

CULTURAL DIVERSITY AND ITS IMPORTANCE TO THE FIELD OF COUNSELING

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CULTURAL DIVERSITY AND ITS IMPORTANCE TO THE FIELD OF COUNSELING

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Abstract

CULTURAL DIVERSITY AND ITS IMPORTANCE TO THE FIELD OF COUNSELING
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Chapter One: Introduction

Diversity is a theme that has been controversial over recent years. In response accrediting bodies have encouraged colleges and universities to incorporate diversity classes into their academic programs. One could assume because they see the necessity for students to incorporate diversity into their studies. Diversity can be looked at in the terms of cultural or ethnic diversity. Cultural diversity includes beliefs, values, mores, religious background, sexuality, socioeconomic status. Ethnic diversity tends to concentrate on various ethnic groups. Of course, cultural diversity is important to the field of counseling.

The field of counseling can be very beneficial to countless people. It can only be beneficial if the client is receiving the help that they are seeking and willing to accept the help. One way that a negative relationship can develop within the counseling relationship is if the counselor does not understand the culture, whatever that culture might be, of their client. Diversity within counseling can mean that the counselor recognizes, appreciates, and builds upon the unique talents and contributions of their clients.

Cultural diversity encompasses more than just ethnic diversity. Within ethnic groups there lie several different cultural aspects. Counselors should investigate how the client's particular cultural relates to the client. It needs to be understood how the client's culture helped to develop them into the person they are today. It needs to be understood how the client's culture might have affected why they are seeking out counseling. Cultural knowledge is essential when developing a strong relationship between counselor and client.

Lastly, once the counselor is knowledgeable of the client's culture it is time for self-reflection. The counselor needs to know how effective they are as a counselor to be able to interact with another who differs from himself or herself. Once self-reflection is complete, the counselor will know if they are the best person to work with a particular client with a particular culture. If not, they should find a more suitable counselor to work with the client.

Today's counselor should be knowledgeable, aware, and understanding of different cultures. Societies are becoming increasingly different and full of various diverse cultures. The field of counseling should also reflect these diverse cultures to continue to be relevant.

Statement of the Problem

The problem to be addressed is, "Why is cultural diversity important to the field of counseling?"

Definition of Terms

Cultural diversity:

Social and Cultural Diversity Issues, knowledge areas include: (a) family development and dynamics; (b) psychological dynamics; (c) sociological dynamics related to self-identity, self-advocacy, competency, adjustment, and attitude formation; (d) multicultural awareness and implications for ethical practice; (e) diversity issues including cultural, disability, gender, sexual orientation, and aging issues; (f) current issues and trends in a diverse society; and (g) personal professional development strategies for self-monitoring (Alston, R., Harley, D., & Turner-Whittaker, 2008, p. 237).

Delimitations of Research

The research for this paper will be conducted in and through the Karmann Library at the University of Wisconsin-Platteville, over forty (40) days. Primary searches

will be conducted via the Internet through EBSCO host and Wilson databases as the primary sources.

Method of Approach

A brief review of cultural diversity will be conducted. A review of literature relating to research, studies, and anecdotal evidence of cultural diversity in relation to the field of counseling and its impact on counseling was conducted. The findings were summarized and recommendations made.

Chapter Two: Review of Literature

Cultural diversity defined

In the past, when diversity was studied the focus was solely on race and ethnicity. In today's world diversity encompasses several areas that must be studied in regards to counseling. Cultural diversity includes race and ethnicity but it also can include religion, sexual orientation and many other elements. The focus in this paper is on the importance of cultural diversity in the counseling field.

Cultural diversity can be defined as: “(a) family development and dynamics; (b) psychological dynamics; (c) sociological dynamics related to self-identity, self-advocacy, competency, adjustment, and attitude formation; (d) multicultural awareness and implications for ethical practice; (e) diversity issues including cultural, disability, gender, sexual orientation, and aging issues; (f) current issues and trends in a diverse society; and (g) personal professional development strategies for self-monitoring” (Alston, Harley & Turner-Whittaker, 2008, p 237).

Over the last 15-20 years scholars and non-scholars have seen the need to explain the definition of cultural diversity. As the number of minorities grow in American it is important for counselors to be knowledgeable about different ethnic groups. As ethnic groups grow, more people speaking a different language or a different dialect of the English language grows as well. An example of a dialect of English might be what is considered Ebonics. Ebonics is a form of English spoken by some African Americans. What also needs to be included in the definition of cultural diversity is the growing number of lesbian, gay, bisexual, and transgender people (LGBT). Then there are different religions, there are various socioeconomic groups and a many different

cultures in America. As a counselor, it is important to be knowledgeable of whatever the culture is of the client one is expected to support.

Cultural diversity falls into different areas of the American Counseling Association Standards of Practice. Therefore, a counselor should adhere to the concept of cultural diversity to fulfill their requirement to the ethic codes of their profession. The American Counseling Association Standard of Practice Eight is the inability to assist clients. Counselors must avoid entering or immediately terminate a counseling relationship if it is determined that they are unable to be of professional assistance to a client. If a counselor cannot understand the culture of their client, they are unable to properly service that person. Standard of Practice Seventeen is boundaries of competence. Counselors must practice only within the boundaries of their competence. Thus, if the counselor is not knowledgeable to the culture of their client they are outside the boundary of their competency. Standard of Practice Eighteen is continuing Education. Counselors must engage in continuing education. With new types of cultures popping up in society, it is pertinent that counselors are aware of these changes.

Demonstrated need for cultural diversity in counseling

Counselors need to catch up to the ever changing demands of cultural diversity. Diversity needs to be included in counseling, in service delivery, in training programs and also in school's curriculums (Alston, R., Harley, D., & Turner-Whittaker, T, 2008).

The literature on diversity and counseling is considerable. To summarize the research done between 1984 and 1994 Alston, Harley and Turner-Whitaker (2008) did a metaanalysis of 128 articles. The researchers analyzed articles that discussed cultural diversity in terms of age, gender, language, ethnicity, and sexual orientation. Most of

those articles never mentioned social orientation and none addressed language. With 15 percent of the USA being Latino/a, language is a crucial piece. However, what is encouraging is that they found that graduate students who took diversity classes believed they had a higher level of competency than their counterparts who did not take diversity classes during their graduate work. There is a need for a metaanalysis of literature since 1994 to determine how the study of diversity is changing.

Certainly one aspect of changes in populations is how health psychology is affected. Researchers Revenson and Yali (2004) attempted to argue for more cultural competency in this field. The authors argue that health psychologists need to be more cultural competent in the field to still be considered relevant. The authors point out that as the years go on the numbers of population demographics are increasing and the field cannot ignore the different demographics. "There will be greater numbers of people who self-identify as gay, lesbian, or bisexual; a greater number of family configurations and living arrangements; and increases in the number of persons living with chronic conditions and disabilities" (Revenson and Yali, 2004, p. 147).

Minority populations are steadily increasing as well. With minority populations come with language barriers are concerns. Language barriers will decrease the number of minorities who seek out quality health care. Demographics changes affect health psychology in the following ways: There is a greater need for health psychologists to become more culturally competent; demographics changes will also lead to higher social and racial health disparities. Service delivery of health psychology will need to be more creative in regards to the different population demographics.

The authors state that there is a call for more cultural competency in American psychology. Included in the call is to have more culturally diverse research methods. The authors are calling for health psychologist to become context competent which broadens the scope what culture is. Context competency will enable the psychologists to encompass all the aspects of culture into their research, in policies and also their practices.

Health psychologists need to prepare themselves by becoming more proactive in learning about the different population demographics. Psychologists not being as culturally competent as they should be; society is more likely to reject their services. In the psychology field there are a few journals that provide outlets for articles in regard to cultural diversity but there needs to be more outlets. Currently, at the time this article was written, there are 9 journals dedicated to cultural diversity. The authors recommend that editors of journal articles actively seek out articles regarding diversity. Mentioned in the discussion about the first article was the fear that counseling students will bring their own biases into the field. This can also be seen with psychologists. When researchers write material they are writing it in the scope of their own experiences and interests. Most of the researchers have a particular perspective and that perspective is usually without any diversity, very universal (Revenson, T., & Yali, A. (2004).

Problems in counseling in regards to cultural diversity

“Since its inception the counseling profession has been dominated by a monocultural approach, which is entrenched in social privilege. The dimensions of social privilege include racial privilege (white), gender (male), sexual orientation (heterosexual), socioeconomic status (upper class), age (in constant flux but benefit or oppress persons to whom the attribution is ascribed), "ableness", religion (Christianity), and geography (urban)” (Alston,et.al., 2008, p.239). In recent years, advocates of a more inclusive approach to counseling had concluded that the monocultural approach has been ineffective and might even have caused great harm to clients. One of the codes for ethical standards is that the counselor does no harm to their client. One important fact that the writer read in this article is that many clients have become extremely frustrated with the monocultural approach of many counselors. A result of feeling disheartened with a counselor might cause a client to never try therapy again which will lead to their problem never been resolved. To emphasize Altton etal argues that “working with diverse populations requires counselors to have an understanding about their own as well as consumers’ cultural background, behavioral mores, values, and worldview. The greatest challenge in service delivery and in multicultural/ social justice counselor training currently is in pinpointing of specific counseling skills that would assist the counselor in working effectively with diverse populations” (2008, p.240).

Cultural biases and behaviors

Another component of the problems in counseling in regards to diversity is that some of the counselors have personal cultural biases and behaviors that lead to cultural insensitivity. The authors believe that the best way combat possible cultural insensitivity is for the counselor educators and supervisors should help to increase cultural awareness, skills and knowledge of the counseling students. Colleges and universities should offer classes that provide students with classes that include issues pertinent to sensitivity, awareness, understanding, knowledge, and skills relevant to cultural diversity. Students should be able to develop skills in some way during the classes that will prepare them to deal with diversity. Researching course syllabi of diversity classes revealed that students were learning sensitivity, awareness, understanding, knowledge but were not developing any skills they could use with what they learned. Another challenge in rehabilitation counseling is the lack of people of color faculty members at colleges and universities. Learning cultural diversity might have a greater impact if students are able to learn from a diverse group of faculty. One of the sources that the authors used in their article found that schools that have a more diverse faculty is correlated to the increase of diverse students in counseling programs. "Faculty members from culturally diverse backgrounds bring different cultural and individual worldviews, values, and life experiences to the academic environment in ways that benefit students, colleagues, and the university" (Alston, et.al. 2008, pg.241). "However, having a diverse faculty and student body are important in creating a climate and culture more conducive to helping students acquire a greater understanding in

counselors' ethical responsibilities from a multicultural/social justice perspective”
(Alston, et.al., 2008, p.241).

Methodological Study of Cultural Diversity in Counseling

Authors looked at how the cultural characteristics of both counselors and clients affect attention to cultural issues in the clinical decision making. Some terms in this article need to be defined to have a better understanding of the article. The first term is clinical decision which is “the decisions that counselors make when they assess the degree of severity of a client’s symptoms identify a clients’ level of functioning and make decisions about a client’s prognosis” (Hays, McLeod, & Prosek, 2010, p.114).

“Diagnosis variance refers to the notion that professional counselors display variability in how they arrive at clinical decisions. Culture is defined in this study as attitudes behaviors and cognitions related to the identities of race/ethnicity, fender and SES. Cultural biases are defined as the degree of awareness of oppression across cultural identities. The concept of “perceived level of functioning refers to the assessment of clients’ level of adaptive functioning and prognosis” (Hays, McLeod, & Prosek, 2010, p.115).

Minorities are disproportionally assessed with mental illness. Hays, Mcleoad and Prosek question if this is true because of differences among cultural groups or due to the biases of the counselors clinical decisions. The authors wonder if the counselors are diagnosing accurately or are misdiagnosis based on cultural differences. The diagnoses that are given to women, sexual/ethnic/racial minorities are more severe diagnosis. Counselors have a few elements of cultural diversity to watch out for when arriving at a diagnosis: 1) Counselors need to accurately diagnose culturally diverse clients. 2)

Counselors need to understand how cultural factors relate to diagnosis variance. 3) Counselors need to be aware if they are viewing symptoms more negatively for racial/ethnic minorities. The authors have found very little research on how culture, counselor's attitudes towards a client's identity affects clinical decision making process. The authors conducted a study where an 11 member research team selected 41 culturally diverse participants who held various credentials with a various years of experience in community mental health. The 41 participants included 33 women, 8 men. Of those men and women the participants were: 28 were White, 10 were African American, 1 was Hispanic and 1 was biracial. The participants were then randomly assigned with a packet with client materials that included a narrative summary and an intake report. The clients varied in cultural identities. The participants were asked to read the information in the packet and formulate a diagnosis for the client. Then they were interviewed by the research team. Lastly, the participants were asked to complete a survey packet assessing perceived level of client functioning and cultural attitudes.

Results from the study were broken down into three parts: Attention to client's cultural identity in case conceptualization, Degree of cultural match and case conceptualization and Relationship between cultural bias, perceived level of functioning and the clinical decision making process.

Relevance of cultural identity in case conceptualization

Some participants in the study identified cultural identities as part of the symptoms or diagnostic discussion, but rarely both. For most of the participants gender seems to be the greatest cultural factor influencing presenting symptoms and diagnoses. Other cultural identities that influenced presenting symptoms were

race/ethnicity, age, spirituality, and sexual orientation. The study concluded that there a disproportionate number of racial/ethnic minorities that were diagnosed with bipolar verses that of whites. Men were disproportionately diagnosed with bipolar verses women and women were disproportionately diagnosed with major depressive disorder, alcohol abuse/dependency and personality disorder. The ratio of whites to racial/ethnic minorities was 0.58. The ratio of women to men was 0.86 for the participant sample.

Degree of Cultural Match and Case Conceptualization

Cultural match between the client and participant was examined for race/ethnicity, gender and SES (socioeconomic status). The race/ethnicity was grouped together either majority with majority, or minorities with minorities. Factors that were noticed to be a factor in a client's presenting problem, the match of minorities groups together; the gender match between client and participant; and different socioeconomic groups matched together. For the paring of white with white only 1 pair identified race/ethnicity as a factor in case conceptualization. For the paring of minority with minority 3 participants identified race/ethnicity as a factor in case conceptualization. For the paring of gender, 12 participants identified gender as a factor in case conceptualization.

Relationship Between Cultural Bias, Perceived Level of Functioning and the Clinical Decision-Making Process.

“Participants had a moderate awareness of oppression issues; perceived clients to have major impairment or serious symptomatology affecting daily functioning and projected that clients would be expected to display minimal symptoms as the highest level of adaptive functioning, respectively” (Hays, et.al.,2010 p.118).

To summarize, the following points seem apparent:

- The client's cultural identity, cultural match between a client and counselor, and cultural bias affects the clinical decision making process.
- The end result is that the counselor uses cultural factors to make assessments (presenting symptoms develop diagnostic impressions and define current and potential levels of adaptive functioning) of the client.
- In regards to case conceptualization and cultural factors there was a disproportionate number of diagnoses for particular cultural groups.
- Cultural matches between clients and participants played a key role in affecting case conceptualization but more for minority matched clients and participants.
- "In White-White pairs only 1 of 10 of the pairs discussed race/ethnicity an important symptom presentation and diagnostic decisions. The majority of instances in which race/ethnicity was discussed involved racial/ethnicity pairs" (Hays, et.al. 2010 p.119).
- Most participants in the study did address racial/ethnicity for conceptualizing white clients.
- Socioeconomically different pairs noted that socioeconomic status affected the clients presenting problems.
- The authors felt that the findings of the study conducted demonstrates that culture is ignored as well as participants not being aware of how cultural

variables, including cultural match, affects the clinical decision making process.

- The study also concluded that the more the participants are culturally competent the more positive diagnoses are given to their clients.

Strategies for building diversity in counseling

“*Social Justice and Cultural Diversity Issue*”, offers curriculum strategies for including diversity in counseling. The authors believe that service delivery should be included in curriculums. “A service-learning requirement involves teaching that combines academic learning with civic engagement. Service learning affords students opportunities to gain exposure to and experience with diverse populations across different settings. Students can engage in a formal arrangement that is curriculum-based” (Alston, et.al. 2008, p.242). Another suggestion is that when students select their practicum they select an environment that is diverse or work with diverse populations in order to gain practical experience with diverse groups. The authors suggest that students in their practicum rotate to different sites to gain diverse experiences. The third suggestion is the faculty included guest speakers, field trips, and shadowing experiences. This approach assists students with development of critical thinking skills, and through facilitated analysis, provides an understanding of varying viewpoints. The last suggestion is that the curriculum includes case studies, panels and also role playing. Case studies, panels and role playing shows the including diverse learning styles. The different learning styles also allow students to address controversial issues.

Alston, Harley, & Turner-Whittaker address how to combat the inadequacies of cultural diversity in rehabilitation counseling. They offered four suggestions and thoroughly explained the suggestions on how to make counseling more diverse. Those suggestions are inclusion of multiculturalism and social justice in counseling, service delivery implications, challenges for training programs, and curriculum strategies.

Revenson and Yali (2004), offer seven settings that can promote a contextually competent health psychology. Those six settings are: professional meetings, curriculum development, continuing educations, mentoring, building an infrastructure and creating a home for diversity within Division 38. Division 38 is the American Psychological Association division that deals with Health Psychology. The authors are not suggesting that cultural competency can be learned at a conference. What they are saying is that while the psychologists are at these conferences the conversation about diversity can be had with their counterparts. At these conferences they can define the issues surrounding social and racial disparities in health care. The next setting is to ensure that cultural diversity is included in colleges and universities' curriculums. As in rehabilitation counseling, including diversity in curriculums was vital to students gaining awareness and understanding and hopefully develop skills to use once they are practitioners. Continuing education is vital because it ensures that the practitioners are up to date on any current changes to population demographics. Continuing education is also one of the counseling standards. More seasoned psychologists could be mentors to students and what the authors call junior faculty. Experiences should be shared and this includes challenges and successes in the field. Mentors should be culturally diverse to emphasize how important diversity is in the field of counseling. Included in building an

infrastructure for health psychologists to address the needs of a changing population includes various elements. These elements include training, development, student grants and leadership development for ethnic minorities. The last setting that can promote a contextually competent health psychology is creating a home for diversity with Division 38. Division 38 should look more diverse to create an atmosphere of diversity. Diversity breeds more diversity. So, if Division 38 is more diverse it creates an atmosphere that diversity is welcomed and respected. The last setting is public policy. Health psychologists need to become a larger presence in developing policies that address the necessity of cultural diversity.

Hays, McLeod and Prosek, 2010, believe that counselors should reflect on seven different questions when examining a client's case.

(a) What cultural characteristics define the client? (b) What symptoms does the client present with? (c) How could the symptoms be caused or perpetuated by cultural characteristics? (d) How might symptom expression be related to environmental factors and situational factors? (e) What diagnosis or diagnoses fit this client? (f) To what degree does the client's cultural characteristics—or the interface between these characteristics and environmental factors—influence my diagnosis or diagnoses? and (g) would I give the same diagnosis or diagnoses to a client with different cultural characteristics? (Hays, et.al. 2010 p.119).

Counselors should also become aware or more aware of their own cultural identities as well as cross cultural dynamics. There is an element of culture blindness among counselors and counselor trainees. When there a cultural difference in the client/counselor relationship, the counselor need to take reflection time to think about how their own cultural identity matches their clients. The counselor should pay extra attention to the cultural characteristics that are different between them and the client. White counselors should study how being White has an influence in case

conceptualization. Race/ethnicity could be a factor in symptom expression and a judgment of client's current functioning, something White counselors need to recognize. Lastly, the counselor needs to take in account of how environmental stressors affect their clients.

Because there seems to be a significant relationship between lower levels of cultural bias and more positive prognostic ratings, attending more to specific environmental stressors and how they may directly apply to client symptomatology could assist counselors to attend to cultural differences and oppressions experiences with the client (Hays, et.al.2010 p.119).

Chapter Three: Conclusions and Recommendations

It is evident from the research that the subject of diversity in the field of counseling has a long way to go to be on the level that is equivalent to the current need. The definition of cultural diversity today encompasses more groups than the various ethnic groups. Today cultural diversity includes beliefs, values, mores, religious background, sexuality, socioeconomic status.

The field of counseling itself needs an overhaul in how it deals and understands cultural diversity. Counselors need to be educated first of the true definition of cultural diversity. Then counselors need to be willing to educate themselves and have continued education of cultural diversity. As the world becomes increasingly diverse one needs to have an ongoing understanding of what cultural diversity is and how it affects the counseling relationship. Ongoing studies of cultural diversity should be strongly encouraged for counselors. The importance of being knowledgeable on the subject should also be stressed. Encompassing a culturally diverse faculty teaching the counselors has a greater impact on the studying of cultural diversity. "However, having a diverse faculty and student body are important in creating a climate and culture more conducive to helping students acquire a greater understanding in counselors' ethical responsibilities from a multicultural/social justice perspective" (Alston, et al., 2008, p.241).

Several authors who have researched cultural diversity in counseling have declared that if those in the helping field do not become more culturally competent people are not going to utilize their services. If the client does feel comfortable going to

therapy or even sitting in a therapy session because they feel the counselor does not understand them or is exhibiting biases, how can they find benefit from the field of counseling? According to Akincigil (2011), “low-income African Americans who were engaged in psychotherapy reported that stigma, dysfunctional coping behavior, shame and denial could be reasons some African Americans do not seek professional help.”

Counselors need to be aware of their own personal biases in terms of cultural diversity and how these biases could affect the counseling relationship. Everyone has personal biases due to how they were raised and life experiences. Being cognizant of these biases is the first step in having a beneficial counseling relationship. The next step is to recognize how these personal biases might affect a counseling relationship. Final step is working through these personal biases so that the client is receiving the best care possible.

Misunderstanding a client and their culture(s) has led counselors to misdiagnose clients. Diagnoses that are given to women, sexual/ethnic/racial minorities seem to be more severe diagnoses. Ayse Akincigil, an assistant professor in Rutgers’ School of Social Work, and colleagues found that African Americans were significantly less likely to receive a depression diagnosis from a health care provider than were non-Hispanic whites. “Vigorous clinical and public health initiatives are needed to address this persisting disparity in care,” she said. Akincigil said there is evidence that help-seeking patterns differ by race/ethnicity, contributing to the gap in depression diagnosis rates. Stigma, patient attitudes and knowledge also may vary by race and ethnicity.

Based on these conclusions, it is recommended that counselors understand what the true definition of cultural diversity is, understand their own personal biases and how

they affect their role as a counselor, there is a need for diverse faculty teaching diversity and counselors should have ongoing education in regards to cultural diversity.

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