locke, 1999
- **Staff Diversity:**
  Manese, Wu & Nepomuceno, 2001
- **Didactic methods:**
  Carter, 2003
  Constantine, 2002
  Pope-Davis, Reynolds, Dings & Ottavi, 1994
- **Experience:**
  Arthur & Januszkowski, 2001
  Carlson, Brack, Laygo, Cohen & Kirkscey, 1998
  Manese, Wu & Nepomuceno, 2001
  Ottavi, Pope-Davis & Dings, 1994
- **Supervision:**
  Ladany, Inman, Constantine & Hoftheinz, 1997
  Pope-Davis, Reynolds, Dings & Ottavi, 1994
- **Experiential activities:**
  Arthur & Januszkowski, 2001
  Carlson, Brack, Laygo, Cohen & Kirkscey, 1998
  Constantine, 2002;
- **Art:**
  Acton, 2001
- **Continued Education:**
  Allison, Echemendia, Crawford & Robinson, 1996
  Arthur & Januszkowski, 2001
  Pope-Davis, Reynolds, Dings & Ottavi, 1994
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<th>Findings/Results</th>
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<tr>
<td>American Counseling Association. (2005). ACA Code of Ethics. <a href="http://www.counseling.org">www.counseling.org</a></td>
<td>Professional organization</td>
<td>Enable the association to clarify the nature of the ethical responsibilities of its members and serve as the basis for processing of ethical complaints and inquiries initiated against members of the association.</td>
<td>* An antidiscrimination policy statement is provided in the code.</td>
<td>Counselors are encouraged to explore their own cultural identities and how these affect their values and beliefs.</td>
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<tr>
<td>Carter, R. T. (1995). <em>The influence of race and racial identity in psychotherapy</em>. New York: Wiley.</td>
<td>Book</td>
<td>Describe the influence of race and racial identity in psychotherapy</td>
<td>Societal and cultural forces shape any institution in a society, so racist notions have been incorporated into the mental health system.</td>
<td>*Personality includes race and racial identity in extremely dynamic and complex ways and taken together, explains individual development. *Through self-learning and development, students and professionals come to appreciate racial and cultural differences as important and valuable aspects of their and other people’s identity. *One’s identity as it relates to race is affected by the manner in which race is denied, avoided, or discussed in the family or other socializing institutions.</td>
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<tr>
<td>Helms, J. E. (1990). <em>Black and White racial identity: Theory, research and practice</em>. Westport, CT: Greenwood.</td>
<td>Edited book</td>
<td>Present theory, research, and practical implications of racial identity development for Black and White people</td>
<td>Racial identity constructs apply in some manner to both racial groups though their manner of expression may differ because of the groups’ opposite racial experiences in the U.S.</td>
<td>Black Racial Identity development includes the following stages: Pre-encounter (idealization of Whiteness, denigration of Blackness), encounter (events (consciousness of race), experience), immersion (idealization of blackness)/emersion (denigration of Whiteness), internalization (racial transcendence).</td>
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| Helms, J. E. (1995). An update of Helms’ White people and people of color racial identity models. In J. G. Ponterotto, J. M. Casa, L A. Suzuki, & C. M. Alexander (Eds.), Handbook of multicultural counseling (pp. 181-198). Thousand Oaks, CA: Sage. | Chapter edited book              | Elaborate and integrate earlier discussions of racial identity theory and to suggest how statuses might be used to think about racial identity as a dynamic process | Racial identity models might make it feasible to train therapists who can be responsive to intrapersonal as well as interpersonal racial dynamics within and outside the relationship | *Racial identity models should also be useful in non therapy contexts  
*Examining racial identity development should make racial interactions less mysterious and more manageable |
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<tr>
<td>Inman, A. G., Meza, M. M., Brown, A. L., &amp; Hargrove, B. K. (2004). Student-faculty perceptions of multicultural training in accredited marriage and family therapy programs in relation to students’ self-reported competence. <em>Journal of Marriage and Family Therapy</em> 30(3), 373-388.</td>
<td>Journal article</td>
<td>Examine the relevance and integration of multicultural issues in marriage and family therapy programs and its relation to therapist competence in working with racially/ethnically diverse clients</td>
<td>*Results show a lack of relationship between perception of multicultural competency and self-perceived multicultural counseling. *Results show a significant and positive relationship between self-reported multicultural competencies and number of formal courses taken.</td>
<td>*Authors suggest counselor’s worldview, theoretical orientation, value system, cultural group membership, and previous experience as potentially affecting multicultural competence. *Therapists might explore how their own family-of-origin impacts the therapeutic process. *In vivo experiences within different communities through research projects/other types of fieldwork, and experiential exercises related to one’s own experiences of racial issues might be other pathways toward this goal.</td>
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<td>Ladany, N. Inman, A. G., Constantine, M. G., &amp; Hoftheinz, E. W. (1997).</td>
<td>Journal article</td>
<td>Test the hypothesis that supervisees’ multicultural case conceptualization ability and self-reported multicultural competence as functions of supervisee racial identity and supervisor focus. *Supervisees’ racial identity was significantly related to self-reported MCC. *Racial identity for both groups was not significantly related to multicultural case conceptualization ability. *Supervisors’ instruction to focus on multicultural issues was significantly related to conceptualizations of a multicultural treatment strategy.</td>
<td>There may be a link between White racial identity and self-reported multicultural competence.</td>
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<td>Mueller, J. A., &amp; Pope, R. L. (2003). The relationship of demographic and experience variables to white racial consciousness among student affairs practitioners. <em>NASPA Journal, 40</em>(4), 149-171.</td>
<td>Journal article</td>
<td>Examine White Racial Consciousness (WRC) among White student affairs professionals, and identify potential correlates with the seven WRC types including a variety of demographic and experience variables.</td>
<td>Experience with multicultural issues, self-identification with a socially marginalized group, discussions with supervisors on race and multicultural issues, and interest in working with culturally diverse students and staff were all significantly relates to several dimensions of White Racial Consciousness.</td>
<td>*It is suggested that age is related to less confusion about and reliance on others with regard to racial issues, raising the idea that this model of racial consciousness has a developmental model. *As individuals further understand themselves as racial beings they are more likely to demonstrate a higher level of multicultural competence.</td>
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<td>Ottavi, T. M., Pope-Davis, D. B., &amp; Dings, J. G. (1994). Relationship between White racial identity attitudes and self-reported multicultural counseling competencies. <em>Journal of Counseling Psychology, 41</em>, 149-151.</td>
<td>Journal article</td>
<td>Examine the hypothesis that counseling students’ multicultural counseling competencies are influenced by WRI attitude development. Specifically, according to the proposed model, higher levels of racial identity development are related to higher levels of multicultural counseling competencies.</td>
<td><em>Students’ WRI development, educational level, and clinical experience demonstrated moderate correlations with multicultural competencies.</em> <em>More mature racial identity statuses are positively associated with self-perceived multicultural counseling competence.</em></td>
<td>Racial identity development should be considered an integral component in the planning of multicultural counseling training.</td>
</tr>
<tr>
<td>Pack-Brown, S. P., Whittington-Clark, L. E., &amp; Parker, W. M. (1998). <em>Images of me: A guide to group work with African American women.</em> Boston: Allyn &amp; Bacon.</td>
<td>Book</td>
<td>Introduce the relationship of identity to race and gender with an understanding of the feminist movement, and support the efficacy of afro-centric group work.</td>
<td>The group participant can move through the stages of racial development with the support of other group members.</td>
<td><em>The authors believe that it is important for group leaders to achieve ego statuses or attitudes that approach advances levels of racial identity development.</em> <em>One of the most effective treatment approaches for minority clients should include the facilitation of internalization of an accurate, positive, and affirming racial identity.</em></td>
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<td>Sue, D. W., &amp; Sue, D. (2008). <em>Counseling the culturally diverse: Theory and practice</em> (5th ed.). Hoboken, NJ: John Wiley &amp; Sons.</td>
<td>Book</td>
<td>Educate counselors about multicultural issues and counseling with minority groups.</td>
<td>The composition of the population of the US continues to change, and counselors must be prepared to work effectively with diverse clients.</td>
<td>*Health care workers need look objectively at their own values and beliefs. *Self-assessment is the first step for therapists working with diverse clients: looking at one’s own feelings and attitudes about the people who are “different.”</td>
</tr>
<tr>
<td>Vinson, T. S., &amp; Neimeyer, G. J. (2000). The relationship between racial identity development and multicultural counseling competency. <em>Journal of Multicultural Counseling and Development</em>, 28, 177-192.</td>
<td>Journal article</td>
<td>Provide an exploratory, longitudinal assessment of multicultural counseling skills and racial identity development in order to expand or qualify previous findings concerning these variables across time.</td>
<td>Significant increases were found in multicultural counseling competency, but not in their levels of racial identity development across time.</td>
<td>*Racial identity development might not be linear, so it would not be expected to show consistency across time. *Changes in multicultural counseling competency could lead to more complex racial identity development.</td>
</tr>
</tbody>
</table>
Summary 6
Multicultural Identity Development in Counseling

Authors encouraging counselors to explore their own cultural identity:
American Counseling Association, 2005
Aponte & Aponte, 2000
Atkinson, Morten & Sue, 2005
Burkhard et. al, 1999
Inman, Meza, Brown & Hargrove, 2004
Ladnay, Inman, Constantine & Hofheinz, 1997
Sue & Sue, 2008
Vinson & Neimeyer, 2000

Authors discussing the dominant culture of the American society:
Hardimann, 1994

Literature discussing socialization and development as it related to multicultural identity development:
Carter, 1995
Helms, 1995
Inman, Meza, Brown & Hargrove, 2004

Authors proposing education models:
Hardimann, 1994
Helms, 1990
Sue & Sue, 2008

Authors discussing strategies for education:
Aponte & Aponte, 2000
Pack-Brown, Wittington-Clark & Parker, 1998

Authors suggesting that more education leads to higher competency:
Inman, Meza, Brown & Hargrove, 2004

Authors suggesting more education leads to more developed racial identity:
Neville, Heppner, Louie, Thompson, Brooks & Baker, 1996
Ottavi, Pope-Davis & Dings, 1994
Sue & Sue, 2008
Authors describing particular training variables:
Carter, 1995
Hardimann, 1994
Ladnay, Inman, Constantine & Hofheinz, 1997
Mueller & Pope, 2003
Neville, Heppner, Louie, Thompson, Brooks & Baker, 1996
Sue & Sue, 2008
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<tr>
<td>American Art Therapy Association, Inc. (2003). Ethics Document. Retrieved October 24, 2008.</td>
<td>Professional organization</td>
<td>Provide principles to cover situations encountered by art therapists in order to safeguard the welfare of the individuals and groups with whom art therapists work and to promote the education of members, students, and the public regarding ethical principles of the art therapy discipline.</td>
<td>*The document includes an antidiscrimination policy. *Art therapists are aware of and respect cultural, individual, and role differences, and consider these factors when working with members of such groups. *Art therapists 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.</td>
<td>*Recognizes not only cultural diversity, but also the impact of socioeconomic and political factors on the psychological development and socio-cultural identifications of minority persons and their art making.</td>
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<tr>
<td>American Dance Therapy Association Board of Directors (2008) Code of Ethical Practice of The American Dance Therapy Association. American Dance Therapy Association. Retrieved October 24, 2009.</td>
<td>Professional organization</td>
<td>Define responsible professional behavior for Dance/Movement Therapists (DMT) and make this known to the community at large</td>
<td>*The level of training completed is not misrepresented in practice. *A DMT practices solely in the areas for which one has been trained and is professionally qualified to perform.</td>
<td>*DMT is defined as the psychotherapeutic use of movement as a process that furthers the emotional, physical, cognitive and social integration of the individual.</td>
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<td>American Music Therapy Association. (2005). AMTA Standards of Clinical Practice. <a href="http://www.musictherapy.org/standards.html">http://www.musictherapy.org/standards.html</a>. Retrieved 10/23/2008.</td>
<td>Professional organization</td>
<td>Define rules for measuring the quality of music therapy services.</td>
<td>In assessment, consideration may be given to a client’s spirituality and cultural background, and methods will be appropriate for the client’s chronological age, diagnoses, functioning level, spirituality and other cultural background.</td>
<td>Spirituality and cultural background are defined as an inter relationship among a client’s musical experiences, personal belief system, and cultural background, which may be influenced by the client’s geographical origin, language, religion, family experiences, and other environmental factors.</td>
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</table>
| American Music Therapy Association. (2007). AMTA Code of Ethics. http://www.musictherapy.org/ethics.html. Retrieved 10/23/2008. | Professional organization | Determine and utilize music therapy approaches that effectively aid in the resolution, maintenance, and improvement in mental and physical health. | *A music therapist will perform only those duties for which he or she has been adequately trained, not engaging outside his or her area of competence.  
*The music therapist will strive for the highest standards in his/her work, offering the highest quality of services to clients/students | *The organization provides an antidiscrimination statement.  
*Music therapists work to eliminate the effect on his/her work of biases based upon these factors. |
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<tr>
<td>Art Therapy Credentials Board. (2005). Code of Professional Practice. Retrieved 10/24/08</td>
<td>Professional organization</td>
<td>The ATCB seeks to protect the public by issuing registration and board certification credentials to practitioners in the field of art therapy who meet certain established standards.</td>
<td>*The organization provides an antidiscrimination statement. *Art therapists assess, treat or advise on problems only when they are competent in education, training and experience; and they do not permit others to perform or to hold themselves out as competent to perform professional services beyond their education, training, experience, or competence.</td>
<td>Art therapists are encouraged, whenever possible, to recognize a responsibility to participate in activities that contribute to a better community and society, including devoting a portion of their professional activity to services for which there is little or no financial return.</td>
</tr>
<tr>
<td>Chang, M. (2006). How do dance/movement therapists bring awareness of race, ethnicity, and cultural diversity into their practice?. In S. C. Koch &amp; I. Bräuninger (Eds.), Advances in dance/movement therapy. Theoretical perspectives and empirical findings (pp. 192-205). Berlin, Germany: Logos Verlag.</td>
<td>Chapter edited book</td>
<td>Enhance clinicians’ intercultural empathy with clients from diverse backgrounds through a dance/movement therapy (DMT) workshop and ethnographic case study.</td>
<td>Guided psychophysical exercises assisted participants’ self-reflection on how they embodied their own race, culture, and ethnicity—including first languages, their “mother tongue.” Sensitizing creative arts therapists to their habitual bodily manifestation of emotions and symbolic dance movement engendered their discovering qualities of flexibility and responsiveness towards their clients or students who were members of non-Western cultures.</td>
<td>*Once the therapist identified the roots of his or her own cultural stance, the development of a culturally congruent practice was more likely to occur. *Aesthetic elements of a society become embodied in each person as an unconscious second nature, “habitus.”</td>
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<td>Lewis, P. (1997). Multiculturalism and Globalism in the arts in psychotherapy. The Arts in Psychotherapy 24 (2) 123-127.</td>
<td>Journal article</td>
<td>Steps toward cultural awareness of one’s own racial/ethnic group help a therapist work more effectively with minority clients.</td>
<td>Art, dance, storytelling, singing, playing of instruments, and drama have been pivotal in many cultures as vehicles of healing and communication.</td>
<td>Encourages the use of the arts as a trans-cultural and profound facilitator for growth and recovery</td>
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<tr>
<td>McNiff, S. (1986). Educating the creative arts therapist: A profile of the profession. Springfield, MO: Charles C. Thomas.</td>
<td>Book</td>
<td>Definition the profession of art therapy and begin a common dialogue between all of the creative arts therapies on the subject of educational priorities.</td>
<td>*Creative arts therapies include: music therapy, dance therapy, art therapy, poetry therapy, artists/therapists, drama therapy, and psychodrama. *Minority student involvement and international students in the creative arts therapies are discussed.</td>
<td>*McNiff stresses the importance of personal awareness by advocating an understanding of how personality and behavior affect clients and therapy. *Benefits of creative arts therapies in multicultural situation are mentioned, but McNiff doesn’t speak about methods of instruction.</td>
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<tr>
<td>National Association for Drama Therapy. (2007). NADT Code of Ethics. <a href="http://www.nadt.org/codeofethics.html">http://www.nadt.org/codeofethics.html</a>. Retrieved 10/23/2008.</td>
<td>Professional organization</td>
<td>Serve its members and the general public by providing standards of professional competence in the field of drama therapy.</td>
<td>*Drama therapists limit their practice and services to those which are in their professional competence by virtue of their education and professional experience and consistent with any requirements for state/provincial and national/international credentials. *The organization provides an antidiscrimination policy.</td>
<td>*A drama therapist is encouraged to refrain from initiating a drama therapy activity if there is likelihood that personal circumstances will prevent them from performing work-related activities competently, and takes measures such as professional consultation/assistance to determine if he/she should limit, suspend, or terminate duties.</td>
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Summary 7
Creative Arts in Therapy Multicultural Education

**Literature containing an antidiscrimination statement:**
American Art Therapy Association, 2003
American Board of Examiners in Psychodrama & Group Psychotherapy, 2002
American Music Therapy Association, 2007
Art Therapy Credentials Board, 2005
National Association of Dance Therapy, 2007
McNiff, 1986

**Authors suggesting greater respect for cultural differences:**
American Art Therapy Association, 2003
American Music Therapy Association, 2005

**Authors advocating for the elimination of bias and maintenance of the highest standard of practice in the creative arts therapies:**
American Art Therapy Association, 2003
American Music Therapy Association, 2005
American Music Therapy Association, 2007
Chang, 2006
Lewis, 1997
National Association of Dance Therapy, 2007

**Authors addressing the way culture and politics, social issues, psychological development, etc. affect art:**
American Art Therapy Association, 2003
Art Therapy Credentials Board, 2005
Chang, 2006
Lewis, 1997

**Creative arts therapy organizations requiring professionals to accurately represent their competence:**
American Art Therapy Association, 2003
American Music Therapy Association, 2007
National Association of Dance Therapy, 2007

**Literature discussing self-examination in creative arts therapy:**
American Music Therapy Association, 2008
Chang, 2006
McNiff, 1986
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<td>American Art Therapy Association, Inc. (2003). Ethics Document. Retrieved 10/23/2008.</td>
<td>Professional organization</td>
<td>Provide principles to cover situations encountered by art therapists to safeguard the welfare of the individuals and groups with whom art therapists work, and to promote the education of members, students, and the public regarding ethical principles of the art therapy discipline.</td>
<td>*The organization provides an antidiscrimination policy. *Art therapists are aware of, respect and try to eliminate bias of cultural, individual, and role differences (age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status). *They do not knowingly participate in or condone activities of others based upon such prejudices.</td>
<td>Art therapists should recognize not only cultural diversity, but also the impact of socioeconomic and political factors on the psychological development and socio-cultural identifications of minority persons and their art making.</td>
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| American Art Therapy Association, Inc. Masters Educational Standards. June 30, 2007. | Professional organization | The purpose of the educational committee is to serve the profession and public by (1) establishing and promoting standards for art therapy education. (2) supporting the development of educational programs and encouraging diversity among these programs. (3) fostering communication among educators. (4) providing information to the public regarding educational standards and opportunities. | Cultural factors are espoused to be an integrated component of art therapy graduate education. | Required curriculum content includes:  
*Art therapy assessment with an understanding of cultural factors, cultural diversity theory and competency models applied to an understanding of diversity of artistic language, symbolism, and meaning in artwork and art making across culture and within a diverse society.  
*Investigation of the role of the art therapist in social justice, advocacy, and conflict resolution.  
*Understanding theories of counseling and development of competencies essential for a culturally responsive therapist.  
*Cultural self-awareness is encouraged through self-assessment, strategies for working with diverse communities, and critical thinking with regard to attitudes, beliefs, and competent practice. |
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<td>Art Therapy Credentials Board. (2005). Code of Professional Practice. Retrieved 10/24/2008.</td>
<td>Professional organization</td>
<td>The Art Therapy Credentials Board seeks to protect the public by issuing registration and board certification credentials to practitioners in the field of art therapy who meet certain established standards.</td>
<td>An antidiscrimination policy is provided by the organization.</td>
<td>Art therapists assess, treat and/or advise on problems only in those cases in which they are competent as determined by their education, training and experience; and they do not permit students, employees, or supervisees to perform or to hold themselves out as competent to perform professional services beyond their education, training, experience, or competence.</td>
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<tr>
<td>Bermudez, D. &amp; terMaat, M. (2006). Art therapy with Hispanic clients: Results of a survey study. <em>Art Therapy: Journal of the American Art Therapy Association</em>, 23(4), 165-171.</td>
<td>Journal article</td>
<td>This study sought to contribute to the effort of researching the effectiveness of art therapy across cultures by studying the use of art therapy specifically with Hispanic clients.</td>
<td>Survey participants rated art therapy as very helpful with Hispanic clients.</td>
<td>*Common themes of identity and cultural barriers were mentioned in art therapy. *Art therapists have an ethical responsibility to educate themselves about the therapeutic issues that are common among the Hispanic population.</td>
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<td>Boston, C. G. &amp; Short, G. M.</td>
<td>Chapter edited book</td>
<td>Propose a definition and explore an Afro-centric model of art therapy and contrast that perspective with Eurocentric approaches.</td>
<td>Afro-centric theory originates from African heritage and traditions, is a holistic approach to treatment and fosters love and community interdependence and focuses on the client’s strengths.</td>
<td>No matter how much the therapist may feel they can identify with the families, there are still elements of one’s own growth and development that lead to a different set of values and attitudes. Being committed to the human service profession makes it mandatory that one explores one’s own thoughts and feelings.</td>
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<td>Bouchard, R. R. (1998). Art therapy and its shadow: A Jungian perspective on professional identity and community. Art Therapy: Journal of the American Art Therapy Association, 15, 158-164.</td>
<td>Journal article</td>
<td>The author identifies ways in which its dynamics and manifestations occur in the field of art therapy, and introduce experiential exercises for discovering and working with the shadow.</td>
<td>We can’t avoid the shadow, the shadow is a source of personal and collective renewal, there is an ethical component to the shadow that informs the values of professional, interpersonal life, and there is nothing like the consciousness-raising in dealing with the problematic areas of shame, power and envy.</td>
<td>Recommends each art therapist pursue individual development in accordance with a sense of professional direction, which may include personal therapy, spending time in the studio, building relationships of trust with other colleagues, readings, and reflecting on one’s own practice.</td>
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<tr>
<td>Calish, A. (2003). Multicultural training</td>
<td>Journal article</td>
<td>Describe the past and current state of multicultural education within the art</td>
<td>Several overarching educational approaches were found: (a) A separate course in ethnic studies that focuses on specific groups using a historical perspective, with provision for development of positive attitudes through intensive experiences in cross-cultural settings. (b) An area of concentration that includes a skills-building pre-practicum course with specialized practicum sites. (c) An interdisciplinary approach to provide depth of knowledge and cooperation in both research and practice. (d) An integrative approach that provides instruction for all students with cooperation from all faculty, using sites that provide multicultural services.</td>
<td>*Curriculum and training focusing on multicultural issues did not exist in most art therapy graduate programs prior to the requirement by AATA Education Standards of 1994. *The ultimate purpose for training for cultural competence is to develop ethno-relativistic thinking.</td>
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<td>Cattaneo, M. (1994).</td>
<td>Journal article</td>
<td>Focus on the impact that culture and its attendant values and aesthetics have on the work of art therapists.</td>
<td>Addressing culture, values, and aesthetics in art therapist training.</td>
<td>Students can be guided to discover and examine the influence which culture has on their own and others’ perceptions of different modes of artistic expression.</td>
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<tr>
<td>Ciornai, S. (1983).</td>
<td>Journal article</td>
<td>Suggest that expressive therapies can be a therapy of choice in working with poor Latino populations and possibly with other minority populations as well.</td>
<td>The total life situation of individuals (cultural background and socioeconomic status) must be taken into consideration by the arts therapist in order to facilitate the healing process of clients.</td>
<td>It is minority populations who most express themselves through singing, dancing, rituals, theatre, idiomatic poetry and art, rather than through the more elaborated and intellectualized verbal expression characteristic of the upper middle class. Art is intrinsically rooted in the daily life of many minority populations, and not at all something detached from them, isolated in museums and libraries.</td>
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<tr>
<td>Coseo, A. (1997). Developing cultural awareness for creative arts therapists. <em>The Arts in Psychotherapy</em> 24(2), 145-157.</td>
<td>Journal article</td>
<td>*Explore the impact of racial and cultural issues on treatment. The author undertook a visual self-exploration to uncover attitudes, values and beliefs. *Provide a guide to examine cultural influences within the therapeutic relationship.</td>
<td>Art making is an effective tool for addressing and confronting cultural prejudices and values that interfere with treatment.</td>
<td>*Exploring feelings and attitudes held about other cultures enables one to see what biases and prejudices are brought to the therapeutic relationship.</td>
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<td>Feen-Calligan, H. (1996). Art therapy as a profession: Implications for the education and training of art therapists. <em>Art Therapy: Journals of the American Art Therapy Association</em>, 13(3), 166-173.</td>
<td>Journal article</td>
<td><em>Contribute to the discussion of the direction necessary for art therapy education.</em>&lt;br&gt;<em>Consider the professions of medicine, social work and psychology to identify patterns of growth.</em></td>
<td><em>The profession of art therapy needs to define its parameters and the service it provides.</em>&lt;br&gt;<em>Art therapy should diversify its educational programs to train researchers, administrators, and lobbyists in addition to clinicians.</em></td>
<td><em>The service provided by art therapists must be perceived as essential to the needs of society and be rendered with competence.</em></td>
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*Students participated in service-learning in conjunction with an art therapy practicum assignment.* | Service learning was introduced as pedagogy to facilitate the identity construction of art therapy students and was found to nurture aspects of professional identity. | The distinction between service learning (what can be done) and practicum (what is expected of me) led to student reflection about the values and purpose of the art therapy profession. |
| Henley, D. R. (1999). Questioning multiculturalism in art therapy: Problems with political correctness and censorship. *Art Therapy: Journal of the American Art Therapy Association, 16*(3), 140-144. | Journal article | Identify instances where art, art therapy, and multiculturalism have become politicized, resulting in an atmosphere of political correctness. Also touching on the ethics of artistic expression as it relates to issues of aesthetics and the civil rights of the viewing audience within community settings and group art therapy practice. | *The therapist must tease apart issues of personal responsibility from societal oppression if the process of facilitating autonomy and insight is to proceed.  
*Identify when the insensitivity of therapists distorts their views of their minority clients.  
*Personal reflection must be a constant theme of the therapist’s professional supervision.* | Art expression crosses into other cultural territories raising questions about cultural values and ownership. |
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<tr>
<td>Hocoy, D. (2005).</td>
<td>Journal article</td>
<td>Introduce a conceptual framework that integrates art therapy and social action.</td>
<td>Art therapy can help one understand the reciprocal impact of societal and individual psychic processes.</td>
<td>Art therapy and social action are linked through the versatility and power of the image.</td>
</tr>
<tr>
<td>Kaplan, F. F. (2002).</td>
<td>Journal article</td>
<td>The author’s racial/ethnic complexity illustrates the potentiality for a client to be individually unique in their multicultural experience.</td>
<td>Suggests that the reader study cultural diversity, conduct related research, but proceed with cautious respect for the uniqueness of each client.</td>
<td>Be sagacious in applying the cultural knowledge that one knows in order to overdoing cultural sensitivity by stereotyping individuals.</td>
</tr>
<tr>
<td>Linesch, D. &amp; Carnay, J. (2005).</td>
<td>Journal article</td>
<td>Document the innovative pedagogical approach and include preliminary assessment procedures utilized to explore models for future program appraisal.</td>
<td>The immersive experience in San Miguel de Allende allowed the program to build a comprehensive experience to support multicultural competencies.</td>
<td>Art making provided participants with the opportunity to look into unarticulated biases, fears and resistances and it was the art making that provided that participants the tools to experiment with change.</td>
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<td>Maccari, C. E. (2008). <em>A survey of masters level instructors regarding multicultural education issues within American Art Therapy Association approved programs.</em> Unpublished master’s thesis, Drexel University, Philadelphia.</td>
<td>Masters thesis</td>
<td><em>Attempt to learn about attitudes and methods associated with multicultural education in American Art Therapy approved art therapy graduate programs.</em> <em>Use a survey to explore how and what art therapy programs are teaching regarding cultural competency and multicultural issues.</em></td>
<td>The majority of survey participants graduated from art therapy programs over ten years ago and did not have a specific course focused on multicultural issues.</td>
<td>Since 1999, the American Art Therapy Association has instituted more rigorous standards for programs, and this may influence results.</td>
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<tr>
<td>McNiff, S. (1984). Cross-cultural psychotherapy and art. <em>Art Therapy</em> 1(1), 125-131.</td>
<td>Journal article</td>
<td>Present an introduction to cross-cultural psychotherapy, with reference to historical theories of art, symbols and myth, and to the therapist working with the client—both individual and groups.</td>
<td>Cross-cultural dimensions of art therapy are described.</td>
<td>The continuation of studies that only focus on differences will result in a diffusion and separation of human energy.</td>
</tr>
<tr>
<td>Moncrief, A. (2007). <em>Confronting culture blindness: An examination of culturally responsible art therapy</em>. Unpublished master’s thesis, Florida State University, Tallahassee.</td>
<td>Masters thesis</td>
<td>Explore the use of art therapy with a group of Peruvian children in their native country.</td>
<td>*Three strategies for practicing culturally aware art therapy within a Peruvian culture are presented: using culturally familiar stimuli, speaking in Spanish, and encouraging social norms. *12 factors that were useful in demonstrating sensitivity to the individual culture of each client are explained.</td>
<td>The author makes a proposal of a visual model to explain the influences of culture on a person.</td>
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<td>Riley-Hiscox, A. (1999). Critical multiculturalism: A response to “Questioning Multiculturalism”. <em>Art Therapy: Journal of the American Art Therapy Association, 16</em>(3), 145-149.</td>
<td>Journal article</td>
<td>Provide art therapists with the foundation necessary to begin to think about multiculturalism analytically, and begin to reflect on their concerns and experiences in working with diverse populations.</td>
<td>Political correctness and multiculturalism distract from clinical practice that respects the humanity and culture of all people in order to be in consonant with the new paradigm in psychotherapy.</td>
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<td>Sidun, N. M. &amp; Ducheny, K. (1998). An experiential model for exploring White racial identity and its impact on clinical work. In Hiscox, A. R. &amp; Calisch, A. C. (Eds.), <em>Tapestry of Cultural Issues in Art Therapy</em>. (pp. 24-35). Philadelphia: Jessica Kingsley Publishers.</td>
<td>Chapter edited book</td>
<td>Propose an experiential model for exploring White Racial Identity and its impact on clinical work.</td>
<td>An experiential workshop is outlined and designed to facilitate an exploration of white racial identity composed of: an introduction and invitation, a short didactic presentation, a group discussion, creation of artwork, examination of the artwork, and summary.</td>
<td>*It is essential that art therapists take an opportunity to increase their awareness and appreciation of themselves as racial beings. *Awareness will deepen an appreciation of culture and worldview and will improve art therapists’ effectiveness when working with all clients—most notably those of different racial or ethnic backgrounds.</td>
</tr>
<tr>
<td>Wadeson, H. (1989). Art therapy education at the crossroads. <em>Art Therapy: Journal of the American Art Therapy Association</em>, 6, 103-105.</td>
<td>Journal article</td>
<td>Present the trends of professional development and education in art therapy.</td>
<td>Licensure and third-party payment, low salaries and the increased number of art therapists earning doctorate degrees may encourage art therapists to leave the field.</td>
<td>*Training shapes a profession, but influences upon the profession shape the type of training that is demanded by the market. *There is a reciprocal relationship between training and practice.</td>
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<td>Waller, D. (1992). The training of art therapists: past present and future issues. In Waller, D. &amp; Gilroy, A. (Eds.), <em>Art therapy: A handbook</em>. (pp. 211-228). Bristol, PA: Open University Press.</td>
<td>Chapter edited book</td>
<td>Assess proposed changes in art therapist education.</td>
<td>Art therapist engagement in their own personal therapy was felt to be essential if the “psychotherapeutic” base of the work was to be credible.</td>
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</tbody>
</table>
Authors discussing art therapists respecting differences:
American Art Therapy Association, 2007
Calish, 2003
Elkins & Stovall, 2000
Kaplan, 2002

Literature including an antidiscrimination policy:
American Art Therapy Association, 2003
Art Therapy Credentials Board, 2005

Literature addressing competent practice:
Art Therapy Credentials Board, 2005
Henley, 1999

Authors addressing competence with specific populations:
Bermudez & terMaat, 2006
Boston & Short, 1978
Moncrief, 2007

Authors describing political factors affecting art therapist multicultural education:
American Art Therapy Association, 2003
American Art Therapy Association, 2007
Boston & Short, 1998
Henley, 1999
Riley-Hiscox, 1999

Authors describing social factors affecting art therapist multicultural education:
American Art Therapy Association, 2003
American Art Therapy Association, 2007
Boston & Short, 1998
Ciornai, 1983
Henley, 1999
Hocoy, 2005
Mangan, 1978

Literature addressing the concept of self-awareness:
American Art Therapy Association, 2007
Bermudez & terMaat, 2006
Bouchard, 1998
Cattaneo, 1994
Coseo, 1997
Doby-Copeland, 2006
Authors who discuss art and cultural context:
Ciornai, 1983
Henley, 1999
McNiff, 1984

Literature focusing on approaches to education:
American Art Therapy Association, 2007
Calish, 2003
Feen-Calligan, 1996
Kaplan, 2002
Wadeson, 1989

Literature describing standards for education:
Calish, 2003
Cattaneo, 1994
Doby-Copeland, 2006
Maccari, 2008
McNiff, 1984

Authors who describe training variables:
- **Art:**
  Coseo, 1997

- **Continued Education:**
  Doby-Copeland, 2006
  Sidun & Duchney, 1998

- **Personal Therapy:**
  Waller, 1992

- **Service Learning:**
  Feen-Calligan, 2005

- **Immersion:**
  Linesch & Carnay, 2005
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<tr>
<td>Angell, G., Levick, M., Rhyne, J., Robbins, J. Rubin, J., Ulman, E., Wang, C., &amp; Wilson, L. (1981). Transference and countertransference in art therapy. <em>American Journal of Art Therapy, 21</em>(11), 3-24.</td>
<td>Journal article</td>
<td>Discuss the role of transference and countertransference in art therapy.</td>
<td>If art therapists are unaware of how personal perceptions, views and beliefs enter into treatment decisions, then inappropriate interventions may occur.</td>
<td>*Health care workers need look objectively at their own values and beliefs. *Self-assessment is the first step for therapists working with diverse clients: looking at one’s own feelings and attitudes about the people who are “different.”</td>
</tr>
<tr>
<td>Brownlee, A. (1978). <em>Community, culture, and care: A cultural guide for health workers</em>. St. Louis, MO: Mosby.</td>
<td>Book</td>
<td>Provide a guide for health workers who work cross-culturally.</td>
<td>Suggests that it is critical to develop awareness of one’s own cultural values and prejudices when helping culturally diverse clients.</td>
<td>*Health care workers need look objectively at their own values and beliefs. *Self-assessment is the first step for therapists working with diverse clients: looking at one’s own feelings and attitudes about the people who are “different.”</td>
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<td>Cherry, L. A. (2002). Multigroup ethnic identity measure with art therapy students: Assessing preservice students after one multicultural self-reflection course. <em>Journal of the American Art Therapy Association, 19</em>(4), 159-163.</td>
<td>Journal article</td>
<td>Investigate a multicultural, self-reflection course for pre service art therapy students.</td>
<td>Stronger cultural identification is possible following the completion of one multicultural art therapy course.</td>
<td>Understanding that behavior, even our own, may have a cultural rather than a pathological basis can help clinicians become more empathetic and understanding towards clients who are culturally diverse.</td>
</tr>
<tr>
<td>Churchill, M. (1995). Cultural countertransference. <em>Treatment Today, 7</em>(1), 42-43.</td>
<td>Journal article</td>
<td>Discuss countertransference in a cultural context.</td>
<td>Highlights the importance of addressing one’s own cultural values and prejudices with working with culturally different clients.</td>
<td>*Health care workers need look objectively at their own values and beliefs. *Biases and prejudices left unchecked may interfere with effective and appropriate treatment, as therapists may superimpose their values onto their clients’ situation and treatment. *Self-assessment is the first step for therapists working with diverse clients: looking at one’s own feelings and attitudes about the people who are “different.”</td>
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*The author undertook a visual self-exploration to uncover attitudes, values and beliefs.*  
*Provide a guide to examine cultural influences within the therapeutic relationship.* | *Art making is an effective tool for addressing and confronting cultural prejudices and values that interfere with treatment.*  
*Art making is an effective tool for self-assessment by lowering defenses, organizing thoughts and helping to define responses.* | *By exploring feelings and attitudes held about other cultures, one is able to see what biases and prejudices are brought to the therapeutic relationship.*  
*We must understand the impact of our own cultural background on the therapeutic relationship; this includes cultural values, attitudes and assumptions held.*  
*Insights gained thru self-assessment can lead to understanding—the first step toward culturally appropriate and sensitive treatment.* |
<p>| Doby-Copeland, C. (2006). Cultural diversity curriculum design: An art therapist’s perspective. <em>Art Therapy: Journal of the American Art Therapy Association,</em> 23(4), 172-180. | Journal article | Propose multicultural curriculum guidelines for use by art therapy educators. | Gaining culturally specific knowledge requires that particular attention be paid to understanding a person’s worldview. | As art therapists view art, they must remember the influences of their own cultural experience in terms of color, symbol identification, organization of space, and figure depiction. |
| Dtati, H. B. (1993). Issues in art therapy with the culturally displaced American Indian youth. <em>The Arts in Psychotherapy,</em> 20, 143-151. | Journal article | Discuss issues in art therapy work with culturally displaced American Indian youth. | Highlights the importance of addressing one’s own cultural values and prejudices when working with culturally different clients. | Self-assessment is the first step for therapists working with diverse clients: looking at one’s own feelings and attitudes about the people who are “different.” |</p>
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<tr>
<td>Golub, D. (1989). Cross-cultural dimensions of art psychotherapy: Cambodian survivors of war trauma. In Wadeson, H., Durkin, J., &amp; Perach, D. (Eds.). <em>Advances in Art Therapy</em>, (pp.5-45). New York: John Wiley &amp; Sons.</td>
<td>Chapter edited book</td>
<td>Describe multicultural art therapy, make educational recommendations and provide structure to art therapists working in a multicultural context.</td>
<td>Details of traumas experienced by Cambodian children provide a historical context for knowing artwork, clinical issues, and necessary changes so art therapy effectively would address clinical issues within a Cambodian Buddhist worldview.</td>
<td>*Highlights the importance of addressing one’s own cultural values and prejudices with working with culturally different clients. *Self-assessment is the first step for therapists working with diverse clients: looking at one’s own feelings and attitudes about the people who are “different.” *Clarifying personal values is emphasized.</td>
</tr>
<tr>
<td>Gonzalez-Dolginko, B. (2000). Shaping our future: What are our professional responsibilities to art therapy students? <em>Art Therapy: Journal of the American Art Therapy Association</em>, 17, 90-100.</td>
<td>Journal article</td>
<td>Present art therapist professional responsibilities to art therapy students.</td>
<td></td>
<td>Today’s culture makes understanding one’s values imperative in order to be respectful of, and to work effectively with others whose values differ from one’s own.</td>
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<td>Hays, R. B., (1996). <em>Foundations of educating multiculturally</em>. In M. Hersen, A. E. Kazdin, &amp; A. S. Bellack (Eds.), <em>Clinical psychology handbook</em> (pp. 735-758). New York: Pergamon Press.</td>
<td>Chapter edited book</td>
<td>Describe the foundations of multicultural education in clinical psychology.</td>
<td>Authors emphasize not only didactic but also personal work involving the student’s racial identity and self-esteem while exploring biases with respect to age, disability, religion, ethnicity, social status, sexual orientation, indigenous heritage, national origin, and gender.</td>
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<tr>
<td>Kielo, J. (1991).</td>
<td>Journal article</td>
<td>Present an overview of a study on countertransference and art therapy based on interviews with 14 professional art therapists exploring their use of drawings they did after sessions with clients.</td>
<td>The experiences of several art therapists showed that post-session art making was useful for them in developing an empathic capacity, clarifying confused feelings, or rendering unacknowledged feelings into form.</td>
<td>None of the art therapists suggested that they relied on this method to identify their countertransference issues.</td>
</tr>
<tr>
<td>Lofgren, D. E. (1981).</td>
<td>Journal article</td>
<td>Discuss art therapy and cultural difference.</td>
<td>*Highlights the importance of addressing one’s own cultural values and prejudices with working with culturally different clients. *Self-assessment is the first step for therapists working with diverse clients: looking at one’s own feelings and attitudes about the people who are “different.”</td>
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<td>Marger, M. N. (1991). <em>Race and ethnic relations: American and global perspectives</em> (2nd ed.) Belmont, CA: Wadsworth.</td>
<td>Book</td>
<td>Analyze ethnic relations in the United States and in four other societies.</td>
<td>Ethnic groups are unique within a larger society that displays a distinctive set of cultural traits. Ethnic groups are subcultures maintaining certain fundamental behavioral characteristics that set them apart from mainstream culture.</td>
<td>Health care workers need look objectively at their own values and beliefs.</td>
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<td>Phinney, J. S. (1996). When we talk about American ethnic groups, what do we mean? <em>American Psychologist, 51</em>, 918-927.</td>
<td>Journal article</td>
<td>Define the term ‘ethnic group.’</td>
<td></td>
<td>Emphasize that not only didactic but also personal work involving the student’s racial identity and self-esteem while also exploring biases with respect to: age, disability, religion, ethnicity, social status, sexual orientation, indigenous heritage, national origin, and gender.</td>
</tr>
<tr>
<td>Rubin, J. (Ed.). (2001). <em>Approaches to art therapy: Theory &amp; technique</em> (2nd ed.). New York: Brunner-Routledge.</td>
<td>Edited book</td>
<td>Contribute to greater thoughtfulness and open-mindedness on the part of those who practice healing through art.</td>
<td>Multiple approaches show how art therapy is applicable to various populations and theories.</td>
<td>*Art therapists need to be careful that the theory they espouse does not conceal unrecognized needs or conflicts within themselves. *Rubin warns that unawareness of the forces that determine theory/practice can be no more than an externalization of our own intra-psychic issues. *Only after self-analysis are we ready to think or talk about the mature and creative use of the self in art therapy.</td>
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<td>Reference</td>
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<td>Wadeson, H. (1990). Through the looking glass: When clients’ tragic images illuminate the therapist’s dark side. <em>Art Therapy, Fall</em>, 107-113.</td>
<td>Journal article</td>
<td>Explore art therapist relationship to their clients and their clients’ imagery.</td>
<td>Post-session artwork can help an art therapist process strong feelings, increase empathy, explore merging by using the client’s symbols, and the impact of the work on the “artist self.”</td>
<td>The key to working with patients in an emotionally non-exploitative, clinically responsible way is self-awareness.</td>
</tr>
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</table>
Summary 9
Counselor and Art Therapist Self Awareness

Authors discussing the value of self-assessment:
Atkinson, Morten & Sue, 1993
Brownlee, 1978
Golub, 1989
Gonzalez-Dolginko, 2000
Lofgren, 1981
Marger, 1991
Norris & Spurlock, 1992
Rubin, 2001
Wilson & Smith, 1993

Authors confronting the risks of unawareness:
Churchill, 1995
Doby-Copeland, 2006

Authors providing methods for self-assessment:
Calish, 2003
Cherry, 2002
Doby-Copeland, 2006
Hays, 1996
Miller & Garran, 2008
Phinney, 1996
Ramseyer, 1990

Authors pinpointing art as a method for self-assessment:
Coseo, 1997
Kielo, 1991
Wadeson; 1990
Table 10  
Applications of Multicultural Education Methods

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<th>Reference</th>
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<th>Findings/Results</th>
<th>Key Points</th>
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</table>
| Alexander, C. M., Kruczek, T. & Ponterotto, J. G. (2005). Building multicultural competencies in school counselor trainees: An international immersion experience. *Counselor Education and Supervision* 44(4), 255-266. | Journal article | Describe an international cultural immersion field experience, make recommendations for counselor educators who want to establish a similar program, and present an example of a student’s reaction as recorded in a journal. | Phases of the field experience include: preparation (networking through international collaboration, seeking assistance from the home university, and curriculum adjustments), implementation and evaluation. | *The didactic learning process should be supported with practical experiences.  
*International immersion experiences are particularly crucial for counselor education programs in geographic regions where there is limited cultural diversity. |
<p>| Alred, G. (2003). Becoming a “better stranger”: A therapeutic perspective on intercultural experience and/as education. In Alred, G, Byram, M., &amp; Fleming, M. (2003). <em>Intercultural Experience and Education</em>. Clevedon, UK: Multilingual Matters Limited. | Book chapter | Show that therapeutic theory and practice carry lessons for understanding intercultural experience and for developing appropriate educational responses to it. | Entering into a situation in which the familiar is drastically reduced and customary ways of responding to circumstances are seriously challenged has the potential to change as individual in important ways. | Preparation for the year abroad, empathy, caution, curiosity, language, identity and therapy are discussed to explain why education for intercultural experience is training for therapy. |</p>
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| **American Counseling Association. (2005).**                            | Professional organization  | *Establish principles that define ethical behavior and best practices of association members.  
*Serve as an ethical guide and as the basis for processing of ethical complaints and inquiries initiated against members of the association. | *Counselor educators actively attempt to recruit and retain a diverse student body; recognize and value diverse cultures and types of abilities students bring to the training experience; provide appropriate accommodations that enhance and support diverse student well-being and academic performance.  
* Counselor educators include case examples, role-plays, discussion questions, and other classroom activities that promote and represent carious cultural perspectives. | Counseling programs are expected to provide training components that encourage self-growth of self-disclosure as a part of the training process. |
<p>| <strong>American Psychological Association. (2002).</strong>                         | Professional organization  | Establish standards to protect the public and practicing psychologists.       | For APA accreditation, graduate programs must demonstrate a plan for providing trainees knowledge about the influence of diversity on human experience. | Emphasizes that multicultural education should become more infused across the curriculum of graduate programs. |</p>
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<th>Reference</th>
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<th>Purpose/Focus</th>
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<tr>
<td>Berryman-Fink, C. (2006). Reducing prejudice on campus: The role of intergroup contact in diversity education. <em>College Student Journal</em> 40(3), 511-517.</td>
<td>Journal article</td>
<td>*Examine the role of contact with diverse groups on prejudice levels of college students. *The effect of Amir’s five contact factors was studied in relation to students’ generalized prejudice as well as prejudice toward people who differ from them in race, sex, and sexual orientation.</td>
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<td>All counseling is multicultural in nature; sociopolitical and historical forces influence the culture of counseling beliefs, values, and practices and the worldview of clients and counselors; and ethnicity, culture, race, language, and other dimensions of diversity need to be factored into counselor preparation and practice.</td>
<td>*Emphasizes that multicultural education should become more infused across the curriculum of graduate programs. *A competency-based approach to teaching provides guidelines and developmental benchmarks for adaptive cognitive, emotional, and behavioral attributes. *The model provides flexibility for discussing multiple identities in both sociopolitical and historical contexts.</td>
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<td>The reduction of general and specific prejudice was significantly associated with contact that occurs between equals, and contact that is interpersonal, cooperative, rewarding, and positively sanctioned by students’ institutions and social networks.</td>
<td>*Mere contact between demographically diverse college students is not sufficient to reduce prejudice and develop and appreciation for diversity. *The reduction of generalized prejudice as well as prejudice based on race, sex, and sexual orientation was significantly associated with contact between equals, interpersonal contact, cooperative contact, rewarding contact, and contact sanctioned by the institutions and social networks of which the students were a part.</td>
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<td>Pinderhughes, E. (1989). <em>Understanding race, ethnicity and power</em>. New York: Free Press</td>
<td>Book</td>
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<td>Source</td>
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<td>Ponterotto, J. G. (1998). Charting a course for research in multicultural counseling training. <em>Counseling Psychologist, 26, 43-68.</em></td>
<td>Journal article</td>
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<td>Reference</td>
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<td>Ponterotto, J. G., Alexander, C. M., &amp; Grieger, I. (1995). A multicultural competency checklist for counseling training programs. <em>Journal of Multicultural Counseling and Development</em>, 23, 11-20.</td>
<td>Journal article</td>
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</table>
*Examine teaching strategies and course design considerations.*  
*Address ethical considerations, and the need for research.* | *Multicultural issues must be woven into the very fabric of our definition of what it means to be a counselor or psychologist.*  
*Multicultural competencies should become as central to the field of counseling as empathy and other basic communication skills.* | Teaching one course in multicultural counseling is not evidence of a learning organization nor does it demonstrate that training programs and their faculty are being responsive to the standards set by professional organizations. |
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<tr>
<td>Steward, R. J., Morales, P. C., Bartell, P. A., Miller, M., &amp; Weeks, D. (1998). The multiculturally responsive versus the multiculturally reactive: A study of perceptions of counselor trainees. <em>Journal of Multicultural Counseling and Development, 26</em>, 13-27.</td>
<td>Journal article</td>
<td>Investigate whether counselor trainees’ perceptions are multiculturally responsive or multiculturally reactive.</td>
<td>Findings suggested that trainees in programs that infused multicultural content in all courses in addition to providing multicultural-specific course work did not necessarily embrace the multicultural literature nor were they any clearer on what multicultural competence is.</td>
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<td>Toporek, R. L. (2001). Context as a critical dimension of multicultural counseling: Articulating personal, professional, and institutional competence. <em>Journal of Multicultural Counseling &amp; Development</em>, 29(1), 13-30.</td>
<td>Journal article</td>
<td>Describe a model that addresses the complexity of change multicultural competence</td>
<td>*The Multicultural Counseling Competency Assessment and Planning Model (MCCAP) integrates personal, professional, and institutional contexts as critical elements in multicultural competence. *Affective, cognitive and behavioral learning and competence are integrated. They include self-assessment, and strategic planning to assist professionals in a more complete application of multicultural counseling standards.</td>
<td>Aside from experiential activities aimed at increasing self-awareness, there tends to be little emphasis on how the personal lives of counselors influence their professional competence.</td>
</tr>
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Summary 10
Applications of Multicultural Education Methods

**Literature addressing diversity within student and faculty populations:**
American Counseling Association, 2005
Berryman-Fink, 2006
Ponterotto, Alexander & Grieger, 1995

**Authors suggesting multicultural leaning should be infused throughout curriculum:**
American Psychological Association, 2002
Arrendondo & Arciniega, 2001
Kiselica, Maben & Locke, 1999
Parker, Moore & Neimeyer, 1998
Ponterotto, 1998
Reynolds, 1995
Stadler, Suh, Cobia, Middelton & Carney, 2006
Steward, Morales, Bartell, Miller & Weeks, 1998

**Literature describing didactic methods to promote multicultural learning:**
Alexander, Kruczek & Ponterotto, 2005
American Counseling Association, 2005
Carter, 2005
Heppner & Obrien, 1994
Ponterorro, Alexander & Grieger, 1995

**Authors suggesting clinical education as a multicultural learning environment:**
Alexander, Kruczek & Ponterotto, 2005
Berryman-Fink, 2006
Ponterotto, Alexander & Grieger, 1995

**Authors describing how immersion experiences facilitate learning:**
Alexander, Kruczek & Ponterotto, 2005
Alred, 2003
Ponterotto, Alexander & Grieger, 1995

**Literature encouraging continued education about multicultural issues:**
American Counseling Association, 2005
Parker, Moore & Neimeyer, 1998

**Authors suggesting experiential learning activities to promote multicultural learning:**
Pinderhughes, 1989
Toporek, 2001
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*There is an ethical component to the shadow that informs the values of professional, interpersonal life, and there is nothing like the consciousness-raising in dealing with the problematic areas of shame, power and envy.* | Each art therapist should pursue individual development in accordance with a sense of professional direction which may include personal therapy or analysis, spending time in the studio, building relationship of trust with other colleagues, reading and reflecting on one’s own praxis. |
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<tr>
<td>Cattaneo, M. (1994).</td>
<td>Journal article</td>
<td>Focus on the impact that culture and its attendant values and aesthetics have on the work of art therapists.</td>
<td>Through storytelling and art making students reconnect with their own history.</td>
<td>This author encourages students to explore their exposure to different arts, the meaning they had for them as they were growing up, and how art influenced their present sense of aesthetics. This leads to an examination of their acceptance or rejection of certain works of art.</td>
</tr>
<tr>
<td>Coseo, A. (1997).</td>
<td>Journal article</td>
<td>*Explore the impact of racial and cultural issues on treatment. *The author undertook a visual self-exploration to uncover attitudes, values and beliefs. *Provide a guide to examine cultural influences within the therapeutic relationship</td>
<td>*Art making is an effective tool for addressing and confronting cultural prejudices and values that interfere with treatment. *Art making is an effective tool for self-assessment by lowering defenses, organizing thoughts and helping to define responses.</td>
<td>*Although the literature on cross-cultural therapy emphasizes the responsibility of therapists to examine their own values and biases, few practical methods exist on how to actively pursue this area. *Art making provided a way to uncover unconscious stereotypes and provide a tool to explore and reveal deeply held feelings about minorities. *Removing denial through art making allows one to gain a difficult and frank view of stereotypes and prejudices.</td>
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<td>Doby-Copeland, C. (2006).</td>
<td>Journal article</td>
<td>Propose multicultural curriculum guidelines for use by art therapy educators.</td>
<td></td>
<td>Persons from the specific racial ethnic groups can be used as guest lecturers, rituals (sharing of food, music, dance, customs), and film are used in the educational setting</td>
</tr>
<tr>
<td>Fish, B. (1989).</td>
<td>Chapter edited book</td>
<td>Encourage art therapists to use their own images to monitor and explore themselves within their therapeutic relationships.</td>
<td>Art making to clarify personal issues has proved helpful to uncover and address the countertransference issues that occur and interfere in therapeutic work.</td>
<td>*Image-making helps art therapists be more sensitive to clients when therapy stimulates the therapist’s own unresolved problems. *Creative use of the self as an art therapist will lead to greater insight and an ability to increase the understanding of the wide range of uses of visual imagery for therapeutic use.</td>
</tr>
<tr>
<td>Gerity, L. A. (2000).</td>
<td>Journal article</td>
<td>Examine and compares assimilation and multiculturalism in art therapy.</td>
<td>In learning about and accepting personal background and traditions, and personal feelings about differences, students will be more equipped to work with people from cultures different from their own.</td>
<td>Students find a cultural figure from their own background with which they could identify, which aims to work on accepting culture of origin and to begin to examine feelings about differences.</td>
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<td>Hocoy, D. (2002). Cross-cultural issues in art therapy. <em>Art Therapy: Journal of the American Art Therapy Association, 19</em>(4), 141-145.</td>
<td>Journal article</td>
<td>Examine the conditions where art therapy might be a culturally appropriate intervention.</td>
<td>The form that socially conscientious art therapy takes needs to be quite variable to be consistent with the values, beliefs and healing traditions of the local culture and to avoid acting as an enculturating force.</td>
<td>*Art therapists may benefit from rigorous self-examination and continued professional development through workshops and consultation. *Norms and standards of the dominant culture have served to pathologize and discriminate against minority individuals, and justify social order that privileges the dominant culture.</td>
</tr>
<tr>
<td>Kielo, J. (1991). Art therapists’ countertransference and post-session therapy imagery. <em>Art Therapy, Autumn</em>, 14-19.</td>
<td>Journal article</td>
<td>Present an overview of a study on countertransference and art therapy based on interviews with 14 professional art therapists exploring their use of drawings they did after sessions with clients.</td>
<td>Art making to clarify personal issues has proved helpful in the development of empathic capacity, clarification of feelings and evaluation of countertransference.</td>
<td>Art therapists may be particularly sensitive to unconscious messages that constitute a large part of communication.</td>
</tr>
<tr>
<td>Ramseyer, J. (1990). Through the looking glass: III. Exploring the dark side through post-session artwork. <em>Art Therapy, Fall</em>, 114-118.</td>
<td>Journal article</td>
<td>Encourage art therapists to use their own art making to explore personal reactions to client’s disturbing issues.</td>
<td>Art making to clarify personal issues has proved helpful.</td>
<td>Case examples and subsequent personal reflections are presented.</td>
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<tr>
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<td>Purpose/Focus</td>
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<td>Wadeson, H. (1987). <em>The dynamics of art psychotherapy</em>. New York: John Wiley &amp; Sons.</td>
<td>Book</td>
<td>Present rationales, methods, and objectives of art psychotherapy.</td>
<td>Definition of art therapist, description of elements of art therapy and phases and context of art therapy are presented.</td>
<td>*Art making to clarify personal issues has proved helpful. *It is important that much of art therapy training be experiential *Understanding the self is expanded to understanding of clients and patients, which is a shared experience.</td>
</tr>
<tr>
<td>Wadeson, H. (1990). <em>Through the looking glass: When clients’ tragic images illuminate the therapist’s dark side</em>. <em>Art Therapy, Fall</em>, 107-113.</td>
<td>Journal article</td>
<td>Describe the use of art making to help a therapist understand the impact of their work.</td>
<td>Art making to clarify personal issues has proved helpful.</td>
<td>The key to working with clients in an emotionally non-exploitive way that is clinically responsible is self-awareness.</td>
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Summary 11
Applications of Multicultural Education in Art Therapy

Authors suggesting professionals pursue their own information and development:
Addison, 1996
Bouchard, 1998
Hocoy, 2002
Kileo, 1991
Ramsayer, 1990
Wadeson, 1987
Wadeson, 1990

Authors suggesting that understanding race and culture in therapy is a shared experience with a client:
Sidun & Duchney, 1998
Wadeson, 1987

Authors suggesting learning activities:
Cattaneo, 1994
Doby-Copeland, 2006
Gerity, 2000
Ramseyer, 1990
Sidun & Duchney, 1998
Wadeson, 1987

Authors employing art making in education:
Cattaneo, 1994
Coseso, 1997
Fish, 1989
Kileo, 1991
Summary of Results

Results show that a great deal of research has been published about multiculturalism, its history with humanity and about particular culture groups. There seems to be a growing trend toward more awareness and sensitivity toward multicultural issues and diversity, and programs and institutions are making strides toward pluralism. Authors criticize the efficacy of education programs and their development of sensitivity, but acknowledge the recent improvements in understanding and awareness. Now, multiculturalism is important in professional guidelines, ethics and counseling competency.

Education programs are moving from single-courses in multiculturalism to an infusion approach to understanding and teaching about diversity. Curriculum includes a variety of educational methods, but the value of creativity allows students to explore multiculturalism in depth. While variety exists, little research exists about the efficacy of educational methods, and when research has been conducted, self-report measures have been utilized. This limits the reliability and validity of the results.
CHAPTER 5: DISCUSSION

The results of this study present a collection of literature about race, racism, multicultural counseling education, creative arts therapy multicultural education, self-awareness and specifically art therapy multicultural education and self-awareness. The following section provides a comprehensive discussion of the results of this study. Following this discussion, a proposal will be presented to help art therapy educators facilitate a more complex advancement of multicultural identity development among art therapy students.

Summary of Results

Literature discusses and authors criticize the interface between politics and race and how the role of diagnosis and treatment of people of color has been involved in the perpetuation of racism. Sources provide evidence highlighting the integrated nature of racism and other form of social identity, such as social class. Barriers to multicultural counseling education are discussed throughout the literature. Almost all authors encourage the acquisition of more knowledge about specific cultural groups. Researchers encourage more education for counselors and therapists, and promote more diversity among students and faculty in graduate education programs. Research reveals a great variety of instructional strategies for multicultural counseling education: experiential exercises, games, video, reading assignments, writing assignments, observational learning, supervised practica and internships, service-learning, immersion experiences, guest lecturing, art making, etc. Many sources of literature point to the infusion approach to multicultural counseling education as an effective framework for learning. Counselors and therapists are encouraged to explore their personal identity to promote self-awareness among their students. Multicultural counseling educators almost always use self-assessment measures to learn about multicultural competency, but this method
lacks the strength to accurately assess a person’s competency. Many researchers criticize self-assessment measures and call for a more accurate way to learn about competency.

Discussion of Results

A broad search of the literature included a total of 204 sources of literature covering the spectrum of research concerning the United States population, racism, other forms of social identity, multicultural counseling, creative arts therapy and art therapy education, and the development of multicultural identity. Some sources addressed several of the aforementioned topics and have been included in multiple tables in the results chapter (pg. 72) of this thesis. Specific tables in chapter four summarize the results in greater detail.

Race

An understanding of the demographics of the population of the United States justifies the need for multicultural counseling skills in therapy with the growing numbers of minority populations. 13 sources of literature provide a basic understanding of race and the population of the United States. Many authors define race and racism, but only two sources do so in great detail. Certain groups of people have distinctive (to varying degrees) physical differences such as skin tone, hair color/texture, facial features, etc., but the genetic evidence cited by the American Anthropological Association and others is that there is far greater genetic variation within “racial” groups than between them (Miller & Garran, 2008). This information weakens the divides between groups of people and the fundamental principles of prejudice.

Four out of the 13 authors describe the history of the concept of racism as a relatively new term, but also as an idea that has existed a long time. Prejudice and racism have drastically influenced the experience of racial/ethnic groups in the United States of America and around the world. Nearly half of the literature about race and the population of the United
States outline experiences of specific cultural groups in America. Ideas about human rights have changed people’s view of racism and people seem to have become more aware of racial issues as evidenced by World War II, the Civil Rights Movement, and human rights around the world.

The interface between politics and race influences how counselors view, assess and treat diverse clients, and seven authors address this throughout their literature. Few (two) authors explore how racism has affected the level of mental health care provided to minority groups. Socioeconomic differences and the pathologization of characteristics of minority populations result in the counseling profession often providing inappropriate mental health care to diverse people. It seems that people of color are less likely to seek treatment, and when they do, the quality of treatment is affected by the historical influence of racism on the understanding of mental health and pathology.

Literature explains the concept of multiculturalism in the United States as the theory of the preservation of many cultures or cultural identities in a unified society. Multiculturalism and diversity are repressed and promoted in various ways throughout American culture, and the field of mental health care contributes to society’s understanding of people who are different by defining pathology and influencing people’s access to treatment. It is important that counselors and therapists view their clients with respect for difference.

*Other forms of Social Identity*

15 different sources of literature offer a beginning understanding the broad spectrum of other forms of social identity. Many authors describe other forms of social oppression: religion/spirituality, sexual minorities, class, immigrants, refugees, older adults, people with disabilities, gender and biracial people. Some authors suggest that racism affects all other
forms of oppression, and the majority of authors discuss class, religion/spirituality and multiple minority status within the context of ethnicity. Four authors focus on the influence of class on racism. Three authors define the experience of multiple minority statuses in detail.

Several authors pinpoint how some minority statuses are obvious from a person’s appearance while other minority groups such as sexual minorities or persons with a disability may be less obvious. Visual recognition of a person’s gender, skin color, etc. has an important effect on someone’s social experience because people may be able to pass as members of the majority group and be required to keep their disability, sexuality, socioeconomic status private. Some minority groups, such as older adults are a regular part of the life cycle, and will affect anyone who reaches old age. One can enter a new minority group at any time, and might need to assimilate within the new experience of culture.

Most minority groups are based on characteristics of a person’s appearance, and this can have deep impact on a person’s identity. Miller & Garran (2008) discuss the role of identity development and the way it is affected by social oppression. Because identity and group membership are so entwined, identity development may be better understood through the context of a person’s minority group membership.

Race and Counseling

This study compiled 15 pieces of research about race and counseling, which have been interconnected throughout history. Five sources of literature address culture and the definition of mental health problems. Because culture is a relative concept, pathology may also be understood as a flexible idea. Four authors describe pathology and six authors describe the way the diagnosis and treatment has historically related to the perpetuation of prejudice. Two
authors discuss art and the importance of understanding imagery and creativity within a cultural context.

Most counselors are ethnically European American, especially art therapists. All of the major theoretical approaches to counseling (psychotherapy, behavioral therapy, cognitive therapy, etc.) have been developed by Europeans or Americans of European descent (Lee, Blando, Mizelle & Orozco, 2007).

“The definition of problems, i.e., what is pathological and deviant, the theoretical constructs that determine assessment and intervention methods, the strategies devised, the programming of services, and even the evaluation of outcomes had been developed in terms of what seemed appropriate for the White American middle class” (Pinderhughes, 1989).

Many researchers are writing about the ways political and social factors influence minority groups. Fifteen authors address political and social factors that are integrated in multicultural counseling which impact people of color by resource availability, diagnosis, pathology, treatment, insurance, and level of care.

Creative arts therapists are encouraged to hold greater respect for cultural differences by some of their professional organizations. One way they can do this, described by eight authors, is to understand diverse populations. Also, therapists are encouraged in six sources, four of which are professional organizations, to advocate for the elimination of bias and continued maintenance of the highest standard of practice. Professional standards promote positive trends in counseling and therapy, but they are only suggestions and not necessarily supported in education and professional development. However, stricter education standards and awareness about continuing education opportunities seem to be developing.
Three creative arts in therapy professional organizations require members to accurately represent their competence to prevent them from treating people, including people of color, when they have not been adequately trained in how to provide culturally appropriate mental health care. So, if a clinician has not been adequately trained in multicultural counseling, they should not work with diverse clients addressing multicultural issues—or at the least have a curious and interested attitude.

Unfortunately, assessing when a counselor has developed multicultural competency is difficult because most research has used self-report measures. Though many authors claim self-report measures hinder the application of research, self-examination seems to be an effective way to measure improvement of a clinician’s multicultural competence. Two sources of literature address competent practice in creative arts therapy with three sources focusing on specific populations. The Art Therapy Credentials Board (2005) establishes guidelines through an ethics document and published education standards to encourage credentialed art therapists in competent practice. Professional organizations encourage diversity and the development of skills appropriate for working with multicultural clients.

*Education of Counselors and Creative Arts Therapists*

A vast amount of literature, 33 sources, was found discussing the multicultural education of counselors, 25 sources specifically discussing multicultural counseling competence, 15 sources focusing on multicultural identity development in counseling, 12 sources describe creative arts therapist multicultural education and 27 sources discuss art therapist multicultural education.

As cited by four authors, counselor multicultural education continues to face issues of racism in the United States of America. Three professional counseling organizations have
incorporate antidiscrimination statements into their ethical codes. Non-discrimination statements and policies are necessary because of the political climate and social history in this country. Professional organizations need to publish their attempts to promote pluralism in formal ways. This will show that the mental health institution acknowledges its history with racism and prejudice and has intent to move toward multiculturalism. Ethical standards for creative arts in therapy, especially art therapy, have developed from standards set by the counseling profession. Seven sources of literature about creative arts in therapy multicultural education also contain antidiscrimination statements.

Three authors have analyzed the effectiveness of multicultural education with criticism for the lack of theoretically based education. Longitudinal studies by two different authors describe how the benefits of multicultural education have withstood the passage of time—supporting the continued development of multicultural education in counseling programs.

Most (18) authors criticize the multicultural education of counselors and therapists. Five authors identify a weakness of multicultural counseling competence assessment as self-measures because of their lack of reliability and validity.

Researchers have identified characteristics that seem to make a person more understanding of diversity issues. Eight authors describe personal characteristics that might improve multicultural counseling competence such as race, ethnicity and gender. Aponte & Aponte (2000) researched the diversity of student body and faculty members of education programs to understand multicultural competency development. Some programs encourage diversity among faculty members as an educational strategy (Manese, Wu & Nepomuceno, 2001).
One way art therapy education programs are promoting multiculturalism is through diversity of students and staff. Three sources of literature address diversity within student and faculty populations and suggest that greater diversity among faculty and students enriches the education process. The appearance of cultural diversity does not necessarily confront a program’s ideas about multiculturalism, but merely changes the appearance of its composition. Internalized beliefs are not changed by mere presence. Diversity among students and faculty can be better understood as a small component to the establishment of an educational program that educates students to practice with multicultural competency, and a way to begin to address problems of institutional racism, bias and perpetuation of racism in the mental health system. Increasing the diversity of students and faculty in education programs is one way to address multicultural issues in training, and to also make the field more aware of concerns of people who are not a part of the dominant culture.

Research found that 11 sources, a majority of the literature, suggest that more education might lead to more developed multicultural competency, and three suggest more developed racial identity. Four authors suggest that more developed racial identity might improve multicultural counseling competence. These findings provide support for the idea that racial identity development may be an important component of multicultural education of counselors.

Nine authors propose theoretical models for multicultural counseling education and three others suggest guidelines for multicultural education of counselors. A couple of authors propose education models including three strategies for education to improve multicultural counseling competence, multicultural identity development and student’s level of practice. Six
sources describe particular training variables that may enhance multicultural identity
development. Training variables will be discussed in the following section.

Analysis of Specific Training Variables

17 sources provide a variety of applications of multicultural education methods, and
13 sources discuss applications of multicultural education in art therapy. The vast majority of
authors call for more training with multicultural issues in counseling, and only a couple offer
teaching guidelines and several provide strategies for educators through the following
methods.

Continuing Education

Eight authors encourage mental health professionals to seek continuing education so
that multicultural learning grows and develops (like the population) throughout a person’s
career.

Clinical Experience

Encouraged by five authors, clinical experience as a student provides an opportunity to
learn about multicultural issues with the support of professors, supervisors and program
administration. It has been found, by three authors, that specific clinical experience serving
diverse populations seems to promote even more developed multicultural counseling
competency.

Supervision

Three sources propose that supervision allows students to process multicultural issues
encountered in practice through a knowledgeable and supportive professional sensitive to
multicultural issues.

Immersion
Immersion within a different culture provides students with a unique, concentrated experience as a minority. Four authors support including immersion experiences in multicultural learning with three saying that immersion facilitates learning because of its intense nature.

Coursework

Specific coursework proposed by two researchers has been identified by Helms & Cook (1999) to facilitate the development of specific skills for counseling. Authors Carney & Kahn (1984) suggest particular didactic methods, such as incorporation of film, that have been found to be helpful by eight sources.

Experiential Exercises

Eight authors claim that experiential exercises facilitate deeper learning because of their hands-on nature. Even some counselor trainees highlighted the importance of experiential activities. Reynolds (1995) experience-based or educational interventions incorporate feeling and thought to encourage self-awareness. Experiential activities aimed at increasing self-awareness may be one of the few ways counselors explore how their personal lives influence their professional competence (Toporek, 2001).

Personal Therapy

Personal therapy offers students and professional therapists ways to explore their individual lives (Waller, 1992) by facilitating the development of awareness of personal biases, and cultivation of empathy and compassion for the experience of the client. Continuing education and supervision are other ways to continue personal awareness during and after education.

Art Making
Art making is often a valuable education tool for art therapists (Acton, 2001; Cattaneo, 1994; Coseo, 1997; Fish, 1989; Kileo, 1991) to address and confront cultural prejudices and values that interfere with treatment (Coseo, 1997) such as countertransference (Fish, 1989; Kielo, 1991; Ramseyer, 1990; Wadeson, 1987, 1990). Art making can also be an effective tool for self-assessment by lowering defenses, organizing thoughts and helping to define responses, helping one to gain a difficult and frank view of stereotypes and prejudices (Coseo, 1997).

Art therapist multicultural education literature encourages art therapists to respect differences among people, specifically in four sources. Authors suggest that the development of empathy in two sources, and self-awareness in three sources as critical elements for developing multicultural counseling competency, and two sources contend that understanding race and culture in therapy can be considered an empathic, shared experience with a client.

Art therapy literature describes approaches to education in ten different sources that present education standards and diverse applications of education methods. Seven authors suggest that professionals pursue their own information about counseling diverse clients and independently develop multicultural counseling abilities. Six others suggest specific education activities to promote multicultural learning.

*Infusion Approach*

Many (eight) authors suggest infusing multicultural learning throughout the curriculum because of the way multicultural issues permeate all parts of counseling in the United States of America. Infusion has better results than a single-course approach and there seems to be a trend toward adopting an infusion approach rather than the single-course approach. This trend offers encouragement to those authors calling for infused-learning
because it seems that as the American society learns more about multicultural issues, more appropriate training is introduced.

Education programs seem to be adopting the infusion approach to educating about multicultural issues. This approach to multicultural education seems to have the most support in the literature. To make it more complicated, this requires the cooperation of the faculty members of the graduate program. Educational programs sometimes combine the infusion approach with a single (or several) courses focusing on multicultural issues, but there is little research about this combination. However, all faculty members may not be competent in teaching multicultural art therapy.

Self-Awareness

23 sources describe counselor and art therapist self-awareness. Literature emphasizes personal awareness as an integral component to competent multicultural practice. Counselor education programs and instructors encourage their students to explore their own cultural identity as cited in eight sources and professional organizations. Nine researchers write about the value of counselor self-awareness while art therapy literature addresses the concept of self-awareness in eight sources.

Four authors discuss the dominant culture of the American society and socialization and development as it relates to multicultural identity development. So, the dominant culture affects the definition of health and pathology, access to treatment, and more specifically the way people develop their identity as cultural beings. Four other sources address the way culture and politics, social issues, psychological development, etc. affect art and encourage creative arts therapists to use this understanding to better help their clients. Cultural differences
and problems associated with racial identity can be explored through the arts in ways that verbal language cannot reach.

Three sources define and confront the risks of therapist unawareness. These risks lead researchers to formulate techniques for the promotion of self-awareness. Six authors provide methods for self-assessment through coursework. Three authors have published literature about art as a method for self-assessment.

Avenues to Self-Awareness

Literature provides research supporting more multicultural education and encourages more counselor and therapist self-awareness. Graduate programs use many different approaches and methods of education to provide their students with multicultural counseling competency and help them develop multicultural identity. Self-awareness is key in the development of multicultural identity. Programs are using clinical experience, supervision, coursework, experiential exercises, films, art, student personal therapy and student/staff diversity to promote multiculturalism. Professional organizations encourage continuing education for the sustained development of multicultural competency.

Knowledge about cultural groups and skills in counseling provides a foundation for multicultural competency that can be brought to its fullness through self-awareness. Cognitive understanding makes steps toward competency, but requires empathy to adequately help clients in their situation. Similarly, only empathy does not make someone competent in multicultural counseling. The three: awareness, knowledge and skills combine to make a counselor competent with diverse clients.

Knowledge about one’s own cultural identity is not enough to make a personal multicultural identity. A cognitive understanding of ancestry is not awareness of ways cultural
heritage influences current lifestyle. It is imperative that education programs lead their
students toward a personal understanding of their multicultural identity so that they might
develop a more complete multicultural competency.
A Proposal for an Art Task to Facilitate Art Therapy Student Multicultural Identity Development

Rationale

Art therapists use art making to help their clients achieve insight and autonomy, and art therapists use art to help themselves understand and cope with clinical issues. In addition to these benefits of art making, creativity may be incorporated into the curriculum to enhance self-awareness and develop more complex identification as a multicultural being. Exploring feelings and attitudes held about other cultures often enables one to see what biases and prejudices are brought to the therapeutic relationship (Coseo, 1997). Art making is an effective tool for addressing and confronting cultural prejudices and values that interfere with treatment (Coseo, 1997).

Multicultural identity development of art therapists can be nurtured through the art process to facilitate the improvement of a therapist’s multicultural counseling competency. Counselors who are effectively serving their clients with sensitivity to diversity might see more healing for the people they work with. Clients might receive higher quality of treatment from counselors who are appropriately educated about multiculturalism, and may make more profound improvements when served with treatment complementing their cultural values.

Theory

Art making is an effective tool for self-assessment by lowering defenses, organizing thoughts and helping to define responses (Coseo, 1997), and this can be particularly helpful in exploring prejudice and racism. Imagery provides distance for the student to explore and discuss feelings and associations in a safe way. Some educators emphasize the use of personal work involving the student’s racial identity and self-esteem while exploring biases (Calish,
In clinical practice, post-session artwork can help an art therapist process strong feelings, increase empathy, and explore transference and countertransference (Wadeson, 1990). Reflecting on images can help a therapist recognize intense feelings and deepen empathy for a client (Ramseyer, 1990).

**Art Task**

Art therapy educators often use art tasks to promote learning. This art task promotes multicultural learning and specifically, multicultural identity development. In order to prepare students to understand cultural diversity, the task is to gather information about their own cultural history. Students will choose two (2) elements of their cultural identity and relate them to current clinical experience/practice for presentation to the class. The issue is to encourage depth of response, knowledge and awareness of general cultural issues and personal awareness of how cultural heritage affects the student/professional therapist.

An art piece will supplement each student’s presentation as a visual aid and creative response to personal awareness. The instructor will distribute a medical folder/file to the students and facilitate a discussion about first impressions related to clinical information within medical files. Students will use this medical chart folder and transform it into a symbolic representation of their multicultural identity. In addition to imagery/artwork, the medical folder will contain narrative about the elements of the student’s cultural identity relating to his or her clinical experiences/practice.

Within the medical folder, there will be content sections devoted to specific topics. Students will be required to created sections about culture, values, race/ethnicity, socioeconomic status, gender and religion. Then students will create an additional section of their choice and are encouraged to continue the exploration to other relevant topics, but this is
not required. Students may create their own or choose from the suggestions: gender, sexuality, religion, geography, class, education, health, age, profession, food, etc. Students will be prompted with the questions:

- What information about your culture has been carried through the generations?
- What is your understanding of your family’s assimilation to American culture and incorporation of your cultural norms and values into this culture?
- What kinds of conflict/tension have you or your family experienced in relation to other cultures?

Each section will contain writing about the topic and their personal identity and its influence on clinical work. Illustrations, artwork and other forms of visual imagery will accompany each section and will encompass the entire altering of the medical folder.

Students will explore different aspects of their identity, developing complex understanding of the different ways they can relate to their clients who are people of color.

**Environment**

The environment in which an educator might use this task is in a learning situation as a component in the curriculum of a multicultural art therapy class. The art making occurs outside of class time, and presentations about the art piece and cultural applications to clinical practice are made during class time. Ideally, the class will be small enough for each student to have 15-20 minutes to present about their multicultural history and identity as applied to their clinical experience. This environment should also be supportive and educational so students feel safe in discussion of emotionally laden cultural issues. There should be an opportunity for observers to pose questions and inquire more deeply about presentations.

**Materials**
The instructor will distribute a medical folder/file to the students. Students choose additional art materials on an individual basis. The materials should be selected thoughtfully with specific goals for communication of ideas and intentions for the aesthetic value and/or art process.

A medical folder lends itself to deep meaning for students with experience in clinical practicum settings. Clinicians may benefit from attention to the complexity of information presented in a medical chart and the paucity of cultural content included in many client records because they have a familiarity with patients’ charts and write clinical notes and treatment plans to keep in client records. The task encourages thought about how a client’s complexity reaches beyond a specific diagnosis, and one’s specific history is unique and cannot be completely and accurately conveyed in politically correct terms, understood according to clinical diagnosis, or completely summarized in a medical folder. Using a medical chart/folder encourages students to look more deeply at the identity of their clients with the specific focus on multicultural identity.

Goals

The goal of the educational task is to help students develop more advanced levels of multicultural identity development so that they can work with diverse clients more effectively. Researching family background helps a person identify with a culture group through the analysis of their family values and traditions. This art task may help students be more cognizant of their personal identity, leading to more developed multicultural identity. Higher levels of multicultural identity development lead to more advanced multicultural counseling competence. So, students who are more aware of their multicultural identity may be better counselors and/or art therapists.
Delimitations and Limitations of the Study

This study encountered several limitations bound by the type and amount of research available involving counseling, creative arts therapy and art therapy multicultural education. Also, possible inadvertent omission of some pertinent literature by the researcher must be included. Delimitations include the boundaries of researching only multicultural education of counselors, creative arts therapists and the specific focus on art therapists. The scope of this thesis limits the depth of exploration of other forms of social identity, and has investigated racism and counseling in detail. No one has an objective point of view when talking about race since we live in a society and world where everyone is racially situated (Miller & Garran, 2008). So the literature reviewed in this study and opinions presented by this author are shaped by inherent bias.

Implications for Future Research

Analysis of literature in the field of multicultural education of counselors and art therapists provides implications for future research. Based on the results of this study, future research may include specific focus in some areas of interest:

• How can the profession of art therapy and art therapy education programs attract and retain more practitioners and students of diverse cultural backgrounds?

• How do clients of art therapists view the competency and awareness of their art therapists?

• Future research might include the development of an evaluation of a counselor multicultural competency that has less bias than a self-measure.
• Research may focus on a phenomenological study about the lived experience of a student completing the proposed art task and its influence on the student’s multicultural identity development.

These are the key suggestions for future research. Because both the field of art therapy and multiculturalism are growing, there are many aspects that require more clarification.
CHAPTER 6: SUMMARY AND CONCLUSION

The objective of this study is to understand the current status of counselor, creative arts therapist and art therapist multicultural education—specifically student development of personal multicultural identity; and to propose an educational intervention tool to aid in the advancement of art therapy student multicultural identity development.

The major findings of this literature-based study include a collection of criticism about multicultural education of counselors within the context of a pluralistic society. Current literature suggests that more multicultural education leads to more developed multicultural counseling competency. Literature emphasizes multicultural identity development and its critical role in the ability of a professional to competently practice multicultural counseling.

Information was analyzed describing the population of the United States, racism, race and counseling, multicultural counseling education and creative arts therapy education informed a presentation of literature about art therapy education as it relates to self-education and specific methods of instruction in counseling and art therapy education. The investigation helped develop the experiential art task proposed in the discussion chapter.

This study encountered several limitations bound by the type and amount of research available involving counseling, creative arts therapy and art therapy multicultural education. The scope of this thesis limits the depth of exploration of other forms of social identity, and has investigated racism and counseling in detail. Also, possible inadvertent omission of some pertinent literature by the researcher must be included. No one has an objective point of view when talking about race (Miller & Garran, 2008), so the literature reviewed and opinions
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