

**A Course in Cross-cultural Counselling for Central and Northern British Columbia**

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## ABSTRACT

The purpose of this masters' project is to present a rationale for cross-cultural counselling education in Central and Northern British Columbia and to provide a graduate-level 13-unit course in cross-cultural counselling. I begin by reviewing the findings of the American Psychological Association Division 17 Position Paper (1982) along with subsequent studies investigating the effectiveness of cross-cultural education in helping counsellors work successfully with clients from other cultures. The three dimensions of awareness, knowledge, and skills suggested the framework for the development of the course and informed the learning objectives for each major topic. Learning outcomes for counselling students include the development of cultural self-awareness, recognising bias and racism, improving knowledge about cross-cultural issues, and developing cross-cultural counselling skills appropriate for working with specific populations prevalent in Central and Northern British Columbia.



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## PART ONE

Over the years as a teacher of adult upgrading and English as a second language, my students included people of many different ethnicities from countries and cultures all over the world, including First Nations, people with disabilities, and people who struggle with their sexual orientation. Some students were residential school survivors; others were refugees who escaped persecution and war. Some immigrated because they dreamed of a better life, and some were mail-order-brides. Some were deaf. Some were in wheelchairs. Many fought depression and anxiety because of their experience of marginalization, which made them feel lonely, unaccepted, and out of place. Regardless of the uniqueness of their culture, all wanted to be understood, and most were anxious to tell the stories of their lives, their culture, and their families. First, however, they had to feel they were in a safe, non-judgmental, and respectful environment. My students had to trust me and feel I cared enough to listen. Their stories were fascinating and filled with experiences that a person who enjoys the privileges of the dominant culture within a western society could hardly imagine. I learned a lot from my culturally diverse students - about them and about me. I learned that I had a special responsibility because I had a position of influence that could be harmful if I did not understand the cultural issues involved or if I offered solutions that might alienate a person from his or her own culture. I therefore had to become aware of my own culture-bound beliefs and values and take care not to impose them on others.

As I moved from teaching to counselling, I realised that many of the concerns and issues I faced as a teacher working with culturally diverse students were true of counsellors working with culturally diverse clients. I found that even though Canada promotes immigration and prides itself on multiculturalism and tolerance, mental health practices are

based on the norms of the dominant culture (Arthur & Januszkowski, 2001; Barrett & McWhirter, 2002; Berry & Kalin, 1995; Constantine, 2002; Constantine & Gushue, 2003). When ethnocentric counselling practices fail to accommodate the needs of culturally diverse clients, they have the potential to be harmful because westernized values or the values of the dominant culture may be confusing or kindle self-doubt in clients with culturally different values, thereby creating barriers to counselling success (Corey, 2001; France, Rodriguez, et al., 2004; Sue & Sue, 2003). Consequently, concerns were raised by the Canadian Counselling Association, the American Psychological Association, practicing psychiatrists, psychologists, counsellors, and researchers about the responsibility of mental health practitioners to meet ethical standards required to work competently and effectively with culturally different clients (Brown, 2000; France, Rodriguez, et al., 2004).

It is my position that cross-cultural education should be a requirement of counselling programs, and I have elected to develop an introductory course in cross-cultural counselling for Northern and Central British Columbia in partial fulfillment of the requirements for the degree of Master of Education in Educational Counselling. The course expands upon the fundamental goal of mental health codes to prevent harm to clients and to prevent harm to the therapeutic relationship. The guiding principle of the course is that practicing counsellors have an ethical and professional responsibility to demonstrate professional competence, to treat clients respectfully, and to advocate on behalf of clients who face discrimination on the basis of cultural bias (Borys & Pope, 1989). In order to meet these ethical and professional responsibilities, counsellors must begin by learning about their own culture-bound beliefs as well as about the cultural backgrounds of the clients with whom they work (Canadian Counselling Association, 1999, B9 & C1). I hope that this course will be offered to

counselling students in Northern and Central British Columbia to help them learn to work effectively with people of different cultures.

### *Cross-cultural Counselling Terms and Definitions*

An effective argument in favour of a course in cross-cultural counselling must begin by defining the terms *racism*, *prejudice*, *bias*, and *harm*, and then distinguishing the term *cross-cultural counselling competence* from the term *multicultural counselling*. The terms *white* and *visible minorities* must also be defined because they are prevalent in the literature.

*Racism* is a belief in the superiority of one race over another and may manifest a hostile attitude or behaviour toward others based on race (Fowler & Fowler, 1972; Sutherland, 1998; Wolfe et al., 1977).

*Prejudice* is injury or harm done to another as a consequence of a preconceived opinion or bias (Fowler & Fowler, 1972; Sutherland, 1998; Wolfe et al., 1977).

*Bias* is a mental tendency toward prejudice, which distorts judgment (Fowler & Fowler, 1972; Sutherland, 1998; Wolfe et al., 1977).

*Harm* refers to physical, psychological, emotional or cultural injury. Psychological or emotional harm has the potential to result in negative feelings of self-worth, fear, humiliation, uncertainty, self-doubt, a sense of being uninformed, emotional pain, or lack of interpersonal trust (American Psychological Association, 1992; Canadian Psychological Association, 1980; Canadian Counselling Association, 1999; Egan, 2002; New Brunswick Education Student Services, 2003; Sue et al., 1982). Cultural harm may occur in the counselling relationship when the counsellor negatively influences a client to question or turn against his or her cultural values. The long-term implications for the client may be alienation from self, family, friends, or community.

The terms *multicultural counselling* and *cross-cultural counselling* are often interchanged in the literature, but in fact, represent different concepts. Leong (1994) explains that *multicultural* refers to “many cultures;” thus, *multicultural counselling* means counselling with many different cultures. The goal of making *multicultural counselling* a requirement for certification may seem overwhelming and unrealistic. In fact, *multicultural counselling* is a specialised counselling field that requires long-term training (Leong, 1994). A more appropriate goal for the purposes of an introductory course is to suggest that qualified counsellors demonstrate *competency* in *cross-cultural* counselling.

*Cross-cultural counselling* refers to a counselling situation where the counsellor and client are culturally different by virtue of lifestyle, religion, age, race, socioeconomic status, sex, sexual orientation, or background (Leong, 1994). Consequently, their perspectives, values, and views of the world, as well as the way they communicate may be quite different.

*Cross-cultural competence* refers to the ability to relate to and effectively communicate with someone of a different culture (Leong, 1994). Though some may argue that it is prejudicial to treat clients differently based on cultural differences, a person with cross-cultural counselling competence is likely to argue that Eurocentric psychology is not universal, and it is wrong to impose a counsellor’s personal culture-bound beliefs upon culturally different clients (Sue & Sue, 2003).

The term *White* is used interchangeably with the word Caucasian throughout the literature to refer to light-skinned people of European ancestry, who live in western cultures, particularly in North America. The term *White* seems to emphasise “the right, advantage or immunity granted or enjoyed by white or light-skinned persons beyond the common advantage of all others” (Clark, 2007). The term has connotations beyond race in that it



suggests that being white is a cultural advantage unto itself (Arthur & Jankowski, 2001; Barrett & McWhirter, 2002; Clark, 2007; Constantine, 2002; Constantine & Gushu, 2003; Corey, Schneider, Corey, & Callaghan, 2003; Smith & Morrisette, 2001; Sue et al., 1982).

*Visible minority* refers to people whose physical appearance is different from *Whites* or *Caucasians*. This term also encompasses those people who have visible disabilities.

#### *APA Division 17 Position Paper*

When the American Psychological Association agreed to support the improvement of the professionalism of psychology and counselling practice to meet the needs of culturally diverse clients, the Division of Counseling Psychology (17) Education and Cultural Counselling competencies and the APA Committee on Accreditation Domains and Standards commissioned the development of a model of cross-cultural counselling competencies (Corey, Schneider, Corey, & Callahan, 2003; Sue et al., 1982). The resulting position paper (Sue et al., 1982) identified *awareness*, *knowledge*, and *skills* as the three general dimensions of cross-cultural counselling competence. Each dimension is defined as follows:

*Dimension 1: Awareness* is being aware of one's own culture and culture-bound values and beliefs, assessing one's personal biases, and being aware of how one's values and biases can impede effective communication and counselling and potentially cause psychological, emotional, or cultural harm to culturally different clients (Sue et al., 1982).

*Dimension 2: Knowledge* is being knowledgeable about multicultural issues, having a clear understanding of one's own worldview, having specific knowledge about the diverse groups with whom one works, and having a basic knowledge and understanding of *socio-political* (social and political) influences (Sue et al., 1982).

*Dimensions 3: Skills* is having the skills, intervention techniques, and strategies necessary to effectively serve culturally different clients (Corey, Schneider, Corey, & Callahan, 2003, pp. 136 & 137). Developing appropriate cross-cultural skills requires education and experiential education involving exposure to people of the different cultures with whom the counsellor intends to work (Sue et al., 1982).

The position paper (Sue et al., 1982) became the basis upon which the American Psychological Association developed guidelines for education, research and clinical practice as relates to the counselling of ethnic minorities, women, gay/lesbian and bisexual individuals and groups (American Psychological Association, 1999). Some time later, the Canadian Counselling Association stipulated in its own code of ethics that counsellors have an ethical responsibility to respect and be sensitive to diversity:

- a. Counsellors [must] strive to understand and respect the diversity of their clients, including differences related to age ethnicity, culture, gender, disability, religion, sexual orientation, and socioeconomic status (Canadian Counselling Association, 1999, A9 & B9).
- b. Counsellors must recognize the limits of their competence and offer only those evaluation and assessment services for which they have appropriate preparation and which meet established professional standards (Canadian Counselling Association, 1999, D3 & D10).

#### *Research Subsequent to the APA Division 17 Position Paper*

The 1982 position paper (Sue et al., 1982) generated a large body of research about counsellor bias and cross-cultural competence. For example, Arthur and Januszkowski (2001) conducted a study to determine how counsellors across Canada defined cultural

diversity and then sought to determine the conditions that lead to cross-cultural competency. Their research found no significant relationship between multicultural competency and counsellors' level of education, age, professional experience, or years since graduation. Arthur and Januszkowski (2001) found that counsellors reported the greatest problems in communicating with clients when they strongly disagreed with their clients' cultural values.

Constantine (2002) conducted a study to investigate the work of White school counsellors working with people of diverse cultures. Constantine (2002) found that White school counsellors can be racist, and that cultural attitudes could affect their ability to work competently with culturally diverse clients. Barrett and McWhirter's (2002) study about the effects of prejudice on counselling assessment found evidence to support their hypothesis that prejudice interferes with counsellors' ability to accurately process information about their clients. A subsequent study by Constantine and Gushu (2003) found that counselling students with higher racism attitudes reported significantly less competence in working with multicultural clients. However, Constantine and Gushu (2003) also found that higher ethnic tolerance and multicultural education were significantly positively predictive of appropriate multicultural case conceptualization.

Smith and Morrisette (2001) conducted a phenomenological study of White counsellors working on a remote reserve. The results of this study clearly illustrated that it is not enough for White male counsellors to simply appreciate cultural differences between themselves and their Aboriginal clients. Rather, counselling was effective only after counsellors attempted to identify common ground and shared experiences with their clients. Furthermore, they were more successful when they sought assistance from Native mentors,

which helped them gain cultural insight and also helped to avoid the impression of counsellors adopting a historically paternalistic attitude of power and privilege.

Together, the studies hold similar findings and make similar recommendations. In general, researchers conclude that counsellors who work with a culturally diverse clientele should learn strategies to overcome value conflicts in the counselling relationship. Strategies include self-reflection, a broad sociopolitical perspective, appropriate ethical standards, cross-cultural education, and cross-cultural supervision. The body of research contributes to justification for the development of a cross-cultural counselling course. The research indicates that while cultural bias and racism have the potential to harm clients, [cross-cultural] instruction is helpful in resolving racist attitudes and in developing higher cross-cultural competence (Arthur & Jankowski, 2001; Barrett & McWhirter, 2002; Constantine, 2002; Constantine & Gushu, 2003; Corey et al., 2003; Fisher et al., 2001; Freedman, 2005; Smith & Morrisette, 2001; Sue et al., 1982).

Ethics codes indicate that counsellors are ethically responsible to obtain the education necessary to consult competently with culturally different clients (Canadian Counselling Association, 1999, B9). Some may argue that counselling programs meet this responsibility by addressing cross-cultural counselling as an adjunct to other counselling courses. However, this arrangement sends the message that the program directors show little concern for the gravity of the problem. Additionally, it may be difficult for instructors of a series of differently focussed counselling courses to cover the breadth of cross-cultural concerns and strategies necessary to develop cross-cultural competence (Saracuse, 2004).

Although people who choose counselling as a profession are unlikely to deliberately do harm, research shows that counsellors are not necessarily inherently cross-culturally

competent nor instinctively aware of their own biases (Arthur & Januszkowski, 2001; Barrett & McWhirter, 2002; Fisher et al., 2001; Freedman, 2005). It is most likely, therefore, that the potential for harm from cultural bias, cultural insensitivity, and inappropriate counselling practice stems from counsellors' lack of cross cultural awareness or knowledge (Arthur & Januszkowski, 2001; Barrett & McWhirter, 2002; Constantine, 2002; Constantine & Gushu, 2003; Corey et al., 2003; Smith & Morrisette, 2001; Sue et al., 1982). Programs that provide courses in cross-cultural or multicultural counselling should therefore, be designed to respond to research findings that show that cross-cultural counselling competency is improved through education (Arthur & Januszkowski, 2001; Barrett & McWhirter, 2002; Constantine, 2002; Constantine & Gushu, 2003; Corey et al., 2003; Smith & Morrisette, 2001; Sue et al., 1982). It is likely that a counselling program that includes a course in cross-cultural counselling will have the added benefit of holding greater appeal for culturally diverse counsellor candidates, who would appreciate a program that is not centered solely on Eurocentric counselling techniques.

### *Cross-cultural Counselling Course Rationale*

In summary, research indicates that people are often unaware of their relationship to their own culture, unaware of their own biases, and unaware of the ethnocentric bias inherent to counselling practices in Canada. When Eurocentric counselling practices fail to accommodate the needs of culturally diverse clients, they pose barriers to successful counselling interventions and may cause psychological, emotional, or cultural harm. Cross-culturally competent counsellors demonstrate a balance of awareness, knowledge, and skills when working with people of other cultures and “actively work to understand the diverse cultural background of the clients with whom they work” (Arthur & Januszkowski, 2001;

Barrett & McWhirter, 2002; Berry & Kalin, 1995; Canadian Counselling Association, 1999, B9; Constantine, 2002; Constantine & Gushue, 2003). Though research into ethical practice and standards indicates that cross-cultural competence is not necessarily inherent, there is evidence that cross-cultural competence can be learned (Barrett & McWhirter, 2002; Center for School Mental Health Assistance Cultural Competency, 2001; Constantine, 2002; Constantine & Gushue, 2003; Corey et al., 2003; Smith & Morrisette, 2001; Sue et al., 1982). Consequently, the Association for Multicultural Counseling and Development, the Association for Counsellor Education and Supervision, and the Council for Accreditation of Counseling and Related Educational Programs declare that there is an ethical need for counselling programs to address multicultural trends through cross-cultural and experiential education (Corey et al., 2003). Only then can degree-granting institutions be assured that the students they recommend for professional certification fully appreciate the implications of both inadvertent as well as purposeful bias and the subsequent potential for harm to clients.

### *Goals*

The primary goals of this course in cross-cultural counselling are to introduce a general overview of socio-political issues experienced by cultural minority groups, to help counselling students become aware of their own culture, attitudes, and biases, and to explore and expand students' worldviews. A further goal of this course is to help counsellors become sensitive to cultural differences and similarities by revealing unique characteristics and cultural backgrounds of several distinct cultural populations prevalent in Central and Northern British Columbia. Experiential opportunities and a repertoire of cross-cultural and culturally sensitive counselling techniques will assist counsellors to be more effective when working with clients from these populations.

### *Theories and Principles Guiding Instructional Design*

The three dimensions of awareness, knowledge, and skills suggested the framework for the development of this course and informed the learning outcomes for each major topic introduced. Major factors that determined the most appropriate educational models to guide the instructional design included the learning outcomes, instructional context, and the general characteristics of students likely to enrol in a cross-cultural counselling course. Most importantly, the values and principles advocated by the selected educational model(s) that would guide the instructional design had to be congruent with the values and principles intrinsic to cross-cultural counselling.

The principles of adult learning theory were found to be most relevant for a graduate course in cross-cultural counselling because most graduate students are adults ranging in age from their early twenties to sixty or older. Many of this diverse group of students are employed and have families. Adult learning theory offers important insights into the generalized learning characteristics of adult learners, who are usually self-directed and who often bring life experiences to an educational setting (Cranton, 1997; Herod, 2002; Knowles, 1975; Lieb, 1991). To accommodate the instructional needs of adults, adult learning theory suggests a learner-focussed approach (Knowles, 1975). In contrast to teacher-directed instruction, the concept of learner-focussed education or *androgogy* corresponds philosophically with humanistic principles that encourage learners to be active participants in their own learning and to reflect upon and draw insights from personal experience (Conner, 2002; Herod, 2002; Lieb, 1991). A humanistic approach is particularly appropriate for higher levels of education because it is less directive, it respects individual differences, and it advocates self-evaluation (Conner, 2002). More importantly, humanistic principles are



mirrored in concepts that are fundamental to the practice of cross-cultural counselling such as empowerment, choice, and self-direction. Strategies that support these philosophical precepts include having learners relate their experiences through discussion, debate, critiques, authentic projects, self-survey, and reflection (Conner, 2002; Herod, 2002; Lieb, 1991).

Transformative learning theory has influenced instructional design in adult education since Jack Mezirow popularized it in 1978 (Taylor, 1998). Transformative learning theory premises that learners make meaning through critical reflection of beliefs, attitudes, opinions, and emotional reactions to experiences (Cranton, 1997; Mezirow, 1978; Taylor, 1998).

There are different branches of transformative learning. Mezirow's (1978) theory of transformative learning focuses on using rational thought to reflect on experiences. On the other hand, Boyd and Myers (1988) developed a theory of transformative education that focuses more on affect and the psychosocial process of discernment to create meaning of experience (Boyd & Myers, 1988; Taylor, 1998; Cranton, 1997). Discernment involves recognizing when old patterns or perceptions are invalid, resulting in a search for new ways to perceive and act, leading eventually to the integration of old and new patterns (Taylor, 1998). Despite differences between transformative learning theories, they both have compatibilities with fundamental philosophical concepts held by multicultural counselling theorists. These shared concepts include humanism, reflection, equity, self-knowledge, participation, communication, and discourse (Cranton, 1997; Taylor, 1998).

Transformative learning or the transformation of practice may be a goal for some students taking a course in cross-cultural counselling. It has particular application when considering learning outcomes under the dimension of cultural self-awareness, which includes having students reflect on culture-bound values and becoming aware of their own



prejudices. Therefore, the instructional design for this course should incorporate some of the practices recommended by both transformative learning theories. In particular, the instructor has a duty to establish a safe learning environment that facilitates the development of sensitive relationships among learners (Taylor, 1998). Participants should share in the responsibility of creating a safe learning environment that will not only enable reflection on shared experiences but will allow students to challenge each other's thinking.

The different perspectives of transformative learning seem to re-iterate the fact that there are many kinds of learners, educators, learning contexts, individually defined learning goals, and learning styles that must be appreciated within the instructional design of a course on cross-cultural counselling. For example, research shows that people often exhibit a learning style preference for one side of the brain (McCarthy, 1998). Generally, the left-brain focuses on logical thinking, analysis, and accuracy, while the right brain focuses on aesthetics, feelings, and creativity. Therefore, it was important to incorporate a variety of different instructional strategies into this course to facilitate learning preferences for each side of the brain (McCarthy, 1998). Right-brain learning activities such as role-play, visuals, case studies and presentation have been included to enhance and expand upon left-brained oriented activities such as reading and analysis.

Another educational theory that has relevance for this course is constructivism, which premises that we construct meaning through reflection in order to create mental models that allow us to make sense of our experience (Brooks & Brooks, 1993). Constructivist principles suggest that instruction should incorporate an understanding of the assumptions students have made about their world. This concept not only supports strategies that involve having learners connect their experiences to content, but it also helps to address learning outcomes

under the dimension of awareness and in particular, the concept of worldview, which is a fundamental concept of cross-cultural counselling. Furthermore, the constructivist theory shares adult learning theory values that suggest that a role for the instructor is to help students connect facts and new understandings. Constructivist educators support a belief that the curriculum should incorporate students' prior knowledge and allow opportunities for problem solving, analysis, interpretation, prediction, open-ended questions, extensive dialogue, and self-assessment (Brooks & Brooks, 1993; Conner, 2002; Knowles, 1975). These strategies can be used to address the cross-cultural learning outcomes within the dimensions of knowledge and skills.

Bandura's (1977) social learning theory and observational learning also have application for the instructional design of this course because they premise that observers learn from modelled behaviour. This educational perspective informs the need for the instructor to model cross-culturally appropriate behaviour (Bandura, 1977).

William Glasser's (1990) control theory has relevance for a course in cross-cultural counselling because it premises that people are motivated by basic human needs, and subsequently, curriculum must be shaped by the needs of the students. It follows, therefore, that the instructional design must be flexible enough to allow students to make choices while at the same time, meeting the overall learning outcomes of the course (Glasser, 1990).

### *Learning Outcomes*

The domains of awareness, knowledge, and skills have been translated to three kinds of learning outcomes for each topic in this course. Adult learning theory suggests a variety of flexible instructional strategies to allow the instructor to create a learning environment that is congruent with cross-cultural counselling principles and relevant to adult learners.

Relevancy, according to adult learning theory, incorporates the learners' need to know, learner readiness, learner experiences, learner self-concept, learning orientation, and the learners' motivation to learn (Knowles, 1980; Knowles, Elwood, & Swanson, 1998). Therefore, lesson plans have been designed to allow student input and the incorporation of students' real-life examples into class discussions and assignments. Flexibility, assignment variation, and student choice are integral to the course design in order to accommodate different learning styles, motivation, student context, background and experience (Knowles, 1980; Knowles, Elwood, & Swanson, 1998).

Learning outcomes under the domain of *awareness* are addressed through a combination of lecture, exercises, surveys, and journal writing designed to encourage honest self-reflection. These instructional strategies provide the means for students to measure their cultural awareness and to identify personal bias, prejudice, racism, and sexism (American Psychological Association, 1999; Canadian Counselling Association, 1999; France, Rodriguez, et al, 2004; Sue et al., 1982).

Learning outcomes under the domain of *knowledge* include introducing students to an overview of the social and political issues faced by selected minority groups. Current concerns are placed in context through the exploration of the historical and cultural background of specific populations in Northern and Central British Columbia with whom counselling students are likely to work. Instructional strategies include a combination of direct instruction, readings, research, discussion, presentation, guest speakers and exposure to diverse cultural groups. Experiential opportunities include exposure to people and clients who are culturally different from the counsellor or situations where the counsellor and client are from similar ethnic backgrounds but are different on other factors such as religious

preference, age, socioeconomic factors, sex, or sexual orientation. Students are encouraged to be open-minded, to become involved with the community, to take advantage of opportunities for travel, and to become culturally immersed (Corey et al., 2003). Within the course, students are also encouraged to advocate on behalf of their clients, to recognize the cultural dynamics of their clients, and to incorporate naturally occurring support systems into a range of interventions (Corey et al., 2003; Sue et al., 1982).

Learning outcomes under the domain of cross-cultural counselling *skills* are addressed by various instructional strategies designed to teach cross-cultural communication and counselling interventions using appropriate ethical standards (Arthur & Januszkowski, 2001; Barrett & McWhirter, 2002; Berry & Kalin, 1995; Center for School Mental Health Assistance Cultural Competency, 2001; Constantine, 2002; Constantine & Gushue, 2003). Instructional activities include direct teaching, modeling, guided practice, role-play, group interaction, films, guest speakers, discussion, case studies, and research.

Evaluation of cross-cultural counselling competencies provides opportunities for choice and self-assessment, and methods to help counselling students:

1. become aware of their pre-conceived assumptions, values and biases.
2. demonstrate awareness of the impact of socio-political systems on minorities.
3. demonstrate awareness of how bias is manifested and its impact.
4. understand their personal worldview judging or denying the legitimacy of others.
5. actively develop and practice appropriate, relevant, and sensitive intervention strategies and skills appropriate to the needs of their culturally different clients.

(Berry & Kalin, 1995; Center for School Mental Health, 2001; Sue et al., 1982).

### *Unit Design Template*

The learning outcomes for this course will be met over 13 weeks of three-hour classes that combine lecture, activities, student presentations, role-play, practice counselling activities, assignments, and guest speakers. Students are expected to complete assigned unit readings prior to each class. However, this course is flexibly designed so that in the event that an instructor would like to substitute other textbooks, he or she can simply assign different readings to support the unit topics and learning outcomes.

Each week's lesson will be organized into the following sections:

#### Unit Design Template

##### PART 1 Unfinished business

Instructor fields questions and concerns from prior lessons.

Assignments due are noted.

##### PART 2 Knowledge

Unit concepts: Lecture, discussion, analysis. Expanding on readings.

Student presentations or guest speakers.

##### PART 3 Skills

Counselling activities, strategies and interventions.

##### PART 4 Awareness

Self-reflection activities, journaling, and closure

### *Summary*

Part One of this project has provided a rationale for a course in cross-cultural counselling based on research and personal experience. I have introduced cross-cultural terms, and I have identified theories, principles, and cross-cultural competencies that have provided a framework for the course and guided instructional design. Part Two of the project is the manual for a course in cross-cultural counselling, which consists of the course outline, lesson plans, references, the instructor "to do" list, and the course evaluation.

## PART TWO

### Course Outline

#### *Course Description*

Eurocentric counselling practices often fail to accommodate the needs of culturally diverse clients because strategies and interventions are geared to comply with westernized cultural preferences, beliefs and norms. The resulting cultural bias poses a barrier to the counselling relationship and effective counselling with culturally different clients. Cultural bias in counselling may result in psychological, emotional or cultural harm. The purpose of this course is to help students become aware of their own culture-bound beliefs, values, and biases and to learn cross-cultural counselling competencies and strategies that will help them relate to and communicate more effectively with someone from a culture different from their own (Leong, 1994). A further goal is to help counsellors become sensitive to the unique characteristics and cultural backgrounds of several distinct cultural populations prevalent in Central and Northern British Columbia. Experiential opportunities and a repertoire of cross-cultural and culturally sensitive counselling techniques will assist students to be more effective when working with clients from these populations.

#### *Target Students*

- a. Students enrolled in a counselling program.
- b. Professionals who wish to communicate more effectively with people of a culture different from their own.
- c. Counsellors who wish to expand their repertoire of cross-cultural counselling strategies.
- d. Counsellors, teachers, and mental health professionals who wish to better understand the socio-political issues that influence the counselling needs of minorities and culturally

diverse populations in Central and Northern British Columbia.

- e. Counsellors who recognise the limits of their cross-cultural counselling competence and wish to provide counselling services that meet established professional standards (Canadian Counselling Association, 1999, D3 & D10).

### *Learning Outcomes*

*Awareness.* By the end of the course, students will demonstrate awareness of:

- themselves as cultural beings.
- their pre-conceived assumptions, values and biases.
- how imposition of one's personal beliefs upon culturally different clients can cause harm.
- the limitations of Eurocentric psychology.
- one's personal worldview and the legitimacy of other worldviews.

*Knowledge.* By the end of the course, students will demonstrate an:

- understanding of how ethnocentric ideologies manifest racism and prejudice in society.
- improved understanding of specific socio-political issues experienced by people and cultures with whom they are likely to work.
- familiarity with ethical codes of conduct, worldview and cultural identity models.

*Skills.* By the end of the course, students will demonstrate:

- cultural sensitivity in communication and counselling.
- an ability to use various models of racial identity and development to help improve an understanding of different cultural perspectives and the implications for counselling.
- an attempt to actively develop and practice appropriate, relevant, and cross-culturally sensitive intervention strategies and skills.

(Center for School Mental Health, 2001; Corey et al., 2003; Sue et al., 1982).



### *Textbooks and Resources*

France, M. H., Rodriguez, C., & Hett, G. (Eds.). (2004). *Diversity, culture and counselling: A Canadian perspective*. Calgary ALT: Temeron Press.

Sue, D.W., & Sue, D. (2003). *Counseling the culturally diverse: Theory and Practice* (4<sup>th</sup> ed.). NY: John Wiley & Sons

### *Rationale for Textbook Selection*

Sue and Sue are renowned experts in the field of multicultural and cross-cultural counselling. They are key contributors to the development of the multicultural competencies model based on the dimensions of cultural awareness, knowledge, and skills that has been adopted by the American Psychological Association. The Sue and Sue (2003) textbook covers the quintessential issues around cross-cultural counselling competencies.

The France, Rodriguez and Hett (2004) textbook supports Canadian authors who bring a Canadian perspective to our exploration of counselling issues and addresses selected populations most often encountered in British Columbia. This Canadian textbook augments the Sue and Sue (2003) textbook.

### *Resources Placed on Reserve*

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4<sup>th</sup> ed. Text revision). Washington, DC: Author.

American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders* (3<sup>rd</sup> ed.). Washington, DC: Author.

### *Recommended Reading Placed on Reserve*

Kawagley, O. (1995). *A Yupiaq worldview. A pathway to ecology and spirit*. Lang Grove: Waveland.



*Internet Resources*

American Psychological Association Web site: <http://www.apa.org>

British Columbia Association of Clinical Counsellors (2004). *Code of ethical conduct and standards of clinical practice for registered clinical counsellors* Web site:

<http://www.bc-counsellors.org/pdf/CodeofEthicalConduct>

British Columbia's Mental Health Act in Plain Language Web site: <http://www.cmha-bc.org>

Canadian Counselling Association (1999). *Canadian Counselling Association Standards of Practice for Counsellors and Code of Ethics* Web site: <http://www.ccacc.ca/coe.htm>

Canadian Psychological Association Web site: <http://www.cap.ca>

Congress of Aboriginal Peoples. *Interpreting the Indian Act/Bill C-31*. The Congress of Aboriginal Peoples Web site: <http://www.abo-peoples.org/programs/c-31.html/IndianAct/Billc-31>

Department of Justice. Canada (Current to Feb 28, 2007). *The Indian Act (R.S., 1985, C. 1-5)*.

Department of Justice Web site: <http://laws.justice.gc.ca/en/notice/index.html>

*Selected videos* are suggested throughout the course to support unit topics.

*Evaluation*

<b><u>Assignments</u></b>		<b><u>Week Due</u></b>
A) Self Awareness Analysis	20%	4
B) Critical Incident Intervention	15%	9
C) Attend and write on a multicultural activity	10%	11
D) Group Presentation	35%	(as scheduled)
E) Reflective paper based on journal	<u>20%</u>	12

**Total: 100%**

### *Assignments*

a. *Self Awareness Analysis* (due week four: 5 -7 pages). **20%**

*Learning outcome dimension: Awareness.*

Culture refers to one's "knowledge about and attitudes toward life" (Geertz, 1983, p. 39). When we realize that our attitudes are influenced by our culture, we may relate better to people from different cultural backgrounds. Use the tripartite level of identity model (Sue 2003, figure 1.1, p. 2), the multidimensional model for cultural competence (Sue, 2003, figure 1.2, p. 25), the foci of cultural competence model (Sue, 2003, figure 1.3, p. 27), and the White Racial Identity Model or the Minority Development Model to write a self analysis at the individual, group, universal, social, professional, and cultural levels. Begin by identifying yourself as a cultural, racial, and spiritual being. Identify your cultural background and any cultural assumptions and cultural attitudes you hold. Consider your role as a socio-political being and as a professional. Provide an analysis about how these roles converge to influence your worldview, your values, and your attitude. Make recommendations about how you can use this self-analysis to improve your cross-cultural counselling competencies. Use APA formatting. Double space with one-inch margins.

*Assignment a., self-awareness analysis, will be marked primarily as follows:*

- |                                                                        |          |
|------------------------------------------------------------------------|----------|
| ▪ Depth of insight and analysis                                        | 5        |
| ▪ Analysis of cultural and other role influences on attitude formation | 5        |
| ▪ Recommendations for improving cross-cultural competencies            | 5        |
| ▪ Organization and clarity                                             | <u>5</u> |

**Total marks: 20**

b. *Critical Incident Intervention* (due week nine). **15%**

*Learning outcome dimension: Knowledge and skills.* Choose ONE of the following options:

*Option 1: Case demonstration and analysis* (30 minutes or instructor's discretion).

With a partner or in a group of four, consider a situation where the counsellor and client are from different cultures. (The *client* must be from a culture different from the culture researched for class presentations). Demonstrate potential conflicts and value differences and the implications for counselling. Lead the class in determining ways to work through cultural differences. Devise a culturally sensitive counselling plan.

*If you choose presentation option 1, you will be marked as follows:*

- |                                                                                |          |
|--------------------------------------------------------------------------------|----------|
| ▪ Recognising and demonstrating potential for conflicts and valued differences | 5        |
| ▪ Facilitation of discussion to find implications for counselling              | 5        |
| ▪ Devising a culturally sensitive counselling plan                             | <u>5</u> |

**Total marks: 15**

*Note:* Option 1 (presentation) will be offered to students only if there is sufficient presentation time available. If not, you will be assigned case-study option 2.

*Option 2: Submit a written case demonstration and analysis* (5-7 pages).

Write an analysis of a case where the counsellor and client are from different cultures. (The client must be of a culture different from that researched for your class presentation). Examine potential conflicts, value differences and the implications for counselling. Devise a culturally sensitive counselling plan.

*If you choose option 2, (a written case study), you will be marked as follows:*

- |                                                               |          |
|---------------------------------------------------------------|----------|
| ▪ Demonstrating potential for conflicts and value differences | 5        |
| ▪ Presenting implications for counselling                     | 5        |
| ▪ Devising a culturally sensitive counselling plan            | <u>5</u> |

**Total marks: 15**

c. *Attend and Write About a Multicultural Activity* (due week eleven: 5 pages). **10%**

*Learning outcome dimensions: Knowledge and awareness.*

Attend an activity that involves being with people from a culture different from your own and different from your usual experience. Write a description of what you did and how you acquainted yourself. Describe your feelings about being culturally different, and what you learned about the worldview of people from this culture. Describe something you experienced that may help you when working with people culturally different from yourself.

*Assignment c., multicultural activity, will be marked primarily as follows:*

- |                                                               |          |
|---------------------------------------------------------------|----------|
| ▪ Observations and insights                                   | 3        |
| ▪ Development and quality of ideas                            | 3        |
| ▪ Integration of reading materials and observational analysis | 2        |
| ▪ Organization and clarity                                    | <u>2</u> |

**Total marks: 10**

d. *Group Presentation* (due on sign-up date: 40 minutes to 1 hour). **35%**

*Learning outcome dimensions: Knowledge and skills.*

Presentation by groups of two to four students. Each student presents. Time allowed for presentations depends on student enrolment, available time, and instructor priorities.

*Presentation d. instructions for students:*

1. Conduct research as you see fit to present a (\*40 minute to \*1 hour) seminar to educate the class about a particular culture and related counselling issues.
2. The presentation should provide a background of the culture, common belief systems, essential worldviews, issues of etiquette and communication, relevant historical concerns and cross-cultural counselling concerns. Prepare a case study that explains a cross-cultural counselling issue and a related culturally sensitive intervention.
3. Submit a brief presentation outline to your instructor one week prior to your presentation.
4. On the presentation day, submit your presentation outline, a copy of handouts, visuals, intervention strategies, a rationale for intervention strategies, and a bibliography.
5. Each group should submit an overview of each member's contribution to the project.

*Assignment d., presentation assignment, will be marked primarily as follows:*

▪ Presenter demonstration of content knowledge and breadth of information	10
▪ Handouts and visuals (overheads or Power Point)	5
▪ Organization, clarity and delivery (flow, order & creativity)	5
▪ Appropriateness of case study to demonstrate cross-cultural awareness	5
▪ Intervention	5
▪ Reference list: adherence to APA formatting guidelines	5

**Total Marks: 35**

- e. Cultural Competencies Journal Reflective Paper* (due week twelve: 5-7 pages). **20%**

*Learning outcome dimensions: Awareness, knowledge and skills.*

As you progress through the course, you should reflect on your efforts to develop cross-cultural awareness, knowledge and skills (Sue et al., 1982). To encourage honest and

thoughtful reflection, the cross-cultural competencies journal will remain your confidential tool for recording your personal journey toward self-awareness and cross-cultural competency. On week 12, you will submit a reflective that summarises your reflection and learnings and which incorporates an action plan for your continued development of cross-cultural competencies.

*Assignment e., reflection paper, will be marked primarily as follows:*

- Discussion of how new cross-cultural self-awareness of your personal worldview, bias, values, and assumptions will impact your counselling practice 5
  - Discussion of how knowledge of another culture's values and worldview will impact your counselling practice 5
  - Recommendations and insights about appropriate, relevant, and sensitive intervention strategies and skills when working with culturally different clients (Center for School Mental Health Assistance Cultural Competency, 2001; Corey et al., 2003; Sue et al., 1982) 5
  - Action plan for continuing and active development of cross-cultural competency awareness, knowledge and skills 5
- Total marks: 20**

#### Graduate Studies Grading Scale

A+	90 – 100.0%
A	85 – 89.9%
A-	80 – 84.9%
B+	77 – 79.9%
B	73 – 76.9%
B-	70 – 72.9%
F	below 70.0%

**COURSE SECTION 1: CROSS-CULTURAL COUNSELLING CONCEPTS****WEEK 1                      DEVELOPING CROSS-CULTURAL AWARENESS****Session Outline****Readings to be Completed Before Class:**

Sue and Sue ( 2003) chapters 1 and 2

France, Rodriguez et al. (2004) pages 5-8 and chapter 1:

- France, H. (2004a). Counselling across cultures: Identity, race, and communication (ch. 1, pp. 9 - 28).

**PART 1 Introduction**

1.1.1      Welcome and Course Overview 50 minutes

Peruse Course Outline

1.1.2      Awareness 30 minutes

Cross-cultural Self-Assessment Survey

Cross-cultural Competencies

**BREAK** 15 minutes

**PART 2 Knowledge** 25 minutes

Instructor Expands Upon Assigned Readings and Key Unit Concepts

1.2        Developing Cross-cultural Awareness

1.2.1      The Etic Versus Emic Debate

**PART 3 Skills** 50 minutes

1.3        Racism, Discrimination and Prejudice

**PART 4 Awareness** 10 minutes

1.4        Closure and Self-reflection

## Session

## PART 1 Introduction

1.1.1 *Welcome and Course Overview*

Instructor introduces 'self and provides background information. *5 minutes*

*Icebreaker* *15 minutes*

Ask students to introduce themselves and to say a few words about the cross-cultural counselling concerns they hope to see addressed in this course.

*Course Introduction and Rationale* *5 minutes*

Canada adopted a multicultural philosophy during the era of Pierre Elliott Trudeau. Unlike the American "melting pot" philosophy, which attempts to bring people together, the Canadian multicultural philosophy "celebrates the differences." These cultural differences are maintained within families and by cultural groups that perpetuate the norms and values of many diverse cultures within Canada. Though families and cultural groups maintain values and cultural traditions, each culture interacts on the broader plane as Canadians. Typically, Canadian institutions are slow to adapt to changes in society. Counselling practice in Canada is no different. Because of its origins, counselling in Canada continues to be Eurocentric in practice and slow to adapt to the needs of other cultures within the Canadian mosaic.

Professional ethical standards state that counsellors must have the skills, knowledge and awareness to practice with competence and integrity. Counsellors have a duty to treat clients justly and with respect for their personal dignity (Borys & Pope, 1989). These ethical standards are particularly important in light of the increasing heterogeneity and cultural diversity of North American populations. However, when ethnocentric counselling practices fail to accommodate the needs of culturally diverse clients, they may lead to harm in the form



of cultural bias and pose barriers to successful counselling interventions. Consequently, counsellors must make an active effort to learn about the cultural backgrounds and values of their clients including influences of religion, etiquette, communication and worldview (Arthur & Januszkowski, 2001; Barrett & McWhirter, 2002; Berry & Kalin, 1995; Canadian Counselling Association, 1999, B9; Constantine, 2002; Constantine & Gushue, 2003). This course will teach cross-cultural counselling competencies and effective cross-cultural communication strategies to help students be more successful when working with clients whose culture is different from their own.

### *Course Outline*

*15 minutes*

#### *i. Hand out and peruse the course outline.*

- ☐ Review objectives.
- ☐ Introduce textbooks.
- ☐ Introduce reserved resources and the units for which they are required.
- ☐ Discuss any films or videos placed on reserve.
- ☐ Review codes and Acts students should download from the Internet.
- ☐ Refer students to the following additional selected websites:
  - American Psychological Association: <http://www.apa.org>
  - BC's Mental Health Act in Plain Language: <http://www.cmha-bc.org>
  - Canadian Psychological Association: <http://www.cap.ca>

#### *ii. Review assignment expectations and method of evaluation.*

iii. *Conduct assignment sign-up.**10 minutes*

- ☐ Review assignment due dates.
- ☐ Send around prepared sign-up sheet(s) for presentations.
- ☐ Have students select presentation topics and presentation dates.

1.1.2 *Cross-cultural Self-Assessment Survey**15 minutes*

- ☐ Hand out copies of the self-assessment survey shown on pages 5 and 6.
- ☐ Students will self-evaluate their cross-cultural counselling competencies.
- ☐ The results of this survey should remain confidential.
- ☐ Have the students add up their score (out of a possible 100).
- ☐ Discuss the implications of the results of the survey.
- ☐ Ask students to hold on to this survey. The results of the survey will serve as a platform to help students set personal goals for improving their cross-cultural competencies.

Conclude by having students do activity 1.1.3 on page 13 of this manual. This activity is designed to help students identify and critically examine cross-cultural competencies under the three dimensions of knowledge, skills and awareness.

## SELF-ASSESSMENT OF PERSONAL CROSS-CULTURAL COMPETENCIES

*Note to students.* This personal assessment survey is for your confidential use.

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Course: \_\_\_\_\_ Instructor: \_\_\_\_\_

1 Unable    2 Slightly able    3 Understand the basics    4 Quite Able    5 Competent

On a scale of 1 to 5, can you:

1. define culture? \_\_\_\_\_
2. explain what is meant by psychological, emotional, and cultural harm? \_\_\_\_\_
3. explain the cultural components of the dominant White culture? \_\_\_\_\_
4. explain minority racial and White cultural identity models? \_\_\_\_\_
5. identify value differences between individualistic and collectivist cultures? \_\_\_\_\_
6. recognise cultural differences in communication styles? \_\_\_\_\_
7. outline the components that comprise the concept of *worldview*? \_\_\_\_\_
8. describe how your culture influences your attitudes, beliefs, and behaviours? \_\_\_\_\_
9. describe your personal worldview? \_\_\_\_\_
10. compare your cultural perspective (worldview) with that of a person from  
another culture? \_\_\_\_\_
11. effectively assess the mental health needs of a person from a culture  
different from your own? \_\_\_\_\_
12. recognise when it is necessary to seek consultation or to refer a client? \_\_\_\_\_
13. identify and employ a person's natural support system when required? \_\_\_\_\_
14. deal with discrimination directed toward you by a client? \_\_\_\_\_

15. identify biases inherent to counselling strategies and interventions? \_\_\_\_\_
16. identify bias in research, textbooks, testing, and diagnostic techniques? \_\_\_\_\_
17. appraise the effectiveness of your communication style and be able to  
alter your manner of communication to make it more comfortable  
for clients who are culturally different from you? \_\_\_\_\_
18. identify ethnocentric and Eurocentric counselling practices and strategies? \_\_\_\_\_
19. recognise, and take action against racism? \_\_\_\_\_
20. describe the dimensions of cross-cultural competency? \_\_\_\_\_

Percentage = Total your score: (\_\_\_\_ / 100) \_\_\_\_\_

Consider the content of this survey and your responses. What score would you like to attain by the end of this course? \_\_\_\_\_

1.1.3 *Full Class Activity: Cross-cultural Competencies*

15 minutes

*Materials:* Blackboard. Three sections headed *Awareness, Knowledge, Skills*.

Invite students to go to the board and write ways competency can be demonstrated under each dimension. The instructor might use a prompt such as: “Awareness: Knowing one’s personal values and biases”. Allow 5 minutes. Then review, discuss, and address important factors missing. Based on the readings (Sue & Sue, 2003, pp. 19-23), student responses should include the following:

*Counsellors demonstrate cross-cultural awareness when they are:*

- aware of their own culture, culture-bound beliefs and behaviours.
- aware of how ethnocentricity creates cultural biases.
- aware of their limitations and when to refer clients to another therapist(s).
- aware of and are comfortable with differences in belief between therapist and client.

(Sue & Sue, 2003, pp. 19-23).

*Counsellors demonstrate cross-cultural knowledge when they:*

- attempt to expand their personal worldview.
- take steps to understand the culture and worldview of their clients.
- understand how socio-political systems affect the treatment of minorities.
- understand the cultural characteristics of the therapeutic models they employ.
- understand cultural differences in etiquette, non-verbal responses and gestures.

(Sue & Sue, 2003, pp. 19-23).

*Counsellors demonstrate cross-cultural counselling skills when they:*

- accurately send and receive verbal and non-verbal responses.
- employ counselling interventions and strategies appropriate to client needs.
- are open and honest with clients about any cultural barriers to communication, worldview differences, and intervention techniques.
- communicate a desire to help despite limitations.
- recognise and challenge stereotypical assumptions of normality and abnormality.
- do not pathologize socio-emotional characteristics of minorities.
- advocate for clients who face racism, discrimination or cultural injustice.

(Sue & Sue, 2003, pp. 20-23; France, Rodriguez et al., 2004, pp. 5-7; & France, 2004a, pp. 9-28).

In summary, counsellors are cross-culturally competent when they are aware of their own assumptions, values and biases, have knowledge of and understand the worldview of their culturally diverse clients, and have cross-cultural counselling skills that enable them to work with people with different life experiences, worldviews, values, culture-bound behaviours, and experiences of racism and oppression. This course is designed help students improve their cross-cultural counselling competencies.

BREAK

*15 minutes*

## PART 2 Knowledge

### 1.2 *Lecture: Developing Cross-cultural Awareness*

*10 minutes*

Culture influences our perceptions of the world, our values, our beliefs, our attitudes, our choices, our behaviours and our relationships (Archer, 1992; Archer, 1999b; France,

Rodriguez et al., 2004; LeBaron, 2003; Sue & Sue, 2003). Cultural groups such as race, ethnicity, and nationality guide us to know what behaviours are normal, appropriate, and expected. Even our idea of *common sense* is derived from culture (Grundison & LeBaron, 1993). Within the cultural groups of race and ethnicity to which we belong, each of us also belongs to sub-groups such as gender, sexual orientation, familial relationships, socio-economic class, disability, generation, profession, political affiliation, religious affiliation, and geographic location. Our inclusion within these various cultural groups and subgroups helps frame our relationships and contributes to the way we create and resolve conflicts (Sue & Sue, 2003).

Although culture has the power to influence attitudes and behaviour, individuals are also influenced by personality, experience, environment, and genetics. Not all behaviours can be explained or predicted by culture (Grundison & LeBaron, 1993). Counsellors must take care not to over-generalise their assumptions about clients based on culture. Such a simplistic attitude is a type of racist stereotyping.

*Instructor.* Refer students to the Tripartite Development of Personality Identity Model (Sue and Sue, 2003, page 12). Explain how this model demonstrates that universal commonalities among human beings supersede "group level similarities and differences," which in turn supersede individual uniqueness derived from genes and personal experiences.

Cultural differences often make it difficult for people to communicate because different systems of meanings and realities constructed within the context of culture may lead to inaccurate perceptions. People who are culturally different from the dominant culture in which they live may therefore exhibit symptoms of stress and disorientation tied to difficulties in cross-cultural communication and being in an environment where language,

attitudes, values, and behaviours are different from their own. These stressors can be exacerbated within a counsellor/client relationship if the counsellor is insensitive to the dynamics of cross-cultural communication. Unless the counsellor is aware of the impact of his or her own perceptions and attitudes, sensitive to cultural differences, and aware of the breadth of cultural variation in communication, the counsellor has the potential to do harm to a culturally different client. Psychological or emotional harm has the potential to result in negative feelings of self-worth, fear, humiliation, uncertainty, self-doubt, feelings of exclusion or being uninformed, emotional pain, or lack of interpersonal trust (American Psychological Association, 1992; Canadian Counselling Association, 1999; Canadian Psychological Association, 1980; New Brunswick Education Student Services, 2003; Sue et al., 1982). Cultural harm may occur in the counselling relationship when the counsellor negatively influences a client to question or turn against his or her cultural values. The long-term implications for the client may be alienation from family, friends, or community.

### 1.2.1 *The Etic versus Emic Debate*

5 minutes

At the opposite extremes of counselling methodology are two main camps: cultural universality (the etic position) and cultural relativism (the emic position).

*Cultural universality.* The etic position theorizes that good counselling practices are universal, and western concepts of normality and abnormality are applicable to all cultures (Draguns, 1985; Sue & Sue, 2003). Westernized, Eurocentric counselling practices are traditionally etic in nature and based on standards for normal behaviour set by the dominant culture. Behaviours that are culturally different from those of the dominant culture are often labelled exotic or strange (Grundison & LeBaron, 1993).



*Cultural relativism.* The emic position theorizes that the expression and determination of deviant behaviour depend upon lifestyle, cultural values, and worldview. Furthermore, it recognises that significant differences between the worldview of collectivist cultures and the worldview of individualistic cultures mean that there can be no universal counselling style. The *emic position* premises that when counsellors impose the values of the dominant culture on cultural minorities, they are denying culturally appropriate care. Counsellors must therefore, be aware of the nature of their cultural practices and ensure interventions are appropriate for culturally different clients (Sue & Sue, 2003, pp. 5-8).

### *Full Class Discussion*

*10 minutes*

*Instructor.* Elicit a brief class discussion to debate the following:

A. Is a *good* counsellor different from a *cross-culturally competent* counsellor?

*Etic:* Cultural universality is appropriate in counselling.

*Emic:* Cultural relativity is necessary to prevent harm.

B. Should the definition for culture be *inclusive* or *exclusive*?

*Inclusive:* All minority populations: gender, sexual orientation, disabilities.

*Exclusive:* Race and ethnicity only.

## PART 3 Skills

1.3 *Discussion: Racism, Discrimination and Prejudice*

*50 minutes*

*Instructor.* Elicit a class discussion about racism, discrimination and prejudice.

Choose topics for discussion from the following list:

- a. The events of September 11, 2001 sparked an increase in hate crimes against Muslims, Arabs, Sikhs, and Afghans.

- b. Fear is the root of prejudice and stereotyping in Canada (Sue & Sue, 2003). Consider:
  - the implications of a shift in demographics due to declining birthrates among Caucasian and an increase in other cultural groups due to immigration.
  - a desire to dehumanize enemies.
  - a desire to maintain group distinctiveness, exclusiveness and superiority.
  - White supremacists in Canada.
- c. Ask students if anyone has ever experienced prejudice or discrimination.
  - How does it feel? [or] How do you imagine it would feel?
  - What is the perspective of the person who is racist and discriminating? Why?
  - What is the perspective of the victim of racism or discrimination?
- d. Discuss how someone from a minority culture may feel helpless and disempowered.
- e. Can racism happen accidentally?
  - What are examples?
  - Provide examples of when Eurocentric counselling is racist.
  - Discuss whether ethnic counsellors can be racist.
- f. Discuss Jane Elliott's (1996) experiment on racism. The instructor may elect to show the film in class followed by a discussion, or place the film on reserve for students.  
 Elliott, J. (1996). *Blue eyed* [Film]. (33 min.). CA: California Newsreel.
- g. Discuss how counsellors can become advocates against racism and prejudice.
- h. Discuss the pros and cons of affirmative action programs and why they are often resented. Consider, for example, the RCMP's hiring practice.

## PART 4 Awareness

### 1.4 *Journaling and Conclusion*

10 minutes

#### *Homework*

- Assign unit 2 readings:

Sue and Sue, (2003), chapters 3 and 4.

Download The Canadian Counselling Association Code of Ethics from:

<http://www.ccacc.ca/coe.htm>

- Review chapters placed on reserve:

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4<sup>th</sup> ed., text revision). Washington, DC: Author. (The DSM-IV-TR, 2000)

- Introduction and particularly p. xxxiii: Ethnic and Cultural Considerations.

- Appendix I, "Outline for Cultural Formulation and Glossary of Culture-Bound Syndromes," pages 897- 903.

#### *Journal*

Students reflect on their developing awareness, knowledge and skills. Cross-cultural competencies writing prompt: Suggest they reflect on the results of their self-assessment and set personal cross-cultural objectives to be reached by the end of this course.

#### *Outstanding Issues and Questions*

- Answer any questions or clarify any difficulties or concerns.
- Remind students about course assignments and presentation schedule.

## WEEK 2

## ETHICS IN CROSS-CULTURAL COUNSELLING

## Session Outline

### Readings to be Completed Before Class:

Sue and Sue (2003), chapters 3 and 4

## Canadian Counselling Association Code of Conduct

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4<sup>th</sup> ed., text revision). Washington, DC: Author. (DSM-IV-TR)

- Introduction and particularly p. xxxiii: Ethnic and Cultural Considerations.
- Appendix I, “Outline for Cultural Formulation and Glossary of Culture-Bound Syndromes,” pages 897- 903.

PART 1 Unfinished Business 5 minutes

## 1.1 Questions and Issues from the Previous Week

PART 2 Knowledge 95 minutes

### Instructor Expands Upon Assigned Readings and Key Unit Concepts

### 2.2.1 Codes of Ethics

### 2.2.2 Checklist to Guide Ethical Practice

### 2.2.3 DSM-IV-TR

**BREAK** 15 minutes

<b>PART 3</b>	<b>Skills</b>	<b>60 minutes</b>
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### 2.3 Counselling Activities

### 2.3.1 Limitations and Cultural Formulation Model

**PART 4**    Awareness 5 minutes

## 2.4 Closure, Homework, and Self-reflection

## Session

## PART 1 Unfinished Business

2.1 *Questions and Issues from the Previous Week* 5 minutes

## PART 2 Knowledge and Skills

2.2.1 *Codes of Ethics* 25 minutes

*Instructor.* Explain how ethics codes outline counsellor responsibilities and provide guiding principles for ethical decision-making. Review how the following sections incorporate principles for ethical cross-cultural counselling practice:

*Counselling Relationships*

B1 Counsellor's Primary Responsibility

B2 Confidentiality

B12 Sexual Intimacies

*Counsellor Education, Training, and Supervision*

F2 Boundaries of Competence

Review key points from the Canadian Counselling Association Code of Conduct.

A summary of CCACC guidelines for ethical practice is as follows:

*Ethical principles:**Fundamental principles:*

- |                                        |                                                    |
|----------------------------------------|----------------------------------------------------|
| a) Respect for the dignity of persons. | 1) Professional responsibility.                    |
| b) No willful harm to others.          | 2) Counselling relationships.                      |
| c) Integrity in relationships.         | 3) Consulting and private practice.                |
| d) Responsible caring.                 | 4) Evaluation and assessment.                      |
| e) Responsibility to society.          | 5) Research and publications.                      |
| f) Respect for self-determination.     | 6) Counsellor education, training and supervision. |

## 2.2.2 Activity: Checklist of Ethical Cross-cultural Counselling Practice

25 minutes

Assign: One, two, or three recorders. Materials: Chart paper, felt pens, masking tape.

*Instructor:* Have students create a 10-point checklist of ethical cross-cultural counselling practice by integrating known principles of good counselling practice with ethical responsibilities identified in codes of conduct and the cross-cultural counselling competencies. Time constraints limit this to a full-class rather than small-group activity.

Allow 10 minutes for class members to propose principles that they would like included in a checklist to guide ethical cross-cultural practice. Assign one or two recorders to jot down suggestions in note-form. (Do not duplicate). Allow an additional 10 minutes for students to synthesize and abbreviate the list into 10 major points. Students should copy the resulting checklist into their notebooks for future reference. Compare the list students generate to the following:

## 10-POINT CHECKLIST GUIDING ETHICAL CROSS-CULTURAL PRACTICE

1. Determine client needs and expectations of counselling before beginning counselling.
2. Explain the counselling process, goals, expectations, and limits of confidentiality.
3. Explain your theoretical orientation, and types and purposes of interventions.
4. Make appropriate referrals if you cannot communicate in the client's language.
5. Demonstrate cultural sensitivity in verbal and non-verbal communication.
6. Respect clients' cultural values, about family, community, spirituality, and worldview.
7. Do not impose your own cultural values and beliefs.
8. Develop and employ cross-culturally sensitive interventions that consider social, environmental, and political factors that meet client needs.
9. Be aware of cultural bias in tests.

10. When assessing behaviour, consider ethnicity, context, cultural norms and socioeconomic factors such as:

- language/communication barriers.
- time since arriving in Canada.
- immigration or refugee status.
- education.
- family support.
- community support.
- generation.
- tradition.
- cultural etiquette and background.

(American Psychological Association, 1992; Brown, 2000; Sue, Arredondo, & McDavis, 1992).

BREAK

*15 minutes*

### 2.2.3 DSM-IV-TR (2000)

#### *Introductory Overview*

*5 minutes*

Although conduct codes attempt to instil cultural sensitivity into westernized counselling, emphasis placed on autonomy and individualism reflects western Eurocentric values, while excluding the values of community and collectivism held by many other cultures (Atkinson, 2004, p. 345). For example, Atkinson (2004) notes that Canadian codes of ethics specify that client information is to be withheld from the client's family but can be

shared with strangers in the mental health profession – a value quite opposite to cultures who believe that family is most important (p. 345).

The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (2000), usually referred to as the DSM-IV-TR (2000), categorizes disorders and diagnostic criteria based primarily on Eurocentric psychiatric practices (American Psychiatric Association, 2000). However, it offers a model of cultural formulation, which, though limited, at least acknowledges that culture and ethnicity influence symptomology, diagnosis, and treatment. The DSM-IV-TR (2000) also provides a glossary of culture-bound syndromes that demonstrates that culture not only influences behaviour but also the perception of what is considered to be *normal* behaviour.

*DSM-IV-TR (2000) Culture-bound Syndromes*

*10 minutes*

*Instructor.* Refer students to the *culture-bound syndromes* on pages 898-903 of the DSM-IV-TR (or listed in Sue & Sue, 2003, p. 182, Table 7.1). Though there is limited time available for class discussion, students should take time to review these pages.

*DSM-IV-TR (2000) Ethnic and Cultural considerations*

*10 minutes*

Review with class the *Ethnic & Cultural Considerations* on pages xxxiii-xxxiv of the DSM-IV-TR (2000). Note that the American Psychiatric Association acknowledges that culture and ethnicity influence the course and symptoms of disorders. Therefore, included within DSM-IV-TR (2000) discussions of each disorder are sections that explain how culture, age, and gender should be considered prior to making a diagnosis. Examples that would be interesting for discussion may include the sections on mood disorders (p. 372), anxiety disorders (p. 470), pain disorders (p. 501), and sexual and gender identity disorders (p. 537).



*DSM-IV-TR (2000) Limitations and Cultural Formulation Model**15 minutes*

Review the DSM-IV-TR, Appendix 1, pages 897-903. The cultural formulation model outlines five cultural variables pertinent to a consideration of clinical interventions:

1. Cultural identity of the individual.
2. Cultural explanations of the individual's illness.
3. Cultural factors related to psychosocial environment and levels of functioning.
4. Cultural elements of the relationship between clinician and client.
5. Overall cultural assessment for diagnosis and care.

(American Psychiatric Association, 2000, pp. 897-903; Atkinson, 2004, p. 327).

*DSM-IV-TR (2000), Axis 4, Pages. 31 and 32**5 minutes*

Ensure students are aware of Axis 4, which discusses psychosocial and environmental issues such as language barriers, discrimination, immigration, and poverty (Sue & Sue, 2003, p. 359). They should also be aware of and be able to use the Multiaxial Evaluation Report Form on page 36 of the DSM-IV-TR (2000).

## PART 3 Skills

2.3.1 *DSM-IV-TR Jigsaw Activity**30 minutes*

Small groups assign recorder, presenter, researchers. Materials: Chart paper, pens, overhead.

- Assign each small group a specific disorder to review.

*Examples:*       Bipolar disorder. DSM-IV-TR, 2000, p. 385.

Somatization Disorder DSM-IV-TR, 2000, pp. 486-487.

Posttraumatic Stress Disorder DSM-IV-TR, 2000, pp. 465-468.

- Have groups locate specific culture, age, and gender features related to the disorder.

- List the implications of differential features for culture, age, and gender.
  - Answer the following questions related to DSM-IV-TR discussions of each selected disorder and cultural symptoms:
1. Is it more likely that people exhibiting culture-bound syndromes will be encountered living in a cultural group or living by themselves? Why?
  2. Would a counsellor respond differently to a person exhibiting culture-bound symptoms if the person was not from the identified culture? Why or why not?
  3. This unit emphasizes the need for counsellors to distinguish between behaviours indicative of a true mental disorder and those that result from oppression and survival. When a client who is culturally different from the counsellor is not readily self-disclosing, what steps can the counsellor take to determine whether the behaviours engaged in are for self-protection or pathological?
  4. Identify behaviours that would be considered abnormal in a westernized culture, but considered “normal” in other cultures. (ie. seeing the “ghost of a loved one during bereavement”, DSM-IV-TR p. xxxiv).
  5. Identify dangers and implications of pathologizing behaviours because they do not fit within the norms of westernized behaviour. Explain how it must feel to have normal behaviours perceived as abnormal.
  6. Sue and Sue (2003) state that traditional assessments do not consider language differences and so may not be valid for ethnic minorities. In the case of Sandra G. cited in Sue and Sue (2003), p. 358, a 24 year-old female Mexican college student whose primary language is English speaks Spanish when discussing emotions. It is also interesting to note that the English version of the *Minnesota Multiphasic Personality Inventory – 2nd*

*Edition* (MMPI-2) provides a different profile than does the Spanish version (Sue & Sue, 2003).

- Why would language responses generate such a different profile?
- How is the expression of emotion related to language and culture?
- Return to the full-class for discussion of findings for all questions. 30 minutes

#### PART 4 Awareness

5 minutes

#### 2.4 *Self-awareness, Journaling and Closure*

##### *Homework*

- Assign unit 3 readings:  
 Sue and Sue (2003), chapters 8, 9, 10.  
 France, Rodriguez, and Hett (2004):
  - Rodriguez, M. (2004a). Exploring worldview (ch. 2, pp. 29-45).
  - Saracuse, J. (2004). The positive effects of integration of MCT Theory into counselling practice (ch. 19, pp. 255-263).

##### *Journal*

Students reflect on their developing awareness, knowledge and skills.

Cross-cultural competencies writing prompt: Ask students to reflect on a particular question or questions from 2.3.1 above.

##### *Outstanding Issues and Questions*

- Answer any questions or clarify any difficulties or concerns.
- Remind students, about course assignments, due dates, and presentation schedule.

## WEEK 3      WORLDVIEW AND CULTURAL IDENTITY MODELS

## Session Outline

## Readings to be Completed Before Class:

Sue and Sue (2003), chapters 8, 9, 10

France, Rodriguez, et al. (2004):

- Rodriguez, M. (2004a). Exploring worldview (ch. 2, pp. 211-228).
- Saracuse, J. (2004). The positive effects of integration of MCT Theory into counselling practice (ch. 19, pp. 255-263).

PART 1	Unfinished Business	5 minutes
3.1	Questions and Issues from the Previous Week	
PART 2	Knowledge	65 minutes
	Instructor Expands Upon Assigned Readings and Key Unit Concepts	
3.2	Theories and Models Used in Multicultural and Cross-cultural Counselling	
	Individualism and Collectivism	
	The Worldview Model and Worldview Identity Template	
BREAK		15 minutes
PART 3	Skills	90 minutes
3.3.1	Worldview Client Scenarios	
3.3.3	Cultural Identity Models	
	White and Dominant Culture Identity Models	
	Minority Cultural Identity Models	
PART 4	Awareness	5 minutes
3.4	Self-reflection, Homework, and Closure	

## Session

PART 1      Unfinished Business      5 minutes

3.1      *Questions and Issues from the Previous Week*

PART 2      Knowledge and Awareness

3.2.1      *Individualistic and Collectivist Cultures*      10 minutes

Cultures can be grouped into *individualistic* and *collectivistic* cultures. Individualistic societies typically see themselves as independent and autonomous. People from collectivist societies typically see their allegiance to the group as more important than their individuality. Michelle LeBaron (2003) identifies the following differences in the value systems emerging from these two cultural types:

*Instructor.* Engage the class in a discussion of collectivist versus individualist values. Put the values on a visual such as powerpoint, a chart or overhead as a reference for the activity that will follow the discussion.

*Collectivist values:*

1. Cooperation.
2. Deference toward elders.
3. Participation in shared progress.
4. Reputation of the group.
5. Interdependence.

*Individualistic values:*

1. Competition.
2. Independence.
3. Individual achievement.
4. Personal growth and fulfillment.
5. Self-reliance.

3.2.2 *Self-Awareness Activity Part 1*

5 minutes

**Materials:** Have students bring out their journal or lined paper and pencil.

Students are to choose the five values that most closely meet their own from the above collectivist/individual sets. When finished, ask students to determine whether they lean more toward the values of a collectivist or individualistic culture.

**Instructor:** Advise students to keep their responses available for future reference.

3.2.3 *Multicultural/Cross-cultural Counselling Therapies [MCT]*

10 minutes

Mental health professionals have been calling for the development of a multicultural or cross-cultural counselling theory to guide counselling practice; however, “a single theory or agreed upon way to conduct multicultural or cross-cultural counselling has not been developed” (Atkinson, 2004, p. 326). There are, however, some basic tenets:

- Multicultural counselling models premise that counsellors should offer therapies appropriate to the needs of clients with collectivistic values and low context communication style preferences as alternatives to Eurocentric therapies that emphasise individuality and a high context communication style (Atkinson, 2004; Saracuse, 2004, pp. 255-263).
- MCT models premise that both the client and counsellor are influenced by context and their group membership as defined by family, socio-economic status, culture, gender, disability, and sexuality, etc. (Atkinson, 2004; Saracuse, 2004, pp. 255-263).
- MCT models stress that both counsellor and client should develop cultural self-awareness of one’s assumptions, values, and biases (Saracuse, 2004; Sue et al., 2003).
- MCT models stress that therapists should learn about the worldviews of their clients and expand their knowledge of cultural variables (Saracuse, 2004).

- MCT models stress that counselling strategies must support goals that are “consistent with the life experiences and cultural values of the client” (Saracuse, 2004, p. 257).
- Multicultural and cross-cultural research methodology is often subjective, “inductive, holistic, humanistic, and concerned with the person in relation to a situation” (Saracuse, 2004, p. 261).
- There are theoretical similarities between family systems counselling and multicultural counselling therapies.

There is no single agreed-upon theory of multi-cultural or cross-cultural counselling. However, there are several emerging theories and a variety of models that set out processes and variables to help counsellors conceptualize the needs of the culturally different client and that attempt to show how culture influences the counselling process. This unit looks at some common beliefs among various theories of cross-cultural counselling as well as various worldview and racial identity formation models.

Students should:

- be aware of various models and their intended purposes.
- determine which models help conceptualize the cultural perspective of clients.
- determine which models help conceptualize one’s own cultural identity.
- critically evaluate belief systems that led to the development of various models.
- recognise both the usefulness and limitations of various models.

### *Introduce Worldview Models*

*10 minutes*

Florence Kluckhohn and Fred Strodtbeck (1961) developed the *worldview* concept to describe how individuals and cultures are oriented toward broad values. Worldview includes a person's communication style, religious and spiritual beliefs, social orientation toward

individualism or collectivism, and beliefs about the innate nature of man (Rodriguez, 2004a; Sue & Sue, 2003, chapters 8 & 9). A cross-culturally competent counsellor must not only understand the worldviews of their clients, but also their own worldview and how different worldviews impact perceptions, communication, understanding, and the counsellor/client relationship.

### 3.2.4 *Review How to Use a Worldview Model in Practice*

*25 minutes*

#### How to Use a Worldview Model in Practice

1. Counsellors can use a worldview model to compare their own worldview and cultural perspective to those of clients with whom they work.
2. First use the worldview template to create a visual of one's own worldview.
3. Then use the template to create a visual of the worldview and cultural perspective of a client or of people with whom the client may have a conflict.
4. Compare the results to help identify, compare, or analyse potential cross-cultural conflicts and miscommunications.
5. Compare the two perspectives to identify similarities, differences, and possible barriers to counselling or communication.
6. Consider the best way to overcome potential barriers.

Note: A worldview model can be used in conjunction with minority and White racial identity models to help better understand worldview and cultural perspectives.



## Worldview Template

Kluckhold and Strotbeck (1961) created the term “worldview” to describe philosophical beliefs held by religions and cultures about the inherent nature of man. The following worldview template is adapted from Rodriguez (2004a, p. 39), Kluckhold and Strodbeck (1961), and Sue and Sue, (2003, p. 269).

Select the philosophical descriptor under each aspect of worldview that most closely aligns with the person or culture you are striving to understand and consider the implications for a person living in Canada or working with a counsellor with a different worldview.

### 1. Nature of Humans Orientation: Beliefs about the nature of human beings as:

- Basically good.
- Evil.
- Changeable.
- Unchangeable.
- A mixture of good and evil.
- Neutral.

### 2. Human -vs- Nature Orientation: Philosophical beliefs about the relationship between

human beings and nature or the environment.

- Subjugation of nature: A belief that one’s destiny is pre-determined by a higher power.  
People therefore have no control over their fate.
- Harmony with nature: A belief that humans are a part of nature and should respect it.
- Mastery over nature: A belief that humans are destined to overcome or change nature.

3. Time Orientation: Philosophical beliefs about how people relate to the past, present and future.
- Past orientation: A belief in the values of the past and traditional mores.
  - Present orientation: A belief in living for today with little concern for past or future.
  - Future orientation: A belief in the importance of long term-future goals, with little concern for the present.
- 4) Activity Orientation: Psychological and behavioural focus on "being" in the moment.
- Doing orientation: Comfortable being busy.
  - Being orientation: Comfortable letting the day unfold as it will.
  - Being-in-doing orientation: Blends doing and being as a situational response.
- 5) Relational Orientation: A concept of the importance of others in relation to self.
- Lineal relationships: Reverence for ancestors and their contribution to the present.
  - Collateral relationships: A collectivist orientation. A belief that the good of the community (or family or tribe) is more important than the wishes of the individual.
  - Individualistic: A belief in the importance of autonomy, freedom, and personal responsibility.

(Kluckhohn & Strodtbeck, 1961; Rodriguez, 2004a, p. 39; Sue & Sue, 2003, p. 269).

**Compare Worldview template in brief**

<b>Philosophical Orientation</b>	<b>Client's Orientation</b>	<b>Counsellor's Orientation</b>
1. Nature of Humans Orientation	_____	_____
2. Man-Nature Orientation	_____	_____
3. Time Orientation	_____	_____
4. Activity Orientation	_____	_____
5. Relational Orientation	_____	_____

**Implications for differences in perspective**

1. Nature of Humans Orientation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. Man-Nature Orientation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Time Orientation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Activity Orientation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Relational Orientation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3.2.5 *Self-Awareness Worldview Activity Part 2*

10 minutes

Provide students with a copy of the worldview model template above. Ask students to go through each of the five orientations and select the belief within that orientation that best represents their personal beliefs.

## BREAK

15 Minutes

## PART 3 Skills

3.3.1 *Jigsaw and Client Scenario Activity*

25 minutes

Small groups: Select a recorder and presenter.

Materials: Chart paper, felts.

The following is a list of client scenarios relative to worldview differences. Assign each small group a different client scenario to consider (10 minutes). Each small group will then bring their findings back to the larger class for discussion. The time allotted for a full-class discussion of various client scenarios is 15 minutes.

1. What are the implications of different cultural perceptions about the value of time? See Sue and Sue (2003), page 67 for information on polychronic and monochronic time.  
*Scenario for consideration:* The counsellor has rigidly scheduled appointments. A client is always late. The counsellor assumes the client is not interested in counselling or improving his/her life situation.
2. What are the implications of cultural differences in comfort levels around personal space and proxemics (touch, eye contact, gestures)?  
*Scenario for consideration:* The counsellor motions to the client to come into his/her office, unaware that in the client's culture, the signal is an insulting sexual gesture.

3. What are the implications of differences in spiritual and religious beliefs?

*Scenario for consideration:* The client is depressed and feels a sense of futility. The counsellor believes people can make up their minds to change the course of their lives by changing their thinking and behaviours. The client believes that everything that happens is the will of God and therefore, she has no power to change.

4. What are the implications of differences in the philosophical beliefs about the nature of humans beings as basically good, evil, changeable, unchangeable, a mixture of good and evil or neutral?

*Scenario for consideration:* A counsellor believes people can choose to change. The foster parents of a culturally different teenager, who is not doing well in school, believe it is unrealistic to expect improvement in attitude and effort because it is in her nature to be as she is. The foster parents believe she cannot overcome her intrinsic nature.

- Small groups bring their findings back to the main class for discussion.

### 3.3.2 Cultural Identity: White Privilege

Throughout the literature related to culture and multiculturalism, the term *White* is used interchangeably with the word *Caucasian* to refer to light-skinned people of European ancestry who live in western cultures, particularly in North America. The term *White* is often used to emphasise “the right, advantage or immunity granted or enjoyed by *white* or *light skinned* persons beyond the common advantage of all others” (Clark, 2007). The term *visible minority* refers to those people whose physical appearance is different from *Whites* or *Caucasians*.

It has been argued throughout the literature that visible minorities have often been oppressed by the dominant culture. The suggestion throughout the literature is that in western cultures such as Canada and the United States, most of the privileges of the dominant culture are enjoyed by *Whites*. *White privilege* refers to the social advantages imbued by virtue of light skin colour. Importantly, one of the social advantages of being *White* seems to be the right to presume advantage and freedoms while denying that this is a racial privilege. This concept seems to be difficult for some Caucasians or *Whites* because they seem to feel uncomfortable about the idea of being categorized in any context that places them as racist or advantaged, and many seem to have difficulty accepting the idea that being “White” is a cultural advantage unto itself.

A caveat to identifying the privileges of “whiteness” is to recognize efforts being made by people of all cultures, including people of the dominant *White* culture to come to terms with racism, prejudice, and bigotry and to be instrumental in making societal change.

Refer students to Sue and Sue (2003), chapter 9 to discuss the concept of the *Invisible Veil of Whiteness*.

Ask students to discuss how they feel about the term *white* as used in the literature. *5 minutes*

Ask students to explain what they think is meant by the following statement: *5 minutes*

“White people are conditioned to whiteness as normative supremacy that acts as an invisible veil that limits many people from seeing it as a cultural system. It is often easier for Whites to identify and acknowledge the different cultures of minorities than to accept their own racial identity” (Katz, 1985, pp. 616-617 as cited in Sue & Sue, 2003, pp. 240-241).

Responses may include:

- Whites do not recognise the culture of being White.
- Whites may feel defensive about being White.
- Whites may state that colour and being White is unimportant.
- Whites may feel that being identified as *White* correlates with being racist.

(Sue & Sue (2003), pp. 235-264).

## 2. Explain how people of colour might perceive the White race.

Responses may include:

- White people believe they are superior and everyone else is less competent.
- White people believe they are always right.
- White people have unearned privilege and more power within society.
- White people don't trust other cultures and deceive themselves that they are not prejudiced.

(Sue & Sue, 2003, pp. 236-239).

## 3. Discuss the validity of the assumptions made.

- Are White counsellors and therapists unintentional racists?
- Is the level of White racial identity predictive of racism?

(Carter & El Hindi, 1999; Sue & Sue, 2003, pp. 241-242).

### 3.3.3 Full Class Jigsaw Activity

Materials: Chart paper, felts pens.

55 minutes

This activity explains how to use White and minority identity models to predict barriers to communication between counsellors and clients at varying stages of cultural identity.

*Step 1:* Take 15 minutes to introduce a majority racial identity development model. Explain that majority identity models are used to ascertain the *process* by which people of the dominant culture come to identify themselves as cultural beings. The models are based on the premise that the level of racial identity development can help predict whether the counselling relationship between a person of the dominant culture and a person of a minority culture will succeed. Remember that people do not necessarily proceed through all stages. However, knowing a person's cultural identity stage may help the counsellor understand the perspective from which the person is viewing the world. This information may aid in communication.

Refer to Helms' (1995) Six-Stage Model of Majority Racial Identity Development (Sue & Sue, 2003, pp. 259 & 262). According to Helms (1995), the six stages of development are:

1. Lack of awareness of one's own cultural values.
2. Contact with someone culturally different.
3. Conflict as differences are realised.
4. Pro-minority stance flowing from a desire to connect with the minority culture.
5. Pro-majority stance when the pro-minority stance fails.
6. Internalization: An acceptance of one's own culture and ethnicity.

(France, Hett, et al., 2004; Rodriguez, 2004a; Sue & Sue 2003, pp. 258 & 259).

*Step 2:* Refer to Cross's 5-stage (1971) Racial Identity Model: Becoming Black cited in Sue and Sue (2003, pp. 208-209). This model suggests that racial minorities who blindly accept the dominant culture's values will eventually feel a sense of dissonance. Dissonance is a stage where the person rejects all values of the majority culture in favour of minority culture values. Eventually, the individual may learn to incorporate values from both cultures.



*Step 3:* In pairs, give students 20 minutes to predict potential barriers to a counsellor/client relationship based on different stages of majority or minority identity development.

1. Assign each pair of students a different pairing of stages as between the levels of majority identity and the level of minority identity.
2. Students are to create a fictional counsellor and client scenario to exemplify the situation.
3. Students determine cross-cultural obstacles in communication that are likely to occur.
4. Students then predict the likely outcome for the counselling relationship and counselling.
5. Identify professional changes the counsellor must make to improve the likelihood of a successful counselling relationship with a client at the particular stage of cultural identity.

*Step 4:* Allow 25 minutes for student pairs to report their findings to the class.

#### PART 4 Awareness

##### 3.4 *Self-reflection, Journaling, Homework, and Closure*

*5 minutes*

##### *Homework*

- Reminder: The Self Awareness Analysis is due next week (4).
- Unit 4 readings: Sue and Sue (2003), chapter 5.
- France, Rodriguez, et al. (2004):
  - Hett, G., France, M. H., & Rodriguez, M. (2004). Cognitive behavioural counselling and multiculturalism (ch. 25, pp. 315-330).
  - France, H. (2004c). Transpersonal theory of counselling: A multicultural approach (ch. 26, pp. 331-346).

*Journal:* Students should reflect on issues of interest from this chapter, their personal worldview, and any dissonance they may feel about concepts of racial or white identity.

##### *Outstanding Issues and Questions*

- Confirm presentation schedule, answer questions, and clarify any concerns.

## WEEK 4 CULTURALLY DIFFERENT COMMUNICATION STYLES

## Session Outline

Reading to be Completed Before Class: Sue and Sue (2003), chapter 5.

France, Rodriguez, et al. (2004):

- Hett, G., France, H., & Rodriguez, M. (2004). Cognitive behavioural counselling and multiculturalism (ch. 25, pp. 315-330).
- France, H. (2004c). Transpersonal theory of counselling: A multicultural approach (ch. 26, pp. 331-346).

Materials: Questionnaire: Personal Communication Style

Communication Style Observation Sheet

PART 1 Unfinished Business 15 minutes

4.1 Questions and Issues from the Previous Week

*Due:* Self Awareness Analysis: Discuss and Collect for Marking

PART 2 Knowledge and Awareness 80 minutes

Lecture: Instructor Expands Upon Readings and Key Unit Concepts

4.2 Cultural Influences on Communication:

- High Context and Low Context Communication and Related Terms
- Cultural Differences in Verbal and Non-verbal Communication
- Assessing One's Personal Style of Communication and Persuasion

BREAK 15 minutes

PART 3 Skills and Interventions 50 minutes

PART 4 Awareness 20 minutes

4.4 Self-reflection, Journal, Homework, and Closure

## Session

## PART 1: Unfinished business

4.1.1 *Questions and Issues from the Previous Week* 5 minutes

4.1.2 *Discuss /Collect for Marking the Self Awareness Analysis* 10 minutes

- Was the exercise valuable?
- What goals and objectives did students form for themselves as a result?
- How will findings affect practice?

## PART 2: Knowledge and awareness

4.2.1 *Guided Discussion: Cultural Differences in Communication Style* 20 minutes

*Instructor.* Create a slide or other visual of communication terms to guide a discussion of culturally different communication styles. Discuss the following list of terms:

## Non-Verbal Communication Terms

*Etiquette:* Culture and context dictate how people determine what is normal, acceptable and polite public behaviour around discourse, eating, ritual, courtship, family, and parenting styles (Grundison & LeBaron, 1993; Matsumoto, 1996; Sue & Sue, 2003).

*Proxemics:* Perceptions of comfort levels around interpersonal space, as dictated by culture and context (Grundison & LeBaron, 1993; Matsumoto, 1991; Sue & Sue, 2003).

*Kinesics:* Communication of information and emotion through body movement, posture, facial expression, tongue display, hand and finger gestures, and use or avoidance of eye contact. Culture and context typically defines the appropriateness of body language.

*Paralanguage:* Culture and context dictate how meaning is derived from vocal cues such as volume, inflection, intensity, speed of speech, pacing, use of silence, bluntness, or honesty (Grundison & LeBaron, 1993; Matsumoto, 1991; Sue & Sue, 2003).

*High Context Communication:* A way of communicating that relies more on physical context than on message content. It is likely to be explicit, fast, and efficient (Grundison & LeBaron, 1993; Matsumoto, 1991; Matsumoto, 1996; Sue & Sue, 2003).

*Low Context Communication:* A way of communicating that relies more on the explicit content of the message and less on physical context (Grundison & LeBaron, 1993; Matsumoto, 1991; Matsumoto, 1996; Sue & Sue, 2003).

#### 4.2.1 *Guided Discussion (cont'd.)*

Collectivist cultures often rely on *high-context* communication, which places less emphasis on explicit words and more emphasis on context, physical setting, non-verbal cues, and signals to convey information (Grundison & LeBaron, 1993). The less direct nature of high-context communication makes it less confrontational; but miscommunications can occur because so much of the intended message is unstated (Le Baron, 2003).

On the other hand, Western individualistic and capitalistic cultures lean toward *low-context* communication, which is direct, literal, and explicit, so there is less likelihood of misunderstandings. However, it is more confrontational than high-context communication, so conflicts are more likely (LeBaron, 2003).

Miscommunication and misperceptions can occur when the communicating parties are unaware of differences in communication styles. For example, people from western cultures that use direct, low-context communication may not realize that they seem

confrontational to someone who uses a high-context communication style (LeBaron, 2003). Westernized individualists may feel it is quite appropriate to resolve a problem through direct confrontation, while a person from a collectivist culture may view directness as being rude or threatening (LeBaron, 2003). On the other hand, people who rely on directness may interpret an indirect style as being dishonest or a deliberate intention to hide something.

Difference in communication styles can extend to negotiation and perhaps decision-making in counselling. For example, an individualist may expect to be responsible for making his or her own decision to resolve a problem, while someone with a collectivist orientation may first wish to refer the matter to his or her family (Wright, 2000).

Eurocentric counselling models are based on an individualistic communication style (Wright, 2000). This is a primary concern when considering whether a Eurocentric intervention is appropriate for a client from collectivist culture. It is therefore necessary for counsellors to pay attention to the non-verbal cues and behaviours of the person with whom they are communicating and to monitor their comfort level. Counsellors might talk to the client about cultural differences in communication, and attempt to adapt their communication style to meet the needs of the client.

Being aware of differences in communication style is an important skill within the continuum of recognizing different cultural norms. For example, culture and context can influence differences in the interpretation of the same event (LeBaron, 2003). A person from one culture may react to an emotional exchange as threatening, while a different person might perceive the exchange as normal. Understanding perceptual, value, attitudinal, and communication differences can help counsellors select culturally appropriate interventions for their clients (Lederach, 1995).

## 4.2.2 Activity: Determining One's Personal Communication Style

15 minutes

*Instructor.* Explain that counsellors who are unaware of their own biases may reveal their feelings and biases through non-verbal cues (Sue & Sue, 2003, p. 137). Effective therapy requires accurate and appropriate sending and receiving of verbal and non-verbal messages (Sue & Sue, 2003, p. 125). Counsellors must, therefore, be aware of their personal communication style, understand how their communication style is perceived by others, and be aware of their individual style of persuasion.

Have students answer the following questions to determine their individual communication style. You may read the questions aloud or put them on a handout.

1. Are you deferential?
2. Do you employ a high or low context communication style?
  - Your non-verbal cues:
3. Do you use many hand gestures? (kinesics)
4. Do you smile a lot to make others comfortable? (kinesics)
5. Do you use a lot of head movement? (kinesics)
6. Do you use direct eye contact? (kinesics)
7. Do you shake hands? (kinesics)
8. Do you stand close to others when speaking? (proxemics)
9. Do you lean away when you are uncomfortable? (proxemics)
10. Do you tend to touch others, or do you avoid touching others?
11. Do you raise your voice when you are excited? (paralanguage)
12. Are you comfortable with silence? (paralanguage)
13. Do you give others time to speak/ respond? (paralanguage)

14. Do you tend to interrupt? (paralanguage)
15. Do you expect “no” to mean “no”? Can “yes” mean “no” or “I am uncertain”?
16. Can you hear when “yes” means “no” or “I am uncertain” in others?
17. Is your judgement of others reflected in your “body language”?
18. Do you get impatient when others are slow to get to the point?

Determine how your personal communication style perceived by others:

19. Are you forceful and excited about your convictions?
20. Do others take you seriously? (consider race, gender, style, age)
21. With whom is your style effective? Why?
22. With whom is your style ineffective? Why?

#### 4.2.3 *Observing communication styles*

Set up time: 10 minutes

*Instructor.* After students finish activity 4.2.2, have them draw another student's name from a hat. They must NOT tell anyone whose name they drew. Give each student a copy of handout 4.2.3. While the class is engaged in other activities, students will record their observations of the verbal/non-verbal communication style of the person whose name they drew.

1. Record paralanguage: vocal cues, volume, intensity, pace, pauses, idioms, and slang.
2. Note reaction to non-verbal communications sent or received (proxemics, kinesics).
3. Note reactions to verbal expression and paralanguage.
4. Observations will be shared confidentially between the observer and observed at the conclusion of this week's lesson.

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### Handout 4.2.3 COMMUNICATION STYLE OBSERVATION SHEET FOR

**Name:** \_\_\_\_\_

While the student whose name you have drawn for observation is engaged in communication activities, record your observations of his or her communication style.

**Record non-verbal communication and signals being communicated.**

- Space proxemics \_\_\_\_\_

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- Eye contact/avoidance \_\_\_\_\_

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- Facial expressions \_\_\_\_\_

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- Use of hand gestures \_\_\_\_\_

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Speech patterns \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Record paralinguage:**

- vocal cues \_\_\_\_\_
- \_\_\_\_\_
- volume \_\_\_\_\_
- \_\_\_\_\_
- intensity \_\_\_\_\_
- \_\_\_\_\_
- pace \_\_\_\_\_
- \_\_\_\_\_
- pauses \_\_\_\_\_
- \_\_\_\_\_
- idioms \_\_\_\_\_
- \_\_\_\_\_
- slang \_\_\_\_\_
- \_\_\_\_\_

**Record Reactions to the communication of others:**

- Reactions to non-verbal communications received (proxemics, kinesics).

- Reactions to verbal expression and paralinguage.

4.2.4 *Video Viewing Activity*

30 – 40 minutes

Have the class view a video on verbal and cross-cultural miscommunication selected from the following list. A class discussion should follow the break.

## Videos

Archer, D. (1992). *A world of gestures: Culture and nonverbal communication* [Videotape].

CA: University of California Extension Center for Media and Independent Learning.

(In this 28-minute video, ESL students explain various gestures involving emotions).

Archer, D. (1999a). *The human face* [Videotape & guide]. Berkley: University of California

Extension Center for Media and Independent Learning. (30 minutes).

Archer, D. (1999b). *A world of differences: Understanding cross-cultural communication*

[Videotape]. Berkley: University of California Extension Center for Media and

Independent Learning. (30 minutes).

Archer, D. (2001). *A world of food: Tastes and taboos in different cultures* [Videotape].

Berkley: University of California Extension Center for Media and Independent Learning.

Morris, D. (Writer/Director). (2000). *The language of the body and the mind* [Videotape].

Princeton, NJ: Films for the Humanities and Sciences. (50 minutes).

(Intercultural misunderstandings due to gestures, proxemics, and facial expression).

University of California at Santa Cruz, Department of Psychology. *Exploring nonverbal*

*communication* [Reviews of Dane Archer's videos]. Available at the University of

California Nonverbal Communication Web site:

<http://zzyx.ucsc.edu/~archer/vid6.html>

BREAK

15 minutes

## PART 3: Skills

## 4.3.1 Activity: A Selection of Options for Full Class Discussion

25 minutes

Select incidents involving misperceptions of intent or miscommunication for discussion based on the videos viewed in activity 4.2.4 or based on the following examples:

*Example #1:* A counsellor believes an Aboriginal student is being inattentive because she avoids eye contact when addressed by her teacher. The counsellor, who is unaware of cultural differences in non-verbal communication, assumes the child is hiding something. This student is subjected to the inaccurate assessment of both the counsellor and the teacher.

*Example #2:* Elicit examples from students based on their own experiences or upon the readings that illustrate ways that communication style results in an inaccurate perception of the client's or a person's state of mind.

## 4.2.3 Complete Communication Observation Activity

- Students will complete their observation sheets.

5 minutes

- Share findings with person observed.

20 minutes

1. Observers return observation sheets to the person they observed.
2. Discuss their observations with the student they observed.
3. Students compare their self-perception of communication style to the observer's notes to determine if the observer's perceptions were similar to their self-perceptions.

(To be helpful, students should be respectful but honest with each other).

## PART 4: Awareness

4.4.1 Activity: *Determine the Cross-cultural Appropriateness of Therapies* 15 minutes

This unit has emphasised the responsibility of counsellors to examine the cross-cultural applicability of therapies they use. Therapy is a form of communication. It is up to counsellors to determine what communication style is prevalent in the therapies they employ (Sue & Sue, 2003, p. 149). Discuss cognitive behavioural counselling (Hett et al., 2004, pp. 315-330, and the transpersonal theory of counselling (France, 2004c, pp. 331-347).

Provide students with the following list of questions to help them determine the cross-cultural applicability of the therapies they use:

1. What is the theoretical basis of the therapy?
2. What is the theoretical assumption about the nature of human beings?
3. How does the theory view the client/counsellor relationship?
4. What communication style is represented by the theory of counselling?
5. What type of problems is the therapy intended for?
6. What basic techniques are employed by the therapy?
7. Does the therapy appeal more to right brain emotional or left brain logic responses?
8. Is this therapy more appropriate for individualists or collectivists. Why?
9. Describe the type of client for which the theory and techniques *are* appropriate.
10. Describe the type of client for which the theory and techniques *are not* appropriate.
11. What cultural limitations do you recognise within this therapy?
12. Determine whether adaptations in communication style could make this therapy more appropriate to other groups of clients. What are these adaptations?
13. Summarise your concerns and recommendations.

4.4.2 Activity: *Self-reflection, Journaling, Homework, and Closure*

5 minutes

*Homework*

- Assign unit 5 readings:

France, Rodriguez, et al. (2004):

- Sue, D. (2004). Counselling issues with Asian Youth (ch. 6, pp.89-98).
- Sharman, K. (2004). Counselling Asian Canadians: Implications for counsellors and therapists (ch. 7, pp. 99-106).
- Sihota, S. (2004). The effects of biculturalism on young Indo-Canadian women (ch. 8, pp. 107-118).

*Journal*

Cross-cultural competencies writing prompt. Students are recommended to reflect on:

- discrepancies between your self-perception of your communication style and the perception of others.
- what you learned about the impact of your communication style on others.
- considerations for change or cautions.
- therapeutic approaches you would like to investigate further.

*Outstanding Issues and Questions*

- Confirm presentation schedule and due dates for assignments.
- Answer questions. Clarify any difficulties or concerns.

## COURSE SECTION 2: COUNSELLING MINORITY POPULATIONS

### WEEK 5                      COUNSELLING CLIENTS OF INDIAN DESCENT

#### Session Outline

#### Readings to be Completed Before Class:

France, Rodriguez, et al. (2004):

- Sue, D. (2004). Counselling issues with Asian Youth (ch. 6, pp.89-98).
- Sharman, K. (2004). Counselling Asian Canadians: Implications for counsellors and therapists (ch. 7, pp. 99-106).
- Sihota, S. (2004). The effects of biculturalism on young Indo-Canadian women (ch. 8, pp. 107-118).

PART 1	Unfinished Business	10 minutes
5.1	Questions and Issues From the Previous Week	
PART 2	Knowledge	70 minutes
5.2.1	Scheduled Presentations	
5.2.2	Lecture: Instructor expands on assigned readings and covers Key Unit Concepts Not Included in Student Presentations	
	Cultural Background and Religious Influence on Clients of Indian Descent	
	Cultural Norms and Etiquette	
	Counselling Issues for Clients in Canada	
BREAK		15 minutes
PART 3	Skills	75 minutes
5.3	Counselling Strategies, Interventions, and Activities	
PART 4	Awareness	10 minutes
5.4	Self-reflection, Homework, and Closure	

## Session

## PART 1 Unfinished Business

5.1 *Questions and Issues From the Previous Week* 10 minutes

## PART 2 Knowledge

5.2.1 *Scheduled Student Presentations*

5.2.2 *Instructor.* Use the following lecture notes to expand on assigned readings and key unit concepts not covered by student presentations. The lecture notes are interspersed with questions and answers.

*Lecture: Cultural Background of Clients of Indian Descent* 5 minutes

Indo-Canadians form a large percentage of British Columbia's large and growing Asian population as signified by the fact that "50 per cent of Vancouver's school children are Asian" (Sue, 2004, p. 89). As with all cultures, there are differences in individual acculturation, education, and experiences within and outside of the mainstream community. Counsellors must be aware of the great diversity among Indo-Canadians in terms of religion, faith, temple communities, and the mainstream communities where they live. Counsellors must also bear in mind that different value systems and life experiences influence the beliefs and expectations of what constitutes normal behaviours.

*Instructor.* Elicit a quick question and answer session.

Question 1: What languages might clients from India speak?

Answer: India's official languages Hindi and English. (Many more are spoken).

Question 2: What will influence the perception of authority?

Expected answer: A large power-differential exists between the highest and lowest ranks of society. Some people may perceive counsellors as being in a position of authority. This may affect the level of trust.

Question 3: What religions are practiced in India?

Answer: Many different religions are practiced in India including Hinduism, Sikh, Islam, Christianity, Buddhism, Judaism and regional Indigenous religions (Aharon, 2005; Hanna & Green, 2004; Sihota, 2004; Williams, 2003b).

#### 5.2.2.1 *Religious Influences*

5 minutes

India is the spiritual birthplace of some of the most ancient religions in the world. Hinduism is over 5000 years old. It has influenced Indian culture, philosophy, and the evolution of other religions including Buddhism, which emerged about 2,500 years ago. Pantheistic religions such as Hinduism believe that Brahman [God] created the universe from its own being, and that there is nothing else except Brahman (Hanna & Green, 2004). The idea of individuality is not real (Hanna & Green, 2004). This concept is different from that held by monotheistic religions such as Christianity, Judaism, and Islam, which premise that God created the world from nothing (Aharon, 2005; Hanna & Green, 2004).

Buddhism incorporates Hindu concepts of Karma, reincarnation, and meditation, and like Hinduism, premises that individuality is mere illusion. The purpose of Buddhist meditation is to produce Nirvana, serenity, liberation, and profound awareness and understanding (Aharon, 2005; Hanna & Green, 2004).

For Hindus, the ultimate goal of Yoga is spiritual liberation from the need to reincarnate (Hanna & Green, 2004). Yoga involves physical postures and meditation to calm anxieties, relieve depression and provide spiritual attainment and fulfilment. From a



counsellor's perspective, this is interesting because meditation is also accepted as a valid relaxation technique in some western counselling therapies. However, the practice of teaching Yoga as physical exercise came into controversy in January 2007, when parents demanded that P.E. teachers in the Quesnel school district stop teaching yoga exercises to school children because of its link to the spiritual practice of Hinduism and spiritual enlightenment (CBC News Radio, Jan. 21, 2007).

#### 5.2.2.2 *Sikhs Are the Largest Indo-Canadian Group in British Columbia* 10 minutes

The Sikh religion has many ritual and ceremonial features that are reflected in its traditional clothing, in particular, the wearing of turbans and the carrying of a traditional Sikh dagger. Both items became a focus for cultural human rights in Canada, which prides itself as a multicultural country. The courts ruled that it is acceptable for Sikh men to wear a turban with a uniform such as the RCMP uniform. Mainstream culture, which once seemed sceptical of the importance of the turban, now seems more tolerant.

In March 2006, a young Sikh adolescent was expelled for wearing a ceremonial dagger to school. From the school's perspective, the dagger was a weapon, and youth are not permitted to carry weapons. From the position of the Sikh adolescent, the dagger is *ceremonial only* but has extreme religious and cultural significance. It becomes an issue of trust that the dagger would not be used as a weapon. The courts ruled that it was to be allowed (CBC News Radio, March 2006a). The above decision has potential for cultural conflict because on one hand, it is a victory for multicultural tolerance; on the other hand, in an era of increased violence among adolescents across Canada, some perceive the right to carry ceremonial daggers as *cultural favouritism*.

There are a growing number of Sikh temples across Canada (Sharman, 2004; Sihota, 2004). They hold an open door policy to any person, and Sikh tradition holds that no one religion is more important than another. In the Sikh tradition, religion, social events, culture, politics and education are functions that occur within the temple community. The temple is, therefore, a very tight-knit community where members rely upon one other. This is unlike Western cultures, which seeks to divide religion, state, and education one from the other.

Parents in the Sikh community attempt to instil in their children traditional values, religion, and culture. However, there is much controversy regarding the amount of interest young people hold for their religion (Sharman, 2004).

#### *Rules of Etiquette and Communication*

*10 minutes*

Question: What common values are held by the people of India?

Expected answers: Collectivist values and hierarchical family roles. Respect for family, tradition, the elderly, education, and female modesty (Aharon, 2005; Sue & Sue, 2003; Williams, 2003b).

Question: Name the type of communication style prevalent in India.

Expected answers: High context communication style (Sue & Sue, 2003).

Question: Name some rules of cultural etiquette that a counsellor working with a traditional person from India should know.

Potential answers: De'Edra Williams (2003b) offers the following rules of etiquette to consider when working with clients of Indian descent:

- Professional formality is valued. Use formal names or titles.
- Never touch a person's hair or head. It is "*the seat of the soul*" (Williams, 2003b).

- Standing akimbo is perceived as threatening.
- Revealing the bottom of shoes or feet is considered vulgar.
- Beckoning with one finger is a vulgar sign.
- Whistling is considered vulgar and demeaning to women.
- Direct refusals to invitations can be perceived as rude.

(Williams, 2003b).

### 5.2.2.3 Consider How Cultural Awareness Affects Counselling Practice

*Adolescents*

*10 minutes*

*Instructor.* Initiate a discussion about issues faced by Canadian-born adolescents of parents who have emigrated from India. Suggest that some adolescents of Indian descent may fit into the *conformity* stage of the racial identity model discussed in unit three. Ask:

1. What kinds of attitudes and conflicts might adolescents in the conformity stage face?
2. What are the implications for counselling?

Students may come up with the following answers based on assigned readings:

Indo-Canadian adolescents may:

- want to be the same as other adolescents.
- experience conflicts with parents over traditional values.
- experience inner conflicts involving ethnic identity.
- have to deal with discrimination and racism.

Indo-Canadian adolescents may therefore:

- reject their ethnic culture.
- refuse to speak their native language.
- feel embarrassed when asked to interpret for parents.

- lean heavily toward the values and standards of the dominant culture.

(Sharman, 2004; Sihota, 2004; Sue, 2004; Sue & Sue, 2003, chapter 13).

*Implication for Counselling:*

- Counsellors should talk to parents about adolescent psychology and peer pressure.
- Counsellors should reframe parent/adolescent problems as acculturation and culture.

5.2.2.4 *Women, Sexuality, Marriage, and Dating*

10 minutes

*Instructor.* Some groups from India still maintain values about class and marriage enduring from the old caste system. Others maintain strict expectations about gender roles and rules guiding the behaviour of women. Some of these values have arrived in Canada with tragic results. Use the following points to guide a class discussion about women, sexuality, dating, marriage, and the potential for cross-cultural harm in a counselling situation.

- A daughter's reputation can be linked to family honour.
- Sexual modesty is expected.
- Daughters are subjected to tighter restrictions than sons.
- Different expectations about acceptable behaviours of women in India versus acceptable behaviours of women in Canada can cause cultural conflicts.
- Differential treatment and restriction of social freedoms may cause young women to use secrecy to cope with the demands of two cultures.
- Many Canadian-born children reject the traditional belief that love follows marriage.
- Some marriages are still arranged.
- Endogamy (marrying within one's culture) is preferred over exogamy (marrying outside one's culture).

(Sharman, 2004; Sihota, 2004)

*Instructor.* Pose the following questions for discussion:

*10 minutes*

1. What are possible consequences of a White counsellor with feminist beliefs imposing her culturally-based values and recommendations on an Indian woman from a strict traditional family?

*Example:* A feminist counsellor encourages a woman of Indian descent to stand up to her husband and assert her right to go to work in a mixed gender environment.

2. Discuss the high rates of murder against women in India.
3. Consider high profile murder cases involving Indo-Canadian women in Canada.

BREAK

*15 minutes*

### PART 3 Skills

#### 5.3.1 *Counselling Methods Comparable to Traditional Indian Methods* *10 minutes*

*Instructor:* Elicit from students what they know of traditional Eastern Indian philosophies of healing. Students should demonstrate awareness that many Asian philosophies are holistic, blending body, mind and spirituality. Some traditional Indian techniques that are comparable to Western psychotherapy are meditation, changing beliefs, desensitization, flooding, self-monitoring, and imagery (Hanna & Green, 2004). The following interventions may be culturally appropriate for clients of Indian descent if they are used appropriately to meet client goals:

- directive cognitive and behavioural therapies.
- systematic desensitization.
- progressive relaxation.
- meditation.

- lectures and group discussions.
- ecological, spiritual and multidimensional interventions.

(Hannah & Green, 2004; Sharman, 2004, p. 103).

*Instructor.* Invite the class to specify other theories or interventions they use or are aware of that may be appropriate for clients from India.

### 5.3.2 Jigsaw and Role Play Three Client Scenarios

60 minutes

Three groups.

Materials: Chart paper, felt pens, list of questions.

*Instructor.* Assign a different scenario to each group. Each group assigns a recorder, a presenter, one person to role-play the client and one person to role-play the counsellor.

Role play: 20 minutes. Small group analysis: 10 minutes. Full class discussion: 30 minutes.

The role-playing counsellor must find an appropriate way to counsel the client. If the counsellor does not take the session in a direction that is not culturally sensitive, the client will respond to counsellor questions and provide background information. The presenter and recorder observe strategies, counselling style, and issues. After the role-play, the groups use the following list of questions to guide discussion and analysis. The small groups then return to the class to discuss their recommendations.

*Questions to guide discussion and analysis:*

1. What issues must the counsellor consider?
2. What is the client's problem: Social, cultural, environmental, physiological or all?
3. What therapeutic approach did the counsellor use? Was it effective?
4. Explain counselling goals, course of action and rationale for your approach.
5. What concerns or conflicts did the counsellor experience?
6. Did the counsellor make assumptions about the issue the client was dealing with?

7. Is it appropriate for the therapist to offer solutions?
  8. What recommendations or alternatives can the group offer?
- Take observations and findings to the main class for discussion.

#### 5.3.2.1 Scenario #1: Arja

*Presenting problem:* Arja is complaining of dizziness, loss of sleep, and weight loss. She is crying all the time. Some White friends recommended counselling.

*Background information provided to the person role-playing the client.*

Arja, lives at home with her husband, her children, and her husband's parents. Arja's mother-in-law speaks only Hindi. Mother-in-law misses her country and her village. She spends her time at home or at the temple where she has friends from India. Arja is busy raising her two children, taking them to school and other events. She has completed English as a Second Language classes and is now taking courses at the college in the evening. She hopes to get a good job once she completes her college program. The money will be helpful. Arja has both Indian and White friends. Arja's mother-in-law has always been the authority figure in the house and bossy toward Arja. They share cooking duties. Arja does most of the cleaning. Recently, since Arja began college, the mother-in-law's complaints against Arja have worsened. Mother-in-law wants Arja to stop college because she says Arja is making inappropriate friendships with men. Arja is distraught. She is depressed, tearful and cannot sleep at night. She is doing poorly in her courses and experiences dizziness and headaches. Previously, Arja's husband supported her efforts to upgrade; now he says nothing. Arja is worried about gossip. She wonders if she should do as her mother-in-law says: have another child and stay home. Arja has been referred to a counsellor by friends from college.

### 5.3.2.2 Scenario #2: Satya

*Presenting problem:* Satya is 37. She immigrated to Canada 15 years ago and has Canadian citizenship. She cries a lot and has suicidal thoughts. She pines over her lost relationship with her son and worries about money and her lonely future. She wants advice.

*Background information provided to the person role-playing the client.*

Satya's family arranged her marriage to Prakul, a young man whose family has lived in Canada for 20 years. The young man was raised in Canada and adopted mainstream values. Nevertheless, to please his parents, he agreed to the arrangement. Satya arrived in Canada when she was 18. The couple had two children: a daughter, then a son. Satya became an active member of Prakul's extended family and the local East Indian community. When their daughter was ten and their son was seven, Prakul's father died, and his mother moved in with a daughter in another town. Prakul filed for divorce, won custody of his son, and re-married. Satya was shocked and terrified. She received a divorce settlement that allowed her to buy a home with a suite she could rent out. She makes ends meet by doing housework. Satya pines for her son; however her ex-husband rarely allows her to see the boy. Satya feels powerless to stand up to Prakul and will never take this matter to court. Satya has limited prospects to improve her economic status because of her limited English and education. Classes take time and money. She has drifted away from the temple because she is embarrassed, and she thinks people are uncomfortable about the divorce and her status. Satya would like to re-marry but sees no possibility. She has no friends within the mainstream culture. Satya's daughter is a modern thinker and has now graduated from college and is seeking a career in a different city. Satya is lonely and exhausted. She has secretly thought about suicide. She is seeking advice about what to do.



### 5.3.2.3 Scenario #3: Muni

*Presenting problem:* Muni is 32 years old and married. He and his wife are both second generation Indo Canadians. They both completed college and work in highly technical jobs. Muni came for counselling because he feels tired and exhausted. His back hurts. His eyes are bothering him. He has bad headaches, he feels depressed, and he is not sleeping.

*Background information provided to person role-playing the client:*

Muni and his wife both graduated from college and became successful professionals. They have been married eight years. They have no children. Four years ago, they bought a brand new house in an expensive part of town. The mortgage payments are high. Both incomes are required to make ends meet. Muni's job is demanding. He puts in an average of 60 hours per week but has a hard time keeping up, and he is tired of putting in so many hours. His back hurts. His eyes are bothering him. He has bad headaches, he feels depressed, and he is not sleeping. He is thinking about finding another job, but he is worried about the mortgage payments.

Muni and his wife both have very traditional parents. Muni's parents live with his older brother. Both sets of parents are pressing the couple to have children. For several years, Muni and his wife felt children could not be a priority. They attended services and functions at the temple to please their parents. The pressure to have kids and to pay their bills caused a strain on the marriage. Over the last two months, Muni has been avoiding his family altogether. He spends most of his time at work or doing functions related to the mainstream culture. He has been keeping a secret about his relationship with his wife that he intends to tell no one: not even his counsellor.

5.3.2.4 *Use a Racial/Cultural Identity Development Model*

15 minutes

*Instructor.* When the counselling focus involves bridging the gap between two cultures, a racial/cultural identity development model may help. Students must take care not to make stereotypical judgments or to assume every person will pass through all stages of conformity, dissonance, resistance, introspection, or integration to arrive at self-acceptance.

1. Have students use one model of racial/cultural identity (unit 4) to determine the stage of cultural identity of Arja, Satya, Muni, or another scenario identified by the class.
2. Have students explain their reasons for their determinations.
3. Can the model be used to predict behaviour and issues that may affect counselling?

## PART 4 Awareness

5.4 *Self-reflection, Journaling, Homework, and Closure*

10 minutes

*Homework*

- Assign Unit 6 readings:  
Sue & Sue (2003), chapter 13.

*Journal*

Cross-cultural competencies writing prompt. Review the unit 2 cross-cultural checklist to determine if it is adequate for working with clients of Indian descent, or whether you believe that it should be modified.

*Outstanding Issues and Questions*

- Reminder: Confirm presentation schedule and due dates for assignments.
- Answer questions. Clarify any difficulties or concerns.

## WEEK 6

## COUNSELLING CLIENTS OF CHINESE DESCENT

## Session Outline

## Readings to be Completed Before Class:

Sue and Sue (2003), chapter 13.

PART 1	Unfinished Business	
6.1	Questions and Issues from the Previous Week	10 minutes
PART 2	Knowledge	90 minutes
6.2.1	Scheduled Presentations	
6.2.2	Lecture: Instructor Discusses and Expands Upon Assigned Readings and Key Unit Concepts Not Included in Student Presentations:	
	Cultural Background of Clients of Chinese Descent	
	Religious Influence on Clients of Chinese Descent	
	Cultural Norms and Etiquette	
	Counselling Issues for Clients in Canada	
BREAK		15 minutes
PART 3	Skills	60 minutes
6.3	Counselling Activities, Strategies and Interventions	
PART 4	Awareness	5 minutes
6.4	Self-reflection, Journaling, Homework, and Closure	

## Session

## PART 1 Unfinished business

6.1 *Questions and Concerns from the Previous Week* 10 minutes

## PART 2 Knowledge

6.2.1 *Scheduled Student Presentations*

6.2.2 *Instructor.* Use the following lecture notes to expand on assigned readings and key unit concepts. Cover what was not covered by student presentations.

*Lecture: Chinese and Southeastern Asia Culture and Religions* 20 minutes

Asia is a vast region comprised of many countries and over 40 distinct subgroups that differ in language, religion, values, and attitudes (Adler, Towne, & Rolls, 2004; Lin & Cheung, 1999; Sandhu, 1997; Sue & Sue, 2003; Williams, 2003a). The origins of Chinese sacred traditions and values date back over 4000 years and are imbued within the ancient philosophies of Confucianism and Taosim. Taoism (Daoism) emphasises the human connection to nature, whereas Confucian values emphasise the development of character and conscience, conformity, social responsibility, loyalty to government, acceptance of one's place in society, and respect for parents (Berling, 1982; Daoism, 2005; Totem, 2000). Both philosophies provide a model for social mores and social conduct.

Chinese Buddhism is practiced by people from China, Korea, Thailand, and many other southeast Asian countries. The influence of Confucianism on Buddhism resulted in a faith distinctly different from the Buddhism practiced in India (Totem, 2000). Other religions practiced in China and Southeast Asia include Chinese Islam and various forms of Christianity (Kangsheng, 2005).

During China's Cultural Revolution (1966-1976), the communist government promoted atheism and rejected many traditional Chinese ideals. People often risked their lives to hide and preserve traditional crafts, art, books, religion, and philosophy.

China recently re-opened its doors to foreign trade. In a new era of capitalism, China has become a leading exporter of technology, fashion and oil (Totem, 2000). Despite China's re-entry into the global economy, one ongoing issue between China and the West has been China's stance on human rights. The Canadian government opened a dialogue with the President of China under the Liberal government. However, in 2005, the relationship between the governments of China and Canada became somewhat strained. It is clear that cross-cultural competency is necessary between governments as well as people. "You will not get anywhere if you *insult* them; you have to *engage* them in dialogue" (Chretien, 2006). Nevertheless, counsellors must be aware that many Chinese immigrants are here because of human rights concerns in China. Other Chinese immigrants are here because of a change in the global economy and new economic opportunities.

Although there are many intra-group and individual differences among Asian peoples, most Asian cultures hold collectivistic values, which stress:

- co-operation.
- integrity.
- priority of family over individual.
- pride.
- duty, order, family-related goals.
- avoidance of shame so not to lose face to the group.
- reverence for age and tradition.

(Adler, Towne, & Rolls, 2004; Lin & Cheung, 1999; Sharman, 2004; Williams, 2003a).

People who immigrate to Canada from China have come from a Communist country of 130 billion people with imposed population controls allowing only one child per family. The dominant ethnicity is ethnic or Han Chinese. The dominant language is standard Mandarin Chinese. Cantonese is also prevalent. Both languages have the same symbol-based written language (Global MBA Graduates, 2002).

Chinese people from Hong Kong may have a very different worldview than Chinese people from mainland China. For many, their primary language has been English rather than Chinese. As Hong Kong Chinese people were brought up in a capitalist economy, many have an individualistic rather than a collectivist philosophy (Butler, 2003). Many Hong Kong Chinese families immigrated to Canada just prior to the return of Hong Kong to Chinese control.

#### 6.2.2.2 Discussion: Perceptions of a Power Differential

15 minutes

In most Asian countries, there is a high power differential between authority and the people (Williams, 2003a). This is an important consideration for counsellors because many Asian people see counsellors as representing authority.

*Instructor.* Engage students in discussion by asking the following questions:

1. How will a client's view of a counsellor as being a representative of authority affect the counselling relationship?
2. What value is there in having some background knowledge of a client's country, history, and religious beliefs? (Consider that in a contemporary world, most Chinese people still uphold the primary values of long life, family, charity, and happiness).

## 6.2.2.3 Discussion: Values, Etiquette and Communication Style

30 minutes

*Instructor.* Use the following points to guide a discussion about how commonly held values will impact a counselling relationship. For each point in the discussion, have students consider the implication for worldview differences, non-verbal misunderstandings, etiquette, and counsellor behaviour.

1. Collectivist values: Group needs are more important than individual needs.
2. Time: Being late is considered rude.
3. Rank and status are valued. Use of formal titles in a professional context is preferred.
4. Clothing: Conservative.
5. High context communication style.

Gestures considered rude or insulting:

Personal contact in public.

Pointing with index finger.

Pointing when speaking.

Touching the mouth.

(Blair & Quian, 1998; Global MBA Graduates, 2002).

6. *Instructor.* To finalize this activity, ask students whether their counselling relationship with a client, who holds traditional Chinese values, will succeed if they maintain the status quo as far as their current verbal and non-verbal communication style, counselling behaviour, and etiquette is concerned.

6.2.2.4 *Question and Answer Activity*

25 minutes

Instructor: Allow 2 minutes per question for 1-9. Allow 5 minutes for question 10.

How is the counselling relationship affected by clients' different experiences in terms of:

1. recent -vs- long time immigrants?
2. number of generations in Canada?
3. acculturation and experience?
4. education?
5. economic success?
6. traumatised refugees?
7. religious differences between client and counsellor?
8. family values?
9. Discuss how the concept of shame can affect the counselling process.
10. *Instructor:* Ask students to identify different parenting styles and family structures among Asian groups and to suggest implications for counselling.

*Expected answers:* Chinese families may be patriarchal. Parenting may be authoritarian and directive. Children feel a sense of responsibility and obedience to parents (Sue & Sue, 2003). Family hierarchy and male status is important.

*Counselling implications:* Western parenting may not agree with Asian ideals. The style of counselling may undermine the traditional hierarchical family structure and challenge the male status (Sue & Sue, 2003, p. 333). Counsellors must address the father first, and remember that it may be embarrassing for the parent when the child is asked to translate. The resulting perception of lost male status can lead to family conflict unless it is handled in a way that shows respect for the parents (Sue & Sue, 2003).



## BREAK

15 minutes

## PART 3 Skills

## 6.3 Jigsaw Client Scenario Activity

60 minutes

*Small groups* of two or four. Each small group assigns a recorder and a presenter.

*Materials:* Chart paper, felts, and questions to guide discussion and analysis.

*Instructor.* See the following list of six client scenarios. Assign each to a different small group. Have each small group discuss and analyse their scenario(s) by answering questions. Small groups then return to the large class group to outline and discuss their findings, concerns and recommendations. Depending upon class size, you may elect to do all of the scenarios or select only those you prefer.

*Time:* Small group discussion/analysis: 20 minutes. Full class debrief: 40 minutes.

## 6.3.1 Scenario #1: Mr. and Mrs. Lee

*Presenting problem:* To ensure the success of their children, some Asian parents may be very directive about their children's schooling and career choices (Sue, 2004, p. 91; Sue & Sue, 2003, p. 333). Mr. and Mrs. Lee have been in Canada 11 years. Their son is now 16 years old. The parents have maintained traditional Chinese culture-bound values and beliefs based on patriarchal authority and parental respect. Their son has adopted westernized contemporary values and morals that are not acceptable to his parents. The boy has come to talk to a school counsellor about his frustrations. The counsellor has called the parents in for a discussion. This has evoked feelings of shame and embarrassment for the father, in particular.

*Questions for the Scenario #1:*

1. Identify the family, social, cultural and economic dynamics involved here.
  2. Would you work with this family separately, together, or both?
  3. How would you work with the parents in this situation? Why?
  4. If there are language difficulties, what will you do? What won't you do?
  5. How would you work with the child?
  6. Agree on an appropriate therapeutic approach. Explain your reasons.
- Take group's concerns and recommendations to the main group for class discussion.

## 6.3.2 Scenario #2: Em

*Presenting Problem:* Currently, there is an increase in the numbers of surgical procedures designed to change the shape of the Asian eye. Plastic surgeons and Asian patients insist this surgery is not intended to *westernize* the eye.

Em, a 20 year old Chinese lady who has been in Canada for 6 years, has been referred by a doctor because she has headaches and other aches and pains that cannot be explained physiologically. The doctor believes she is having self-esteem and identity issues. She denies this. However, she mentioned that she is going to have plastic surgery on her eyes. Although she is adamant that the surgery is not intended to westernize her eyes, she feels that it will improve her appearance.

*Questions for the Scenario#2:*

1. Identify the family, social, cultural and economic dynamics involved here.
2. What is the client's problem?
3. What cultural factors are influencing Em?
4. What concerns/conflicts would a Eurocentric counsellor experience in this situation?

5. How would you work with Em?
  6. What assumptions might a counsellor make?
  7. What therapeutic approach would you use? Why?
  8. Can this matter be resolved in a culturally sensitive way?
- Take findings back to main group for class discussion and review.

### 6.3.3 Scenario #3: June

*Presenting Problem:* June was born in China and emigrated to Canada with her parents when she was 18. June attended university and is now a well-respected professional. She married a Caucasian husband. They have two children, ages 14 and 16.

Two years ago, June's elderly parents moved in with June and her family. Even though June has a successful career and a good family life, she now finds herself dutifully answering to her mother who is demanding and critical. June now has many conflicted feelings and often feels like a child in her own home. She can't talk about her feelings to her western friends, who would not understand her sense of duty, and she feels guilty about her conflicted feelings. June doesn't tell her husband of her problems because he has tried hard to accommodate her parents, and she is afraid that if she complains, he will feel he should do something to make her happier. June is becoming more and more exhausted. She is getting a lot of headaches and she is having stomach problems.

#### *Questions for Scenario #3:*

1. Identify the family, social, cultural and economic dynamics involved here.
2. What is the client's problem?
3. What cultural factors are influencing June?
4. What concerns/conflicts would a Eurocentric counsellor experience in this situation?

5. How would you work with June?
  6. What assumptions might a counsellor make?
  7. What therapeutic approach would you use? Why?
  8. Can this matter be resolved in a culturally sensitive way?
- Take findings back to main group for class discussion and review.

#### 6.3.4 Scenario #4: Ying

*Presenting problem:* Ying was born and educated in China. She and her husband both obtained professional degrees and had good careers in China. They emigrated because of the oppressive environment, their Christian values, and the one-child limitations. When they arrived in Canada, their daughter was four years old. However, life in Canada was much more difficult than they had assumed. Neither could speak English, and their Chinese credentials were not recognised in Canada. They began running low on money and could get only the most menial jobs. Ying became extremely depressed. Then she got pregnant with twins. She found that raising the infants was much more difficult than she had anticipated. Furthermore, she felt extremely frustrated and isolated due to the language barriers. She came to counselling to deal with her depression. Unfortunately, however, she has difficulty communicating with the counsellor.

#### *Questions for Scenario #4:*

1. As a counsellor, what cross-cultural concerns and issues must be considered?
2. What is the client's problem: social, cultural, environmental, physiological or all?
3. What therapeutic approach might a counsellor use? Why?
4. Explain counselling goals, course of action and rationale for selected approach.
5. What concerns or conflicts might a counsellor experience?

6. Is it appropriate for the therapist to offer solutions?
  7. What recommendations or alternatives can the group offer?
- Take findings back to main group for class discussion and review.

#### 6.3.5 Scenario #5: *Jim*

Create a worldview model for a 50 year-old Buddhist businessman from China with traditional Chinese values. He is intelligent, well-educated and proud. He emigrated from China 20 years ago. He has a high profile within the Chinese community and a traditional wife, who is active in the Chinese community. Their children are in their twenties. His friends and business acquaintances are mostly Chinese, so his primary language continues to be Chinese. Nevertheless, he has been very successful in Canada and has become quite wealthy. He travels back and forth to China quite regularly. He has an English-speaking staff to deal with his English-speaking customers because he is embarrassed by his limited English language skills. Jim was referred to counselling as part of a sentence for several drunk driving convictions. His son insisted on driving him to his appointment. Jim feels very uncomfortable and embarrassed.

#### *Questions for Scenario #5:*

1. Compare Jim's worldview to your own. Identify conflicts or cross-cultural concerns.
  2. What issues in cross-cultural communication must be considered?
  3. What is the client's problem: Social, cultural, environmental, physiological or all?
  4. What approach might a counsellor take? Why?
  5. Explain counselling goals, course of action and rationale for your approach.
  6. Are the clients' concerns a cultural issue? Why or why not?
- Take observation and learning back to main group for class discussion and review.

### 6.3.6 Scenario #6: Herman

*Presenting Problem:* Herman is a shy 17-year-old, whose family immigrated to Canada 12 years ago. His parents have traditional Chinese values and traditions. It is very important that Herman be successful. Their hopes and dreams for their family rest with Herman, so they have put every penny of their savings away to ensure he gets a good university education. They want him to become a doctor.

Herman was a good high school student, but is under a lot of stress because good grades do not come easy to him. Despite his efforts, he is only achieving B's - not high enough for medical school. He feels he must study all the time and cannot take time to be with friends. He feels anxious and sick. He is afraid of letting his family down and shaming them. Herman came for counselling, but his parents will never agree to come.

#### *Questions for Scenario #6:*

1. What cross-cultural concerns and issues must be considered?
  2. What is the client's problem: Social, cultural, environmental, physiological or all?
  3. What therapeutic approach might a counsellor use? Why?
  4. Explain counselling goals, course of action and rationale for selected approach.
  5. What concerns or conflicts might a counsellor experience?
  6. Is it appropriate for the therapist to offer solutions?
  7. What recommendations or alternatives can the group offer?
- Take findings back to main group for class discussion and review.

## PART 4 Awareness

### 6.4 *Self-reflection, Homework and Closure*

5 minutes

#### *Homework*

- Assign Unit 7 readings:

Sue and Sue (2003), chapter 7.

France, Rodriguez, et al. (2004):

- Edwards, W. (2004a). The impact of cultural misconstruction on education (ch 5, pp. 77-88).
- Li, Y., France, H., Cheboud, E., & Rodriguez, M. (2004). Acculturation and adaptation: Providing counselling for immigrants and refugees (ch. 9, pp. 119-136).
- Cheboud, E. (2004). Allowing, adjusting, achieving: Helping immigrant children deal with acculturation in the school system (ch. 10, pp. 137-146).

#### *Journal*

Cross-cultural competencies writing prompt: Consider aspects of your personal communication style, etiquette, or attitude that may have the potential to be perceived as rude or be misconstrued by Southeastern Asian clients with traditional values.

#### *Outstanding issues and questions*

- Confirm presentation schedule and due dates for assignments.
- Answer questions. Clarify any difficulties or concerns.

## WEEK 7 COUNSELLING CLIENTS OF JAPANESE AND KOREAN DESCENT

## Session Outline

Readings to be Completed Before Class:

Sue and Sue (2003), chapter 7.

France, Rodriguez, et al. (2004):

- Edwards, W. (2004a). The impact of cultural misconstruction on education (ch 5, pp. 77-88).
- Li, Y., France, H., Cheboud, E., & Rodriguez, M. (2004). Acculturation and adaptation: Providing counselling for immigrants and refugees (ch. 9, pp. 119-136).
- Cheboud, E. (2004). Allowing, adjusting, achieving: Helping immigrant children deal with acculturation in the school system (ch. 10, pp. 137-146).

PART 1:	Unfinished Business:	10 minutes
7.1	Questions and Issues from the Previous Week	
PART 2:	Knowledge	45 minutes
7.2.1	Scheduled Presentations	
7.2.2	Instructor Expands on Readings and Concepts Not Covered by Presentations.	
	Japanese Cultural Background	Korean Cultural Background
	Therapeutic Approaches	Counselling Issues for Clients in Canada
BREAK		15 minutes
PART 3:	Skills	100 minutes
7.3	Counselling Strategies, Interventions, and Activities	
PART 4:	Awareness	10 minutes
7.4	Self-reflection, Journaling, Homework, and Closure	



## Session

## PART 1 Unfinished business:

7.1 *Questions and Concerns from the Previous Week* 10 minutes

## PART 2 Knowledge

7.2.1 *Scheduled Student Presentations*

7.2.2 *Instructor.* Use the following lecture notes to expand on assigned readings and key unit concepts. Cover what was not covered by student presentations.

*Lecture: Cultural Background of Clients of Japanese Descent* 10 minutes

Today, Japan is the "richest, most successful non-western society and the strongest democracy in Asia" (Stavis, 2005). Japan uses western technology and is a capitalistic success, while at the same time maintaining many traditional and collectivistic values.

Although Christianity and Islam exist in Japan, the two major religions are Shinto and Buddhism (Robinson, 2005). When Buddhism and Confucianism came to Japan in the 6th century, Shinto accepted the moral underpinnings of Confucianism (Robinson, 2005). Values of Shinto include ancestor worship, reverence for the sanctity of human life, and a collectivistic morality that puts group needs ahead of the individual (Robinson, 2005).

*Shinto's Four Affirmations*

- Tradition and the family.
- Love of nature.
- Matsuri: Worship of Kami and ancestral spirits.

(Robinson, 2005)

Ontario Consultants of Religious Tolerance found that most Japanese do not incorporate religion in their everyday lives, but adopt Shinto traditions for special occasions such as births, deaths, weddings, and religious holidays. Altars, charms, and origami are accoutrements of the Shinto religion (Robinson, 2005).

Buddhist ceremonies are typically reserved for funerals and cemeteries. Japanese who follow the Buddhist tradition cremate their dead. In Buddhist tradition, they take a meal in the crematorium. Later, relatives use chopsticks to pick the bones out of the ash and pass them from person to person. A Buddhist monk presides over a ritualized Buddhist funeral ceremony and money and gifts are exchanged. For 35 days, the urn is displayed on an altar at the family's home. Incense sticks burn continuously until the urn is buried at a Buddhist cemetery. Japanese visit the graves on special ceremonial days throughout the year (Japan Guide, 2002; Robinson, 2005).

#### 7.2.2.1 *Class Discussion Activity: Japanese Cultural Norms and Etiquette* 15 minutes

*Instructor.* Ask students, which values held by Japanese and Korean cultures, are similar to those held by Asian cultures already discussed.

*Expected Answers:* Collectivist culture, high context communication, respect for position and education, preference for the use of formal titles in a professional context, similar greeting styles, and preference for conservative clothing (Brenner, 2005).

*Instructor.* Use the following points to guide a discussion about how commonly held values will impact a counselling relationship. For each point in the discussion, have students consider the implication for worldview differences, non-verbal misunderstandings, etiquette, and counsellor behaviour.

1. Punctuality is expected in business, but is not as important for less formal occasions (Brenner, 2005).
2. Silence is used comfortably (Brenner, 2005).
3. Smiles may express joy OR displeasure (Adler, Towne, & Rolls, 2004; Brenner, 2005).

#### *Rude or Insulting Gestures*

- Direct refusal.
- Pointing.
- Blowing nose in public.
- Crowding.
- Public displays of affection.

(Brenner, 2005)

#### *Eating*

- Socializing with food and drink are culturally important (Brenner, 2005).
- Do not drop chopsticks or stand them upright in a bowl as this is a reminder of the Buddhist death ceremony (Brenner, 2005).
- Filipinos may use one utensil to move food off a plate or bowl onto a spoon to eat. (Brenner, 2005; CBC Television News, 2006c).

#### *Parenting Style*

- Egalitarian. Patriarchal authority (Sue & Sue, 2003).
- Some *acculturated* children feel pressured by parental obligations (Cheboud, 2004; Sue & Sue, 2003, p. 332).

7.2.2.2 *Class Discussion Activity: Accessing Mental Health Services*

5 minutes

*Instructor.* Ask students why Asian clients underutilize mental health services.

*Expected answers:*

- Poverty due to lack of education.
- Difficulty relating to westernized values & Eurocentric counselling.
- Lack of familiarity with the role of counsellors.
- Belief that family issues should not be discussed outside of family.

(Cheboud, 2004; Li et al., 2004; Sue & Sue, 2003).

7.2.2.3 *Lecture: Korea*

5 minutes

Asian people have been part of the Canadian mosaic since the birth of Canada. Some Asian families have been in Canada for generations; others recently emigrated from war-torn or politically intolerant countries. Consequently, the political, historical, and cultural backgrounds of Asian peoples are different, as are their levels of education, economic success, English language competency, acculturation, and adherence to religious beliefs (Li, France, Cheboud, & Rodriguez, 2004; Sue & Sue, 2003).

*Korea: Revolution*

10 minutes

In the early 19<sup>th</sup> century, Korea was plagued by drought, floods, and famine. Rulers raised taxes on crops and forced peasants to increase free labour. Revolutionary themes were set to music to help illiterate farmers, who formed the Tonghak Peasant Army. They killed wealthy landlords, traders and foreigners and distributed the wealth among the poor. The

government in Seoul sought aid from Japan and China, and the Japanese army quashed the Tonghak Peasant Army. Political tensions still exist between Japan and Korea today. North Korea's philosophy of nationalistic exclusionism rejects the Japanese culture and Western ideologies and religions (Brenner, 2005).

The political history of Korea has resulted in the peoples of North and South Korea, developing very different perspectives and worldviews, which in turn are very different from the worldviews of the Chinese and Japanese peoples.

### *Chundoism*

The religion of Korea, combines Tonghak humanistic socialistic teachings with Confucianism, Buddhism, and Songgyo. Chundoism premises that God resides in each of us, not in heaven. Chundoism strives to convert followers into moral beings with a high social conscience (Brenner, 2005).

*Instructor:* Invite questions and discussion about differences between Korean and Japanese culture in terms of implications for counselling and cross-cultural communication. Consider worldview differences, non-verbal misunderstandings, etiquette, and counsellor behaviour. It may be appropriate to touch very briefly on the political differences between North and South Korea and the controversy over nuclear capability.

Stereotyping people based on their ethnic appearance or general region of origin should be addressed.

BREAK

*15 minutes*

## PART 3 Skills

7.3.1 *Film Viewing Activity*

60 minutes

*Instructor:* Select a film (s) from the following list to view and discuss.

*Crosstalk* [Film]. (1982). Princeton, NJ: Films for the Humanities and Sciences.

(This film demonstrates how negative and incorrect assessments flow from cultural and linguistic differences). (50 min.).

*True lies* [Film]. (1989). New York: Women Make Movies.

(This film investigates the use of eye surgery to alter the appearance of Chinese women).

7.3.2 *Client Scenario Activity*

40 minutes

Three small groups assign presenters and recorders.      Materials: Chart paper, felts.

*Instructor.* Assign different client scenarios to different groups.

*Time:* Small group discussion/analysis: 15 minutes. Full class debrief: 25 minutes.

*Alternate Activity:* If time permits, some groups may do more than one client scenario.

Client scenarios may also be used for role play. The person assigned as counsellor must find culturally sensitive ways to elicit the background information from the role-play client.

7.3.2.1 *Scenario #1: Xian*

*Presenting Problem:* Refugees have often faced war, starvation, torture, long periods in refugee camps, separation from family and community, fear, and sense of displacement in a host country. They often have trouble with the language, have limited access to education, and have difficulty finding employment. Posttraumatic stress syndrome and depression are common (Sue & Sue, 2003, p. 338).

A middle-aged Vietnamese woman has been referred for counselling. Sixteen years ago, she escaped Vietnam and immigrated to Canada with two children. Her husband was left behind in a camp. Canada will not accept him as a refugee. Xian does not want to go back to Vietnam, but she cannot seem to learn to speak English. She has extreme difficulty with pronunciation and a thick accent that makes her hard to understand. This prevents her from getting a job. However, through her refugee status and connections with the Vietnamese community, she has been able to raise her children, who have now grown up and successfully moved on with their lives. Xian feels her prospects in life are limited. She can never re-marry or have a relationship because she is married. She feels she has no purpose. She still has regular nightmares about her escape. She is exceedingly depressed.

*Consider and discuss the following:*

1. What are Xian's problems? Are they social, cultural, environmental, or other?
  2. Explain counselling goals, course of action and rationale for suggested approach.
  3. What concerns or conflicts might a culturally different counsellor experience?
  4. What concerns or conflicts might the client experience with a white male counsellor?
- Bring concerns and recommendations to the class for discussion.

#### 7.3.2.2 Scenario #2: A Filipino School Child

*Presenting problem:* There was a recent incident involving a 7-year-old Filipino child, who was eating his lunch in a school cafeteria in Montreal, Canada by moving the food (rice etc.) onto a spoon with a fork (CBC Television News, 2006c). In front of all of the other children in the cafeteria, teachers loudly proclaimed that the child was “a pig” and told him he was not allowed to eat with other children in the cafeteria until he learned to eat properly. The child had been happy, well adjusted, and a good student. That day after school, his

mother found him distraught and unable to understand what he had done wrong. Not only had teachers called him *a pig*, they were also ignorant of different cultural norms around Filipino eating habits and had made them out to be wrong. Furthermore, the reaction of teachers caused the boy to become isolated from and ostracized by other children. The child's mother took the matter up with the school administration, which defended the actions of the teachers. They stated that the child was living in Canada now and must learn to eat like everyone else in Canada. The matter gained international attention as people around the world began to question Canada's proclamation of multicultural tolerance. Filipinos marched with signs that said "FILIPINOS EAT WITH SPOONS". CBC reported the incident one week after it occurred. By then, the mother was driving her child home for lunch, so he would not be subjected to teasing in the cafeteria. She was attempting to find another school for him to attend in September.

1. What happened here? Why did it happen?
  2. How do you think this child felt?
  3. What were his emotional experiences of racism and discrimination?  
(Disempowered/ helpless/ doesn't fit in/ isolated/ embarrassed/ victimized/ self-doubting).
  4. What counselling concerns might the child be facing?
  5. What therapeutic approach would you take?
  6. Would you counsel the child alone or the child and parents together or separately?
  7. Explain counselling goals, course of action and rationale for suggested approach.
  8. What concerns or conflicts might a counsellor experience?
- Bring concerns and recommendations back to the class for discussion.



### 7.3.2.3 Scenario #3: An Asian Teen

Premature termination of therapy may be a consequence of inappropriate counselling strategies and the inability of a counsellor to accurately assess the cultural identity of the client (Sharman, 2004, p. 93; Sue & Sue, 2003, p. 208).

*Presenting problem:* An Asian teenager has been acting out in school, showing off for other students, speaking rudely to teachers, refusing to do homework, and exhibiting signs of anger. Someone claims the teen is exhibiting “antisocial behaviour”. The teen is subsequently suspended from school. Upon the school’s recommendation, the parents take their son to a counsellor. The session does not go well for the family, who are embarrassed when the teen is encouraged to look directly at his parents and state his feelings and concerns to them. The family does not return (Sue & Sue, 1990; Sharman, 2004, p. 93).

1. Why does the family not return?
  2. What actions did the counsellor take that were not culturally sensitive?
  3. What risks are inherent to a DSM-IV designation?
  4. What approach might a counsellor take?
  5. What culturally sensitive counselling interventions are more appropriate?
- Bring concerns and recommendations back to the class for discussion.

## PART 4 Awareness

### 7.4 Self-reflection, Journaling Homework, and Closure

10 minutes

#### *Homework*

- Assign next week's readings:

France, Rodriguez, et al. (2004):

- Barise, A., & France, H. (2004). Counselling the Muslim Client: Identity, Religion and Ethnicity in Canada (ch. 13, pp. 175-188).
- France, H. (2004b). Sufism and healing: An Islamic multicultural approach (ch. 22, pp. 289-298).

#### *Journal*

Cross-cultural competencies writing prompt: Ask class members to analyse and paraphrase the following statement: "Research indicates that Asian clients prefer and benefit most from a highly structured and directive approach rather than an insight/feeling-oriented one" (Sue & Sue 2003, p. 208).

1. Think of two or three examples that illustrate this point.
2. Explain the counselling implications.

#### *Outstanding Issues and Questions*

- Confirm scheduled presentations and due dates for assignments.
- Answer questions. Clarify any difficulties or concerns.

## WEEK 8

## COUNSELLING MUSLIM CLIENTS

## Session Outline

Readings to be completed before class:

France, Rodriguez, et al. (2004):

- Barise, A., & France, H. (2004). *Counselling the Muslim Client: Identity, Religion and Ethnicity in Canada* (ch. 13, pp. 175-188).
- France, H. (2004b). *Sufism and healing: An Islamic multicultural approach* (ch. 22, pp. 289-298).

Reserved Video:

Mandell, J. (1993). *Tales from Arab Detroit* [Video].

NY: New Day Films. (Integrating cultural and contemporary values. 45 minutes).

PART 1	Unfinished Business	10 minutes
8.1	Questions and Issues from the Previous Week	
PART 2	Knowledge	60 minutes
8.2.1	Guest Speaker(s) From the Muslim Community or Scheduled Presentations	
8.2.2	Lecture: Instructor Expands on Assigned Readings and Concepts Not Covered by the Guest Speaker or Student Presentations.	
	Islam and Cultural Norms and Etiquette (Verbal and Non-verbal)	
	Post 9/11/2001 Concerns Facing Muslim Communities	
BREAK		15 minutes
PART 3	Skills	85 minutes
8.3	Counselling Strategies, Interventions, and Activities	
PART 4	Awareness	10 minutes
8.4	Self-reflection, Journaling, Homework, and Closure	

## Session

## PART 1 Unfinished business

8.1 *Questions and Concerns from the Previous Week* 10 minutes

## PART 2 Knowledge

8.2.1 *Introduce Guest Muslim Speaker(s) -OR- Begin scheduled Student Presentations.*

8.2.2 *Instructor.* Use lecture notes to expand upon assigned readings and key unit concepts not covered by the guest speaker or in student presentations.

*Lecture: Contemporary Issues of Racism Against Muslims* 15 minutes

The events of September 11, 2001 changed the world and focussed global attention on the “War on Terrorism” where anti-American, anti-British, and anti-Israeli sentiments had long been playing out on the stages of the Middle East, Africa, and Europe. Now, to the surprise of many in the West, the battle landed on North American soil. Unfortunately, political reaction from American and British governments, fear-mongering by the media, and the division in ideologies between East and West targetted not only radical Islamics but also peaceful Muslims. Racism and prejudice along religious lines began to grow, not only in big cities in the United States, but also in small towns in Canada. For example, after the attacks of September 11, 2001, some people threw rocks at the house of a peaceful young family in Prince George, B.C. simply because they were Muslim. The 9-year old boy was picked on and teased by school children. The family, which was already struggling with the normal immigration issues of trying to make a life in a new country without family and friends and learning the language, suddenly had to contend with direct discrimination based on race and religion. They felt unwanted in Canada, and they felt unsafe and homeless. Yet they could never return to the oppressive country of their birth.

Discrimination was also seen at Canada's federal level as demonstrated by the saga of Maher Arar, a Canadian deported by the United States to Saudi Arabia, where he was tortured, simply because he was Muslim. This injustice documents evidence that fear had created racist policies at the highest levels of the RCMP and the governments of Canada and the United States. Fear and revenge has altered the public mindset, which has begun to translate into an "us/them" stance, which in turn, lends itself to increasing expressions of racism.

There is no doubt that some Islamics have committed terrorist acts against Canadians, Americans, and other westerners. However, the political climate that has led radical Islamics to commit these acts of violence is murky. However, we must be reminded that we cannot generalize against an entire race, religion, or ethnic group on the basis of the actions of some. People or groups responsible for crimes need to be judged individually. Furthermore, counsellors in Central and Northern BC who work with Muslim clients are more likely to be working with ordinary peaceful individuals rather than terrorists.

To be cross-culturally competent, counsellors must understand the political stage upon which racism and prejudice are manifest. They need to appreciate the perspective of groups such as Muslims, whose fears, stressors and concerns are not manufactured in the mind but are real. Counsellors working with Muslim clients must be aware of the great diversity and intra-group variances that exist between cultural groups, races, and sectarian beliefs. Muslims are as varied in their thinking and political policies as are Christians.

Counsellors working with particular cultural groups must do research to gain a deeper understanding of the people with whom they are working. This unit offers a brief overview of

Islamic culture and expands upon assigned textbook readings by exploring socio-cultural and counselling issues faced by Muslim clients in Canada.

#### 8.2.2.2 *Lecture: Islam*

Christianity and Islam are sister religions, whose monotheistic routes can both be traced to the time of Abraham. The prophet Mohammed founded Islam between 610-632 AD in Saudi Arabia at Mecca, uniting warring tribes under a belief in one God: Allah. Arab traders spread the “Word of Islam” and thousands of Muslim mosques and palaces were built worldwide, including the renowned palaces of Al-Hamra in Spain and the Taj Mahal in India (Aharon, 2005; Armstrong, 2000; Wenner, 2001).

#### *Islamic Sectarianism*

Holy communities of believers formed Islamic sects, which diverged in their interpretation and practice of Islam. Among sects, Mohammed's death in 632 A.D. created a schism between the Shi'as, who want a successor named from the family of Mohammed and the Sunnis, who want a successor chosen by the majority (Aharon, 2005; Barise & France, 2004). This sectarian rivalry continues today.

Muslims are culturally diverse and live in many different countries all over the world. We focus here on Islamic culture in the Middle East to get a sense of the worldview, experiences, and perspective of Arabian Muslim clients who now live in Canada.

#### 8.2.2.3 *Discussion Activity: Cross-cultural Counselling Issues*

*45 minutes*

*Instructor.* Use the following points to guide a discussion about how commonly held Islamic values can impact a counselling relationship. For each point, have students consider the implication for worldview differences, religion, non-verbal misunderstandings, etiquette, and counsellor behaviour. Ask students to consider potential conflicts and problems

that can arise between a client who has traditional Muslim values and a counsellor with modern western-European values and standards.

*The Holy Qur'an* is the holy book of Islam that contains the teachings of Muhammad (Surah 16:97 in Armstrong, 2000; Wenner, 2001).

*Islam* means surrender to the will of Allah. It is a set of values that guides Muslim people.

*Allah* is the source of life, wisdom, and thought. Allah dictates every action including clothing, diet, child rearing, home life, the role of women, morality and prayer (Barise & France, 2004, p. 177). Peace is achieved only by submission to Allah (Armstrong, 2000).

*The Pillars of Islam* are the five fundamental duties of Islamic practice:

1. Profession of Faith: There is no God but Allah, and Muhammed is his Prophet.
2. Five Daily Prayers: The faithful must pray in the direction of the shrine of Kaaba in Mecca, Saudi Arabia.
3. Almsgiving: The moral responsibility to share one's wealth with the poor.
4. Fasting: During the Holy month of Ramadan, eating, drinking, smoking and sex are prohibited from dawn to sunset.
5. The Hajj: A pilgrimage to the shrine of Kaaba in Mecca to be entered upon at least once in the lifetime of all Muslims.

(Aharon, 2005; Armstrong, 2000; Barise & France, 2004; CBC Television News, 2006b; Wenner, 2001).

### *In Islamic Arab Countries*

- A large power differential exists between authority and common people (Hofstede, 2003).
- Islamic laws are upheld rigorously with harsh punishments:
  - Amputations for theft, trafficking and serious crimes (Butler, 2003).
  - Beheadings for capital crimes (Butler, 2003).

### *Women*

- Modesty is important: Women must be fully covered and wear headscarves.
- Traditional Arabic Muslim women may wear a burka or veil.
- Women can be stoned for disobedience or impropriety.
- Avoid the topic of women (Barise & France, 2004; Butler, 2003). In some Islamic cultures, it is considered inappropriate even to ask after the well-being of female family members.

### *High Context Communication*

- Hand shaking is customary for men (Butler, 2003).
- Traditional greeting: Men grasp each other's right hand, placing left hand on the other's right shoulder & exchange kisses on each cheek (Butler, 2003).
- Men walk hand in hand as a sign a friendship (Butler, 2003).
- Formal names are used in business and in formal situations (Armstrong, 2000).
- People may divert their eyes if the topic is difficult (Barise & France, 2004).
- The sharing of feelings and emotionality may be indirect (Barise & France, 2004).
- Silence is used comfortably (Barise & France, 2004).



*Rude or Insulting Gestures*

- Showing the bottom of shoes.      -Touching someone with the left hand.
- Pointing.      -Holding the thumb up.

(Butler, 2003)

*Other Culture-bound Customs*

- Muslims do not drink alcohol or eat pork (Butler, 2003).
- Owners may feel compelled to offer an overly-admired possession as a gift to the admirer (Armstrong, 2000; Butler, 2003).

BREAK 15 minutes

PART 3 Skills 85 minutes

*8.3 Jigsaw Activities: Client Scenarios and Socio-political Issues*

Small groups assign a presenter and a recorder. Materials: Overhead, chart paper, felts

*Instructor.* What follows are a series of client scenarios and socio-political issues for consideration. Depending upon time constraints, you may divide your class into small groups and have each small group work on two or three different topics for 40 minutes. Then all groups return to the main class where groups have a total of 45 minutes to present their findings and recommendations.

*8.3.1 Client Scenario: Safwa*

Religious and political conflicts have resulted in hostilities between Islamic and Western ideologies. Islamic clients can therefore be subjected to prejudice and discrimination by those who stereotype Muslims as terrorists (Carter & El Hindi, 1999). A person may therefore seek counselling because he/she feels threatened and vulnerable and is no longer comfortable at home. In these situations, it is important for the counsellor to identify the true

extent and nature of the person's fears. It may be incumbent upon a counsellor to take on the role of advocate and educator.

*Presenting problem:* Safwa has been married to her husband for 10 years. They immigrated to Canada together, became Canadian citizens, and their two children were born here. Her husband is successful, and they have been doing well. They have a nice home. The children are enrolled in public school and are equally comfortable in the multicultural and mainstream cultures. Safwa has ESL issues, but is thinking of accepting a job as a sales clerk.

The attacks of September 11, 2001 changed everything. Rocks were thrown into the windows of their home. The family car was keyed. Threatening notes were written on their car and sent by e-mail. Children at school bullied Safwa's son, called him names, and excluded him from activities. Safwa's little girl was confused, tearful and afraid. The school disciplined the kids that bullied Safwa's children, but this caused additional resentment.

As time goes by, things have improved and the hate mail has stopped. However, Safwa remains anxious and concerned for her family. She feels she doesn't belong in this country any more. She would like to run away, but she feels like there is no place for her to go where she and her family can feel safe and feel like they belong. She believes that people look at her husband as if he is some kind of terrorist. Safwa has become reclusive. She no longer enrolls her children in team sports. She is vigilant about watching the news. She exhibits the following symptoms of anxiety and stress: Sleeplessness, tearfulness, panic attacks, headaches.

*In the small group, answer the following questions:*

1. What concerns or conflicts might a counsellor experience?
2. Prioritize counselling goals, course of action and rationale for your therapeutic approach.

3. What steps would you take to advocate for this client?

- Take recommendations and concerns back to main group for class discussion.

### 8.3.2 Religion: *"Philosophically Speaking"*

Sasha Cohen is an American comedian who satirizes political and social issues.

On *Da Ali-G Show* (March 21, 2006), Cohen disguised himself as an official from the Arabian Emirates in order to interview a government representative from the American Deep South. Cohen represented himself as a Christian. He then asked the official, "What happens to a person who is not Christian?"

The representative answered that his faith taught him to believe that only those who practiced Christianity and who followed the *Word of the Lord* would go to heaven.

Cohen then asked, "What about the Jews? Will they go to heaven?"

The representative answered that according to his teachings, "No, they would not" (Cohen, 2006).

*Consider the following questions. (Recorder writes down group responses).*

For counsellors who hold an inflexible Christian belief, what are the implications for their attitude toward clients who are not Christian?

1. Is it enough to be "polite"? Is it enough to hide these beliefs?
2. Is it possible to be unbiased when holding the belief that the client's soul is doomed?
3. Does a believer feel a sense of superiority toward non-believers?
4. Some religions believe in heaven. Other religions do not.

How would a person who does not believe in heaven react to someone who says,

"You can't go to heaven because you do not practice the right faith"?

5. Can two extremely pious people from radically different religions and cultures work with each other as counsellor and client? Why? or Why not?
  6. In modern day society, how are conflicts in religious ideologies contributing to an increase in racism, discrimination, and hatred?
  7. As a counsellor, what is your responsibility:
    - to your faith? -to your profession? -to your client who practices a different faith?
- Take your findings and recommendations to the group for class discussion.

### 8.3.3 *Client Scenario: Reza*

Reza is a grade 12 student who was born in Canada a few months after his traditional Muslim parents emigrated from Iraq. Most of his extended family is still in Iraq. Reza is trying to determine what to do as a career. His friends have all taken an interest in the recent recruiting efforts by the Canadian military. Reza has come to a counsellor to get a sense of what problems he might face if he joined the Canadian army.

*In the small group, answer the following questions:*

1. Do you anticipate that Reza will have problems if he joins the army?
  2. How would you work with Reza? Would you “guess” or would you suggest research?
  3. How would Reza go about researching this topic?
  4. Do you believe Reza’s concerns are valid?
  5. As a counsellor, what would you say to him?
  6. If Reza was your son or brother, what would you say to him?
  7. What other recommendations or alternatives can the group offer?
- Take recommendations and concerns back to main group for class discussion.

### 8.3.4 *The Rights of Women*

The Qur'an states that women's rights in law are the same as men, and women are equal in Allah's sight. Despite this recognition of equality, women are treated differently. Honourable behaviour of women is considered important because women have the greatest responsibility to the family, and their actions can cause harm to the family. Consequently, Islam has strict views about chastity and purity (Barise & France, 2004, pp. 179 & 180).

In Saudia Arabia, Islamic views are upheld through Sharia Law, which recognises honour killings as a way to deal with someone in a family who has done something shameful. In a westernized country such as Canada, we are used to encouraging young women to be free in their thoughts and actions.

1. How important is it for counsellors working with Muslim women to value that not all Muslim women seek equality?
2. What are the potential ramifications of encouraging women to break away from family rules and traditions around gender role?
3. What potential problems do young Muslim women face when they feel a conflict between their desire to assimilate into western culture but their family endorses strict Islamic traditions?
4. In Canada, is there any reason to believe that a young woman's life might be in danger if her actions are considered to be shameful to the family?
5. Many westerners are confused by cultural expectations and the dictates of Islam, especially concerning the behaviours of women. In November, 2006, the program, *E.R.*, aired an episode in which a young Muslim accused of being a terrorist turned to Islam as a means of coping as a Muslim in the Western world. He then stabbed his sister to death

because she was dating and not behaving in accordance with Islamic expectations of female conduct. This was termed an *honour killing*. What effect do you imagine this story line will have on Western views of Islam?

- Take recommendations and concerns back to main group for class discussion.

### 8.3.5 *Client Scenario: Farha*

Counsellors must consider the *context* of Islamic spirituality when working with Muslim clients. Counsellors should also be aware that the Koran (Qur'an) stipulates the role of women as equal to men in the eyes of Allah, yet sanctions the right of husbands to beat their wives for disloyal or bad behaviour (Surah, 4:34. In Armstrong, 2000).

Farha is a traditional Muslim woman, who has been in Canada for four years. Her husband is very authoritarian. Farha does nothing without his permission. She would like to get a job, but her husband does not want her to work outside the home. Farha is afraid to pursue this matter as her husband has hit her in the past when he felt she was being disloyal and disrespectful (Sue, 2004, p. 93).

1. Using the background and experience of your group members, what therapeutic approach seems best for working with traditional Muslim women?
  2. The greatest concern here is to avoid harming the client. However, what constitutes harm in this case is controversial. On one hand, by Western cultural values, the relationship with her husband may be perceived as abusive. On the other hand, handling this problem in the wrong way could put Farha at risk. As a counsellor who lives in British Columbia, what are your priorities related to harm?
  3. Bearing all the risks in mind, explain a course of action and rationale for your approach.
- Take recommendations and concerns back to main group for class discussion.

### 8.3.6 *The Media's Role in Perpetuating Racism*

This unit makes the point that not all Muslims are radical, and most Muslims disagree with violence. However, Western news focuses on radicalism without concern for balanced reporting. The result is stereotypical Western perceptions of what it means to be Muslim. It is clear, however, that cultural differences in values and perceptions of morality exacerbate the divisiveness between the East and the West. It is also clear that for religious Muslims, Islam is a sacred way of life based on the teachings of Mohammad, a Prophet of God.

A Danish cartoonist created a series of political cartoons that depicted Mohammad wearing a turban stylized as a bomb. For many Muslims, this was the greatest insult that the West could have inflicted, and it highlighted anti-Islamic sentiments. Some radical individuals responded by bombing places in Denmark, a Danish embassy, and places that published the cartoons. Non-religious westerners reacted with shock that the political cartoons were taken so seriously, and suggested that the zealots needed to *lighten up*.

1. How does this incident show a lack of cultural understanding between East and West?
2. How is this incident perpetuating racism on both sides?
3. What message can a counsellor take from this?

### 8.3.7 *How Entertainment Perpetuates Racism*

George Bush was photographed walking hand in hand with a Saudi Arabian prince. The Letterman Show took great pleasure in making fun of this (February, 2006).

1. What does the Letterman reaction say about the West's lack of understanding about differences in cultural norms and cross-cultural communication?
2. How does this reaction perpetuate discrimination and racism?

### 8.3.8 *Cultural Tradition Versus Human Rights*

In 2006, a private school in Montreal was petitioned by Islamic parents to allow their daughters to wear the traditional burka (veil) to school. Parents argued that Islamic families had a right to practice their traditional values and customs in this country. The opposing argument was that the burka was a symbol of oppression against women.

It was feared that young women who would prefer not to wear the burka would have no choice because if they independently asserted their Canadian rights, they would risk being seen as offensive to their religion and could be objects of acid attacks. Some Muslim women argued that the burka was not a symbol of oppression but a cultural right. The matter went to court. The Canadian court system ordered that the young women would not be allowed to wear the burka to school.

1. Do you agree with the court's decision? Why or why not?
  2. How might the court's decision complicate life for the school students?
  3. Would it be appropriate for a non-Muslim to be a counsellor in this situation?
  4. Are there any reasons that a western counsellor might be preferable?
  5. How might a counsellor advocate for students in this matter?
- Take recommendations and concerns back to main group for class discussion.



## PART 4 Awareness

### 8.4 *Self-reflection, Journalling, Homework, and Closure*

10 minutes

#### *Homework*

- Assign next week's readings:

Sue and Sue, (2003), chapter 16.

France, Rodriguez, and Hett (2004):

- Cheboud, E., & France, H. (2004). Counselling African-Canadians (ch. 12, pp. 161-174).

#### *Journal*

Cross-cultural competencies writing prompt: Compare your own worldview model with the Muslim worldview presented. Identify conflicts that may exist in their counselling relationship with a Muslim client and determine how these conflicts can be overcome.

#### *Reminder*

- The *Critical Incident Report* is due next week. (Week 9).

#### *Outstanding Issues and Questions*

- Confirm the presentation schedule for next week.
- Answer questions. Clarify any difficulties or concerns.

## WEEK 9 COUNSELLING CLIENTS OF AFRICAN DESCENT

## Session Outline

## Readings to be Completed Before Class:

Sue and Sue (2003), chapter 11.

France, Rodriguez, et al. (2004):

- Cheboud, E., & France, H. (2004). Counselling African-Canadians (ch. 12, pp. 161-174).

PART 1: Unfinished Business: 10 minutes

9.1 Questions and Issues from the Previous Week

PART 2: Knowledge 90 minutes

9.2.1 DUE: Critical Incident Intervention

9.2.2 Scheduled Presentations

9.2.3 Lecture: Instructor Expands Upon Assigned Readings and Key Concepts Not Covered by the Student Presentations.

- Historical and Social Background

- Counselling Needs

BREAK 15 minutes

PART 3: Skills 60 minutes

9.3 Instructor Selected Activities From the Following Options

- Client Scenarios and Video Viewing Options

- Identity Development Models

- Comparing Worldview

PART 4: Awareness 5 minutes

9.4 Self-reflection, Journaling, Homework, and Closure

## Session

PART 1: Unfinished Business 10 minutes

9.1 *Questions and Concerns from the Previous Week*

PART 2: Knowledge and Skills 90 minutes

9.2.1 *Scheduled Presentations: Critical Incident Intervention*

*Option 1:* If students did a *write up*, allow class members to discuss their cases in class. Examine potential conflicts, value differences, implications for counselling and culturally sensitive counselling plans.

You may ask some students to read their papers.

*Option 2:* If you opted to allow students to do a presentation, allow 30 minutes per presentation group. Do not exceed two hours of class time.

*Option 3:* Alternatively, the instructor may have scheduled these case studies to be presented at various times throughout this course.

*Instructor.* Refer to the course introduction to review directions for marking.

9.2.2 *Historical and Social Background of Blacks in Canada* 20 minutes

*Instructor:* Use lecture notes to discuss and expand upon assigned readings and key unit concepts not covered by a guest speaker or student presenter.

The 2001 Census counted 662,200 Blacks in Canada, making them the third largest visible minority group in Canada behind Chinese and South Asians. 310,500 live in Toronto, 139,300 live in Montreal, 38,200 live in Ottawa, 13,100 live in Halifax and 18,400 live in Vancouver (Milan, & Tran, 2004). Over 90 per cent of Black people living in Nova Scotia were Canadian-born (Milan, & Tran, 2004). Although many of the original African Canadians came to Canada as indentured slaves or to escape slavery in the United States,

many also came as British Loyalists. Unfortunately, even after slavery was banned, racism, segregation, cultural insensitivity and lack of empathy continued. Furthermore, contributions made by African Canadians to Canadian society have often been unrecognised or absent from the historical record (Cheboud & France, 2004, p.163).

One-half of the foreign-born Black community consists predominantly of immigrants born in Africa, while the other half were born in the Carribean, Central America, and South America. A large percentage of black immigrants come from Jamaica, Trinidad, Tobago, Guyana, Haiti, Somalia, and Ethiopia (Statistics Canada, 2001). The cultural background, social experiences, and country of origin will dictate whether a person prefers to be identified as “Black” or as “African Canadian” (Cheboud & France, 2004, pp. 162-164; Milan & Tran, 2004).

The age structure of Blacks is younger than the overall Canadian population, with children under age 15 representing approximately 30 per cent of the total Black population. According to the 2001 Census, 46 per cent of Canadian-born Black children live with a lone parent, while 40 per cent of foreign-born Black children live with a lone parent. Economically, 44 per cent of Black children live in low-income households compared to 19 per cent of the general population (Milan, & Tran, 2004).

### *Education and Employment*

According to a study conducted by Milan and Tran (2004), Black people in Canada are as likely to have a university education as any other demographic group. Furthermore, a change in immigration policies has resulted in Black immigrants being highly educated. Despite their education, however, Blacks have a higher rate of unemployment than other demographic groups in Canada (Milan & Tran, 2004). Milan and Tran (2004) found that 32

per cent of Blacks over age 15 reported discriminatory treatment related to employment.

Discrimination may therefore be a reason for the higher rates of unemployment and lower income among Blacks (Milan & Tran, 2004).

### *Spirituality*

Many Black people seem to rely on spirituality and religion to cope with stress and oppression (Sue & Sue, 2003). Bear in mind that because the Black community in Canada is culturally diverse, their spiritual beliefs vary and may include Christianity, Muslim, Judaism, Buddhism, or a belief system based on their indigenous culture. Sue and Sue (2003) recommend that counsellors consider accessing the client's spiritual or belief system as a counselling resource (p. 299).

### *Counselling Needs*

The counselling needs of Canadian-born Black Canadians and immigrants are very different. The media has made us aware of the horrific conditions in war-torn third-world countries from which many refugees have escaped. Newcomers face challenges related to language, culture, employment, health and legal issues. Refugee claimants are at-risk for homelessness and require drop-in and other housing services (Access Alliance, 2003).

Many new immigrants and refugees struggle with emotional difficulties related to missing family and loved ones. Many also struggle with feeling culturally displaced. The Access Alliance (2003) recommends that those who work with homeless immigrants and refugees identify the service needs of their clients, connect them to shelters/drop-ins, health services, and legal and community-based social services.

BREAK

15 minutes

## PART 3: Skills:

60 minutes

## 9.3 Activity Options to be Selected Based on Available Time and Priorities

*Option 1:* Choose counselling issues and client scenarios for analysis in a jigsaw format.

*Option 2:* Discuss case studies in a general class discussion.

*Option 3:* View a video or CD followed by a class discussion.

*Option 4:* Use Black Identity Development Models to guide counselling.

## 9.3.1 Option 1: Counselling Issues and Client Scenarios

45 minutes

Groups of four with a presenter and recorder.

Materials: Chart paper, felts.

Small group analysis: 15 minutes. Full class debrief of various case studies: 30 minutes

## 9.3.1.1 Scenario #1: Racism and Mental Health – The Case of William Kafe

*Presenting problem:* People, who are objects of racism and harassment, experience alienation, tension, anxiety, self-doubt, low self-esteem, and depression. Cheboud and France (2004) cite the case of William Kafe, who was subjected to such extreme acts of racial violence that his anxiety and desperation led to the development of a mental illness (p. 164). Counsellors must remember that a person's perception and reaction to abuse is more important than whether or not the experience is real. "*The key to being effective is to sensitize oneself to how it feels to be belittled*" (Cheboud & France, 2004, p. 165).

*Questions for Scenario #1*

1. Students should consider their personal worldview and compare it to Kafe's.
2. According to the information provided, it seems Kafe may suffer from post traumatic stress syndrome.
3. What strategies are you aware of that are used in working with someone with post traumatic stress syndrome?

4. Would any of the techniques or strategies identified need to be changed or modified due to cultural concerns?
  - Bring recommendations back to the main class for discussion.

#### 9.3.1.2 Scenario #2: Rawda

Groups of four with a presenter and recorder.

Materials: Chart paper and felts.

*Presenting problem:* Rawda is a highly educated Black Muslim woman, who fled from her home because her political beliefs and political writings made her a target. Rawda lost all contact with her family, and she became exceedingly depressed as she could never return to her home.

When Rawda came to Canada, she could not speak English or French. Consequently, her degree could not help her get a job in a field in which she was qualified. Despite the fact that Rawda was born in a hot arid country, she was sent to a northern region in British Columbia and given a job tree planting. She was physically unsuited to this work and could not deal with the cold. She felt she had lost her political voice and her ability to write. Rawda felt that her intelligence and knowledge were not appreciated in Canada, and she seemed depressed over her inability to make connections with the academic community. As her language ability improved, she was eventually set up with various menial jobs. However, her depression deepened and she spent a lot of time alone, drinking.

#### *Scenario #2 Questions:*

1. Students should consider their personal worldview and compare it to Rawda's.
2. Prioritize the counselling issues.
3. What organizations might you connect Rawda with?
4. When a person is desperately lonely, he or she may respond strongly to kindness.

The need for friendship may cause boundary issues in the counselling relationship.

How can a counsellor deal with this problem without causing Rawda additional pain?

5. In what ways can a counsellor advocate for Rawda?

- Small groups bring recommendations back to the main class for discussion.

#### 9.3.1.3 *Scenario #3: Nada*

Small groups of four with a presenter and recorder.

Materials: Chart paper, felts.

Nada was born in a village in a small country in North Africa to a tight-knit family-oriented community where it is important to maintain family ties, to obey the husband, and to refrain from shaming the family. Nada's family arranged a marriage with the son of another family, who immigrated to Canada. After three years, he sent for Nada. She was overwhelmed by the change in culture, but she attended school to improve her English in the hope of getting a job. She missed her family and her culture, she missed the warmth, and she missed things that were familiar. Still, due to political unrest, she could never return home, and she continuously worried about family and friends. Nada sunk into a deep depression. She listed the things causing the depression as follows:

1. Concern about family and friends left in Africa.
2. Worry that her husband's family disapproves of her and report her failings to her family in Africa. Nada is very upset at the thought of causing shame for her family.
3. As Nada's English improves she is becoming more acculturated. She sees that Canadian women have more freedom. This is confusing her. Consequently, even though her husband is kind and supportive, she cannot be happy.



*Scenario #3 Questions:*

1. Students should consider their personal worldview and compare it to Nada's.
2. Prioritize counselling goals and explain your rationale.
3. What steps can be taken to help Nada deal with her acculturation issues?
  - Small groups bring recommendations back to the main class for discussion.

9.3.2 *Option 3: Film or Video Viewing Activity*

*Instructor:* You may choose to review and discuss one or more of the following videos in class or refer students to these videos to view on their own time.

Harris, S. M., Wieling, E., & Negretti, M.A. (2000). *Cultural diversity in mental health counselling* [VHS + guide]. Corvallis, ORE: Valley Library Bf637.C6 C775 1999.

(A training video designed to facilitate discussions about cultural diversity in mental health counselling. Available in the UNBC Library, Prince George, BC).

Lee, Joyce. (Producer/Director) (1993). *Foreign talk*. [Video]. Available from Asian American Media. <http://catalog.asianamericanmedia.org/film/79>

Sandler, K. (Director). (1992). *A question of color* [VHS Documentary]. San Francisco, CA: California Newsreel. (58 minutes).

9.3.3 *Black Identity Model Option*

*Instructor:* Have students practice using Cross's Black Identity Development Model, Nigrescence, cited in Cheboud & France, 2004, pp. 166-168.

*Questions for class discussion:*

*40 minutes*

1. How can this model be used by counsellors to help clients cope with racism issues?
2. How is racism tied to identity, self-esteem and self-efficacy?

3. How can this model be used by counsellors to help clients cope with identity issues?
4. How can an understanding a client's stage of identity development be used to select an appropriate therapeutic approach?
5. Explain how oppression, assimilation, separation, integration, biculturalism and marginalization affect the likelihood of clients to be receptive to western therapies.

#### 9.3.4 Option 4: General Class Discussion Option

20 minutes

1. Disclosure statements can guide a counsellor's discussion about cultural differences that may affect the counselling relationship. When can this approach pose a problem?
2. Would a White client expect a racial minority counsellor to disclose cultural differences? Why or why not? When would it be required?
3. What are the dangers of assuming that people of colour or people of a different race are attending counselling because of issues related to racism?
4. Are such stereotypical assumptions another form of racism or prejudice?
5. How can a counsellor influence change of socio-political structures that disadvantage racial minorities?

#### PART 4: Awareness

5 minutes

#### 9.4 Self-reflection, Journaling, Homework, and Closure

##### *Homework*

Assign Unit 10 readings. France, Rodriguez, et al. (2004):

- France, H., McCormick, R., & Rodriguez, M. (2004a). Issues in counselling in the First Nations community (ch. 4, pp. 59-76).

- France, H., McCormick, R., & Rodriguez, M. (2004b). "Red road": Culture, spirituality and the sacred hoop (ch. 20, pp. 59-76).
- Edwards, W. (2004b). Pre-contact education and the role of storytelling (ch. 21, pp. 283-288).

*Recommended readings (on reserve):*

Kawagley, O. (1995). A Yupiaq worldview. A pathway to ecology and spirit. Lang Grove: Waveland.

The Indian Act (R.S., 1985, C 1-5). Retrieve from the Department of Justice

Web site: <http://laws.justice.gc.ca/en/notice/index.html>

*Journal*

Cross-cultural competencies writing prompt: Reflect on the counsellor's role as an advocate and your feelings about these responsibilities.

*Reminder*

- Multicultural activity write up is due next week. (Week 10).

*Outstanding Issues and Questions*

- Answer questions. Clarify any difficulties or concerns.

## WEEK 10

## COUNSELLING FIRST NATIONS CLIENTS

## Session Outline

Readings: France, Rodriguez, et al. (2004):

- France, H., McCormick, R., & Rodriguez, M. (2004a). Issues in counselling in the First Nations community (ch. 4, pp. 59-76).
- France, H., McCormick, R., & Rodriguez, M. (2004b). "Red road": Culture, spirituality and the sacred hoop (ch. 20, pp. 59-76).
- Edwards, W. (2004b). Pre-contact education and the role of storytelling (ch. 21, pp. 283-288).

Recommended Readings on Reserve:

*The Indian Act (R.S., 1985, C. 1-5)*. Web site: <http://laws.justice.gc.ca/en/notice/index.html>

Kawagley, O. (1995). *A Yupiaq worldview. A pathway to ecology and spirit*.

Aboriginal healing and wellness strategy. (2001). *Policy on research publication and respectful treatment of Indigenous knowledge*. Web site. <http://www.ahwsontario.ca/>

PART 1:	Unfinished Business	10 minutes
10.1	Questions and Issues from the Previous Week	
PART 2:	Knowledge	60 minutes
10.2	First Nations Unit Introduction	
10.2.1	Guest Speaker(s) on Aboriginal Counselling Issues	
	Demonstrate use of the Medicine Wheel	
BREAK		15 minutes
PART 3:	Skills	80 minutes
10.3	Optional Activities: Select Based on Time and Instructional Priorities	
PART 4:	Awareness	15 minutes
10.4	Self-reflection, Journaling, Homework and Closure	

## Session

## PART 1 Unfinished Business

10.1 *Questions and Concerns from the Previous Week* 10 minutes

## PART 2 Knowledge 60 minutes

10.2 *First Nations Unit Introduction* 5 minutes

Issues faced by Aboriginal and First Nations peoples in Canada are so far-reaching and diverse that *First Nations* degree programs were created to study the cultural values and traditions of First Nations and Aboriginal peoples as well as the concerns and problems they face as a result of the historical clash between Aboriginal and European cultures and values.

The focus of this unit will be to discuss cross-cultural counselling issues, interventions, and traditional healing. It remains the responsibility of counsellors to become aware of how differences between their personal worldview and that of their clients will affect communication and counselling. It is recommended that counsellors who work with First Nations clients take advantage of additional opportunities for education through college, university, Native Friendship Centres, or other First Nations instructional facilities.

10.2.1 *Instructor: Introduce Guest Speaker(s) on Aboriginal Counselling Issues*

Include background information about your speaker(s) and a brief insight into what he/she will cover. Ask your guest to focus on Aboriginal healing methods and in particular, to demonstrate the use of the medicine wheel in counselling practice. Ask your guest to demonstrate how the medicine wheel can be used to help Sandy and Brenda (client scenarios on pages 139 to 141 of this course).

*Question and answer period:* After the speaker [or each speaker] has finished his or her presentation, allow time for questions.

### *Discussion Topic*

Many Aboriginal peoples consider spirituality important to healing. The medicine wheel is not only symbolic of Aboriginal spirituality and many Aboriginal worldviews, but it represents a holistic treatment approach (Verniest, 2003). Although it is best to consult an Elder or spiritual advisor about the traditional meanings and uses of the medicine wheel, it is important for counsellors to be culturally sensitive when working with Aboriginal peoples by responding holistically to clients who desire a traditional approach that includes spirituality.

The medicine wheel has been used as a tool for addressing individual concerns, analyzing personality, assessing development, and working with families (Verniest, 2003). Aboriginal practitioners may use a medicine wheel to help determine counselling goals and action plans or as an analytic tool to illustrate the client's states of being and location (Verniest, 2003). "The Cree and other North American Aboriginal cultures use the medicine wheel to heal individuals, communities, and nations" (Nabigon & Mawhiney, 1996, p. 28). In Aboriginal cultures, there are many different medicine wheels (Nabigon & Mawhiney, 1996). For example, the *states of being* medicine wheel uses the four directions on the compass to help a person find his or her path. Each direction represents a different personal aspect that must interconnect and overlap harmoniously with other personal aspects in order for a person to be healthy. In the *state of being* medicine wheel, North represents the mental aspect of one's self, South represents the emotional aspect, West represents the physical aspect, and East represents the spiritual aspect. Balance and health are attained by holistically addressing issues through all aspects of the person in terms of thoughts, feelings, the senses, and what one embraces or accepts spiritually. Aboriginal healing methods may include sweat

lodges, ceremonies, working with elders, fasting, isolation, traditional medicines, talking circles, and counselling (Verniest, 2003).

Refer to Chapter 20: “The red road”: Culture, spirituality and the sacred hoop (France, McCormick, & Rodriguez, 2004b). Discuss The Native Medicine Wheel as a model of worldview that values inter-connectedness, balance, and spirituality. Consider the concept of the person as a *holistic being* comprised of “emotional, mental, spiritual, and physical elements that are equal to and part of a larger whole” (France, McCormick, & Rodriguez, 2004b, p. 267).

#### 10.2.1 Guest Speaker Medicine Wheel Activity

50 minutes

Ask the guest speaker to explain the use of the medicine wheel in Aboriginal healing and to demonstrate how the medicine wheel could be used to help Brenda and Sandy:

##### 10.2.1.1 Scenario #1: Brenda

Brenda is a 34 year-old Aboriginal woman with a grade 9 education. Her partner was Caucasian. They had four children but never married. Brenda’s husband was physically and emotionally abusive, especially when he drank. Brenda forced him to leave years ago. She has been trying to raise their four children on her own ever since. She sees The Ministry of Children and Families as a regular part of her life and has come to rely on them to make decisions for her. From time to time, they have taken one or more of her children away and put them in temporary foster care for such things as Brenda going to work and leaving her children home alone because she could not afford a sitter.

To improve her situation, Brenda tried going back to school; however, the process took too long, and the family situation was too difficult. She could not concentrate. Her daughter, a high school student, has just had a baby. Her son is in jail. She is frantic,

overwhelmed, and does not know how to cope. She has thought a lot about suicide, but she knows her younger children need her.

Identify the family, social, cultural and economic dynamics involved here.

1. Prioritize the counselling goals for Sandy? How was this determined?
2. How would the medicine wheel be used as a tool to help Brenda?
3. What interventions might a First Nations counsellor use to help Brenda?

#### 10.2.1.2 *Scenario #2: Sandy*

Sandy is 37 years old. She has foetal alcohol spectrum disorder because her mother drank during her pregnancy with Sandy. Some of Sandy's symptoms include difficulty making sound judgments, particularly about other people. She is easily led, and she cannot discern when she is being led astray by the wrong people. Sandy also has a learning difficulty: She can learn math functions by rote, but she cannot apply these functions to problem solving. Furthermore, Sandy may grasp a concept, but she has serious problems retaining what she has learned. She gets quite frustrated in a learning situation and can lose her temper. Although Sandy never married, she had two children, who have normal intelligence. Sandy had difficulty coping with her children when they were young, so The Ministry of Children and Families took them away. The parents of their respective fathers raised the children, but the families kept in touch. Now that the children are in their early teens, they come to visit from time to time.

Because of her mental health issues, Sandy has received significant funding over the years. She has obtained training certificates such as Food Safe and typing proficiency, and many others, all geared to help her get a job. She does well for a few days while under constant supervision. However, Sandy cannot be left alone as she is easily distracted and



bored. Furthermore, Sandy has difficulty with boundaries. She may interpret a kind remark from a man at work as an expression of interest, and she then makes inappropriate sexual advances. Unfortunately for Sandy, men often taken advantage of her, and then leave her. She then buries herself in alcohol. Sandy's main concern is loneliness. She wants someone special in her life but finds that she attracts the wrong sort, and the relationship ends after sex. Sandy is left feeling alone, used, and suicidal.

1. Prioritize the counselling goals for Sandy? How was this determined?
2. How would the medicine wheel be used as a tool to help Sandy?
3. What interventions might a First Nations counsellor use to help Sandy?

10.2.2 *Instructor*: Use the following lecture notes to expand on readings and concepts not covered by the guest speaker.

#### *Worldview readings*

Kawagley, O. (1995). *A Yupiaq worldview: A pathway to Ecology and Spirit*

France, Rodriguez, et al. (2004):

Chapter 20: "The Red Road": Culture, spirituality and the sacred hoop.

#### *Indigenous healing readings*

Chapter 21: Pre-contact education and the role of storytelling.

Chapter 24: Re-connecting to nature: Using nature to enhance counselling.

Aboriginal healing and wellness strategy. (2001). *Policy on research publication and*

*respectful treatment of Indigenous knowledge*. Web site: <http://www.ahwsontario.ca/>

*Lecture and Class Discussion of Worldview and Indigenous Healing Methods* 90 minutes

Worldview is a cultural cognitive map that helps people make sense of the world (Kawagley, 1995). Oscar Kawagley was brought up to respect the traditional worldview of

his Yupiaq culture, which is indigenous to Southwestern Alaska. The worldview of Alaskan Natives and of most Indigenous peoples is based on “maintaining balance between the human, natural, and spiritual realms” (Kawagley, 1995, p. 9). Kawagley talks about how Yupiaq young people acquired the principles that form their worldview from “myths, legends, stories, family, and examples set by the community” (1995, p. 7). Their respect for ecological harmony and their belief that people are part of nature, not superior to it, governed the way that the Yupiaq lived their lives. As with all Native cultures, much changed after they fell under the influence of the western worldview, which addresses life as if people are superior to and apart from nature. Kawagley (1995) uses the case study of the Yupiaq to better understand the consequences of cultural adaptations and converging cultural values.

#### 10.2.2 *Discussion Topic*

Discuss the traditional values and worldview of the Yupiaq and in particular, the way that they adapted to the convergence of their traditional culture and western cultural values.

#### 10.2.3 *Discussion Topic*

France, McCormick, and Rodriguez (2004b) identified several differences in worldview values. Discuss these identified fundamental cultural differences:

*Christians:* Emphasis on ideal love.

*Buddhists:* Emphasis on enlightenment.

*First Nations:* Emphasis on respect for the land, animals, plants, other people and self.

*Western counselling focus:* Emphasis on individual responsibility and strengthening the ego.

*Traditional counselling focus:* Emphasis on transcending the ego, re-inforcing community networks, and harmony.

#### 10.2.4 *Discussion Topic*

Black Elk is a renowned First Nations philosopher of the Lakota Nation. He spoke of the interrelationship of all living things with the land and how sickness occurred when people are out of harmony with the land (France, McCormick, & Rodriguez, 2004b). The need to maintain harmony and balance is intrinsic to traditional healing practices as demonstrated by the belief in the therapeutic qualities of hot and cold, which are used to classify illnesses (France, McCormick, & Rodriguez, 2004b). Hot-classified illnesses require cold substances for cures, while cold-classified illnesses require hot substances (France, McCormick, & Rodriguez, 2004b). Discuss traditional healing practices. Compare these to western practices.

#### 10.2.5 *Discussion Topic*

Black Elk spoke of the transcendent value of dreams and visions. His own powerful vision showed him the sacred hoop of the world. Discuss Black Elk's vision, the sweat lodge and vision quest. Discuss similarities and differences between the way First Nations interpret dreams and dream analysis in western therapies. Be aware that "rules and taboos about reporting dreams make discussion of dreams by naïve therapists a concern" (France, McCormick, & Rodriguez, 2004b, p. 276).

#### 10.2.6 *Discussion Topic*

Services for First Nations have expanded across British Columbia. There are now schools for First Nations students developed by First Nations communities. First Nations languages are being preserved through language instruction and dictionaries. Aboriginal counsellors such as those located at the Friendship Centre in Prince George provide services to Aboriginal clients as well as to non-Natives. First Nations people have more political-influence. The movement has resulted in a rise in interest in Indigenous healing methods and

belief systems. Western and European counsellors and therapists are often eager to adopt Indigenous methods of healing. However, there is a caution that some ceremonies and practices should not be open to outsiders. In 2001, the Aboriginal Healing and Wellness Strategy Committee set out principles and procedures to ensure the respectful treatment of Aboriginal cultural heritage and Indigenous knowledge. Discuss the following statement in terms of being respectful of Native cultures and traditions and the implications for the counselling practice of non-Aboriginal counsellors working with First Nations clients:

*It is inappropriate for those outside the culture to engage in certain Native approaches.*

### PART 3 Skills

#### 10.3 *Counselling Activities and Interventions*

*Instructor:* Select activities from the following activity options. Base your selection on the time remaining after the speaker's presentation and your priorities.

##### 10.3.1 *Option #1: Full Class Discussion Activity* 60 minutes

Discuss the political and historical background of *The Indian Act*, and the consequences of Residential Schools in terms of self-determination, socioeconomic concerns and mental health issues.

##### 10.3.2 *Option #2 Jigsaw Activity* 35 minutes

Small groups with a recorder and presenter. Materials: Chart paper, felts.

Small group analysis and response to questions: 15 minutes. Full class debrief: 20 minutes

France, McCormick, and Rodriguez (2004b) state that counsellors of any ethnic background can be successful with First Nations people if they are familiar with their own worldview and its inherent assumptions, if they adapt their present models, if they recognize

the diversity of Native peoples, if they learn about First Nations culture, and if they are willing to work with appropriate elders and healers.

Give small groups 10 minutes to identify ways that European counsellors who work with First Nations clients can integrate Native beliefs within the counselling process. Return to the main class for discussion (20 minutes). Each group takes turns offering an idea. Keep going in this “round robin” fashion until all ideas have been identified and discussed.

Answers may include the following:

- *Core skills:* Respect, genuineness, good listener, positive reinforcement.
- *Personal qualities:* Trustworthy, patient, supportive, compassionate, non-judgemental.
- *Therapeutic qualities:* Professionally competent, builds rapport and client trust.
- *In the community:* Meets people in the First Nations community, establishes a relationship with professionals, follows protocols.
- *Be cross-culturally competent:* Understand the political and historical background of *The Indian Act*, the effect of Residential Schools, issues around self-determination, socioeconomic issues, available resources and services, and the impact of different worldviews and communication styles (France, McCormick, et al., 2004b, pp. 66-73).

#### *Therapeutic approaches*

- Elicit support from role models and invite elders as counselling co-facilitators.
- Use a holistic approach that focuses on: cognitive process (thoughts), affective process (feelings), social/action process (behaviours & goals), and spiritual process.
- Use narrative therapeutic approaches, which allow clients to engage in story telling.
- Explore meaning by identifying and drawing out metaphors that help deepen an understanding of a person in context.

- Use nature to enhance counselling (France & Rodriguez, 2004).

### 10.3.3 Option #3: Video Viewing Activity

70 minutes

Show one of the following videos or borrow a video recommended by First Nations Studies. Follow up with a class discussion.

*In the white man's image* [Documentary video]. (1991). The experience of Native American students at the Carlisle Residential School. PBS Videos. (60 minutes).

*Race and psychiatry* [VHS Videotape]. (1995). The role of cultural differences in the mis-diagnosis and mistreatment of mental illness. Princeton, NJ: Films for the Humanities and Sciences. (25 minutes).

### 10.3.4 Option #4: Class Discussion of Services and Resources

60 minutes

Materials: Chart paper, felt pens, Community Resource Directory or hand out.

Elicit a full class discussion flowing from the speaker(s) presentation and readings to create a list of the most common issues faced by First Nations peoples that are relevant to counselling practice. Select some students to write these down on chart paper or on the board. Categorize the issues based on headings identified below.

- Identify core concerns and issues and ways students can address these giving due consideration to their skills, experience, ethics, and worldview.
- Ask students if they feel competent to work with identified issues. Why or why not?
- Discuss services and resources available in the community for First Nations clients. Issue a current handout or refer students to a recent community resource directory.

Expected answers:

### *Economic and Sociocultural*

- Substance abuse, alcohol spectrum disorder, high arrest rates, sexual, emotional, and physical abuse, racism and discrimination.
- Limited access to services: too remote or too impoverished.
- Difficulty completing school: Curriculum does not meet needs (Edwards, 2004a).  
First Nations teachings are logical and realistic. They employ subtle guidance and positive examples that are not punitive. Storytelling is important to teaching and learning.
- There is difficulty finding a culturally-relevant livelihood.

### *Political Disputes*

- Political and social oppression
  - Federal: The Indian Act. Status versus non-status.
  - Provincial: Land claims, land controls, land use conflicts.
- Legacy of the residential school experience
  - Sexual abuse, physical abuse, and emotional abuse.
  - Suppression of culture and language.

### *Worldview Barriers*

- Communication problems.
- Value differences: European culture is founded on a belief in individualism, competition, industrialization, capitalism, and youth. First Nations culture is founded on a belief in family, community, spirituality, holistic healing, and the wisdom of elders (Sue & Sue, 2003, p. 72).
- Clients may not believe their worldview is valued.
- Many First Nations do not see themselves as *Canadian* and want a separate identity.

- Many First Nations people resent attempts by White people to influence their cultural choices and reject counselling and other services (France, McCormick, et al., 2004b).

### *Discrimination and Oppression*

- Historical persecution and discrimination against minorities results in continued mistrust of mainstream culture and services [such as counselling] that embody the ideals and values of the dominant culture (Sue & Sue, 2003, p. 76).
- The methodology employed by many western forms of therapy is perceived as using societal power “to influence clients’ attitudes and behaviours” (Sue & Sue, 2003, p. 79).

## PART 4 Awareness

### 10.4 *Self-reflection, Journalling, Homework, and Closure*

15 minutes

#### *Homework*

- Assign unit 11 readings:

Sue and Sue (2003), chapter 16.

France, Rodriguez, et al. (2004):

- Roberts, H. (2004). The invisible minority: The role of the school counsellor in serving the needs of gay and lesbian students (ch. 17, pp. 229-238).
- American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders* (3<sup>rd</sup> ed.). Washington, DC: Author. (Sexual orientation sections on reserve)

#### *Journal*

Cross-cultural competencies writing prompt: Reflect on how to appropriately incorporate First Nations counselling strategies into your repertoire of interventions.

#### *Outstanding Issues and Questions*

- Answer any questions and clarify any difficulties or concerns.



## WEEK 11

## COUNSELLING SEXUAL MINORITIES

## Session Outline

## Readings to be Completed Before Class:

Sue and Sue (2003), chapter 16.

France, Rodriguez, et al. (2004):

- Roberts, H. (2004). The invisible minority: The role of the school counsellor in serving the needs of gay and lesbian students (ch. 17, pp. 229-238).

## Readings on Reserve:

American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders* (3<sup>rd</sup> ed.). Washington, DC: Author. (Sections on sexual orientation).

PART 1:	Unfinished Business	30 minutes
11.1	Questions and Issues from the Previous Week	
	Due: Write-up of Attendance at a Multicultural Activity	
PART 2:	Knowledge	65 minutes
11.2	Lecture: Instructor Expands Upon Readings and Key Unit Concepts:	
	Terminology	
	Oppression and Discrimination	
	Counselling Issues: Coming Out, Identity, Family and Health	
BREAK		15 minutes
PART 3:	Skills	60 minutes
11.3	Counselling Activities and Client Scenarios	
PART 4:	Awareness	10 minutes
11.4	Self-reflection, Journaling, Homework, and Closure	

## Session

## PART 1: Unfinished business

11.1.1 *Questions and Concerns from the Previous Week* 5 minutes

Knowledge & awareness

11.1.2 *Discussion of Multicultural Event Assignment* 25 minutes

Students discuss their experiences at the multicultural event.

- Describe what they did and how it felt to be different from the people around them.
- Describe how they acquainted themselves with people from a different culture.
- Describe something they learned about the worldview of people from this culture.
- Describe something they experienced that may help when working with people culturally different from themselves.
- Collect for marking.

## PART 2: Knowledge and awareness

11.2 *Terminology* 20 minutes

Sexual orientation and related counselling issues are complex. It may be helpful to first address these topics by introducing some common terms and definitions.

*Instructor.* You may wish to create a visual of terms and definitions to guide your discussion. After introducing the terms, proceed to the lecture notes that follow to expand upon unit readings and key unit concepts.

## TERMINOLOGY

- GLBT:* Gay, Lesbian Bisexual, and Transgendered.
- Bisexual:* Persons who are emotionally and sexually attracted to either sex. They may face rejection by homosexual and/or heterosexual groups (Atkinson & Hackett, 2004, p. 30).
- Coming out:* The process of disclosing one's sexual orientation. Some disclose in one context of their lives but not in another, such as work (Sue & Sue, 2003).
- Heterosexism:* A hostile attitude toward people with same-sex attractions (Atkinson & Hackett, 2004, p. 28).
- Homosexual:* Persons who are attracted emotionally and sexually to persons of the same sex. Gays are male homosexuals. Lesbians are female homosexuals.
- Homophobia:* Negative or hostile attitudes toward gays, lesbians, and bisexuals.
- Transgendered:* Persons whose biological sex is different from their self-identified, or lived gender (Atkinson & Hackett, 2004, p. 357). Transgendered individuals may feel that their emotional and sexual attraction to a person of same sex is not homosexuality.
- Transsexual:* A person who is in the process of changing his or her physical gender assignment. The process begins with the person dressing and living as a person of the sexual identity desired. The person must pass various psychological assessments before undergoing expensive hormone therapies and surgery. Hormone therapy continues throughout the lifetime. Once the person has changed gender, he or she faces many problems related to acceptance. Families are often put into turmoil.

*Transvestite:* A cross-dresser who dresses in the clothing of the opposite sex, but who may still be sexually and emotionally attracted to individuals of the opposite sex (Atkinson & Hackett, 2004, p. 30).

#### 11.2.1 *Lecture: Historical Oppression, Attitudes and Discrimination*

5 minutes

Historically, widespread discrimination against homosexuals seems to be a result of homophobic fear about sexuality, fear of sexually-transmitted diseases, A.I.D.S., and the political influence of intolerant institutions (Atkinson & Hackett, 2004). Many cultures think of homosexuality as immoral or ungodly. Disapproval was even reflected in the Diagnostic and Statistical Manual of Mental Disorders, which continued to list homosexuality as a sexual disorder until the fourth edition (American Psychiatric Association, 1980; American Psychiatric Association, 2000). Although there has been some social change, sexual minorities are still marginalized by heterosexuals, and in some cases, by within-group discrimination. Furthermore, sexual minorities seem to be missing from the historical record (Atkinson, 2004, p. 117).

*Instructor.* Refer students to the DSM-III (1980) section on sexual disorder, placed on reserve (A.P.A., 1980). Discuss its effect on social and psychological attitudes as well as its impact on GLBT individuals. Discuss its affect in terms of harm.

In order to determine appropriate counselling interventions, counsellors attempt to integrate information and form impressions of their clients. However, counsellors may make stereotypical gender attributions that result in inaccurate or stereotypical assumptions (Vogel, 2003). These assumptions interfere with an accurate assessment and understanding of gay and lesbian individuals (Barrett & McWhirter, 2002). Studies indicate that counsellors, who are homophobic, “assign more unfavourable traits to gay and lesbian clients” (Barrett &

McWhirter, 2002). Furthermore, when counsellors make errors in judgment about their clients, counselling strategies and types of service will be inappropriate for the needs of the client (Vogel et al., 2003). APA guidelines state that counsellors who work with sexual minority clients should not use sexual orientation as a basis for mental illness. Counsellors have a duty, however, to recognise how the process of counselling is affected by both the attitude of society and the attitude of the counsellor (Division 44/Committee on Lesbian Gay & Bisexual Concerns Joint Task Force, 2000. Cited in Atkinson & Hackett, 2004, p. 352).

### 11.2.2 *Full Class Question and Answer Activity: Monitoring Bias*

*15 minutes*

Materials: Paper and pencil

The following questions are designed to help students measure their personal bias. They will not turn in the paper. Answers are confidential. Students should be honest, so they can reflect on responses. Give students time to answer each question thoughtfully.

#### *Questions:*

1. Do you have any homosexual, gay or bisexual friends? Why or why not?
2. Imagine that your best friend (same sex as you) reveals that he or she is homosexual.
3. What is your reaction to this news?
4. Will this affect your friendship? How?
5. Will your friendship survive and continue as it did before?
6. If your friendship will not survive, explain why.
7. How have you treated gays and homosexuals in the past?
8. Do you think you are biased against gays, lesbians, bisexuals, or transsexuals?
9. How will your attitudes affect your ability to counsel?
10. Do you believe the best people to counsel sexual minorities are other sexual minorities?

- Have students privately reflect on their answers in their journals.

### 11.2.3 *Lecture: Attitudes Toward Sexuality*

5 minutes

We do not form attitudes about sexuality in isolation (Cass, 1979). Just as physiology and environment influence the formation of our sexual identity, beliefs and attitudes toward the sexuality of others are formed through a combination of our own physiology as filtered through the social and cultural environment. Personal attitudes are further influenced by the groups to which we belong. One only needs to listen to the news and the ongoing struggle for same-sex marriage acceptance to realise that issues around homosexuality remain controversial. In the past, the church taught that homosexuality was an abomination. Today, churches are divided over the issue of homosexuality. A rift remains between those who seek change and those determined to adhere to traditional values. Consequently, social intolerance of homosexuality still exists among groups who adhere to traditional teachings.

### 11.2.4 *Lecture: Human Sexuality is Complicated*

5 minutes

Sexual preference and orientation is not discrete or simple to explain. Sexuality is a factor of life before we are even born. The instant the sperm penetrates the egg, our genetic makeup is determined, which in turn determines our sexual reproductive organs. Our physiological makeup and the development of our brain is further influenced by hormones released at various stages in our development. Variations in sexual orientation may therefore be a consequence of individual physiology, genetic makeup, the effects of hormones on brain development, and the environment.

#### *Environmental Influences on Sexuality Begin at Birth*

- We are born, turned upside down and sexed.
- We are directed down life's path according to gender expectations of family and society.

Freud asserted that human sexuality is everything about you that shows you are male or female (Corey, 2001, pp. 66-104). Sexuality plays a role in almost all aspects of decision-making. Sexuality can bring us deep happiness or deep sorrow. Considering oneself as sexually attractive to a potential partner is an important aspect of human sexuality.

#### 11.2.5 *Lecture: Mental Health Issues*

*15 minutes*

Think about your morning ritual of washing, dressing. Even in that automaton state of *just waking up*, you are pushed around by your physiology. Everyday activities are in some way governed by sex and sexuality. However, in a culture of intolerance and discrimination, a person's confusion over "normalcy" and sexual orientation can lead to emotional stress, low self-esteem, loneliness, depression, anxiety, substance use, high-risk sexual behaviours, suicidal thoughts or attempt, personal safety issues, and many other mental health concerns (Atkinson & Hackett, 2004; Roberts, 2004; Sue & Sue, 2003, p. 385).

People of every sexual orientation face the same problems and issues in terms of Maslow's Hierarchy of Needs and relationships (Maslow, 1954). However, sexual minorities must also cope with discrimination, alienation, social rejection, and hate crimes. Seventy per cent of homosexual or bisexual men and women have been harassed verbally or received death threats. Ten per cent have been physically assaulted because of their sexual orientation (Barrett & McWhirter, 2002). According to Heather Roberts (2004), "forty-nine per cent of the violence occurs at the hands of family."

Many people with a different sexual orientation internalize the negative attitudes of society. Internalizing discrimination creates barriers to the development of a positive self-identity (Atkinson & Hackett, 2004, p. 348). Many gays and lesbians, therefore, hide their sexual identity because of fear, shame or confusion. "About one-third of teenagers who

commit suicide today are gay” (Arts & Entertainment, 2006). Stress and high-risk behaviours are common among marginalized people; therefore, homicide rate among gays and lesbians higher than for heterosexuals (Atkinson & Hackett, 2004; Barrett & McWhirter, 2002; Green, 2003). Consequently, lesbians and gays are nearly four times more likely to seek counselling than heterosexuals (Barrett & McWhirter, 2002).

Though western society struggles to adjust and become more tolerant, individuals within our society continue to be physically harmed in violent confrontations or emotionally harmed because they are unable to cope with social pressures and lack of acceptance. Maslow might say that the person’s *need to belong* is a more difficult and traumatic problem than adjustment to his or her own sexuality (Halonen & Santrock, 1997; Maslow, 1954).

*Instructor.* Use the following list to guide a discussion about common concerns faced by GLBT clients. Elicit a class discussion about how counsellors should address these concerns. Discuss counsellor behaviour and attitude. After the break, follow up with a discussion of appropriate and inappropriate counselling interventions.

*Common concerns for GLBT adolescents include:*

- struggling to discover and confirm their sexual identity
- fear of discovery/agonizing over being different from peers and being stigmatized.
- expressing concerns related to internalized homophobia.
- a deep sense of isolation and exclusion.
- being victims of violence.
- anxiety over body image.

(Atkinson & Hackett, 2003; Roberts, 2004; Sue & Sue, 2003).



*Common concerns for LGBT adults include:*

- uncertainty and anxiety around disclosure.
- perceived or real rejection.
- attempt to manage one's identity.
- struggle with the decision to "come out" and how much to "come out".
- fear of the consequences of disclosure on employment and/or career choice.
- the experience of being excluded from church or religious support.
- relationship concerns.
- health risks, HIV, and substance abuse.

(Atkinson & Hacket, 2003; Roberts, 2004; Sue & Sue, 2003).

Student responses may incorporate the following points, which may become a checklist for counsellors who work with LGBT clients.

- Be familiar with concepts of heterosexism, sexual orientation, & sexual identity.
- Practice ethically and professionally.
- Set appropriate boundaries.
- Seek consultation and supervision.
- Do not assume sexual orientation is the focus of therapy.
- Avoid biased, inadequate, or inappropriate practices.
- Do not assume a client is heterosexual.
- Do not abruptly transfer a client following disclosure of LGBT orientation.
- Do not rely on the client for education about LGBT matters.

(Atkinson & Hacket, 2003; Roberts, 2004; Sue & Sue, 2003).

BREAK

*15 minutes*

## PART 3: Skills

11.3 *Discuss Counselling Interventions*

20 minutes

*Inappropriate Therapies*

- a. Do not try to change a client's sexual orientation or employ conversion therapies.

Conversion therapy may cause significant psychological harm including depression, suicidality, internalized homophobia, sexual dysfunction, social isolation, and loss of spiritual faith (Atkinson & Hackett, 2004, p. 354).

- b. Be cautious of group therapies that threaten confidentiality.

*Appropriate Therapies*

- a. *Affirmative Counselling*. Affirms that a gay, lesbian, or bisexual identity is as positive as being heterosexual (Atkinson & Hackett, 2004, p. 370).

- b. *Support groups* (Roberts 2004, p. 235).

- c. *Feminist Therapy and Multicultural Perspectives Both:*

1. view oppression, discrimination and power inequity as a primary source of problems.
2. see the client/counsellor relationship as egalitarian.
3. are committed to breaking down the hierarchy of power.
4. view the problem from a socio-political and cultural context.
5. recognise that the client is the expert in his/her life.
6. believe individual change occurs through social change.
7. posit that counsellors advocate for their clients.
8. are committed to client empowerment and social transformation.

(Atkinson & Hackett, 2004, p. 370).

### *Counsellors of the Same Sexual Orientation*

Studies show lesbian women and gay men prefer to work with counsellors with the same sexual orientation (Atkinson & Hackett, 2004, p. 353). Individuals may not wish to work with GLBT counsellors whose gender and sexual orientation is different from theirs (Atkinson & Hackett 2004, p. 353). Note that similar sexual orientation is not always a necessary requirement for effective counselling, especially if the reason the client is seeking therapy is not related to sexual orientation.

#### 11.3.2 *Jigsaw and Client Scenarios*

40 minutes

Groups of four with a recorder and presenter.

Materials: Chart paper, felts.

- Allow each group 15 minutes to respond to scenario questions.
- Allow 25 minutes for class discussion of client scenarios, concerns, strategies and goals.

#### *Scenario #1: Damion*

In a mid-sized northern town, many gay people seek counselling at the same place for various problems including drug use and issues around family and lifestyle. Since the suicide death of a 17 year-old boy named Ryan, several adolescents have come in for counselling. Damion is a 17 year-old, somewhat flamboyant transsexual. He is charming, enthusiastic about life and very open about his sexuality. He says that since elementary school, he suffered regular beatings from people who despised him for who he was. Once, in high school, he said he was thrown down a flight of stairs and through a plate glass window. He said most of his gay friends have to put up with that kind of thing, and he expects it to happen; it was a part of his life. Damion's grief over Ryan's death is profound and dramatic. He declared that Ryan was his boyfriend.

*In the small group, answer the following questions:*

1. Damon's issues and concerns are complex. How do you prioritize his needs and determine counselling goals?
  2. Based on the information you have, what therapeutic approach would you use?  
Is grief therapy an appropriate priority?
  3. Explain your course of action and rationale for your approach.
  3. Would you feel competent working with Damion? Why or why not?
- Take findings back to main group for class discussion and review.

#### *Scenario #2: Hall*

In a separate counselling session, another 17-year old boy who is openly gay, but who is much more conservative about the way he lives, claims he is very angry with Damion. Hall says that Ryan was never Damion's boyfriend, and he claims Damion is just being dramatic to get attention. He says that a lot of people are upset. He also reports that a suicide pact has been formed among a whole group of gay teens.

*In the small group, answer the following questions:*

1. As a counsellor, what issues must be considered?
  2. How does Hall's information influence the way you work with Damion?
  3. What concerns do you have around the issue of confidentiality?
  4. What are your ethical responsibilities with respect to the suicide pact?
  5. Prioritize all of counselling goals.
  6. What do you need to do?
- Take findings back to main group for class discussion and review.

*Scenario #3: Dr. Raskin*

Most agree with Maslow (1954) that the need to belong is basic to human nature. Dr. Raskin, a well known tennis player who changed gender from male to female, was more desperate to be true to her sexual identity than to her need for acceptance. Imagine how much strength it must have taken for her to go through a sex change operation, knowing that she would be facing opposition and rejection as a female?

*In the small group, answer the following questions:*

1. What kinds of counselling concerns would Dr. Raskin face?
  2. Are you qualified to work with Dr. Raskin?
  3. What is the client's problem: Social, cultural, environmental, physiological or all?
  4. What therapeutic approach would be appropriate?
  5. Explain counselling goals, course of action and rationale for your approach.
  6. What concerns or conflicts might a counsellor experience?
- Take findings back to main group for class discussion and review.

*Scenario #4: Susan*

Many gays or lesbians keep their sexual identity a secret because they find it too difficult to cope with the social stigma that they would face once they reveal themselves publicly. One of your clients is a lesbian. She is 34, and she has kept her sexual orientation a secret from friends, family, and co-workers. She suffers from depression and loneliness because she can't find ways to meet a potential partner.

*In the small group, answer the following questions:*

1. Are you qualified to work with Susan?
  2. What concerns or conflicts might a counsellor experience?
  3. What is the client's problem: Social, cultural, environmental, physiological or all?
  4. What therapeutic approach would be appropriate?
  5. Prioritize counselling goals, course of action and rationale for your approach.
- Take recommendations back to main group for class discussion and review.

#### PART 4: Awareness

##### 11.4 *Self-reflection, Journaling, Homework, and Closure*

*10 minutes*

##### *Homework*

- Assign unit 12 readings:  
Sue and Sue (2003), chapters 19 and 17.
- Reminder: Reflective paper based on the cross-cultural competencies journal is due next week. (Week 12).

##### *Journal*

Cross-cultural competencies writing prompt: This week, students have been asked to reflect on questions 11.2.2 in their cross-cultural competencies journal.

##### *Outstanding Issues and Questions*

- Answer questions. Clarify any problems or difficulties.

## WEEK 12

## COUNSELLING CLIENTS WITH DISABILITIES

## Session

Readings to be Completed Before Class:

Sue and Sue (2003), chapters 19 and 17

PART 1      Unfinished Business      15 minutes

12.1      Questions & Issues from the Previous Week

12.1.2      Due: Reflective Paper

Discussion

PART 2      Knowledge      85 minutes

12.2.1      Guest Speaker: Counselling Clients With Disabilities

12.2.2      Instructor Expands on Readings and Key Concepts Not Covered

by the Speaker. Key Unit Concepts:

The Experience of Having a Disability: Oppression, Stereotypes,

Discrimination and Barriers

Common Mental Health problems and Issues Associated with Disabilities

Models of Disability

General Counselling Strategies and Vocational Rehabilitation

COURSE EVALUATION      15 minutes

BREAK      15 minutes

PART 3      Skills

12.3      Client Scenarios and Counselling Strategies      45 minutes

PART 4      Awareness      5 minutes

12.4      Self-reflection, Journaling, Homework, and Closure

## Session

## PART 1 Unfinished business.

12.1.1 *Questions and Concerns from the Previous Week* 10 minutes

12.1.2 Awareness

Due: Reflective Paper. Collect for marking. 5 minutes

## PART 2 Knowledge and awareness

12.2.1 *Introduce Guest Speaker: An Expert in Counselling Persons With Disabilities*

- OR- begin Lecture 12.2.2.

12.2.2 *Instructor.* Use lecture notes to expand on assigned readings and key unit concepts. Cover what was not covered by the guest speaker.

*Visualization Activity* 15 minutes

Materials: Students should have paper and a pen.

Ask students, "What is the worst disability you can imagine? Write it down."

Say, "Close your eyes. Imagine you have that disability." (*Give students time to visualize.*)

1. "What are your limitations? What are your fears?"
  2. "What kinds of emotions do you imagine experiencing? Why?"
  3. "Are you still YOU?"
  4. "Are there ways you can overcome your limitations?"
  5. "What difficulties/obstacles do you see ahead of you?"
  6. "How will you cope? List the things you can do."
  7. "What positive things can you imagine about this disability?"
  8. "How do you want to be treated?"
- Debrief with a classroom discussion of various students' experiences.



### 12.2.3 *Lecture: Oppression Of/ Discrimination Against People with Disabilities* 10 minutes

People with mental and physical disabilities have suffered oppression and discrimination throughout human history. Deformed children were often disposed of or ostracised (Atkinson & Hackett, 2004). “Those who were *different* have often been “destroyed, tortured, exorcised, sterilized, ignored, exiled, exploited, and even considered divine” (Atkinson & Hackett, 2004, p. 36). As social attitudes toward those with disabilities improved, charity groups formed. However, rather than creating opportunities or empowering people with disabilities, charity often became paternalistic, and translated into sympathy or pity (Atkinson & Hackett, 2004, p. 8). Employment-training programs evolved, but often treated people with disabilities as deficient (Atkinson & Hackett, 2004).

The civil rights movement led to disability legislation aimed at eliminating barriers to persons with disabilities (Atkinson & Hackett, 2004, pp. 42-43). This prompted the American Psychological Association to promote research into the study of the psychological effects of disabilities and the ethical and professional responsibilities of mental health workers toward people with disabilities (Atkinson & Hackett, 2004, p. 46).

### 12.2.4 *Full Class Discussion Activity*

30 minutes

Materials: Blackboard with room for two columns. A student to record class ideas on board.

*Part 1 (column 1).* Allow 15 minutes for the class to come up with a list that explains why persons with disabilities might have difficulty with low self-esteem, stress, and depression. Based on the readings (Sue & Sue, 2003), and their own knowledge and experience, the class-created list may include the following:

*Column 1*

- Cannot mentally or physically cope with the disability.
- Secondary physical health problems.
- Inactivity may lead to muscle weakness and respiratory difficulties.
- Infrequent urination & bowel movements can lead to bladder management problems.
- Propelling manual wheelchairs can cause rotator cuff problems and carpal tunnel syndrome.
- Osteoporosis and diabetes can result from reduced weight bearing.
- Feelings of inadequacy.
- Frustrations over limitations and inability to do what they could do before.
- Sense of grief over the loss.
- Difficulty with new self-perception.
- Changes in their social and emotional interactions with others.
- Sense of being unattractive.
- Feeling of having no future or having a future without dreams.
- Coping with pain.
- Coping with abuse.
- Coping with economic stress.
- Coping with discriminatory reactions of others.
- Not being able to communicate.
- Frustrated because people do not understand the nature of the disability.
- Frustration over sexual function, reproduction and sexual attractiveness.
- Lack of support of family, friends, or a support group.

- Loss of friends and families after suffering a physical, mental, or emotional disability.
- Movies depict persons with disabilities as evil, unreliable, strange, or isolates.
- Laws deny civil rights to people with mental disabilities (Atkinson & Hackett, 2004).
- Education is less accessible (Atkinson & Hackett, 2004).
- Poverty: Fixed income or unemployment linked to discrimination or limited access.
- Vulnerability to physical, mental, and sexual abuse (Atkinson & Hackett, 2004).

*Part 2 (Column 2).* Allow 15 minutes for the class to come up with ideas about how to reduce symptoms caused by low self-esteem, stress and depression. Based on their readings (Sue & Sue, 2003) and experience, the class-created list should include the following:

#### *Column 2*

- Improve mobility and accessibility to provide a sense of freedom.
- A job and/or a sense of purposefulness.
- Having choices.
- Being treated as a person with normal attributes such as gender, sexual orientation, skills, attitudes, culture, religion, family, genetic makeup and other influences that affect his or her personality. Not being defined by the disability.
- Not being expected to “settle” for a less satisfying life.
- Not being under-estimated.
- Being aware of the potential quality of life available.
- Having someone to talk with about issues such as sexuality.
- Improved access to health care, physicians, insurance, transportation and child care.
- Independent living to allow some control and autonomy to make decisions.

12.2.5 *Class Discussion*

10 minutes

Why do some people adjust better to a disability or illness than others? What factors allow for successful adjustment? Consider the following:

*Terry Fox's "Marathon of Hope"* continues to fight against cancer. Fox put a human face on the struggle of people with disabilities in British Columbia and across Canada.

*Rick Hansen's "Man in Motion Tour"* brought awareness to the plight of people with spinal cord injuries. In various interviews conducted by The Canadian Broadcasting Corporation during September and October 2006, Rick Hansen stated that his life had actually been enhanced because of his injury because he became an advocate for others with spinal cord injuries. "However", he said, "My injury does not define who I am" (Hansen, 2006).

*Michael J. Fox* has Parkinson's Disease, which progressively worsened until he could no longer work as an actor. He became an advocate for stem cell research, which he believes may lead to a possible cure for many types of diseases and injuries. In October, 2006, he became a spokesman for stem cell research and did a political television advertisement to support Claire McCaskill, who was running for a senate seat in the state of Missouri. Rush Limbaugh criticized Fox for exaggerating his symptoms to seek out more sympathy for his cause. A debate ensued. Many people defended Michael J. Fox, claiming that the criticism came from a person who was ignorant of the disease. However, there seemed to be an underlying suggestion that it is politically incorrect to challenge the ethics of someone with a disability (Stephanopoulos, 2007).

*Christopher Reeves* became a paraplegic after a horseback riding accident. The irony that the man who played Superman should end up paralyzed is lost on no one. Reeve's accident seemed to prove that any one of us could suffer a devastating injury. However, what truly

amazed people was how well Reeves seemed to cope. In public, at least, he seemed hopeful and good-humoured, and he fulfilled the last ten years of his life by becoming an advocate in the fight to find a cure for spinal cord injuries. Like Michael J. Fox, he fought hard for stem cell research.

Recently TV programs have documented how people, who are different, are really “just people” and not so different after all. For example, “Little People, Big World” tells the story of The Roloffs of Oregon (Freed, 2006). The point of this program is twofold: To show that *little people* have lives and hopes and dreams and family issues just like everyone else and that “they can do everything anyone else can do - just in a different way” (Freed, 2006).

The people discussed in this section each have very different types of disabilities; yet they all have things in common that allow them to cope and to live productive lives:

- All had support from family, friends, and specialty groups.
- All seemed to have dauntless and determined personalities.

EVALUATION: Hand out the course evaluation for students to complete. *15 minutes*

BREAK *15 minutes*

### PART 3 Skills

12.3.1 *Class Discussion* *10 minutes*

Refer students to Sue and Sue, (2003), pages 423-424, table 19.1 to discuss things to remember in interactions with persons with disabilities.

*Discuss Vocational Rehabilitation**10 minutes*

Mental health practitioners may struggle to determine the best focus for a client with a disability. Rehabilitation psychology focuses on rehabilitation and work adjustment (Atkinson & Hackett, 2004, p. 45).

*The co-ordinator role* -focuses on assessment, case management and placement.

*The counsellor role* .-focuses on helping people adjust to their disability.

*The consultant role* -focuses on working with client's family friends, and employers to re-design the environment, and maximize access and opportunity.

*The advocacy role* -focuses primarily on facilitating independent living and access (Atkinson & Hackett, 2004).

*12.3.2 Jigsaw and Client Scenarios**45 minutes*

Form groups of four with a presenter and recorder.

Materials: Chart paper, felts.

Allow each small group 15 minutes to respond to the scenario and answer questions.

Allow 30 minutes for a full class discussion of the various scenarios.

*12.3.2.1 Scenario #1: Mrs. Bell*

*Presenting problem:* Mrs. Bell, age 60, has been married for 40 years. She and her husband have three children. Two are married with children. One just completed university. Mrs. Bell had never worked outside the home. Her husband recently retired after the last child finished university. Their retirement plans revolved around their long-time dream of travelling around the world. Mrs. Bell is a very pretty woman, who has always taken care of her appearance. She was suddenly diagnosed with cervical cancer. She opted for radiation treatments, which had to take place in another city. Unfortunately, radiation did not halt the spread of cancer and damaged other tissues. Consequently, Mrs. Bell had to undergo

extensive surgery. At one point, Mrs. Bell was given only one week to live. Mrs. Bell survived. However, she now has a colostomy. This surgery is permanent and can never be reversed. Mrs. Bell now has a form of disability that she hopes to hide from most people. Colostomy bags are a form of prosthetic that Mrs. Bell must purchase and replenish for the rest of her life. It is important to remember that Mrs. Bell's husband has shared the fear, the pain, the medical regimen, and every other aspect of Mrs. Bell's illness, including the loss of the loss of travel and a carefree retirement and the loss of their intimate relationship.

Six months after surgery, Mrs. Bell has no sign of cancer; however, she cannot feel safe for five years. Not only is there a concern about the cancer re-appearing, but Mrs. Bell is unsure whether she wants to live with the current limitations to the quality of her life.

*In the small group, answer the following questions:*

1. How does Mrs. Bell's situation represent a disability?
  2. What emotions come into play for the counsellor and Mrs. Bell?
  3. How do each of these issues affect the life of Mrs. Bell as an individual?
  4. How do each of these issues affect the lifestyle and goals of the couple?
  5. Prioritize your counselling goals.
  6. Would you counsel Mrs. Bell alone or with her husband?
  7. Would you be inclined to make any suggestions or recommendations to Mrs. Bell?
- Take the group's concerns and recommendations to the main group for class discussion.

#### 12.3.2.2 Scenario #2: Don

*Presenting problem:* Don is Caucasian. At 29 years old, Don had a young wife and two boys, ages 7 and 8 years old. John worked as a millwright. The family had a modest home with a mortgage. They owed money on their pick up truck, a boat, and off-road

vehicles. Don did lots of things with the family, including camping and boating. He was also involved in re-building and racing cars at the local track.

Don had a car accident. He was thrown out of the pick-up truck and suffered a permanent brain injury. Rehabilitation involved re-teaching Don to walk, talk, read and write. Don suffered a permanent problem with balance. He had permanent tinnitus. He is no longer quick and capable. Rather, he is slow, and incapable of resuming his previous trade because he cannot re-train, and he is no longer physically capable of doing the work. The worst thing for Don is that he lost all memory of his life before the accident. He had to be re-introduced to his wife and his children. His wife eventually left him because she was unable to handle the fact that Don was not the man she married.

Three years after the accident, Don is struggling with legal issues related to the car accident, the divorce, foreclosure on his house, and the re-possession of his other assets. He is isolated from friends and family, who no longer spend time with him. He says "I hate this other guy that everyone says I used to be. I don't even remember him and everyone compares me to him. I can't do the stuff he could do."

Don receives some money from his disability insurance, but he tends to spend it unwisely. He buys drinks for people. He lends people money, but then he never sees the people or the money again.

Don says, "I want to see my kids, but their mom doesn't want me to see them, and I don't know what to do about it... I don't know what to do about my life. I'm all alone, and I don't know what to do... Sometimes I wish they'd have just let me die."

*In the small group, answer the following questions:*

1. What surprises you about Don's case? What immediate concerns do you have?



2. Are Don's issues simply a matter of mental health?
3. Prioritize counselling goals for Don.
4. List various ways you might work with Don. What other agencies might be involved?
  - Take the group's concerns and recommendations to the main group for class discussion.

#### 12.3.2.3 Scenario #3: Jim

*Presenting problem:* Jim was an adventuresome young man. He worked hard and he played hard. He was considered very attractive to the ladies. He was right handed, and he was good at everything he tried. He loved motorcycles, canoes, badminton, tennis, skiing, and body-building. He was engaged to be married. At twenty-six years old, just before his wedding, he lost his right arm in a mill accident.

Jim upgraded and obtained a degree, which allowed him to work in a managerial position, and he married Laura. However, he began to exhibit increasingly more and more angry outbursts, especially toward other men whom he perceived as challenging his authority. He would then come home from work, tear off his prosthetic arm and throw it against a wall that soon became dented and damaged from the hook.

Jim began acting exceedingly jealous if his wife so much as spoke to another man. He began to abuse her verbally, calling her terrible names. Laura began to demonstrate symptoms common to abused women: Crying, sleeping to avoid him, hiding from him, and feeling isolated from friends and family, too embarrassed to tell anyone.

Jim's angry outbursts and irrational way of dealing with employees at work eventually got him fired. His wife became so afraid of him that she moved out. One day, Jim kicked someone for "lipping him off." He was charged. He was advised to seek counselling.

*In the small group, answer the following questions:*

1. What is going on with Jim?
2. If Jim were referred to counselling, would he be a receptive client?
3. If Jim were resistant, how would you work with him?
4. Prioritize counselling goals for Jim.
5. Do you believe Jim's initial post-trauma rehabilitation was successful?
6. Would you make a referral in this case, or would you feel competent to work with Jim?
7. How would you work with his wife, Laura?
8. Prioritize counselling goals and strategies for Laura.
9. Would you work with Jim and Laura together? Why or why not?
10. Why does this situation fall under the umbrella of cross-cultural counselling?
11. Take the group's concerns and recommendations to the main group for class discussion.

*Scenario #4: Ed*

*Presenting problem:* From grade 5, Ed had been identified as having a learning disability that fell under the category of "Disorder of Written Expression" (American Psychiatric Association, 2002, p. 54). His disturbance in written expression interfered with his ability to do many things: Not only did he have trouble putting words to paper, but he was unable to discern when his writing rambled senselessly. He did not graduate from high school. He had trouble with normal day-to-day activities that depended on one's ability to write. He was unable to hold down a job.

In addition to his difficulty with written expression, Ed was disorganized, moody, and extremely frustrated. Because the disability was relatively obscure, there was no pension

available to him. He would get jobs from time to time, but seemed unable to hold them. Ed had a son through a brief relationship. Ed was left to raise the boy alone.

Ed loved his son, and he managed to raise him for about four years. Ed's mother would babysit when Ed found work. One day he came in to see a counsellor. He was extremely depressed. His mother had just died, and he felt there was no way he could provide a life for the boy because he had no way of earning money and no one to help him. He sobs as he tells the counsellor he has decided to put his son up for adoption because he has no other choice.

*In the small group, answer the following questions:*

1. What immediate concerns do you have when listening to Ed's story and his plan?
  2. What issues are most important to focus on? How do you know?
  3. Do your concerns trigger any ethical obligations?
  4. Should you involve other agencies, or are you competent to work with Ed alone?
  5. Prioritize counselling goals for Ed. List the steps you would take to help him meet these goals.
- Take the group's concerns and recommendations to the main group for class discussion.

#### *Scenario #5: Rose*

*Presenting problem:* Rose was born with cerebral palsy. This caused her to walk with a distinct limp. She had to be careful with her balance. She was not overly strong. Academically, she was average. Despite all obstacles and a lot of advice to the contrary, Rose persisted and at age 24, obtained her degree in social work with a "B" average. Rose was not immediately hired when she finished her degree. She therefore plunged into volunteer work in order to build up her resume. She did the volunteer work for over two years, hoping that

when a paid position came up, she would be considered. However, when the position for which she was volunteering became a paid position, the employers chose to hire someone else instead of Rose. Rose could not understand why she had not been considered for the position. The agency said Rose had done a good job and invited her to continue volunteering. Rose tried to explain that she couldn't volunteer any more. She needed to earn money. When they would not re-consider, Rose walked away from the volunteer position. She came into counselling frustrated, unhappy, and feeling worthless and unappreciated. No matter how hard she tried to prove herself and her ability and despite her success at university, she was not taken seriously as a potential employee.

*In the small group, answer the following questions:*

1. Do you believe Rose has been a victim of prejudice? Explain.
  2. Do you believe Rose's feelings are valid?
  3. What issues are most important to focus on? How do you know?
  4. Is advocacy appropriate in this case?
  5. Explain your counselling goals for Rose.
- Take the group's concerns & recommendations to the main group for class discussion.

#### *Scenario #5: Meg*

*Presenting Problem:* Dementia is a debilitating mental disorder that involves continuing cognitive decline (American Psychiatric Association, 2000, p.154; Sue & Sue, 2003). The prevalence of dementia increases with age. Cognitive deficits cause significant impairment in social and occupational functioning. As counsellors, many of us rely heavily on talking therapies. However, talking therapies are not necessarily appropriate for people with moderate to severe dementia because people in this state may forget the beginning of

your sentence before you reach the end of it. Dementia is an example of a disability that becomes very difficult for the caregivers. It is often the caregivers, therefore, who require counselling support.

Many of the issues faced by people with dementia and their caregivers are similar for other kinds of disabilities affecting cognitive and communication ability. To be effective, the counsellor must have an understanding of the disability and work with the caregiver and family. For example, awareness of the disease progression and resulting limitations can lead to a variety of behavioural symptoms such as depression, anxiety, and anger.

People with cognitive disabilities such as dementia, foetal alcohol syndrome or attention deficit disorder usually require a reduction in distractions so they can concentrate on one thing at a time. Consequently, group work is not recommended when working on communication, because it is too distracting.

Music therapy may be a way of triggering memories. It can also be calming. However, music during meals is not recommended because patients with dementia can't concentrate on eating while being distracted by the sound of the music.

Temper is a common reaction to frustration over the inability to communicate. Counselling strategies may involve working with the caregiver to figure out what is bothering the person and monitoring to determine a pattern connected with events around behavioural outbursts, so that the aggravation can be identified and removed.

Remembrance therapies can sometimes be used to trigger memories and lucid conversation. Instead of correcting the patient when he or she seems to be remembering things from the past, the counsellor can teach the caregiver to go back in time with the person to the memory that the person is currently experiencing as occurring in the present. This

technique works best with family members who have shared memories, because then they can pick up on what the patient is talking about and then go with the flow of that memory. This method enables a lucid conversation. Strangers who do not have the context of the memory will have less success with this strategy.

In cases of severe dementia, patients may forget fundamental things like taking their pants down before they go to the bathroom. Some may even forget to swallow when they eat. CUEING is a primary strategy. It involves repeated consistent, step by step instructions to tell the person what to do. For example: Lift your spoon. Put food on your spoon. Put the spoon and food in your mouth. Chew. Swallow.

*Presenting problem:* A primary issue for families of children with disabilities and caregivers of elderly adults is the impact of 24-hour-care requirements on family members (Roberts, 2004). Meg is a 52 year-old divorcee. Her children have grown and have left home. Her mother died, and at 74, her father is physically healthy, but he has dementia. Meg's father has been on a waitlist for a full-time care home for two years. In the meantime, Meg is caring for him the best she can at her house. However, Ben's condition has gotten much worse. Often, he does not recognise who Meg is. As his memory gets worse, he seems to be throwing tantrums. Meg feels she cannot leave her father alone. She is becoming very overwhelmed with his care, and she feels she has no life of her own. Meg feels like she is losing any chance for happiness or re-marriage because she is not free to go out. Meg has therefore become depressed and resentful. She has even been heard to say things like, "If I have to keep this up, I'm going to kill myself."

*In the small group, answer the following questions:*

1. What immediate concerns do you have?

2. What is the most important counselling focus? How do you know?
  3. Identify the family, social, cultural and economic dynamics involved here.
  4. Prepare a counselling plan for this family.
  5. What elements would you need to include in your therapeutic design?  
(ie.. advocacy, skills training building, etc.)
- Take the group's concerns & recommendations to the main group for class discussion.

## PART 4 Awareness

### 12.4 *Self-reflection, Journaling, Homework, and Closure*

5 minutes

#### *Homework*

- Assign readings for next week:  
  
Sue and Sue, (2003), chapter 15.  
  
France, Rodriguez, et al. (2004):  
  
- Awai, R. (2004). Biracial identity development: A reflection on current models  
(ch. 14, pp. 189-198).  
  
- Caverley, N. (2004). My multiracial identity: Examining the biracial/multiracial  
dynamic (ch. 15, pp. 199-207).  
  
- Rodriguez M. (2004b). Upon arrival: Ordeals and challenges in working with  
international students (ch. 16, pp. 211-228).

#### *Outstanding Issues and Questions*

- Remind students that the next week is the final lesson.
- Answer questions. Clarify any problems or difficulties.

## WEEK 13: COUNSELLING BI-RACIAL CLIENTS and INTERNATIONAL STUDENTS

### COURSE WRAP UP

#### Session Outline

Readings: Sue and Sue (2003), chapter 15.

France, Rodriguez, et al. (2004):

- Awai, R. (2004). Biracial identity development: A reflection on current models (ch. 14, pp. 189-198).
- Caverley, N. (2004). My multiracial identity: Examining the biracial/multiracial dynamic (ch. 15, pp. 199-207).
- Rodriguez M. (2004b). Upon arrival: Ordeals and challenges in working with international students (ch. 16, pp. 211-228).

PART 1:	Unfinished Business	10 minutes
13.1	Questions and Issues from Previous Weeks. Return Assignments.	
PART 2	Knowledge	90 minutes
13.2	Instructor uses Lecture Notes to Expand on Readings and Key Concepts: Interracial Marriage, Biracial Individuals, and International Students	
BREAK		15 minutes
PART 3:	Skills and Awareness	60 minutes
13.3	Four Activity Options for Skills Wrap-up	
PART 4:	Awareness	5 minutes
13.4.	Final review and Course Wrap-up.	



## Session

## PART 1: Unfinished Business

13.1 *Questions and Concerns from Previous Weeks* 10 minutes

Return all marked assignments or arrange for them to be picked up.

## PART 2: Knowledge

13.2.1 *Lecture: Counselling Issues for Biracial and Multiracial Individuals* 5 minutes

Interracial marriages in Canada have increased, and people proudly acknowledge their mixed background. However, mental health professionals have paid little attention to the issues faced by interracial couples and biracial individuals, despite the fact that they have historically lived in an unsupportive social environment (Davidson, 1992). Interracial marriages remain controversial in North America, even after the United States recognised the unconstitutionality of laws that forbade them (Davidson, 1992). Negative attitudes and racist or prejudicial attitudes toward interracial couples and their children often pose problems for personal and social adjustment. If assistance is sought, counsellors should have a clear and distinct understanding of the issues, and be aware of and avoid the many unsound and negatively-biased theories that have been developed to explain the motivation behind interracial marriages (Davidson, 1992).

13.2.2 *Discuss the 5-Stage Biracial Identity Development Model* 20 minutes

Biracial children face issues common to many minorities in addition to struggling to identify with more than one racial heritage while not being fully accepted by either (Awai, 2004; Gibbs, 1987). Some biracial individuals, therefore, struggle with being marginalized (Awai, 2004; Caverley, 2004).

Existing models of racial identity do not work well for biracial and multiracial individuals because they focus on only one cultural background. Subsequently, Robert Awai (2004) advocates for the need for the development of a biracial identity development model, because in Canada biracial people often face racism, prejudice, and ostracism from people of both White and Aboriginal descent. Common problems faced by bi-racial individuals include problems of self-esteem and self-identity. Awai presents an untested five-stage biracial identity development model for consideration (2004, pp. 189-197).

#### *5-Stage Biracial Identity Development Model*

1. Personal Identity: Self-worth.
2. Choice of Group Categorization: Selecting the group to which one most closely identifies.
3. Enmeshment/Denial: Difficulty with group choice.
4. Appreciation of one's multiple identity.
5. Integration: An experience of wholeness, and self-security.

As a bi-racial individual growing up in B.C., Robert Awai states that models do not fully encompass his experience as they tend to divide identity into parts rather than recognising the *whole*. One of the most difficult aspects of being bi-racial has been the social pressure to *choose* between cultures rather than appreciating the integration of both (Awai, 2004).

*Instructor:* Invite the class to discuss the value of the Bi-racial Model.    20 minutes

- Initiate a debate about what type of counselling plan would be appropriate when working with a bicultural client who did not receive bi-cultural identity support at home, and who consequently has major self-esteem and identity difficulties.

- Consider how to employ Maria Root's (1990/1998) description of four possible healthy resolutions to marginality (Sue & Sue, 2003, p. 370) and her Multiracial Bill of Rights (Sue & Sue, 2003, p. 373).

*Instructor:* Review and discuss the following cross-cultural counselling strategies:

- When working with interracial couples facing racism, prejudice, or discrimination, the therapist should first determine who owns the problem and then focus on the strengths of the couple. The counsellor can then help the couple clarify the true nature of their relationship and then normalize the couple's responses and attraction (Caverley, 2004; Davidson, 1992).
- A realistic goal for parents of biracial children is to provide a home environment where dual heritages can flourish and children function within mainstream society as members of their racial/ethnic group or groups. Parents can teach their child correct terminology about both cultures and create an atmosphere where all issues related to race are discussed openly (Caverley, 2004; Ramos, 1990).
- Do not assume that the counselling issue is related to cultural/racial identity.
- Obtain a contextual and socio-political history of the issues.
- Consider multiracial heritage holistically rather than as fragments that make a whole.
- Be aware that biracial individuals may experience marginalization, isolation and loneliness due to external social constructs and prejudice.
  - Emphasise that people have the right to choose their identity.
  - Take a psychoeducational approach. Empower clients by teaching about oppression.
  - Stress the positive aspects of a multiple heritage.

(Caverley, 2004; Sue & Sue, 2003, pp. 375-376).

13.2.3 *Lecture: Cross-cultural Concerns of International Students*

15 minutes

It seems fitting that the final topic covered in this introductory course in cross-cultural counselling will be international students, because this diverse group represents people of all different races and cultures from all over the world (Rodriguez, 2004b, p. 211).

Today's global economy has resulted in an ongoing competition by school districts and universities to attract international students, who pay a lot of money to be educated in Canada. Though there is no specific subgroup to which specific cultural characteristics can be attributed, international students have the common experience of being suddenly thrust as a minority into a dominant culture different from their own. They must cope with the challenges of being in a strange country with no family support, and they must struggle with an unfamiliar language, while coping with everyday living, homesickness, and financial difficulties. Some must try to fit in with a host family. In the midst of all of this, they are expected to succeed academically. Some students cannot cope with the pressure. For some, the consequences have been tragic. Suicide among international students attending universities happens fairly often.

*For example:* Cornell University campus experts advise that cultural differences can lead to isolation and depression (Ramanujen, 2006). Of the 16 confirmed suicides of Cornell students since 1996, nine of the students (56 per cent) were born outside of the United States. People from some cultures often experience high familial pressures to succeed and have few references for openly expressing feelings. The mental health professionals at Cornell are aware of the stigmas and are making efforts to place counsellors in areas frequented by at-risk students [including] Asian-Americans and international and underrepresented minority students (Ramanujen, 2006).

Unfortunately, despite recruiting international students, many international programs do not provide the social, emotional, and cultural support required. This problem was clearly illustrated in an article published by *The Peak: Simon Fraser University's Independent Student Newspaper*, which chastised Simon Fraser University for trying to recruit more international students when they seemed unable to address the needs of those they already had (Tapia, 2006). Some of the problems cited by international students were:

- having little control over their stay at the university.
- having no representation on the Board of Governors.
- inconsistencies over entitlement to financial aid.
- inability to cope with currency fluctuations and tuition hikes.
- having no place to go when in “dire need of help.”
- feeling that they are just “cash cows” for the university.

(Tapia, 2006).

#### 13.2.4 Discussion: Counsellor Skills: Working With International Students 15 minutes

Materials: Felts, chart paper taped to the wall so students can create a list of skills.

- Ask students to go to the chart paper(s) and write down a required skill for working with international students.
- The list will evolve into a summary of cross-cultural skills.

*Expected student responses:*

- Counsellors working with international students should be properly trained to understand cross-cultural transition issues from the time the student arrives in Canada to the point they leave to go home (Ramanujen, 2006; Tapia, 2006).
- Counsellors should understand cross-cultural counselling competencies: Be non-judgmental, do not impose their own worldview on others, be aware of the effect of the power differential in counselling, and be aware of the obstacles to cross-cultural communication inherent to cultural differences in verbal and non-verbal messages.

*Counsellors associated with international student programs:*

- must be aware that some cultures believe there is a stigma associated with accessing mental health services. Subsequently, many international students will not seek help, even if they are experiencing difficulties. International student services should therefore be normalized and easily accessible (Ramanujen, 2006; Rodriguez, 2004b; Tapia, 2006).
- should ensure the program provides adequate services in a safe and welcoming way.
- should ensure the program is mandated to help students deal with culture shock, stress, and connecting with other people (Tapia, 2006).
- must recognise warning signs for suicide and know the steps to take for prevention.
- must be informed advocates, and have access to services on and off campus to ensure international students have opportunities to share their knowledge and experiences.
- should have access to community resources and multicultural societies (Tapia, 2006).
- should make sure international students are provided with a handbook that contains information on counselling, immigration, housing, finances, and other frequently sought information (Ramanujen, 2006; Rodriguez, 2004b; Tapia, 2006).

13.2.5 *Full Class Discussion Activity: Osberg's Model of Culture Shock*

10 minutes

Ask the class what they thought of Osberg's Model of Culture Shock (Rodriguez, 2004b, pp. 212-213). Discuss how an understanding of the following stages can be used to gauge the successful cultural transition of an international student:

- |                        |                                 |
|------------------------|---------------------------------|
| 1) Initial euphoria.   | 2) Irritability and hostility.  |
| 3) Gradual adjustment. | 4) Adaptation or biculturalism. |

BREAK

15 minutes

## PART 3: Skills and Awareness

13.3 *Activity Options for Skills Wrap-up* (Times vary to allow instructor discretion).

*Option #1:* Client scenarios for jigsaw discussion or role play

30-60 minutes

Groups of four: Assign recorder & presenter.

Materials: Chart paper, felt pens.

Currently there is a trend for Asian students to come to Canada to go to high school or university. School districts in BC currently market their international programs in countries such as Korea. Parents who wish to provide their sons and daughters with future opportunities spend in excess of \$10,000 per year to place their sons and daughters in high school immersion programs in the hope their children will become fluent in English, learn about western culture, and subsequently be accepted into a western university. School district *home-stay* programs place international high school students with families while they study in Canada. Despite screening in their country of origin, not all students acquire the English language easily and not all are emotionally prepared to leave their home and family. It is not uncommon for international students to develop emotional problems. Students may become

extremely homesick but cannot afford to go home for holidays. Others have trouble adapting to western culture and feel isolated because of language and communication barriers.

Shann is a grade 12 male student from Korea. His mother is a doctor. His father is a successful businessman. He has a younger sister with whom he feels very close. Shann's father is a very strong-minded man, who enjoys drinking and who does not tolerate weakness, especially in a boy. Shann struggles unsuccessfully to live up to his father's expectations. Though Shann did not want to leave Korea, his parents sent him to Canada.

Soon after Shann enrolls in school, he becomes a concern. High school teachers complain that he is not doing his work, and he is not acquiring English. He seems despondent and engages in picking behaviours causing him to have cuts and scabs all over his face and arms, which he keeps uncovered. He wants to go home; however, his parents will not allow that. They insist that he improve his English and complete grade 12, so he can enrol in a BC university next term. More problems arise. The international program is concerned because they say he is negatively influencing other Korean students against the program and encouraging them not to work. He is therefore moved to another high school where he is no longer in contact with his Korean cohorts. He again asks his parents if he can come home. His parents express embarrassment and a sense of shame in his behaviour. They advise that they are concerned that his behaviour will negatively influence his sister, and they refuse to let him come home.

- His despondency grows deeper, and his picking behaviour gets worse.
- He is not motivated to complete schoolwork.
- He becomes more withdrawn and uncooperative with his home-stay family.
- He refuses to eat.



- He allows his finger nails to grow very long, which exacerbates injury caused by picking.
- He spends more and more time in the bathroom.
- He dyes his hair blonde.

Consider this situation from the perspective of a school-based counsellor working in a high school that sponsors students enrolled with the international program.

*Consider the following questions:*

1. What are Shann's problems? Are they social, cultural, environmental, or other?
  2. How can you determine that your guess is correct?
  3. What is the primary concern?
  4. What cross-cultural barriers/conflicts might affect this counsellor/client relationship?
  5. What does the DSM-IV-TR say about *picking* behaviours?
  6. Prioritize counselling goals, course of action and rationale for suggested approach.
  7. Should the counsellor offer solutions to Shann? Why or why not?
  8. Should a referral be made? To whom?
  9. Is there a role for the counsellor as advocate, in this situation? Explain.
- Take the group's concerns and recommendations to the class discussion.

*Option #2:* Select a film for viewing and class discussion. *30-60 minutes*

Ogami, N. (Writer/Director) & Meucci, L. (Manual) (1987). *Coldwater* [Video or DVD].

Intercultural conflicts of foreign exchange students in the United States. Yarmouth:

ME: Intercultural Press. (48 minutes).

Elliott, J. (1996). *Blue eyed* [Film]. CA: California Newsreel. Simulation of the development of racism using blue eyed and brown eyed groups. (33 minutes).

*Race and Psychiatry* [VHS Videotape]. (1995). The role of cultural differences in the misdiagnosis and mistreatment of mental illness. Princeton, NJ: Films for the Humanities and Sciences. (25 minutes).

Riggs, M. (Director). (1992). *Color adjustment* [Documentary Video]. Racial stereotypes and myths perpetuated by TV. CA: California newsreel. (33 minutes).

*Option #3:* Revisit cross-cultural competencies self-assessment. *20 minutes*

Have students look back on week one cross-cultural competencies self-assessment and goals.

- Ask students if they were able to meet their personal cross-cultural objective by the end of this course as they specified in their notebook/journal.
- What ongoing and long-term cross-cultural counselling goals will they now set?

#### PART 4: Course Conclusion

13.4 *Outstanding Issues & Questions* *5 minutes*

- Return marked assignments.
- Course end.

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## Instructor “To Do” List

*Before course begins:*

- ☐ Check for course approval and procedures.
- ☐ Order textbooks.
- ☐ Check with registrar to confirm schedule.
- ☐ Confirm classroom assignment and suitability: (size/ seating/ media).
- ☐ Determine if access to a second classroom / counselling room would be helpful.
- ☐ Check calendar dates for scheduled holidays.
- ☐ Determine a solution for possible missed class days.
- ☐ Finalise course overview. Decide if it is to be mailed out, available on-line, handed out with textbook purchase or provided to students on first day of class.
- ☐ Ensure course offering is identified on-line and posted.
- ☐ Check student enrolments.
- ☐ Find out procedures for reserving library materials and student access.
- ☐ Set up reserved readings.
- ☐ Make arrangements for teacher and student access to audio/visual & media..
  - i. Powerpoint projector                      ii. overhead                      iii. camera
- ☐ Confirm materials and resources have arrived.
- ☐ Double check student enrolment. Confirm whether or not course will proceed.
- ☐ Consider how numbers of students enrolled will affect course expectations for student presentations and assignments.
- ☐ Schedule guest speakers.
- ☐ Create hand outs, evaluations, marks record, & student presentation sign-up forms.

- ☐ Create presentation checklist and Likert scale to evaluate presentations per criteria.

The checklist allows you to listen to the presentation, to enter marks, and to see at a glance what important relevant information may have been missed by the presenter and must, therefore, be addressed through direct teaching or other activity.

*After the course begins:*

- ☐ Collect presentation sign up forms (class #1).
- ☐ Slot presentations into appropriate class date slot.

## CROSS-CULTURAL COUNSELLING COURSE EVALUATION

The purpose of this evaluation is to gather information from students that can be used to improve this course. Thank you for your input.

1. What did you learn about cross-cultural counselling that you would not have learned by taking other counselling courses?

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2. How did this course help you improve your cross-cultural counselling competencies?

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3. Which counselling activities and case studies did you find most helpful?

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4. Did you enjoy this course? Why or why not?

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5. Do you have any suggestions for improvement?

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