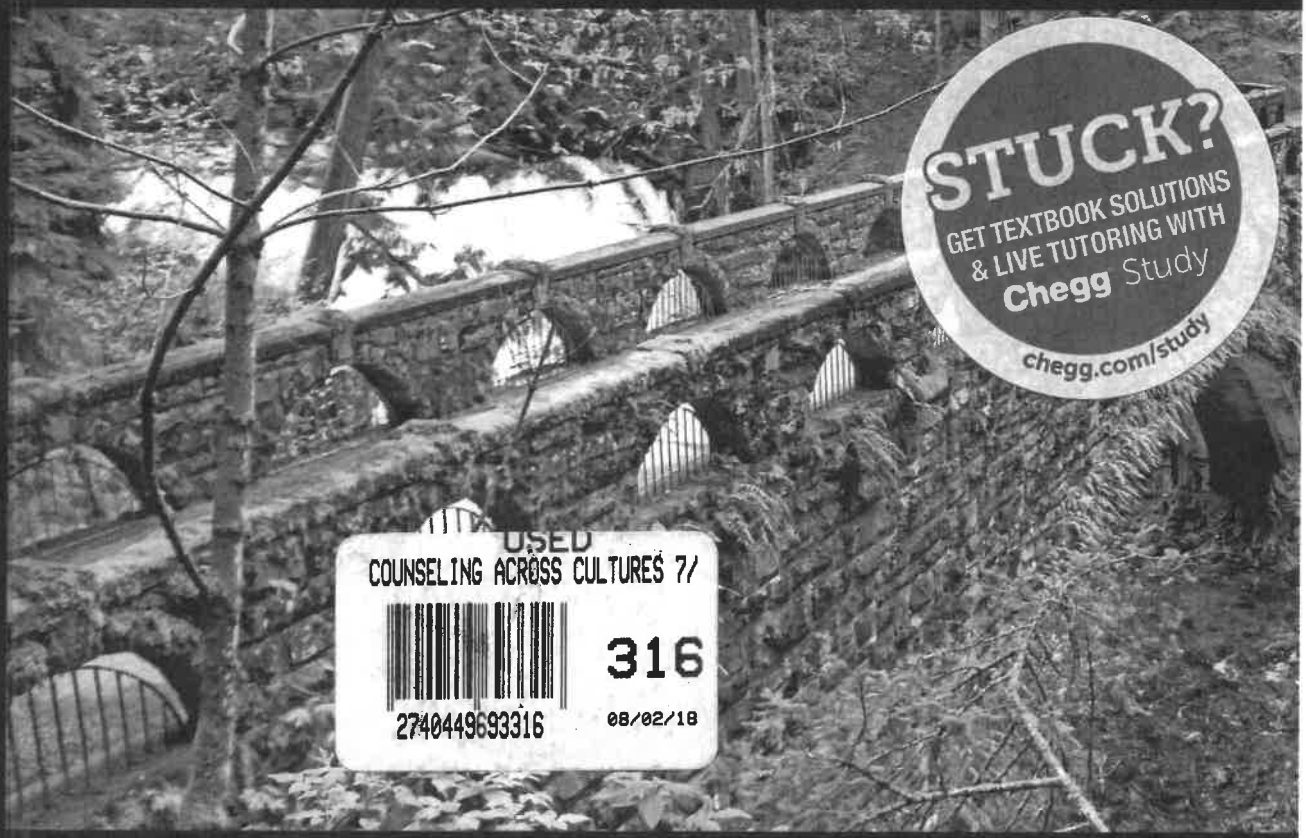
SEVENTH EDITION

Counseling Across CULTURES



EDITORS
Paul B. Pedersen / Walter J. Lonner / Juris G. Draguns
Joseph E. Trimble / Maria R. Scharron-del Rio

Counseling Across CULTURES

SEVENTH EDITION

Work effectively with diverse clients with the book that set the standard in the field.

Offering a primary focus on North American cultural and ethnic diversity while addressing global questions and issues, **Counseling Across Cultures, Seventh Edition** draws on the expertise of 48 invited contributors to examine the cultural context of accurate assessment and appropriate interventions in counseling. The book highlights work with African Americans, Asian Americans, Latinos/as, American Indians, refugees, individuals in marginalized situations, international students, those with widely varying religious beliefs, and many others. Edited by pioneers in the field, this volume articulates the positive contributions that can be achieved when multicultural awareness is incorporated into the training of counselors.

New and Key Features

- **A new theme**, the concept of Inclusive Cultural Empathy (ICE), permeates the book.
- **New and emerging issues** are discussed from the perspective of a wide range of expert contributors.
- A useful five-part, 24-chapter format provides **balanced coverage**.
- **Broad coverage explores a wide range of topics**, from spirituality in counseling across cultures to culturally appropriate counseling interventions with diverse client populations.
- The popular "Critical Incidents" (expanded cases) now include **all-new material** for discussion, offering students the opportunity to think critically about a variety of cultural situations.

Cover photo: Walter J. Lonner

SAGE www.sagepublications.com
Los Angeles • London • New Delhi • Singapore • Washington DC • Boston

SUSTAINABLE FORESTRY INITIATIVE
Certified Chain of Custody
Promoting Sustainable Forestry
www.sfiprogram.org
SFI label applies to text stock

ISBN 978-1-4522-1752-9
90000
9 781452 217529

disaster response efforts are grounded in affected communities' concepts of help, healing, and wellness. The most important disaster counseling skill is that of supporting survivors' natural healing systems.

Critical Incident

As a member of a team of Native American mental health professionals and traditional spiritual leaders (hereafter called "the Team"), I have had the opportunity to respond to community crises in Native communities. Often these responses have come after communities have experienced clusters of youth suicides. The following is a description of one of those responses.

The health director of a remote tribal community of approximately 2,500 contacted and met with the Team leaders (one of the community's traditional spiritual/cultural leaders and me, a clinical psychologist). She described the occurrence of 17 youth suicides in the community, all by hanging, over a 2-month period. Most members of the community had been affected directly in some way, and some families had lost more than one child. Service providers and first responders in the community were overwhelmed and exhausted as suicide attempts were continuing almost every day. Community leaders had sent the health director to request that the Team respond as soon as possible to help stop the suicide attempts and help the community begin a healing process.

Team Activities

The Team prepared itself through spiritual ceremony and then traveled to the community within 3 days. The following are some of the activities of the Team over the next several weeks.

Meeting with first-line service providers (FLSPs). The Team spent the first day meeting with a group of service providers and first responders from the community, providing training on the effects of traumatic stress and using talking circles to give the FLSPs a chance to talk about the ways they had been affected by the suicides. The FLSPs became the lead group for all the following work and worked closely with the Team for the remainder of the visit.

Community meeting. The Team conducted an open community meeting to hear the perceptions and ideas of community members about what had been happening.

Meeting with tribal government. The Team met with the tribal government to ensure that community members recognized that the Team had been authorized to be in the community, and to present a report and recommendations to tribal leaders at the end of the visit. The Team maintained contact with tribal leaders as recommendations were implemented over the next several years.

Meeting with spiritual leaders. Traditional Native spiritual leaders and church leaders had never met together before but were able to come together to provide united spiritual support to community members.

Working with schools. All of the schools serving the reservation children (public, church-based, tribal) were visited. This was facilitated by school counselors who were part of the FLSP group. Team members working with members of the FLSP group held talking circles with children in every grade, all teachers, and all administrators to educate (in grade-appropriate formats) about the effects of traumatic stress and to identify high-risk children.

Meeting with affected families and relatives. Team members traveled to families' homes or met them in places they felt comfortable. In some cases, families had not yet reentered the homes where their children had died. Spiritual

leader members of the Team conducted the appropriate ceremonies that would allow them to go into their homes or enter their children's rooms. Mental health members of the Team worked with the children, adults, and families to help them express their grief, honor their loved ones, and support one another.

Meeting with representatives of the judicial system. Some children whose siblings had died were afraid to return to school because they were afraid someone else in their families would die. The schools had started to press charges against the parents for truancy. Team members met with representatives of the judicial system and were able to work out solutions that included in-home schooling for affected children.

Building a context. Meetings with the tribal health director over a 2-week period revealed a broader context that included 4 years of massive flooding on the reservation, basements that held 3–4 feet of standing water, increases in respiratory illnesses, deaths of elders, occurrence of hantavirus, and washed-out roads requiring school buses to detour 70 miles (resulting in children going to school in the dark and not returning until dark). Many families had moved to the central district of the reservation, where services and schools were centered, but a severe housing shortage required them to live with friends or relatives. Families were separated, with members scattered among multiple households and their possessions somewhere else. Federal funding cuts meant that service providers were overwhelmed. Overcrowded living conditions led to increases in substance abuse, domestic violence, and gambling. Preexisting racial tensions between the reservation residents and people living in the nearby town were exacerbated. There was a single half-time mental health professional for the reservation, and when the suicide attempts started, young people who attempted to harm themselves were sent off the reservation to hospitals more than 100 miles away for evaluation. Often, their families did not have access to transportation and could not go with them. When the young people returned, their families were not informed about diagnoses, medications, or warning signs, and there was no aftercare in the community. This was the case for many of the young people who had died. People started to believe that when their children were "sent away," they were put on medicine that contributed to them killing themselves, so now there were many more suicide attempts that went unreported. The young people who had died were actually seen as the youth leaders in the community.

Sharing the context. The Team worked with the health director and tribal governance to build the context for the current crisis situation. The tribal chairperson called a mandatory meeting of all community members so that the Team could share the context with community members. People in the community had not connected the long-term stress brought on by the flooding to the suicides. The tribe did not think of the flooding as a "disaster" because it was a part of the natural world (there actually is no word for disaster in the tribal language). Team members had also been working with the young people, developing a new set of youth leaders. These youth shared their grief, feelings of loss, and need for adult guidance at the community meeting. Sharing this context allowed community members to get a "big-picture" view of what had been happening and allowed them to come together and mobilize community resources to support each other and begin a healing process.

Developing a community crisis team. The Team worked with the FLSP group to develop a community crisis team with an emergency plan and connection to needed resources. The Team had discovered a pattern of suicide attempts, and planning was done for the community crisis

team to use time periods when no suicide attempts were happening to do community education and outreach.

Engaging in advocacy. The Team was able to advocate with FEMA to get needed resources to the community.

Acknowledging the relationship. The Team maintained contact with the community and its leaders. Follow-up visits focused on further development of the crisis team, the youth leadership, community education, and advocacy for resources. It was important for the Team to acknowledge that its relationship with the community did not end at the end of the crisis.

Engaging in self-care. The Team met at the end of every day so that members could debrief and check in with each other. Even when the Team worked late into the night, this meeting was important to make sure that everyone remained healthy. In a situation where children have died and everyone in the community has been affected, it is difficult for helpers not to be overwhelmed as well.

Throughout this intervention and the several years that followed, the Team maintained a supportive presence, stayed in the background, and empowered community leaders and service providers to shape and implement their plans. Community members who had felt helpless in the beginning became active leaders for change in their own community. The suicide attempts stopped, the youth leadership asked for representation in tribal governance, and needed resources (including mental health professionals) were received in the community.

■ Discussion Questions

1. What are some of the reactions to traumatic stress seen in the community described above?
2. How did culture play a role in the crisis that occurred in this community?
3. What are some of the considerations for "outsiders" entering a community that has been affected by a disaster?
4. Was the community described above resilient?
5. How do the IASC guidelines apply in this setting? How do they serve to protect a community during a crisis response?

■ References

Andrulis, D., Siddiqui, N., & Purtle, J. (2009). *California's emergency preparedness efforts for culturally diverse communities: Status, challenges and directions for the future.* Philadelphia: Center for Health Equality, Drexel University School of Public Health. Retrieved from http://www.diversitypreparedness.org

Bolin, R., & Stanford, L. (1998). The Northridge earthquake: Community-based approaches to unmet recovery needs. *Disasters, 22*(1), 21–38.

Bourne, D. R. (2006, March). Evacuation patterns of ethnic minority populations affected by Hurricane Katrina. In Hurricane Katrina: A multicultural disaster [Special section]. *Communiqué,* pp. xiii–xvi. Retrieved from http://www.apa.org/pi/oema/resources/communique/2006/03/katrina-special-section.pdf

Boyd, B., Quevillon, R. P., & Engdahl, R. M. (2010). Working with rural and diverse communities after disasters. In P. Dass-Brailsford (Ed.), *Crisis and disaster counseling: Lessons learned from Hurricane Katrina and other disasters* (pp. 149–164). Thousand Oaks, CA: Sage.

Breslau, N., Kessler, R. C., Chilcoat, H. D., Schultz, L. R., Davis, G. C., & Andreski, P. (1998). Trauma and posttraumatic stress disorder in the community: The 1996 Detroit Area Survey of Trauma. *Archives of General Psychiatry, 55,* 626–632.

Cox, R. S., & Perry, K.-M. E. (2011). Like a fish out of water: Reconsidering disaster recovery and the role of place and social capital in community

factors to constrain or enhance clients' psychological and social well-being.

Employing therapeutic interventions across levels can be difficult and in some instances beyond the range of a counselor's capacity and expertise. Addressing the issue and outcomes of discrimination is a case in point. Surveys have found that 20% of Muslim Americans consider prejudice and discrimination against Muslims to be major problems (Pew Research Center, 2011). Three-quarters of Mexican immigrants and 57% of other immigrants in the United States say there is at least "some" discrimination against immigrants (Bittle, Rochkind, Ott, & Gasbarra, 2009). In Canada, 36% of visible minorities report that they have experienced discrimination on the basis of race or culture in the past 5 years (Reitz & Banerjee, 2007). We know that perceived discrimination is related to a variety of negative outcomes, including increased stress, lowered self- and group esteem, impaired health, antisocial behaviors such as drug use and delinquency, identity conflict, and poorer work adjustment and job satisfaction (Ward et al., 2001). Counseling efforts can be channeled to provide support to acculturating people, to increase their resilience, and to assist them in dealing with the stress of discrimination, but ecological interventions are also required. Further, strategies are needed to improve intercultural relations in schools, neighborhoods, and workplaces, and programs should be developed to counter negative societal attitudes toward visible minorities.

Conclusion

In this chapter we have identified generic themes and issues for acculturating persons and provided an ecological framework for interpreting and understanding their experiences. We have also recommended multilevel interventions for working with indigenous peoples, sojourners, immigrants, refugees, and ethnocultural groups. We challenge counselors to consider cross-cultural contact and change from a broad perspective and to acknowledge the sociopolitical, community, institutional, and relational influences on both client well-being and the wider outcomes of the counseling process. Fostering the notion that immigrants and refugees are active coping agents in a continuous process of life improvement, Ehrensaft and Tousignant (2006) note:

> Resilience does not develop in a social or cultural vacuum. The immigrant is part of a family, which is in turn part of a community, which also interacts with a host society. All of these levels contribute to the success or failure of the process of resilience. (p. 481)

Mental health professionals should bear this in mind when counseling across cultures.

Critical Incident

Imagine that you are a school counselor in an urban center. A concerned teacher at your school has referred a 17-year-old female student to you because her behavior has become withdrawn and her grades have been consistently dropping over the past few months.

The referring teacher, who leads the school orchestra, had noticed that the student, a second-generation immigrant from a Middle Eastern background, did not attend orchestra practice for 3 consecutive weeks and asked the other students if anyone knew the reason for her absence. In private, one of her friends disclosed that the young woman has been having family problems because her parents found out that some of her classmates were dating boys from another school and that as a group they had all been spending time together. Although the girl herself is not in a relationship, after finding out that she was unsupervised in the company of young men, her

...ts have stopped allowing her to go to extra-...icular activities and outings with her friends. ...r also now drop her off at school and pick her ...very day, and they will not let her answer ...ne calls from her friends. This situation is ...ously negatively affecting the student's ...being as well as well as her school performance.

Discussion Questions

...How might you facilitate an initial counseling ...session with this young woman?

...How does this young woman's situation illustrate ...tensions in the acculturation process?

...In the contextual domain, what elements of the ...broader social setting and the specific school set-...ting do you think are influencing the situation?

...In the relational domain, how would you identify ...who should be part of the counseling process? ...Should friends, family members, or others be ...involved? Who should make the decisions regard-...ing whom to include or exclude, and how will ...these choices affect the sessions?

...In the individual domain, what identities, per-...sonality attributes, and personal characteristics ...are pertinent to the situation?

...How does this situation illustrate the interac-...tions among domains within the ecology of ...acculturation?

...How would you design an intervention for this ...young woman that takes into account the influ-...ences from all ecological domains?

References

...rends-Toth, J., & van de Vijver, F. J. R. (2003). Multiculturalism and acculturation: Views of Dutch and Turkish-Dutch. *European Journal of Social Psychology, 33*(2), 249–266. doi:10.1002/ejsp.143

...rends-Toth, J., & van de Vijver, F. J. R. (2006). Assessment of psychological acculturation. In D. L. Sam & J. W. Berry (Eds.), *The Cambridge handbook of acculturation psychology* (pp. 142–162). Cambridge: Cambridge University Press.

Ataca, B., & Berry, J. W. (2002). Psychological, sociocultural, and marital adaptation of Turkish immigrant couples in Canada. *International Journal of Psychology, 37*(1), 13–26. doi:10.1080/0020759014300013

Baumeister, R. F. (1986). *Identity: Cultural change and the struggle for self.* New York: Oxford University Press.

Beiser, M., Barwick, C., Berry, J. W., da Costa, G., Fantino, A., Ganesan, S., . . . Vela, E. (1988). *Mental health issues affecting immigrants and refugees.* Ottawa: Health and Welfare Canada.

Berry, J. W. (1980). Acculturation as varieties of adaptation. In A. Padilla (Ed.), *Acculturation: Theory, models, and some new findings* (pp. 9–25). Boulder, CO: Westview Press.

Berry, J. W. (1997). Immigration, acculturation, and adaptation. *Applied Psychology, 46*(1), 5–34. doi:10.1080/026999497378467

Berry, J. W. (2005). Acculturation: Living successfully in two cultures. *International Journal of Intercultural Relations, 29*(6), 697–712. doi:10.1016/j.ijintrel.2005.07.013

Berry, J. W. (2006). Contexts of acculturation. In D. L. Sam & J. W. Berry (Eds.), *The Cambridge handbook of acculturation psychology* (pp. 27–42). Cambridge: Cambridge University Press. doi:10.1017/CBO9780511489891.006

Berry, J. W., Kim, U., Minde, T., & Mok, D. (1987). Comparative studies of acculturative stress. *International Migration Review, 21,* 491–511.

Berry, J. W., & Sam, D. L. (1997). Acculturation and adaptation. In J. W. Berry, M. H. Segall, & Ç. Kağitçibaşi (Eds.), *Handbook of cross-cultural psychology: Vol. 3. Social behavior and applications* (pp. 291–326). Boston: Allyn & Bacon.

Berry, J. W., & Sam, D. L. (in press.). Multicultural societies. In V. Benet-Martínez & Y.-Y. Hong (Eds.), *Handbook of multicultural identity: Basic and applied perspectives.* New York: Oxford University Press.

Berry, J. W., Westin, C., Virta, E., Vedder, P., Rooney, R., & Sang, D. (2006). Design of the study: Selecting societies of settlement and immigration groups. In J. W. Berry, J. S. Phinney, D. L.

■ Critical Incident

Alice is a 25-year-old second-generation Chinese woman who has been educated in the United States. Her parents moved here long before she was born; in fact, they met and were married in a northeastern state. Alice is the older of two children and has attended top schools. She is highly intelligent and competitive, and she held a number of leadership roles in high school and college. Alice attended a weekend group relations conference and was assigned to a small group in which she was the only Asian. At first this was not an issue, since she had become used to this pattern in the schools she had attended. The group was to meet for four 1-hour sessions over the weekend. Other small groups were occurring simultaneously, and Alice was engaged in a number of other events during the weekend.

During the second session Alice told the group that she had been a member in other groups that talked about racial and cultural differences. She noted that she was often the leader in these groups and was able to demonstrate her leadership ability, stating that she was good at delegating and getting people to follow her command. She told the members that when she is in a culturally mixed group where she is the minority, she gets frustrated. She found herself falling into the stereotypical Asian female role of being quiet and submissive. She could not identify anything that anyone had done to her. She was perplexed about how she had fallen into that role.

■ Discussion Questions

1. What are some of the racial and cultural dynamics that Alice may be experiencing in the group?
2. Why do you think Alice has been pulled into this particular role?
3. What competencies would the leader need to help the group explore this issue?
4. Can you think of other situations that might occur in counseling and psychotherapy groups where members from different backgrounds might take up stereotypical roles related to their race, ethnicity, gender, sexual orientation, social class, or age?

■ References

A. K. Rice Institute for the Study of Social Systems. (2003). Group relations consultant competencies. Retrieved from http://www.akriceinstitute.org

Alderfer, C. P. (1997). Embedded intergroup relations and racial identity development theory. In C. E. Thompson & R. T. Carter (Eds.), *Racial identity theory: Applications to individual, group, and organizational interventions* (pp. 237–263). Mahwah, NJ: Lawrence Erlbaum.

Bion, W. R. (1961). *Experiences in groups.* New York: Brunner-Routledge.

Brazaitis, S. J. (2004). White women—protectors of the status quo; positioned to disrupt it. In S. Cytrynbaum & D. Noumair (Eds.), *Group dynamics, organizational irrationality, and social complexity: Group relations reader 3* (pp. 99–116). Jupiter, FL: A. K. Rice Institute.

Cheng, W. D., Chae, M., & Gunn, R. W. (1998). Splitting and projective identification in multicultural group counseling. *Journal for Specialists in Group Work, 23*(4), 372–387.

Cross, W. E., Jr., & Cross, T. B. (2008). The big picture: Theorizing self-concept structure and construal. In P. B. Pedersen, J. G. Draguns, W. J. Lonner, & J. E. Trimble (Eds.), *Counseling across cultures* (6th ed., pp. 73–88). Thousand Oaks, CA: Sage.

Goldberger, N. R., & Veroff, J. B. (1995). *The culture and psychology reader.* New York: New York University Press.

Green, Z. G., & Molenkamp, R. J. (2005). *The BART system of group and organizational analysis: Boundaries, authority, role and task.* Retrieved