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Introduction

/// **THE MILLENNIUM AND TWO ESSENTIAL INGREDIENTS FOR MULTICULTURAL COMPETENCIES**

The new millennium was entered with the sociocultural context of increasingly diversified populations in the United States (Jons & Smith, 2001; United States Census Bureau, 2003, 2004). Various helping professional organizations responded to this change by updating their ethics codes or existing multicultural competencies to emphasize practitioners' cultural sensitivity to human diversity (American Counseling Association [ACA], 2005; American Psychological Association [APA], 2002, 2003; National Association of Social Workers [NASW], 1999; Roysircar, Arredondo, Fuytes, Ponterotto, & Toporek, 2003).

The National Association of Social Workers' mission statement includes the following:

Social workers are sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice. (NASW, 1999, Preamble, ¶ 2)

The American Psychological Association's unfair discrimination section states:

In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law. (APA, 2002, Section 3.01)

The American Counseling Association's code of ethics includes the following:

Association members recognize diversity and embrace a cross-cultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts. (ACA, 2005, Preamble, ¶ 1)

These conceptual frameworks to serve the multicultural population have been well postulated with good intentions. Numerous scholars and multicultural counseling theorists have also responded to this need by emphasizing how to be culturally sensitive to certain groups or how to understand the complexities involved in multicultural counseling (Atkinson & Hackett, 2004; Axelson, 1999; Constantine & Sue, 2005; Harper & McFadden, 2003; Pedersen, Lonner, Draguns, & Trimble, 2007; Ponterotto, Casas, Suzuki, & Alexander, 2001; Robinson-Wood, 2008; Sue & Sue, 2007). They have contributed substantially to raising consciousness of understanding multicultural counseling, as well as expanded the concept of counseling beyond traditional models. D'Andrea and Heckman (2008), who have been reviewing multicultural counseling outcome research for the past 40 years, state:

The multicultural counseling movement is clearly transforming the thinking and practices of many counselor educators, practitioners, researchers, and students in training. . . . After almost 40 years of scholarly work, multicultural theorists have greatly extended counselors' thinking about the impact that racial/ethnic/cultural factors have on counseling endeavors aimed at stimulating healthy human development. (p. 356)

D'Andrea and Heckman (2008) conclude that the multicultural counseling movement has expanded the importance of examining the differences among racial/ethnic/cultural groups because human development and appropriate psychological intervention vary according to different cultural perspectives. The movement has also extended the importance of understanding within-group differences for accurate assessment and treatment. The authors' findings indicate the importance of not stereotyping culturally different groups.

In an attempt to understand racially different groups, most existing multicultural counseling textbooks categorize people according to convention. Conventional categorization of ethnic groups provides basic

information about each. However, identifying a counseling approach for each racial group increases the tendency for it to be stereotyped, and such an approach provides no instructions for counseling individuals from the racial group who do not fit the stereotype. This approach also minimizes individuals who do not fit into these categories, including those who claim bicultural (e.g., race) or multicultural (e.g., race, gender, class) identities. Racial categorization is not realistic because it is impossible to accurately describe the characteristics of each ethnic and racial group partly due to the fact that variations within one group are as diverse as variations among separate groups and partly due to the fact that a person's identity construction is a result of not a single factor but intersections of race, ethnicity, gender, sexual orientation, age, language, class, disability, religion, and so on. Racial categorization not only strengthens stereotypes; it also perpetuates inappropriate dichotomous thinking. The challenge for a multicultural practitioner is how to obtain and accurately apply knowledge about a particular racial group without minimizing or missing idiosyncrasies of an individual within it.

Emphasis on racial issues has been predominant in multicultural counseling textbooks. They focus on race as if racial issues—such as racial identity, racial discrimination and prejudice, systematic and internalized racial oppression, and racism—represent other diversities related to gender, sexual orientation, class, age, language, religion, region, and so on. Hays's (2008) review of multicultural competence assessment indicates that the current definition of multicultural counseling "fails to directly apply to the needs of other disenfranchised groups" (p. 97). Numerous scholars and researchers have suggested that understanding a client's relevant social and demographic identities is necessary to understand a client's worldview (Berry & Sam, 1997; Cross, 1995; Croteau & Constantine, 2005; Douce, 2005; Paniagua, 2005; Ponterotto et al., 2001). The following represents the common theme of need for understanding a client's multiple identities by most scholars and researchers:

An individual can be fully understood only in a holistic manner that includes understanding the influences and interactions of the individual's multiple sociodemographic groups, some or all of which may be salient "identities" for the individual. (Croteau & Constantine, 2005, p. 162)

If the complexities of multiple identities, intersections of multiple identities, and sociocultural contexts are simplified into static, dichotomous, and hierarchical categories, the individual is totally missed.

Equating a person with a single identity as if it alone represents him or her is creating superficiality and illusion (Collins, 1991; Katz-Gerro, 2006; Markus, 1977). Several researchers have examined the intersections of some multiple identities, and their studies are discussed throughout this book in relevant sections. Despite the need for them, there are few books that address other areas of social and demographic identities in relation to race. Pope-Davis and Coleman (2001) emphasize the intersection of race, class, and gender in constructing the identity of an individual. Croteau, Lark, Lidderdale, and Chung (2005) address heterosexism in counseling. Robinson-Wood (2008) discusses race, gender, socioeconomic class, sexual orientation, and physical ability and disability. Bieschke, Croteau, Lark, and Vandiver (2005) explain the difficulty of integrating all of a client's social identities:

While we strongly believe that the counterdiscourse needs to more fully integrate multiple social identities and cultural contexts, such a shift toward complexity and inclusiveness will be painful, giving rise to unexplored conflicts and necessitating difficult exploration and dialogues. (p. 203)

Bieschke et al.'s (2005) statement is a crucially important point that needs to be addressed by scholars, practitioners, and researchers of multicultural counseling competencies. Such professionals need to consider whether they are truly interested in multicultural counseling competencies or whether they are only interested in promoting their salient identities under the name of multicultural competencies. If they are interested in only their own importance, they need to examine how they differ from members of the dominant groups who have oppressed and marginalized them. Multicultural counseling competencies require tolerance for ambiguity; assigning equal importance to others' cultural values, beliefs, and ways of making meaning; and respect for the ways of being and traditions of others. It is important to have counterdiscourse no matter how painful it is. In order to do so, various factors that have prevented practitioners and scholars from addressing unexplored conflicts need to be examined.

It may be valuable to reflect on barriers to implementing conceptual theories of multicultural counseling by exploring whether there are some parallels between the difficulty of having counterdiscourse of integration of multiple identities and contexts and the difficulty of incorporating conceptual theories into practice. Research has indicated several barriers to implementing conceptual theories, including the fact that Western ideology is

embedded in the practices of counseling and development (Daniels, 2007; Gladding, 2006; Ivey, D'Andrea, Ivery, & Simek-Morgan, 2007). Western ideology emphasizes the rational over the relational, logic over emotion, competition over cooperation, and independence over interdependence. That practitioners have pathologized people of color and women may be a result of misunderstanding behaviors that stem from a non-Western ideology (Rapley, 2004; Robb, 2006; Stubblefield, 2007). Western ideology is based on individualism, which often leads to self-focused behavior. Research findings with regard to social projection, attribution error, asymmetric perception, introspection, and ingroup favoritism have indicated individuals' tendency toward high self-appraisal and low appraisal of others. Participants in a number of studies (Epley & Dunning, 2000; Pronin, Gilovich, & Ross, 2004; Pronin, Lin, & Ross, 2002; Steele, 1988; Taylor & Brown, 1988) believed that they were *less* biased than their peers and thus that their peers were *more* biased than they. Implications of high self-appraisal and low appraisal of others are indications of ethnocentric bias.

Another barrier to incorporating conceptual theories of multicultural counseling into practice is the inability to be aware of inconsistencies between walk and talk. Inconsistencies between behavior and knowledge have appeared in studies of implicit learning, aversive racism, and attribution error (Banaji & Bhaskar, 2001; Blair & Banaji, 1996; Chen & Bargh, 1997; Dovidio, Gaertner, Kawakami, & Hodson, 2002). It is possible that some scholars, practitioners, and researchers are not aware of their ethnocentric biases or of inconsistencies between their behavior and their knowledge. Recent cognitive and social psychology research has revitalized the role of the unconscious process in learning. Dovidio and colleagues' work on aversive racism and Banaji and colleagues' work on implicit attitudes and learning in particular demonstrate its importance. Banaji and Bhaskar (2001) state:

In contrast to the first hundred years of research, which conveyed a view of memory and beliefs as operating exclusively in a conscious mode, the past two decades have shown increasingly that both memory and belief also operate implicitly in powerful yet unconscious ways, outside the actor's awareness. (p. 140)

The discovery of the role of the unconscious process in learning explains the challenges involved in dismantling prejudice and stereotypes and integrating multiple identities. It suggests the need to develop strategies for dealing with the unconscious learning process in order to transcend racism, sexism, classism, heterosexism, ableism, ageism, and other "isms."

Just intending to deconstruct or transcend prejudice and stereotypes is not an effective strategy. Just intending to integrate multiple identities will not lead to their integration without painful and uncomfortable counterdiscourse. Various studies that will be discussed in relevant chapters indicate that children learn and develop strong attachments to their worldviews, values, and beliefs at an early age through socialization. Transcending some of these values and beliefs must include processing the emotional attachment to them. Intellectual understanding alone does not activate automatic transcendence. Cognitive information processing research indicates the resistance of implicit attitudes to change.

There are parallels between the inability to implement theoretical conceptualization of multicultural counseling and the inability to have counterdiscourse for an integration of multiple identities and contexts. Embedment of Western ideology, ethnocentric bias, and unconscious learning may all play a part. It is the author's hope that the holistic model presented in this book makes a small contribution for counterdiscourse.

The recent social justice movement in multicultural counseling implies that practitioners no longer can hide behind conceptualization of multicultural competencies. They need to know how to implement competencies emotionally as well as intellectually to work toward equal access to justice and equity for marginalized individuals and groups (Constantine, Hage, Kindaichi, & Bryant, 2007). Constantine et al. identified nine specific social justice competencies for practitioners. They are (a) awareness of oppression and social inequities; (b) ongoing self-reflection with regard to race, ethnicity, oppression, power, and privilege; (c) the impact of a practitioner's power and privilege on clients, communities, and research participants; (d) questioning, challenging, and intervening in inappropriate or exploitative therapeutic or intervention practices to promote the well-being of an affected individual or group; (e) having and, when appropriate, sharing knowledge about indigenous healing practices; (f) awareness of ongoing international social injustice; (g) conceptualizing, implementing, and evaluating comprehensive mental health intervention programs for the multicultural population; (h) collaboration with community organizations to provide culturally relevant services; and (i) developing systematic intervention and advocacy skills for social change. Social justice-oriented programs include service-based learning through internships and volunteer work (Kenny & Gallagher, 2000; Mulvey et al., 2000). Social justice and equity is an essential component of multicultural counseling, in which a practitioner assists clients with rising above systematic oppression and works with them to deconstruct, transcend, and transform internalized and systematic oppression.

Collins and Pieterse (2007) examined the affective transformative process of Roysircar et al.'s (2003) multicultural counseling competencies, which were adopted by the American Psychological Association in 2003. This signifies APA's conceptual commitment to serving individuals who are culturally different. The multicultural counseling competencies are divided into three areas: (a) counselor awareness of her own cultural values and biases, (b) counselor awareness of the client's worldview, and (c) culturally appropriate intervention strategies. Each area is further divided into three sections: (a) attitudes and beliefs, (b) knowledge, and (c) skills. For example, a culturally skilled counselor's specific characteristics are described under (a) the attitude and belief section, (b) the knowledge section, and (c) the skill section of all three multicultural counseling competencies. Operationalized for clarity, these descriptions provide specific goals for practitioners to achieve in order to be multiculturally competent. Collins and Pieterse discuss the set of limitations to goal-oriented multicultural counseling competency description, including the possibility that counselors will focus on identifying and describing competency and just "saying the right things at the right time" without delivering what is said in practice. They suggest using the process perspective in conjunction with the "fixed goal" approach:

We focus on competency as a process that involves engaging in an honest exploration of one's experience of racial and cultural reality. Such a process may not necessarily arrive at an end point; rather, it requires a daily choice to engage issues of race and culture internally and externally. . . . It requires mechanics of competence as a daily lived experience. The process perspective also emphasizes that competence involves ongoing effort and commitment. (p. 15)

Collins and Pieterse's (2007) suggestion to add a process component to multicultural counseling competencies is an attempt to facilitate affective processing of cognitive understanding of multicultural awareness. This is an important step since most training programs focus on cognitive aspects rather than integrating cognition and emotion (Adams, Bell, & Griffin, 1997; Holcomb-McCoy & Myers, 1999; Ponterotto, 1998). Training that uses such unconventional methods as "reaction papers, journal writing, role playing, videotaping, cross-cultural immersion experience, cross-cultural simulation experiences, experiential exercises, fish-bowl exercises, small group processing and focus groups" (Collins & Pieterse, p. 16) seems to have some success in changing trainees' attitudes toward multicultural competencies (Helms et al., 2003).

This book attempts to bridge the gap between theoretical conceptualization and implementation of theories by providing a comprehensive multicultural counseling model that treats multiple identities of an individual and intersections of multiple identities equally. The model is similar to the multicultural counseling competencies in its integration of the goal and the process, cognition and emotion, and justice and equity for clients with nondominant cultural backgrounds. This book includes a chapter on accessing inner experience through unconventional methods, such as integrating subjective (personal) inquiry with objective (scientific) inquiry, in an attempt to balance the affective transformative process with the rational transformative process.

The purpose of this book is to provide practical strategies for increasing multicultural competencies from a holistic perspective, which allows practitioners to understand clients from their sociocultural historical contexts with multiple identities and truths. This requires being cautious of conventional racial categorizing and being aware of the effect of a practitioner's own culture, worldview, and thinking styles on assessing and treating clients. This book proposes (a) a shift from a single identity-based conceptual framework to one that is based on multiple identities and (b) a shift from talking about practical implementation to delivering it through transformative learning to increase multicultural competencies. The inclusion of multiple identities requires a holistic thinking style that comprises appropriate dichotomous, linear, and hierarchical thinking in addition to multilayered and multidimensional thinking. Shifting from inappropriate dichotomous, hierarchical, and linear thinking styles to a holistic thinking style is a challenging task since the former are embedded in the American psyche (Singer & Kimbles, 2004). Hierarchical and dichotomous thinking styles first emerged in the United States with the birth of the country by new White settlers from England (Jahoda, 1999; Takaki, 1993; Thompson 1977). Both Nash (1992) and Root (1992) discuss the impact of hierarchical social systems and simplifying (dichotomizing) complex relationships on oppression of people who are racially different. Dichotomous and hierarchical thinking styles are the basis of ethnocentrism (Bizumic & Duckitt, 2007; Brown, 1995). If children are socialized in a culture where linear, dichotomous, and hierarchical thinking styles are valued, they are more likely to internalize these values and become ethnocentric without being aware of it. If they are socialized in a culture that emphasizes either a multilayered perspective, a multidimensional perspective, or both (diunital) thinking styles, they are more likely to internalize these values and unconsciously develop a holistic perspective. Children from cultures that emphasize

competition, superiority, and the importance of external images are likely to learn to see these values as core values, and these values foster hierarchical and dichotomous thinking styles in children (Black-Gutman & Hickson, 1996; Powlishta, Serbin, Doyle, & White, 1994). As a result, these children are likely to think in terms of winning, being right, and being correct (*dichotomous thinking*) and to believe that these are better than losing, being wrong, and being incorrect (*hierarchical thinking*). These types of thinking lead to unintentional racism, sexism, heterosexism, ableism, classism, and ageism (Brewer & Brown, 1998; Hewstone, Rubin, & Willis, 2002). This book postulates that deconstructing inappropriate dichotomous and hierarchical thinking is one way to shift to holistic thinking.

Multicultural counseling is just lip service as long as practitioners perpetuate inappropriate dichotomous and hierarchical thinking patterns in their assessment, diagnosis, and treatment of culturally diverse clients. These thinking styles/patterns hinder practitioners' ability to implement conceptually sound multicultural counseling theories. Practitioners are not likely to understand clients' worldviews or accurately assess their own worldviews without deconstructing inappropriate dichotomous, linear, and hierarchical thinking. Racism, sexism, classism, heterosexism, ableism, and other "isms" are based on such inappropriate thinking, and practitioners must understand the complexities of these "isms" and their intersections in order to provide effective assessment and treatment. Deconstructing inappropriate thinking styles and patterns requires diligent and mindful practice each day. Understanding the need to deconstruct is not the same as deconstructing.

The other proposed shift, delivering practical implementation through transformative learning, begins with the definition of transformative learning: learning to integrate intellectual understanding (knowledge) with emotional understanding (affect). The importance of emotional understanding in examining practitioners' values has been discussed in the past but not emphasized in connection to transforming the knowledge component of learning (Lee, 1997; Sue, Arredondo, & McDavis, 1992; Sue & Sue, 1990). This book considers transformative learning as an essential ingredient along with deconstructing inappropriate thinking styles/patterns because intellectual learning alone does not transcend egocentric and ethnocentric attitudes, values, and beliefs that are learned through socialization from early childhood. This is an enormously challenging task, primarily due to exclusion of emotion from academic contexts and the long-held belief that reacting emotionally to academic material is a sign of weakness. Such cultures as that of the United States in which

intellectual understanding is valued throughout academic life have learned to equate intelligence and logical thinking with academic achievement. Often, parents and teachers unintentionally or intentionally devalue the emotional aspects of development in an attempt to encourage high academic achievement—a guarantee, they assume, that students will get into a “good college,” receive “good scholarships,” get a “good job,” and/or be accepted by a “good graduate school.” As a result, most children from this type of cultural context learn to disconnect their emotion from academic learning. Some parents and teachers punish children when they do not perform at their expected level on the assumption that they would do “better” next time to avoid punishment. It may appear to work for some children because they maintain expected academic achievement. Other children, however, may develop feelings of inferiority or low self-esteem as a result. For these children, it may contribute to long-lasting emotional scars. By the time these children become young adults, they believe that academic learning occurs within a rational, logical, and intellectual framework that seems like a fact and not a belief. Devaluation of emotion in academic settings is treated as if it is a core learning principle. For example, most students in psychology, counseling, social work, education, and communication intellectually understand that perception is the way people organize and interpret sensory input to make meaning. Such students are also likely to understand that perception is influenced by their own culture, gender, class, sexual orientation, birth order, religion, language, disability, motivation, education, socioeconomic status, age, race, ethnicity, expectations, and region. They also understand that people can make meaning only on the basis of the information they have in their mind (brain) and that people’s different experiences influence how they process that information. Therefore, they intellectually understand the concept that 10 people can see the same object and interpret it in 10 different ways. For example, one simple picture shown to a college class may elicit various responses. If students are asked to describe a picture of two women with a single adjective, their responses may range from *beautiful* to *ugly*. If they are then asked why the same picture received such a broad range of interpretations (from *beautiful* to *ugly*), they may have no problem attributing it to individual differences in perception. However, these same students may express frustration and anger when others do not behave according to their expectations because they are not able to apply their conceptual (intellectual) understanding of “individual difference in perception” to their practice. They have a theoretical and conceptual understanding of perception without practical application to their situations. This is partly due to the fact that

conventional learning of perception excludes the opportunity for students to integrate their intellectual understanding of perception with their emotional understanding of it. Conventional learning often does not provide the opportunity to assess whether students have learned through transformative learning. Transformative learning takes students to another level from conventional learning. It asks how they feel about their conceptual learning, as well as asks them to report their reactions when they integrate emotion into the concept. In order for learning to be transformative, it must reach the emotional core of an individual's values and beliefs so that it transforms the individual internally as well as externally and intellectually as well as emotionally. The emotional aspects of learning require learning through the heart with awareness of one's own culture, biases, thought patterns, and communication styles and the impact of one's own dominant (special or salient) identity. The emotional component of transformative learning means that it cannot be hurried. It takes time to process complex emotions, desires, wants, and "shoulds."

What is unique about this book is its emphasis on both a holistic thinking style and transformative learning as essential ingredients for increasing multicultural competencies. The book proposes devoting effort to deconstructing inappropriate thinking styles and allowing space for transformative learning. Shifting from conceptual to transformative learning will stir intense emotions in class because multicultural issues provoke strong emotions. Multicultural issues are about systematic inequity and injustice, which have been perpetuated for generations. They are about untold history, social injustice, systematic oppression/privilege, internalized oppression/privilege, and White guilt. For different reasons, emotions are stirred in both the privileged and the oppressed. These strong emotions need to be examined through transformative learning in an academic or organizational/institutional setting in order to prevent generational perpetuation of unintentional and intentional injustice and inequity. Conceptual and rational understanding has not been able to transcend injustice, inequity, and complex emotions around multicultural issues.

The book's broader conceptual framework on multicultural counseling competencies is based on the Association for Multicultural Counseling and Development (AMCD) model as described in *Multicultural Counseling Competencies* (Roysircar et al., 2003). The model emphasizes a practitioner's awareness of her own cultural values, beliefs, and biases in order to be aware of the client's worldview and to provide culturally appropriate treatment. However, the AMCD model does not explain the process of achieving multicultural counseling competencies. The proposed model

guides practitioner-trainees to become multiculturally competent practitioners. It focuses on the process of achieving the goal of multicultural counseling competencies through experiential and reflection-based learning activities. Personal narratives of marginalized individuals, excerpts from other books, case studies, centering, drawing, narrative- and reflection-based writing, small-group discussions, and so on are built into each chapter for affective processing of multicultural issues. Systematic oppression/privilege and internalized oppression/privilege are also discussed as necessary to expand practitioners' awareness, which assists in their attempt to understand clients' worldviews.

UNIQUE STRUCTURES

This is the first book that conceptualizes the identity of a person from a holistic perspective by simultaneously examining one's multiple identities and how they intersect. Most theorists have conceptualized each social identity of an individual as if it is independent of his/her/zir other identities (i.e., race, gender, sexual orientation, class, age, language, religion, region). Focusing on one identity whether it is race, gender, or class creates something that does not represent the person (Collins, 1991). The whole person's identity within a particular sociocultural context is represented by intersections of multiple identities and how they interrelate. Part II illustrates the complexities and interwoven characteristics of multiple identities as each chapter adds another identity and examines how it intersects with those previously mentioned. There are other unique structures of the book:

1. It provides practical application through concrete strategies immediately after each concept for transformative learning. These are mostly experiential learning activities, written in the first person, that facilitate affective transformation. Most of these activities are designed for individuals rather than groups. This is intentional as it allows for an individual's transformation in inner experiences and prevents ingroup influence.
2. It integrates conventional or traditional theories and techniques with unconventional theories and techniques to explore complexities of multicultural issues.

3. It shows how practitioners can be aware of their own inner dialogue and thought processes (intrapersonal communication) as they shift from inappropriate *dichotomous* and *hierarchical* thinking to a multilayered and multidimensional (*holistic*) thinking style. This shift in thinking will assist practitioner-trainees not only with helping their clients identify their thought styles/patterns and processes but also with understanding their own worldview as well as that of clients.
4. It shows how to incorporate scientific inquiry into clinical inquiry for accurate assessment, diagnosis, and effective treatment.
5. It uses case studies, the author's former students' writings or statements, excerpts from already published books, and the author's own experiences as a practitioner, a faculty member, and a bicultural and bilingual person as models for concrete examples or to facilitate emotional integration with intellectual understanding of a particular concept.
6. It explores effective strategies for using the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR*; American Psychiatric Association, 2000) and current professional ethics codes of the multicultural population.
7. It does not include chapter summaries. This is to encourage readers to take a moment to center and observe their inner experience about each chapter.
8. It does not include conventional chapters on categorizing different racial groups and suggesting implications for practitioners for each racial group. That type of approach, though valuable in giving basic information, is dangerous because it has the potential to minimize variations within a particular group and may lead to stereotyping.
9. It is not written like a traditional textbook. The strong emphasis on writing is designed to get practitioner-trainees interested in learning and applying theories and practical strategies for being multiculturally competent.

Fictitious first names for individuals who gave both written and verbal permissions are used to protect their privacy. Real stories have the power to connect to an individual's emotion and intellect, and all of the case studies, students' writings and statements, and author's stories are real.

The term *practitioners* is used to imply counselors, psychologists, social workers, therapists, and other helping professionals. *Practitioner-trainees* is used for those who are in training to become professionals. *She* is used for a practitioner or practitioner-trainee. *He* is used for a client. On a few occasions, *ze* or *zir* is used in conjunction with *he* and *she* or *his* and *her* to include transgender populations.

SUGGESTIONS FOR USING THE BOOK

It is imperative that practitioner-trainees read this book sequentially from the introduction to the last chapter since each chapter is a building block for the next. Each chapter is designed to provide the opportunity for practitioner-trainees to enhance their transformative learning skills and incorporate conceptual theories into practice. Certain concepts are designed for practitioner-trainees to learn through feeling before moving on to the next chapter. It is crucial for practitioner-trainees to complete each learning activity before reading the next section. Some may feel resistant to experiential learning activities due to their unfamiliarity and/or a habit of excluding emotion from academic learning. Only through acknowledging these feelings and completing the activities, however, will a new level of understanding come to the chapter material. Change happens gradually because it requires a new or different way of learning. As practitioner-trainees complete the learning activities diligently, mindfully, and consistently, the resentment or awkwardness will gradually disappear.

OUTLINE OF THE CHAPTERS

Chapter 1 describes the thesis, unique characteristics, and function of the book in increasing multicultural competencies. The rest of the book is divided into three parts: Part I, "A Practitioner's Awareness of Her Own Worldview"; Part II, "A Practitioner's Awareness of Systematic Oppression/Privilege and Internalized Oppression/Privilege"; and: Part III, "A Practitioner's Awareness of the Client's Worldview." The first two parts prepare a practitioner-trainee for being able to be aware of a client's worldview. There are two chapters in Part I (Chapters 2 and 3), and they center

on a practitioner's awareness of her own intrapersonal communication, thinking style or pattern, values, beliefs, and biases. The process of how thinking styles become automatic thought patterns, the role of intrapersonal communication in shaping automatic thinking patterns, and the role of socialization in meaning making are discussed. There are seven chapters in Part II. Six of these (Chapters 4–9) explore the practitioner's awareness of systematic oppression/privilege and internalized oppression/privilege, as well as the role of inappropriate linear, dichotomous, and hierarchical thinking in perpetuating "isms." Prejudice and intersections of multiple identities are examined from a multilayered and multidimensional perspective while providing an opportunity for transformative learning. Chapter 10 provides practical strategies for deconstructing inappropriate dichotomous, hierarchical, and linear thinking styles.

The first 10 chapters prepare practitioner-trainees for increasing their ability to access their own awareness of their cultural values, beliefs, and biases, and these are preparation for Part III. It is almost impossible to understand others' worldviews without being aware of one's own culture, beliefs, values, and biases. Chapter 11 discusses various models of identity development for nondominant monoracial groups, biracial and multiracial groups, the dominant (White) group, and the gay and lesbian group. The role of internalized privilege and oppression in constructing identity development is also explored. Chapter 12 discusses how identity development runs along a continuum and how multiple identities operate at multiple degrees and multiple dimensions simultaneously. It discusses how simplifying these complexities by using dichotomous and hierarchical thinking leads to inaccurate understanding of clients. Chapter 13 explores the importance of accurate assessment for developing culturally appropriate healing/treatment. The chapter discusses specific strategies for obtaining accurate information from clients who have multicultural backgrounds—for example, (a) exploring the relationship between intake and developing effective treatment strategy, (b) understanding the relationship between the type of verbal communication style and the type of listening style, (c) incorporating scientific inquiry into clinical inquiry, (d) discussing effective use of multiaxial assessment of *DSM-IV-TR* (American Psychiatric Association, 2000), and (e) applying the ethics code of ACA (2005), APA (2002), or NASW (1999) to provide a culturally sensitive and accurate assessment. Chapter 14 discusses the qualities of a multiculturally competent practitioner who can provide culturally appropriate treatment for clients with different cultural backgrounds.

