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Counseling graduate students' multicultural preparation: a response to the dual diagnosis of childhood sexual abuse and substance abuse among African American women

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COUNSELING GRADUATE STUDENTS' MULTICULTURAL PREPARATION: A

RESPONSE TO THE DUAL DIAGNOSIS OF CHILDHOOD SEXUAL ABUSE AND

SUBSTANCE ABUSE AMONG AFRICAN AMERICAN WOMEN

by

Tiffany Danette Stoner-Harris

<u>An Abstract</u>

Of a thesis submitted in partial fulfillment of the requirements for the
Doctor of Philosophy degree in Rehabilitation and Counselor Education
(Counselor Education and Supervision)
in the Graduate College
of The University of Iowa

May 2013

Thesis Supervisor: Associate Professor Tarrell Awe Agahe Portman

ABSTRACT

As the diversity of U.S. society continues to expand and interrelate, so do the training needs of counselors in training and early counseling professionals who encounter these very diverse populations and needs. The purpose of this qualitative research study was to explore the perceptions of advanced masters'-level mental health counseling students and recent graduates regarding multicultural awareness, knowledge, and skills to provide effective counseling services and interventions to African American women who have co-occurring histories of childhood sexual abuse and substance abuse. During a 2-month period, in-depth interviews were conducted with counselors in training and early counseling professionals who were working with African American women at the time of the study or who were likely to work with them in the future.

This study arose partially from the personal experiences of the researcher who is an African American woman and masters'-level counselor who previously encountered women with these co-occurring histories. The study was also derived from a review of current research that indicated this ever-growing population lacks the level of engagement and effective therapeutic services that focus specifically on their needs. The participants engaged in individual interviews consisting of a demographic survey, vignettes, and a structured open-ended interview guided process. Three methods of inquiry were utilized to promote triangulation of the data, thereby ensuring trustworthiness of the study. The results of this study promote awareness of participant perceptions of their multicultural competence as identified in the *American Counseling Association Code of Ethics* and *Association for Multicultural Counseling and Development's Multicultural Counseling Competencies*. The findings also contribute to future training and supervision experiences provided by counselor educators and supervisors who are gatekeepers for the profession and who assist in the multicultural development of counselors in training and early counseling professionals.

Findings from this study revealed that current practice in multicultural counseling training promoted some level of awareness, knowledge, and/or skills in the ability of counselors in training and early counseling professionals to counsel African American women with dual diagnoses of childhood sexual abuse and substance abuse. Emerging themes from the participants' responses included awareness of personal strengths and limitations in multicultural competencies, significance of the relationship with population-specific clients, desire for increased exposure to population-specific content and interactions during the training process, desire for increased experiential opportunities to promote interactions with lesser known populations, and supportive and diverse supervision experiences. Recommendations for specific multicultural competencies related to counseling African American women with the dual diagnoses of childhood sexual abuse and substance abuse and for future research are included.

Abstract Approved: _____
                             Thesis Supervisor

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                             Title and Department

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Graduate College
The University of Iowa
Iowa City, Iowa

CERTIFICATE OF APPROVAL

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PH.D. THESIS

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This is to certify that the Ph.D. thesis of

Tiffany Danette Stoner-Harris

has been approved by the Examining Committee for the thesis requirement for the
Doctor of Philosophy degree in Rehabilitation and Counselor Education (Counselor
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To the three amazing young ladies in my life, my daughters Taija, Tajae' and Tazia, this journey would not have been the same without you all by my side. My true transformation began as you each entered my life, I love you forever. You girls have traveled every step of this journey with me, and I appreciate your love and sacrifices more than I could ever explain. I pray that our sacrifices and successes along the way will help guide you in your lives and serve as an example to follow your dreams. You are each very unique and have a special light that shines bright from within. Grateful to God is what I am for the blessing of each one of you. I look forward to providing the same love, sacrifice, and joy in return as you each create your individual journeys in life.

We delight in the beauty of the butterfly, but rarely admit the changes it has gone through to achieve that beauty.

Maya Angelou

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To my other family, the Harrises and Hendersons, despite the changes in our family structure, I am very grateful for the love and support you have continued to provide to the girls and to myself along this journey. We love you all. Especially to Aunt Mary and cousins Cynthia and Larry who were dedicated to providing the encouragement and support needed in the beginning of this journey. Knowing the girls were safe and taken care of while I was commuting back and forth to Iowa City gave me great peace of mind and the ability to focus on my academics. To my very special daughter Regina, I love you and thank you simply for being you. Thank you for being a great big sister and maintaining a consistent presence in your sisters' lives. To Reginald, thank you for stepping in and stepping up anytime we needed your extra assistance along this journey. You are all greatly appreciated.

To my lifelong companions and confidants, Carmelita, Crystal, Eric, Jeannetta, LaTonya, Tim, and Tonya, you and your families have all walked different, yet significant paths of my journey in life with me, and I truly appreciate you all. This journey carries a special piece of each one of you within me, and the friendship, love, and encouragement you have given me from early in life, through our primary education years, into our adult lives, and especially during this journey. I am forever grateful to have each and every one of you in my life. To Eric, thank you for listening to my unending stories and updates on "opportunity" and the events of my life, and for being an example of rising above one's own circumstances to be there for others. I pray that your next journey involves the transformation you desire in your life. I truly love you all.

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To my 2nd grade teacher Mrs. Lardner, as the possibilities of life would have it, you reentered my life at such an amazing time and I am so thankful that you were able to share pieces of this journey with me. Your presence in my life at such a young age remained a constant in spirit throughout the years. It guided me in my own transformation, just like the transformation of the chrysalis that ultimately becomes a butterfly. I thank you and love you for being the great inspiration you have been in my life.

The support, love, and encouragement from all of you and others helped provide the balance and stability needed in helping this journey be a success. May God continue to bless you all as you have been a blessing in my life and on this great journey.

Finally, to all the women who fall into the counseling client demographic of being an African American woman with a history of childhood sexual abuse and substance abuse, and whose pains in life inspired this study, may you find a way to heal your pain and blossom into the beautiful butterfly that you are. I share this Maya Angelou quote with you all:

> Someone was hurt before you, wronged before you, hungry before you, frightened before you, beaten before you, humiliated before you, raped before you… yet, someone survived… You can do anything you choose to do. – Maya Angelou

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INTRODUCTION

Statement of the Problem

African American women with a dual diagnosis of childhood sexual abuse (CSA) and substance abuse are a growing population (Young & Boyd, 2000), yet they are a population not easily engaged in mental health services nor effectively serviced when presenting for treatment (Matthews & Lorah, 2005). The different factors that account for the lack of engagement in mental health services for African American women with these co-occurring issues range from societal influences such as discrimination and oppression, including the impact of high rates of low socioeconomic status and lack of access to health care, and to therapeutic factors, including a lack of counselor training and preparation in meeting the specific needs of women from the African American community (McClain, 2001).

Previous research studies indicated that 30 to 60% of African American women reported being sexually abused as children (Barnyard, Williams, Siegel, & West, 2002; Bryant-Davis, Chung, & Tillman, 2009; Campbell, Greeson, Bybee, & Raja, 2008). Although 3.3 million African American women indicated having histories of CSA based on the 2000 U.S. Census figures, this may not be an accurate reflection of actual instances of sexual assault (Stone, 2004). It is important to recognize the unreported occurrences among victims of CSA in general, and specifically with this population. According to Tillman, Bryant-Davis, Smith, and Marks (2010), African American women may not disclose their experience of CSA as children or even as adults because of accepting rape myths that reflect negatively on African American women and that attribute blame to the victim. This underreporting encompasses many factors including a fear of judgment and lack of support from those within and outside of the African American community based on historical and cultural norms (Brazelton, 2010). A number of circumstances that influence the resistance to reporting CSA among African

American women, including the historical impact of slavery, have been carried over between generations, along with the social stigmas of fear and shame associated with the acknowledgement of having been violated (Stone, 2004; Tillman et al., 2010; White, 1985). Left untreated, African American women with histories of CSA potentially face the residual effects of such abuse that present as physiological health concerns, increased instances of revictimization, and substance abuse. African American women who do not report or seek counseling for the primary reason of addressing their histories of CSA often go untreated for the symptoms associated with these traumatic early life experiences (Tillman et al., 2010). However, they are likely to present and receive mental health services for the subsequent issues of substance abuse or psychological disorders. A review of the literature indicated that African American women often present with elevated levels of untreated depression that manifests itself in this population in the form of substance abuse (Bryant-Davis et al., 2009; McGuigan & Middlemiss, 2005).

The focus on this group of African American women with CSA and substance abuse is relevant because despite their increasing numbers and the identification of the long-term impact of CSA, there is also evidence that current mental health treatment often does not adequately meet the needs of this specific group of women based on the context of their life experiences (Comstock et al., 2008; Tillman et al., 2010). Current best practice for responding to the needs of those with histories of CSA and substance abuse often includes a traditional theory base that is typically not inclusive of the specific life issues that are intertwined in the histories and the mental health needs of African American women (Bryant-Davis et al., 2009). Despite a notable increase in research on the individual aspects of CSA and substance abuse, as well as on the dual diagnosis of these issues in the general population, there continues to be minimal research on the mental health treatment of African American women with this dual diagnosis that focuses on their specific cultural needs (Jackson, 2008; Wyatt, Carmona, Loeb, & Williams,

2005). These cultural needs include, but are not limited to, their identities and experiences as women and as racial/ethnic minorities, which are often overlooked within the traditional therapeutic process (Bryant-Davis et al., 2009; Robinson, 2000). This population continues to be underserved by mental health professionals for several reasons, including lack of initial engagement with this population, lack of understanding of the needs of this population, and lack of specific training and competence to work effectively with this population (Wyatt et al., 2005).

Purpose of the Study

The purpose of this study was to explore the perceptions of mental health counselors in training and early counseling professionals regarding the multicultural awareness, knowledge, and skills training they received in their master's programs for counseling African American women with a dual diagnosis of CSA and substance abuse. Counselors who are trained in mental health counseling programs accredited by the Council of Accreditation of Counseling and Related Educational Programs (CACREP) may be in positions to provide therapeutic services to women from this particular population. The expectation is that trained counselors are prepared to meet the needs of diverse groups of clients (Hipolito-Delgado, Cook, Avrus, & Bonham, 2011). This study sought to explore the perceptions of counselors in training and early counseling professionals regarding their awareness, knowledge, and skills to counsel women from this population based on the multicultural counseling preparation they received in their CACREP-accredited Counselor Education master's programs. Counselor educators and field supervisors will gain insight from this study by learning more about the perspectives of current counselors in training and early counseling professionals regarding their awareness, knowledge, and skills to work with African American women with dual diagnoses of CSA and substance abuse. This insight may be beneficial in identifying the strengths and areas for improvement in Counselor Education programs in the delivery of multicultural counseling content that is identified by CACREP and infused throughout

the curriculum. Ultimately this research may be beneficial for preparing counselors in training and early counseling professionals to meet the needs of a diverse general population and a very specific population such as the African American women targeted in this study.

Significance of the Study

This study was the result of the personal and professional experiences and exposures of the researcher that revealed the often unmet mental health needs of women from the African American community. As a professional master's-level mental health counselor, my work history included service in substance abuse counseling and rape/sexual assault counseling at separate times. I witnessed several situations that ultimately led to my reflection on the dual diagnosis needs of women from this population. I witnessed an overall absence of African American women presenting for mental health counseling in either capacity. I witnessed a lack of retention of African American women who did in fact present for mental health counseling in either capacity. I witnessed the occurrence of dual diagnoses among many African American women who did present for mental health counseling in either capacity. I witnessed the lack of competence expressed by some of my non-Black counselor peers regarding their effectiveness with African American women presenting for mental health counseling in either capacity. Finally, I witnessed the lack of ongoing training and supervision in Counselor Education programs regarding multicultural competence to meet the individual needs of African American women.

Despite my personal observations as a professional master's-level mental health counselor regarding the mental health needs of these African American women, while searching the literature on this topic, I recognized that the literature base for the dual diagnosis of CSA and substance abuse often excluded a focus on African American women specifically. For example, Pennington (2005) examined the preparation of master's-level counselors and social workers for working with comorbid CSA and

substance abuse among women. Although the outcomes identified little difference in the

actual training of each profession to work effectively with the co-occurring issues of CSA

and substance abuse, the study did in fact identify that both professional training

programs provided some CSA training, but less training to sufficiently address substance

abuse needs, and even less training to address the co-occurring issues of CSA and

substance abuse among women (Pennington, 2005). Pennington (2005) addressed key

factors in professional preparation to counsel individuals with the identified dual

diagnoses; however, she did not look specifically at this training in relation to African

American women as recommended by Bryant-Davis et al. (2009) and Tillman et al.

(2010).

Focusing more specifically on African American women with histories of CSA,

Jackson (2008) identified the benefits of counselors being able to implement a culturally

sensitive counseling model to address the specific mental health needs of these women

within the context of their worldview. Wyatt et al. (2005) described the need for

improved training of professionals working with women dealing with the dual diagnosis

of CSA and substance as follows:

> While service providers may better understand Black women's needs, they need to
> understand the relationship between regulation problems (such as depression and
> PTSD symptoms) and CSA survivors using drugs and alcohol to minimize their
> trauma. Substance abuse treatment programs also must address the short- and
> long-term effects of sexual abuse in the areas for which the patient is seeking
> treatment. It is possible that targeted programs for substance abuse and CSA
> survival may be needed. (p.11)

The American Counseling Association (ACA, 2005) Code of Ethics mission

statement clearly identifies the significance of diversity in counselor preparation and in

the profession by stating the following:

> The mission of the American Counseling Association is to enhance the quality of
> life in society by promoting the development of professional counselors,
> advancing the counseling profession, and using the profession and practice of
> counseling to promote respect for human dignity and diversity. (p. 11)

There is similar sentiment and expectation in the CACREP standards specific to Addictions Counseling and regarding Diversity and Advocacy. Section E: Knowledge 1-4 requires that a counselor

> understands how living in a multicultural society affects clients with addictions, understands current literature that outlines theories, approaches, strategies, and techniques shown to be effective when working with specific populations of clients with addictions, knows public policies on local, state, and national levels that affect the quality and accessibility of addiction services, and understands effective strategies that support client advocacy and influence public policy and government relations on local, state, and national levels to enhance equity, increase funding, and promote programs that affect the practice of addiction counseling. (p. 20)

Section F: Skills and Practice 1-3 requires that a counselor

> maintains information regarding community resources to make appropriate referrals for clients with addictions, advocates for policies, programs, and/or services that are equitable and responsive to the unique needs of clients with addictions, and demonstrates the ability to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for diverse populations of addiction clients. (pp. 20-21)

The Association for Multicultural Counseling and Development (AMCD) *Multicultural Counseling Competencies* (1996), based on the 1992 work of Arredondo and Glauner, clearly states specific expectations regarding the need for counselors (a) to be aware of their own cultural values, biases, and influences; (b) to understand the worldview of others; and (c) to be able to identify and utilize culturally appropriate intervention strategies. Although multicultural training has been emphasized and required according to the standards of professional and governing organizations such as the *ACA Code of Ethics* (2005) and CACREP, there continue to be (a) inconsistencies in the integration of the training across all program courses, (b) the lack of a more in-depth focus on specific populations, and (c) the need for ongoing supervision and research to further integrate the concept of multicultural competencies among graduate students and practicing counselors (Vereen, Hill, & McNeal, 2008). These inconsistencies can be seen in the way multicultural counseling itself is implemented within various program curricula. Although some programs have elected to include independent multicultural

counseling courses, others have elected to integrate the multicultural counseling aspects throughout their coursework or to use both methods (Cates, Schaefle, Smaby, Maddux, & LeBeauf, 2007). Chae, Foley, and Chae (2006) recognized the relevance of increasing counseling competencies among counselors in training by improving the standards that counseling programs follow to establish their multicultural curricula.

Although counselors in training receive multicultural training in their respective preparation programs, there is some concern that novice counselors are not prepared to meet the mental health needs of women from the specific population targeted in this study. This is due in part to the lack of research and focus on their therapeutic needs, which involve consideration of historical and cultural norms (Brazelton, 2010; Blankenship, Smoyer, Bray, & Mattocks, 2005). Although previous research has examined the dual diagnosis of CSA and substance abuse, Davis, Mill, and Roper's (1997) seminal work began to look at the intersection of African American women, substance abuse, and CSA. Davis et al. (1997) conducted a qualitative phenomenological study that focused on the women's perspectives and narratives of their experiences of trauma, which had led to the use of substances to alleviate the emotional pain. The emerging themes of the Davis et al. (1997) study included a family history of substance abuse, lack of a caring childhood environment, emotional pain resulting from trauma, and coping and recovery. Upon further examination of the theme of emotional pain resulting from trauma, the Davis et al. (1997) study concluded that the perceptions of the women's pain related to CSA trauma and the subsequent use of substances to alleviate that pain are important issues for health care providers to consider when providing treatment to these women. The Davis et al. (1997) study emphasized the importance of treatment of African American women involving (a) aspects of racism and sexism, (b) inquiry into a possible history of sexual abuse among other forms of abuse, and (c) use of intervention and treatment from a feminine-focused perspective.

Theoretical Framework

This study is grounded in the constructivist research paradigm, with the goal being to "describe the meaning or essence of a participant experience" (Hays & Wood, 2011, p. 289). Using this approach may be beneficial in lending insight into the perspective of counselors in training and early counseling professional regarding their master's-level multicultural training, while simultaneously allowing them to reflect on their multicultural awareness, knowledge, and skills as established by ACA (2005) and other governing bodies.

Research Questions

The purpose of this study was to examine the current awareness, knowledge, and skills preparation of masters'-level mental health counselors preparing to provide multicultural counseling as identified in the standards provided by ACA (2005), AMCD (1996), and CACREP (2009). The following research questions guided the study:

1. What are the perceptions of masters'-level mental health counselors in training and early counseling professionals regarding their awareness, knowledge, and skills preparation for counseling African American women with dual diagnoses of childhood sexual abuse and substance abuse?

2. What are the perceptions of master's-level mental health counselors in training and early counseling professionals regarding how counselor educators and supervisors can incorporate multicultural competencies into their curriculum content to improve student awareness, knowledge, and skills in working with this special population?

Research Method and Design

This study is grounded in the constructivist research paradigm using the *Multicultural Counseling Competencies* adopted by the AMCD (1996) as identified by Arredondo et al. (1996) in the *Operationalization of the Multicultural Counseling Competencies*. The *Multicultural Counseling Competencies* include examining (a)

counselor awareness of own cultural values and beliefs, (b) counselor awareness of clients' worldview, and (c) culturally appropriate intervention strategies. Each of these *Multicultural Counseling Competencies* identified includes a focus on (a) attitudes and beliefs, (b) knowledge, and (c) skills of competency examined. By using the *Multicultural Counseling Competencies* conferred by the AMCD (1996), this researcher identified how the perceptions of the multicultural training received by the counselors in training met the competency descriptions and expectations.

The research design for this study was a constructivist research inquiry using a phenomenological qualitative research design (Hays & Wood, 2011). This methodological construct was used to meet the study goals of understanding more about the perspectives of counselors in training regarding their awareness, knowledge, and skills to counsel African American women with dual diagnoses of CSA and substance abuse (Turner, 2010). The instruments utilized in this study were a demographic survey, vignettes, and structured open-ended interviews.

Participants

Participants for this study were selected using a purposeful sampling procedure to assist with gaining the depth of information relevant to understanding more about the competencies of the counselors in training and early counseling professionals (Patton, 2002). To be eligible, participants needed to meet the following criteria: (a) advanced master's-level counselors in training in internship or within 1 year postgraduate master's degree, (b) enrolled in or completed a CACREP-accredited mental health counseling program, (c) located within 30 miles of an urban community, and/or (d) likely to serve African American women in an individual, group, or family client base.

Data Analysis

As identified by Patton (2002), a content analysis approach was utilized to analyze the data. The participant interviews were transcribed, reviewed, and analyzed to identify emerging themes and concepts that stood alone and that reached across

participant responses. The analytic method consisted of using coding to identify themes among the different participants' responses from the structured open-ended interviews (Wang, 2008). The researcher and a peer-debriefer, who were both trained as qualitative coders as recommended by Patton (2002), completed the coding using the program MAXQDA. This coding and analysis was conducted by reviewing and bracketing the meaning and depth of the responses of the participants (Hays & Wood, 2011). The purpose of using this particular analytic approach was to identify specific commonalities and themes expressed from the perspectives of the participants. This approach allowed for compilation of the data in a succinct manner (Hays & Wood, 2011).

Limitations of the Study

The potential for researcher bias was a significant limitation of this study. The researcher was solely responsible for selecting the sample population from the initial responses and for completing the initial interviews. According to Patton (2002), this could potentially lead to pre-existing biases toward the participants, the research design, and possibly even the research process. This could also impact the methods used in organizing and coding the data during the analysis phase (Hays & Wood, 2011). An additional limitation of this study was that the researcher's examination of participant perceptions may not have taken into account additional nuances that impacted the awareness, knowledge, and skills of the masters'-level counselor trainees. This could include any subsequent influences on the subjective views of the participants, as well as any factors of time that may have impacted the participants' ability to recall and relate relevant information to the researcher (Patton, 2002). Another limitation was the limited research that supported this study and that specifically examined the multicultural competence of masters'-level mental health counselors and early counseling professionals to counsel African American women with co-occurring histories of CSA and substance abuse. Although there are other limitations to this study, it is also relevant

to take into account the limited research in this area and the need to continue to supplement the current research in the most thorough manner possible.

Definitions

The following are the definitions and significant terms used throughout this study:

African American – The term African American is used throughout this study in reference to an American who has African and especially black African ancestors. Many people prefer the term African American rather than Black when referring to Americans of African descent (Merriam-Webster's online dictionary, n.d.).

Substance Abuse – The *DSM-IV-TR* defines substance abuse as the "maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances" (American Psychiatric Association [APA], 2000, p. 198).

Addiction – This term is used interchangeably throughout this study as an extension of the reference to substance abuse. According to the Illinois Department of Human Services, "Addiction is a chronic, but treatable, brain disorder that causes people who are addicted to not be able to control their need for alcohol or other drugs, even in the face of negative health, social or legal consequences" (Illinois Department of Human Services, 2012, What is Addiction?, para. 1).

Childhood Sexual Abuse - The Rape, Abuse and Incest National Network (RAINN, 2012) defined CSA as "contact that includes fondling, obscene phone calls, exhibitionism, masturbation, intercourse, oral or anal sex, prostitution, pornography, any other sexual conduct that is harmful to a child's mental, emotional, or physical welfare" (Child Sexual Abuse, para 1).

Co-occurring Disorder – The Center for Substance Abuse Treatment (CSAT) in collaboration with the Substance Abuse and Mental Health Services Administration (SAMHSA) describes "co-occurring substance-related and mental disorders" (COD).

Clients diagnosed with COD have one or more substance-related disorders as well as one or more mental disorders" (Center for Substance Abuse Treatment [CSAT], 2006, p. 5).

Awareness, Knowledge, and Skills – Arredondo et al. (1996) identified two of three major areas of cultural competency as counselor awareness of own cultural values and biases and counselor awareness of client's worldview, with subsequent general competencies that include cultural competencies in the domains of knowledge and skills (p. 1-2).

Multicultural/Diversity Competence – The *ACA Code of Ethics* (2005) defines Multicultural/Diversity Competence as "a capacity whereby counselors possess cultural and diversity awareness and knowledge about self and others, and how this awareness and knowledge is applied effectively in practice with clients and client groups" (p. 20).

Multicultural/Diversity Counseling – The *ACA Code of Ethics* (2005) defines Multicultural/Diversity Counseling as "counseling that recognizes diversity and embraces approaches that support the worth, dignity, potential, and uniqueness of individuals within their historical, cultural, economic, political, and psychosocial contexts" (p. 20).

CHAPTER II

LITERATURE REVIEW

This chapter will review the professional literature adding to counseling preparation awareness, knowledge, and skill development for working with African American women who are identified as having a dual diagnosis of substance abuse and CSA. Due to limited knowledge about counselor preparation in providing therapeutic services to African American women with these dual diagnoses, research studies were reviewed that focused on the mental health needs of this population, including current best practices for multicultural training, working with issues of substance abuse and CSA, and subsequent counselor training needs. Identified research studies were reviewed that focused on women in general and also specifically on African American women in an effort to understand the impact of CSA, substance abuse treatment needs, and the implications for substance abuse issues later in life when there is a history of early CSA. This review also included examining literature focused on the considerations for *Multicultural Counseling Competencies* and counselor training in working with African American women with these specific histories of substance abuse and CSA. This information was relevant in exploring the awareness, knowledge, and skills preparation of master's-level mental health counselors and early counseling professionals to provide counseling services to African American women with these dual diagnoses in an effort to promote a more comprehensive approach to meeting the mental health needs of women from this specific population.

The review examined five related factors: (a) substance abuse, (b) CSA, (c) the intersection of substance abuse and CSA, (d) the role of oppression in the treatment needs of women from this population, and (e) current multicultural counselor training to meet the needs of these women.

Substance Abuse

The cycle of addiction is a cultural phenomenon that has had a significant impact on American society since the 20th century. The problem of substance abuse has no boundaries. It has crossed all lines, including racial and ethnic, social class, and gender (Yancey, 2005). Although substance abuse has a long history, only within the past few decades has the United States' mental health system begun to recognize its impact on individuals and families. According to national statistics on addiction provided by the SAMHSA, in 2003 there were an estimated 21.6 million persons aged 12 years or older who were classified with substance dependence or abuse or 9.1% of the total population. SAMHSA also reported that in 2003, approximately 6.5 million (5.9%) women aged 18 years or older met the criteria for abuse of or dependence on alcohol or an illicit drug (SAMHSA, 2005). When mothers are afflicted by the disease of substance abuse, the families' functioning is affected; children live in homes with increased rates of poverty, lack of appropriate boundaries, and poor parenting skills, or they are placed in alternative care (Davis et al., 1997). According to the National Center on Substance Abuse and Child Welfare (NCSACW, 2012), national estimates concerning alcohol and drug treatment in 2004 indicated the following:

> 1.84 million adults were admitted to the public treatment system, 566,648 (30.8% of 1.84 million) were women,1.085 million (59% of 1.84 million) were parents of minor children, 294,000 parents (27% of 1.085 million) had one or more children removed by child welfare services, 106,000 parents (36% of 294,000) had parental rights terminated. (Fact Sheet and Statistics, par 1)

This awareness led to an increase in research on the effects of substance abuse on women, children, and families (Yancey, 2005). Whereas addictions treatment has traditionally been geared toward the male client, there is now more of a need to focus on the cultural aspects when providing addictions treatment to women. As a result, researchers such as Covington (2008) and Green (2006) stressed the relevance and need for gender-specific substance abuse treatment for women, including access to gender-specific interventions that focus on victimization and various forms of abuse.

Childhood Sexual Abuse

RAINN (2012) defined CSA as "contact that includes fondling, obscene phone calls, exhibitionism, masturbation, intercourse, oral or anal sex, prostitution, pornography, any other sexual conduct that is harmful to a child's mental, emotional, or physical welfare" (Child Sexual Abuse, para 1).

CSA is a crime that significantly impacts our society, is often under reported, and yet is a profound epidemic that can have devastating effects during childhood as well as in adult life. Data reported by RAINN (2012) indicated that:

> 15% of sexual abuse and rape victims are under age 12, 29% are age 12-17, 44% are under age 18, 80% are under age 30, and it is estimated that the ages of 12-34 are the highest risk years. Of additional significance is the fact that girls ages 16-19 are 4 times more likely than the general population to be victims of rape, attempted rape, or sexual abuse. (Who are the Victims, Children, para 1).

Although the impact of CSA may be different for each victim, some common symptoms were identified by Filipas and Ullman (2006), including "maladaptive behaviors due to a poor self-concept, decreased self-esteem, decreased ability to trust, the use of maladaptive coping skills, and the inability to distinguish between healthy versus unhealthy relationships" (pp. 667-668). These resulting symptoms not only are present during the duration of the CSA, but also can have a lifelong impact on victims based on research indicating that CSA is associated with long-term mental health consequences (Barnyard et al., 2002). CSA manifests in a variety of coping responses from the victims who are dealing with its long-term impact, including ongoing mental health issues such as depression and anxiety, poor social relationships, and even increased risk for future victimization (Fargo, 2009; Filipas & Ullman, 2006; Kallstrom-Fuqua, Marshall, & Weston, 2004). When considering future victimization, it is important to note that victims of sexual assault are three times more likely to suffer from depression, six times more likely to suffer from post-traumatic stress disorder, 13 times more likely to abuse alcohol, 26 times more likely to abuse drugs, and four times more likely to contemplate

suicide (RAINN, 2012). As a result of these mental health consequences, the mental health community is now recognizing the impact of CSA on individuals.

Co-occurring Issues of Childhood Sexual Abuse

and Substance Abuse

CSA is known to have significant long-term effects on women that may manifest in many forms, including HIV vulnerability, mental illness, adult victimization, and substance abuse (Meade, Kershaw, Hansen, & Sikkema, 2009). Although some women learn to cope more effectively with the symptoms and residual responses from CSA trauma, others do not and are left dealing with the resulting long-term effects. As an alternative to coping appropriately with CSA trauma, these latter women may use drugs to help them deal with symptoms, images, and feelings related to the past abuse (Wyatt et al., 2005). This maladaptive form of coping may in fact lead to long-term addiction for these women. As an example of the potential long-term impact of CSA, Filipas and Ullman (2006) conducted a quantitative study that examined the psychological impact of CSA and the factors that contributed to adult sexual assault among college-age women. The sample of 577 participants was recruited from introductory psychology classes and the criminal justice department at the identified university. The study focused on characteristics of CSA, the noted symptoms of post-traumatic stress disorder (PTSD), the victims' attribution of blame, their identified coping responses, and any incidents of adult sexual abuse. The instruments were a demographic questionnaire, a CSA questionnaire, surveys focused on CSA characteristics and PTSD symptomology, attribution of blame, coping responses, and adult sexual assault. One of the outcomes was that 42.2% of the women who reported CSA also reported adult sexual assault, whereas only 14% without histories of CSA reported adult sexual assault (Filipas & Ullman, 2006). These authors indicated that the women who reported both CSA and adult sexual assault were more likely to use drugs and alcohol to cope with the effects, were more withdrawn from people, and were more likely to sexually act out than those who had not experienced

CSA. This emphasizes the importance of women who have these co-occurring issues of CSA and addictions receiving treatment that appropriately addresses these needs (Covington, 2008). Brown and Melchior (2008) examined data from studies of four types of interventions that focused on improving co-occurring substance abuse and mental health needs of women: (a) women with co-occurring disorders and violence study (WCDVS), (b) strengthening treatment access and retention (STAR) for women with co-occurring disorders, (c) screening for substance abuse and mental health issues in a community assessment service center, and (d) postpartum depression in women receiving substance abuse treatment. The studies were conducted within various substance abuse treatment centers and community assessment service centers where the population samples were readily available. The outcomes of these studies and interventions highlighted the significance of treatment providers being inclusive of both substance abuse and mental health needs and tailoring their services to meet the specific needs of the clients. In essence, for women to receive the appropriate level of services to meet their co-occurring needs, they must be screened upon initiation of services, with interventions to follow that address their specific needs (Brown & Melchior, 2008).

African American Women and Childhood Sexual Abuse

Although the proportion of children affected by CSA in general is alarming, girls of color experience CSA at even higher rates than their White peers (Miller-Clayton, 2010; West, 2002). The Women of Color Network (2006) indicates "Approximately 40% of Black women report coercive contact of a sexual nature by age 18" (p. 2). According to RAINN (2012) the lifetime rate of rape or attempted rape for African American women is 18.8% versus 17.7% for White women, while Black et al., (2011) indicate a lifetime rate of rape of 22.0% for Black women versus 18.8% for White women. This recognized disproportion may be an indication of the long-term impact of CSA leading into adulthood among African American women, including such issues as depression, revictimization, and substance abuse (Bryant-Davis et al., 2009; Fargo, 2009;

West, 2002). It is important to understand and acknowledge that African American women may experience an additional harmful impact as a result of historically being perceived differently because of race relations in America and stereotypes about who meets the criteria to be identified as a sexual abuse victim (Barnyard et al., 2002; Tillman et al., 2010). According to Miller-Clayton (2010), "although racial stereotypes have evolved over time, a common, consistent theme is the conceptualization of African American women as people with dichotomous sexuality, unworthy of empathy, and to blame for several societal problems" (p. 18). As a result, African American women are often viewed as being responsible in some way for sexual assaults committed against them, rather than being seen as victims (Donovan & Williams, 2002). For African American women, CSA may result in additional long-term effects and negative life experiences compared to White women (Barnyard et al., 2002). Along with the previously identified impacts of CSA, Tillman et al. (2009) acknowledged that African American women are also faced with the historical impact of slavery and the sexual undertones perpetrated and legalized by White men against them that shaped the social construct of sexual victimization of African American women being an acceptable act. As a result, legal institutions often respond differently to the sexual victimization of an African American woman versus a White woman. This along with other aspects of racism faced by African American women compounds an African American women's decision of whether to report and seek assistance with sexual abuse (Bryant-Davis et al., 2009; Tillman et al., 2010). When considering the long-term effects or the impact of CSA on African American women, one must recognize the role of the lack of therapeutic intervention in part resulting from the stigmas and resistance to reporting CSA within the Black community (Miller-Clayton, 2010).

African American Women and Substance Abuse

According to SAMHSA (2005), an estimated 4.5% of African American women ages 18 and over are impacted by substance abuse or dependence on alcohol and/or illicit

drugs: "Compared with the national averages, adult black females had lower rates of past month alcohol use and binge alcohol use and a slightly higher rate of past month illicit drug use. Patterns varied by age group" (SAMHSA, 2010). Johnson and Young (2002) identified a number of factors contributing to the incidence of substance abuse and dependence including behavioral, psychological, social, cultural, and environmental conditions that influence the lives of African American women. Covington (2008) recognized the significance of gender-responsive service options in substance abuse treatment, and the importance of focusing on the life experiences of women in a male-dominated society. However, treatment options for African American women who are struggling with addictions have historically been limited to the same options that are available to the general population of men and non-ethnic people seeking treatment for addictions (Matthews & Lorah, 2005). These authors recognized that substance abuse programs have traditionally been created from a Eurocentric perspective and tend to overlook societal influences on the daily lives of women and African Americans, and how this influence may impact the treatment needs of this group (Matthews & Lorah, 2005). Although traditional 12-step programs have been successful in the substance abuse field in general, there is a perception that 12-step programs tend to deny differences and deemphasize the very approaches recommended for African American women, such as a focus on support and community rather than the traditional focus on self (Stevens-Watkins, Perry, Harp, & Oser, 2012). Davis (2011) also factored in the impact of the therapist's relationship with African American women lacking the cultural knowledge relevant to understanding the client's needs. In fact, limited research focuses specifically on the substance abuse treatment needs and experiences of African American women. The research that does exist often focuses on the prevalence of the identified problems among the population rather than on the solutions to the problems, including a focus on ethnic identity as a protective barrier in confronting issues of substance abuse (Stevens-Watkins et al., 2012).

Women of all racial and ethnic backgrounds deal with issues of addiction; however, it is important to recognize that African American women remain a population that is both unlikely to receive adequate treatment and more likely to be punished for behavior associated with alcohol and drug use (Van Wormer & Bartollas, 2000). With addiction treatment often being directed by the medical model and emphasizing the physiological impact of substance abuse, the addiction may be treated as an individual experience that denies the realities of sexism and racism in the recovery efforts of African American women (Matthews & Lorah, 2005; Rhodes & Johnson, 1997; Stevens-Watkins et al., 2012).

African American Women with Co-occurring Issues of
Childhood Sexual Abuse and Substance Abuse

African American women have experienced more instances of victimization and stressors than have men and non-African American women that contribute to concerns for their overall health and safety (Bryant-Davis et al., 2009; Washington & Moxley, 2003; West, 2002; Wyatt et al., 2005). Wyatt et al. (2005) conducted a 4-year intervention study that examined the impact of CSA on three high-risk groups of women, including African American women, regarding decision making, decreasing sexual and drug risks, increasing adherence, and improving psychological adjustment. The population for this intervention study included women with a history of addiction and a positive HIV status. The participants were administered a number of measures, including a sex history questionnaire, demographic questionnaire, five different measures examining patterns of substance use, and assessments of participation in a drug or alcohol treatment program, barriers to health care, communication with provider, and penetration CSA. The results of the study indicated a high correlation between early sexual victimization and poor decision-making skills in regard to sexuality and sexual behavior, as well as limited ability to cope effectively with the trauma of being abused (Wyatt et al., 2005). African American women who have experienced CSA are highly susceptible

to long-term addiction issues if they do not receive adequate therapeutic treatment that also focuses on their racial, ethnic, and cultural needs (West, 2002). Johnson and Young (2002) used personal interviews and qualitative analysis to explore African American women's childhood experiences. They identified young, poor African American women as being at high risk for victimization and stigmatization through multiple avenues, including CSA, drug use, and incarceration.

The studies by Johnson and Young (2002) and West (2002) identified the impact of early childhood experiences as a significant factor to consider when looking at the relationship of African American women and addiction. There is some indication that the correlation between sexual abuse and substance abuse develops from the need to self soothe, thus indicating that women's use of alcohol and drugs may help them deal with the pain of being sexually abused (Wyatt et al., 2005). Counseling professionals can improve therapy and treatment options by increasing their understanding of the needs of African American women and utilizing best practice therapeutic treatments targeting their needs. Although this appears to be a known phenomenon, Amaro et al. (2005) acknowledged the lack of relevant research focused specifically on meeting the therapeutic needs of African American women with these co-occurring issues.

Barriers to Mental Health Treatment for African

American Women

African American women face multiple barriers that block minimal mental health treatment. Some of these barriers are the result of daily issues such as financial and family responsibilities, and others are large societal-scale issues resulting from the oppression that African American women often experience, such as racism and sexism (Bryant-Davis et al., 2009; Green, 2006; Washington & Moxley, 2003). Other barriers emerge from mental health professionals' lack of awareness, knowledge, skills, and competencies necessary to work effectively with women from diverse populations. Counselors are often trained to utilize general counseling knowledge and skills with

clients, but they are not often trained to utilize specific multicultural counseling knowledge and skills with special populations (Cates et al., 2007).

Additional barriers for African American women are a result of their lack of receptivity to mental health services for a variety of reasons, including lack of trust and effective engagement (Thompson, Akbar, & Bazil, 2002). These barriers also include a lack of effective treatment to deal with daily societal influences in the lives of women of color concurrently with issues related to early CSA and substance abuse treatment needs (Tillman, et al., 2010; Wyatt et al., 2005). Although there seems to be an increased awareness in the profession of the needs associated with these co-occurring issues among the female population, there continues to be a lack of specific focus on African American women (Amaro et al., 2005).

Another barrier African American women face is the realization that treatment options for substance abuse have typically been based on and geared toward the traditional White male perspective, generally not taking into account the specific needs and concerns of the female population (Covington, 2008; Green, 2006; Rhodes & Johnson, 1997) or the ethnic minority population (Matthews & Lorah, 2005). As African American women seek substance abuse treatment, it is important that service providers are trained to meet the specific social, psychological, and emotional needs of these women (Sanders, 2000). This may include being knowledgeable and competent in understanding the relevance and role of oppression and subsequent forms of victimization from the point of view of African American women (Collins, Whiters, & Braithewaite, 2007; Matthews & Lorah, 2005). A final barrier to treatment for African American women is the relationship between African American women and the service providers they encounter when seeking mental health services. Historically, this has been a concern for African American women as they seek various forms of treatment from mental health professionals, who often possess limited knowledge, skills, and experience relative to the therapeutic needs of African American women (Davis, 2011; McClain,

2001; Wyatt et al., 2005). This barrier may occur on both sides of the therapeutic relationship, with either the service provider not being culturally sensitive and culturally aware of the African American woman's needs or the African American woman being reluctant to genuinely accept the services offered for lack of trust and belief in the provider's ability to assist her (Davis, 2011; Kelly & Empson, 2000; Wyatt et al., 2005). When it comes to substance abuse treatment, this is a significant concern for African American women who are faced with choosing a provider with whom they may not relate well enough to establish an effective rapport, and who may not be knowledgeable enough about the African American culture or community to relate effectively to clients (Davis, 2011; Sanders, 2000).

Current Treatment of Childhood Sexual Abuse

Currently various forms of traditional therapy are aimed at helping victims and survivors of CSA begin the lifelong healing process while also increasing their positive coping skills (Covington, 2008; Washington & Moxley 2003). Some of the more common forms of treatment include the use of individual or group therapy using a cognitive behavioral approach, a trauma-focused approach, and a narrative approach (Anderson & Hiersteiner, 2007; Covington, 2008; Washington & Moxley 2003). In addition to these specific therapeutic approaches is the inference that providing victims and survivors of CSA with the psychosocial supports they need can increase their ability to cope more effectively with the trauma they have experienced as a result of the CSA (Hill, Kaplan, French, & Johnson, 2010).

Cognitive behavioral approaches encourage survivors of CSA to change their thought patterns from the maladaptive thinking patterns of the past. This therapeutic approach can involve activities targeting the recognition and replacement of inaccurate cognitions. Another therapeutic strategy within the cognitive behavioral approach is the trauma-focused approach, which consists of reliving the trauma as a form of processing the associated feelings in a safe environment in an effort to increase the survivor's ability

to cope with the ensuing feelings in a healthier manner (Covington, 2008). A similar form of therapy often used with survivors of CSA is the narrative therapy approach. This counseling process involves the survivor telling her own story while being able to express the pain, impact, and resilience acquired by the survivor. This approach is more of a strengths-based approach for healing of the survivor (Anderson & Hiersteiner, 2007).

Finally, group therapy as an alternative or combined counseling format is often utilized for treatment. This format has been deemed beneficial in promoting a sense of belonging, encouraging support, and providing opportunities for a shared learning experience in identifying and expressing some of the struggles faced by women impacted by CSA (Washington & Moxley, 2003). Although each of these approaches is unique in its process and implementation, the overarching focus is similar. Each promotes intentional effort dedicated to improving the lives of women impacted by CSA. However, it is important to note that none of these approaches has a specific aspect focused on the multicultural implications of victimization that may be relevant for providing therapy to African American women.

Current Treatment of Substance Abuse

The 12-step program is a traditional and widely used treatment option for substance abusers that focus primarily on acceptance, powerlessness, and the spiritual aspect of overcoming an addiction (Saulnier, 1996). Although this well-known treatment option has had positive results for some individuals, including African American women, it fails to recognize the implications that the idea of powerlessness can have for this female and ethnic population (Collins et al., 2007; Matthews & Lorah, 2005). According to Saulnier (1996), traditional 12-step programs tend to deny differences and deemphasize the very approaches recommended for African American women, such as approaches that emphasize empowerment and a focus on community (Covington, 2008; Matthews & Lorah, 2005;).

Rhodes and Johnson (1997) discussed another traditional intervention, the medical model, which uses a non-judgmental and non-blaming perspective of treating the person and the addictions, including the physiological effects. Although the medical model can be a useful tool to incorporate in the treatment process, it does not effectively address the needs of African American women because of the exclusion of environmental factors impacting this population (Johnson & Young, 2002; Rhodes & Johnson, 1997).

Washington and Moxley (2003) identified the current treatment option of group work as a beneficial treatment intervention. Group work has the benefits of allowing members to share histories and experiences, and to learn from one another in the process. Group work is known to be effective in allowing women to explore their core issues in a safe environment, while learning how their experience may be very closely related to someone else's experience. This in turn can help the women become more open to sharing and identifying more appropriate coping skills to deal with life stressors. Group members benefit from modeling behavior, finding support in one another, sharing and resolving some personal issues, and learning new coping skills in a relational context (Washington & Moxley, 2003).

As a whole, the African American female population has additional needs that may not be met with the current available substance abuse treatment options (Hendrickson, 1992). An earlier perspective by McNair (1992) identified the effectiveness of using Afrocentric and feminist models when working with African American women, noting the importance of treatment promoting the clients' ability to address cultural and feminine issues relevant to their lives and to their recovery. Matthews and Lorah (2005) identified the significance of women discussing personal experiences, beliefs, and ideas that may be specific to the African American and/or the feminine culture. Using a gender-specific approach may allow women to identify, explore, and discuss issues that may not have been as easily addressed through a traditional model of treatment (Covington, 2008; Green, 2006; McNair, 1992). African

American women, unlike other populations faced with substance abuse, are also dealing with a multitude of problems that are derived from racism, sexism, and the overall social structure of U.S. society.

Simultaneous Treatment of Childhood Sexual Abuse and
Substance Abuse

Professional literature reports recent inquiry into the co-occurring issues of CSA and substance abuse. However, this research is sparse and limited in nature, often focusing on women in general rather than on those from specific cultural groups. One point found throughout the literature concerning the co-occurring issues of CSA and substance abuse has been the importance of counselors screening their clients initially in a manner that will allow them to understand the women's needs prior to beginning therapy (Brown & Melchior, 2008; Pennington, 2005). This screening should involve an assessment of client needs in relation to trauma via childhood sexual and substance abuse. Research indicates that female clientele presenting for substance abuse issues have a greater chance of recovery when they are able to address some of the underlying issues related to victimization. Covington (2008) suggested that many women who have identified the need for substance abuse treatment acknowledge additional instances of sexual, physical, and emotional abuse. Decisions to experiment with and use drugs may be strongly influenced by histories of sexual abuse and must be taken into account when developing therapeutic interventions for women (Meade et al., 2009).

Simultaneous Treatment of Childhood Sexual Abuse
and Substance Abuse with African American Women

As previously indicated, Johnson and Young (2002) identified the impact of early childhood experiences as a significant factor to consider when looking at the relationship of African American women and addiction. In addition, Carroll and Buruth (2002) conducted a study that explored the narrative stories of African American women and other underprivileged women's reflection of CSA in an effort to highlight the impact of

the abuse on their current state of addiction. Research indicates the necessity to assess

for any history of CSA and substance abuse when attempting to gain insight into the

therapeutic needs of African American women presenting for mental health treatment,

which can include substance abuse treatment (Meade et al., 2009). Buchanan and

Ormerod (2002) indicated that African American women cannot easily separate issues of

race and gender when considering their personal accounts of victimization. This is an

aspect requiring consideration when developing treatment options for these women.

Kassebaum (1999) reported that despite the significant increase in drug-dependent

women who have histories of being victims of incest, "few appropriate treatment

programs now exist for women in the criminal justice system" (p. 8). This is relevant

because research indicates a high number of incarcerated African American women who

are dealing with issues of CSA and substance abuse (Van Wormer & Bartollas, 2000).

 Although there is a growing interest in the intersection of CSA and substance

abuse, there continues to be limited research focusing on the specific therapeutic needs of

African American women troubled by these issues. The literature noted in this section

lends some insight into the treatment needs of African American women with histories of

CSA and addiction. However, the lack of focus in the literature could very well be a

reflection of the lack of implementation of appropriate multicultural interventions with

this population.

Current Professional Counselor Preparation Multicultural
Training Requirements

 The ACA (2005) and other professional organizations such as the American

Psychological Association (2002) and AMCD (1996) endorse multicultural competent

practice. Accreditation groups such as the National Board for Certified Counselors

(NBCC) and CACREP require accredited counselor preparation programs to incorporate

aspects of multicultural awareness, knowledge, and skills throughout their training

programs. Boysen and Vogel (2008) indicated that effective counselor training is aimed

at increasing multicultural awareness, knowledge, and skills. This competency concept was also noted in an earlier study by Sue, Arredondo, and McDavis (1992), who addressed the following three dimensions of effective, multiculturally competent counselors: beliefs and attitudes, knowledge, and skills. These authors suggested that counselors must have an awareness of their own culture and values along with assumptions they have about other cultures. Also, counselors must be aware of how their experiences, culture, values, and beliefs influence their counseling skills, including any limitations they have in relation to both competencies and knowledge (Arredondo & Arciniega, 2001; Sue et al., 1992).

Section A.4.a of the *ACA Code of Ethics* (2005) states that "counselors should act in ways that minimize harm to the client" (p. 4). This can be reflected in the expectation that counselors in training develop the awareness, knowledge, and skills to be positively effective with clients from diverse groups. Regarding awareness, the *ACA Code of Ethics* (2005) indicates in Section A.4.b that counselors should "be aware of their own values, attitudes, beliefs, and behaviors and avoid imposing values that are inconsistent with counseling goals" (pp. 4-5). This has also been noted by Ridley and Shaw-Ridley (2011), who highlighted the significance of counselors being aware of their assumptions, values, and biases. The *ACA Code of Ethics* (2005) also indicates in Section C.2.a that individuals can only counsel within their area of competence. This scope of competence is determined by the counselor's education, training, and experience (ACA, 2005). According to Achenbach and Arthur (2002) and based on the 1992 work of Sue et al., the three most important competencies include knowledge, skill, and awareness. Counselors must develop in these areas while also understanding how their personal life can impact them as counselors (Achenbach & Arthur, 2002; Sue et al., 1992).

It is important that counselors in training are aware and competent in these areas of awareness, knowledge, and skills as indicated by their professional codes. It is also relevant that counselors in training are prepared to continue developing their

multicultural competence while practicing in the field. This may be accomplished through effective supervision, which involves a continued focus on aspects of multicultural competence within the counseling relationship as well as the supervision relationship (Arredondo & Arciniega, 2001).

Limitations with Counselor Education Multicultural Training

Although ACA (2005) has deemed it imperative that counselors in training receive the necessary training to develop multicultural competencies in awareness, knowledge, and skills, there continue to be some limitations in the training and supervision that future professional counselors receive. Chae et al. (2006) found that although the standards to implement multicultural competencies have been established in the governing codes, their implementation lacks the consistency and clarification of what that implementation should include. This is relevant in terms of specific populations, such as those impacted by CSA and substance abuse, African American women, and any combination of these groups. A review of the current available research on addictions in general reveals a growing awareness of the urgency to identify the most effective therapeutic approaches and interventions to prevent and treat individuals who are living with addiction. This can also be said for the growing research on CSA. However, when these mental health needs are aligned with a specific population such as African American women, there is less of a focus on training to meet the specific population needs.

When focusing specifically on multicultural training with African American women with histories of CSA and substance abuse, there continues to be a lack of progress in the counseling field. Davis et al. (1997) suggested that most of the research available on substance abuse has focused primarily on the White male model. Although there has been a gradual change in this research area with increased focus on women and substance abuse, there continues to be limited research and subsequent training of

counselors to work specifically with women. There has been limited research on women and addictions, and there continues to be even less research on the specific population of African American women with substance abuse and other specific concerns (e.g., HIV/AIDS, poverty, victimization, etc.; Blankenship et al., 2005). Given this disproportionality, it is disconcerting when numbers of women, including ethnic minorities, are increasingly dealing with issues of substance abuse both as an individual and as a co-occurring issue. It is imperative that counselors in training be enabled to engage effectively with clients who are from diverse populations. It is important that counselors in training are able to identify personal characteristics that are relevant in the process of providing prevention, intervention, or support to women who are attempting to overcome their substance abuse issues.

Gatekeeping Role of Counselor Educators and Supervisors

According to the Association for Counselor Education and Supervision (ACES) *Standards for Counseling Supervisors* (1990) and *Ethical Guidelines for Counseling Supervisors* (1991) as incorporated in the *ACA Code of Ethics* (2005), it is imperative that counselors in training receive effective supervision from their counselor educators as well as from their supervisors in the field. Counselor educators and field supervisors both serve as gatekeepers for the counseling profession and are responsible for monitoring and supporting, while also assisting counselors in training with developing the competencies necessary to be effective, multiculturally competent future counselors (Bernard & Goodyear, 2004). As gatekeepers for the field, counselor educators' training and supervision involve identifying the specific multicultural issues that can impact the effectiveness of counseling with oppressed populations, such as women and minorities. According to DeRicco and Sciarra (2005), it is also important for counselor educators to acknowledge the cultural biases among White counselors in the field in an effort to

address the issues and to develop competencies that will equip counselors in training to adequately address the needs of diverse populations.

Another gatekeeping function is found in clinical supervision. As a part of the supervision process, the supervisor may need to assist counselors in training to understand how their own perceptions and views of multicultural issues can potentially be harmful to the client relationship and possibly the supervision relationship if not understood or acknowledged (Garrett et al., 2001). According to Gardner (2002), the dynamics of both the supervision and the counseling process can be greatly affected if counselors in training do not receive the supervision necessary to help them process, work through, or even foresee future concerns regarding multicultural issues. It is important for supervisors not only to be aware of their own levels of multicultural competencies, but also to help supervisees understand and develop their own multicultural competency levels within the bounds of the supervision process (ACES, 1990, 1991).

Multicultural competence is generally defined as the extent to which counselors possess appropriate levels of self-awareness, knowledge, and skills in working with individuals from diverse cultural backgrounds (ACA, 2005; Constantine, Hage, Kindaichi, & Bryant, 2007). According to Constantine (2001), self-awareness is being aware of one's own attitudes, beliefs, and values regarding race, ethnicity, and culture, along with one's awareness of the sociopolitical relevance of cultural group membership in terms of issues of cultural privilege, discrimination, and oppression. Therefore, it is even more important that the supervisors themselves have reached an appropriate level of self-awareness regarding multicultural issues, as they will have a significant impact on the training and development of the counselors in training concerning issues of race and gender.

As is true with the counseling process, it is difficult for the supervisor to take the counselor in training to a professional developmental level if the supervisor has not

attained or surpassed the developmental level (Constantine et al., 2007). An example is Nelson et al.'s (2006) acknowledgement that a part of the therapeutic process should involve discussion of clients' experiences of power and oppression within their social contexts, including the therapeutic relationship itself. In the therapeutic process, understanding the impact of power and oppression is significant to both the client and the counselor and their ability to effectively interact with one another. This reinforces the notion that counselors in training should (a) have awareness of their own values, beliefs, and biases and how they impact their roles as counselors, and (b) develop the knowledge and skills to dialogue with clients in a proficient and effective manner that promotes change.

Conclusion

The field of counselor education and supervision has grown in regards to acknowledging, requiring, and implementing multicultural competencies in providing therapeutic services to clients. As indicated in the literature, and as a result of guidelines such as those provided by the CACREP standards and *ACA Code of Ethics* (2005), there has been a growing focus on the necessity and benefits of awareness, knowledge, and skills in relation to utilizing multicultural approaches with diverse groups. However, despite this increased focus on training counselors to be multiculturally competent, there appear to be some inconsistencies and limitations in the training to counsel specific populations, particularly those with co-occurring mental health conditions such as addiction and CSA. This study will examine these concerns as it relates to counselors in training who work with African American women with histories of CSA and substance abuse. Therefore, to improve the implementation of multicultural counseling with African American women with these co-occurring issues, it is important to identify what counselors in training are learning regarding awareness, knowledge, and skills preparation to identify the needs of this group and to implement appropriate and effective techniques and interventions. The purpose of this study was to explore the knowledge

and preparation of master's-level school, community, and mental health counselors for counseling African American women with a dual diagnosis of CSA and addictions.

As the field of counselor education and supervision continues to evolve and progress, it is important that counselor educators are training more multiculturally competent counselors who can appropriately select and utilize therapeutic services to meet the needs of a diverse and changing society. This is significant in relation to why this particular study was designed to examine the perceptions of multicultural competence of masters'-level counselors in training. The methodology and design selected was an effort to promote more insight into the current multicultural competence of a sample group of counselors in training.

CHAPTER III

METHODOLOGY

The purpose of this study was to explore the perceptions of master's-level counselors in training and early counseling professionals regarding the awareness, knowledge, and skills training they received in their master's programs for counseling African American women with a dual diagnosis of CSA and substance abuse. The participants were master's-level counselors in training and early counseling professionals from CACREP-accredited Counselor Education mental health programs in the United States. This chapter presents a description of the research methodology, including research questions, participant criteria, research design, domains examined, participant selection, data collection procedure, and data analysis.

Research Methodology

Research Questions

Current training of masters'-level mental health counselors and early counseling professionals preparing to provide therapeutic services to African American women with dual diagnoses of CSA and substance abuse may be deficient in the development of culturally consistent providers. This investigation of the current multicultural awareness, knowledge, and skills of these helping professionals was guided by the following research questions:

1. What are the perceptions of masters'-level mental health counselors in training and early counseling professionals regarding their awareness, knowledge, and skills preparation for counseling African American women with dual diagnoses of childhood sexual abuse and substance abuse?

2. What are the perceptions of master's-level mental health counselors in training and early counseling professionals regarding how counselor educators and supervisors can incorporate multicultural competencies into their curriculum

content to improve student awareness, knowledge, and skills in working with this

special population?

It was the intent of this researcher that this exploration of the perspectives of current counselors in training and early counseling professionals regarding their perceived competencies in counseling women from the targeted population would facilitate counselor educators and supervisors to incorporate the findings into their pedagogy and supervision practices. The expectation was that this information would assist counselor educators and supervisors with recognizing, utilizing, and implementing more effective multicultural education and supervision practices of future counselors who may encounter African American women with these dual diagnoses. These changes in awareness, knowledge, and skills preparation may have the potential for increasing the women's receptivity to and participation in counseling, leading to improved services for African American women, including therapy approaches, interventions, and advocacy (Hipolito-Delgado et al., 2011).

This study was grounded in the constructivist research paradigm using the *Multicultural Counseling Competencies* adopted by the AMCD and described by Arredondo et al. (1996) in *Operationalization of the Multicultural Counseling Competencies*. The *Multicultural Counseling Competencies* include (a) counselor awareness of own cultural values and beliefs, (b) counselor awareness of clients' worldview, and (c) culturally appropriate intervention strategies. Each of these *Multicultural Counseling Competencies* focuses on (a) attitudes and beliefs, (b) knowledge, and (c) skills of competency. Using the *Multicultural Counseling Competencies* identified by the AMCD (1996), this researcher sought to identify how the perceptions of the multicultural training received by the master's-level counselors met the competencies' descriptions and expectations.

Participants

Participants for this study were selected using a purposeful sampling procedure to assist with gaining the depth of information relevant to understanding more about the competencies of counselors in training and early counseling professionals (Patton, 2002). To be eligible, participants needed to meet the following criteria: (a) be an advanced master's-level counselor in training in internship or within 1 year postgraduate master's degree, (b) be enrolled in or have completed a CACREP-accredited mental health counseling program, (c) be located within 30 miles of an urban community, and/or (d) be likely to serve African American women in an individual, group, or family client base.

The participants selected were in internship or within 1 year postgraduate of their respective programs in an effort to obtain their perspectives after their completion of the core foundational and clinical course work their programs required. The CACREP program standard was designed to ensure that the participants selected were in fact trained in institutions that adhered to the established guidelines for minimum requirements of multicultural awareness, knowledge, and skills development (CACREP, 2009). This helped ensure that the participants had been exposed to a minimum amount of multicultural experiences that focused on the development of awareness, knowledge, and skills throughout the course of their masters'-level training as required by the 2009 CACREP standards. The decision to focus on participants from institutions that were based within a 30-mile radius of an urban area was supported by the probability that these counselors were more likely to encounter African American women with the dual diagnosis of CSA and addiction because of the higher population of women from this specific group being located in urban areas. According to the U.S. Census Bureau (2010), there were more African Americans in urban and Southern regions of the United States than in other areas. From this perspective, it would be highly beneficial for novice counselors working in urban areas or Southern regions to have the appropriate multicultural awareness, knowledge, and skills training to effectively meet the needs of

women from the African American population as indicated by the CACREP standards. This includes the ability to effectively communicate with and appropriately assess the needs of the women, the ability to appropriately select interventions and approaches to meet the specific needs of the women, and the ability to advocate on behalf of the women when necessary (Association for Assessment in Counseling, 2003; Crethar, Torres-Rivera, & Nash, 2008). The participants were selected from the mental health track, considering that community mental health counselors would be more likely to encounter African American women presenting for mental health treatment for CSA, substance abuse, or an alternative mental health need.

Participant Selection

The participants selected for the study were counselors in training or early counseling professionals from CACREP-accredited Counselor Education programs within the North Central Association for Counselor Education and Supervision (NCACES) counseling region of the United States. At the time of this study, the NCACES region included the states of Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Dakota, and Wisconsin. To identify a purposeful stratified population sample, the researcher sent emails (Appendix A) to CACREP-accredited counseling program faculty who were located in the NCACES counseling region and within 30 miles of an urban area. Ten programs were contacted via email, including those in universities located in Michigan, Missouri, and Illinois. Program faculty were initially contacted via email with the study information, including the study purpose, participant qualifications, research methodology, IRB contact information, and researcher contact information. The faculty who responded to the researcher via email indicating an interest in dispersing the study information to current students or recently graduated students was then contacted with faculty recruitment letter emails (Appendix B) and provided with participant invitation

letters (Appendix C) that could be forwarded to these students inviting them to participate in the study.

The participant invitation letters also included information regarding the study purpose, participant qualifications, research methodology, IRB contact information, and researcher contact information. Interested participants were asked to contact the researcher if they had further questions or were interested in participating in the study after reading the study description. When the interested participants contacted the researcher, they received a brief overview of the study; with those who continued to show interest, the researcher discussed eligibility and reviewed eligibility criteria. The researcher then completed a brief telephone screening during which the interested participants were asked a series of questions to determine their eligibility to participate in the study. These questions included an inquiry into the advanced-level students' status in their respective programs, whether their program was CACREP accredited, whether their program was within 30 miles of an urban area, and whether they had worked with or were likely to work with African American women in the future. When interested participants were determined by the researcher to be eligible for the study, they were directed to review the emailed consent form (Appendix C) with the researcher, to further explain the study parameters, including their right to withdraw from the study at any time.

Research Design

The design for this study was a constructivist research inquiry using a phenomenological qualitative research design (Hays & Wood, 2011). This methodological construct was used to meet the study goals of understanding more about the perspectives of counselors in training regarding their awareness, knowledge, and skills to counsel African American women with the dual diagnoses of CSA and substance abuse (Turner, 2010). The instruments utilized in this study included a demographic survey, vignettes, and a standardized open-ended interview guide.

Demographic Survey

This qualitative research design included a demographic survey (Appendix D) to establish a baseline for the identified characteristics of the participants, including age, gender, academic status, program-specific information, awareness of CACREP standards, *ACA Code of Ethics*, AMCD Multicultural Counseling Competencies, program multicultural course inquiry, and professional influences concerning multicultural competence (Patton, 2002).

Vignettes

This qualitative research design also included three vignettes (Appendix E) to capture the perceptions of counselors in training and early counseling professionals regarding how they would implement the acquired awareness, knowledge, and skills they have obtained through their multicultural training (Patton, 2002). The use of the three established vignettes was incorporated into the study in an effort to allow the participants to demonstrate their ability to apply their awareness, knowledge, and skills to the specific treatment needs of African American women with the dual diagnosis of CSA and substance abuse. The vignettes involved specific cultural concerns that may be present in counseling because of the experiences of African American women with these dual diagnoses. The vignettes included specific follow-up questions to encourage the counselors in training and early counseling professionals to consider and respond to specific situations that evaluated their ability to engage with, assess, and respond to the therapeutic needs of the client in a manner that involved some level of multicultural competence in working effectively with the identified client's needs (Utsey, Gernat, & Hammer, 2005). The goal was to help facilitate insight and self-awareness regarding the interactions between the novice counselors and the identified population. The researchers' focus was to use the vignettes to assist with discovering the areas of multicultural counseling in which the counselors in training and early counseling professionals either felt competent or lacked the awareness, knowledge, and skills to be

most effective with women from this population. The researcher compared the vignette responses to the standardized open ended interview guide to determine if the participants' responses to the standardized open ended interview guide were confirmed by their responses to the vignettes; this method was recommended by Patton (2002) for the purpose of cross validation and triangulation.

Standardized Open-ended Interview Guide

Questionnaire

The final aspect of this qualitative research design was a structured open-ended interview (Appendix F). This component addressed the participants' perspectives on (a) their previous experiences working with African American women, (b) the multicultural training they received in their CACREP-accredited Counselor Education program specific to African American women with dual diagnoses of CSA and substance abuse, (c) the potential for working with African American women in the future, and (d) the role of supervision in the participants' multicultural competence (Hays & Wood, 2011; Patton, 2002).

These measures were selected to gather information on the participants' perspectives on their awareness, knowledge, and skills to meet the multicultural needs of African American women with dual diagnoses of CSA and substance abuse. This self-assessment process included disclosures of how comfortable the participants were in their multicultural competence to utilize the awareness, knowledge, and skills they acquired in their respective CACREP-accredited counselor education programs. This particular method of self-assessment also included disclosures of perceived areas of lack of competence in meeting the multicultural needs of this diverse population. This method allowed for firsthand exploration into what supervisors and counselor educators can do to assist counselors in training with developing effective multicultural competencies as identified by CACREP, including awareness, knowledge, and skills training to work with African American women who have histories of CSA and addiction.

Domains

Awareness

A variable examined in this study was the perspective of counselors in training and early counseling professionals regarding the personal awareness they achieved through their counselor preparation programs. This variable was examined to determine how their level of personal awareness impacted their ability to work effectively with African American women, with African American women with histories of CSA, with African American women with histories of addiction, and with African American women with a dual diagnosis of CSA and addiction.

Knowledge

A second variable examined in this study was the knowledge possessed by counselors in training and early counseling professionals to work effectively with African American women who have histories of CSA and addiction. This variable was studied to determine the knowledge that counselors in training possess and where they acquired that knowledge to work with this population. Examining this variable also provided insight into the role of previously acquired knowledge in the subsequent training of novice counselors to work with this population. It also assisted in identifying how counselors in training apply the knowledge they have acquired when working with this population.

Skills

A final variable examined was the specific skills possessed by counselors in training and early counseling professionals during their masters' programs as guided by the CACREP standards and *ACA Code of Ethics*. This variable was relevant to determining what aspects of multicultural training novice counselors felt was beneficial in helping them apply appropriate skills and techniques with this population, including the ability to effectively conduct an assessment to determine the women's needs.

Participants also had an opportunity to disclose any additional experiences they encountered outside of their masters' programs, which helped identify what other training benefited the counselors in training and early counseling professionals.

Pilot Testing

To assist with determining weaknesses and limitations within the standardized open ended interview guide portion of the research study design, the researcher conducted pilot testing with the first two participants in the study. Upon completion of the initial standardized open ended interview guide interviews, participants were asked to review and provide feedback for any of the questions used in the standardized open ended interview guide with the expectation that any concerns with the standardized open ended interview guide content would be acknowledged during this time. Although the two participants were part of the pilot testing process, their demographic survey, vignette responses, and standardized open ended interview guide responses were included in the main study data.

Data Collection Procedures

After participants reviewed and confirmed by verbal consent their voluntary willingness to participate in the study, they were emailed a link giving them access to the demographic questionnaire and the three vignettes. This link was initially sent to eight participants via email. Participants were asked to complete the demographic questionnaire and the vignettes within 1 week. Upon receipt of the completed demographic surveys and the three vignette responses, the researcher scheduled participants for the structured open-ended interview process. The interviews were conducted face to face or via telephone with audio-taped recorded individual sessions with each participant. The interviews were conducted from the researcher's private office on the university campus to ensure a private space where confidentiality would not be compromised and where there would be little to no distractions. The interviews were arranged for a 1-hour period, and all were conducted with the allotted 1-hour time frame.

The study was planned for a sample consisting of eight to twelve participants. The researcher conducted seven total interviews with the eligible participants, with one of the initial eight participants electing to withdraw after completion of the demographic survey.

When the structured open-ended interviews were completed, they were transcribed by the researcher directly from the audio recordings. The transcribed interviews were then emailed to the participants for member checking. To check for accuracy of the transcribed interviews, the researcher conducted a second follow-up face-to- face or telephone interview with each of the seven remaining participants approximately 1 week after the transcripts were emailed to the participants. The researcher discussed additional feedback as well as any emerging themes or data that needed to be further explored as suggested by Patton (2002).

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Qualitative Analysis

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Constant Comparative Analysis

Data were analyzed using a content analysis approach, as identified by Patton (2002). Upon completion of the transcription of the standardized open ended interview guide interviews and follow-up interviews with participants for the member checks, the researcher continued to review and identify emerging themes from the data, including concepts and key words that reached across participant responses. The constant comparative analytic method involved coding and recoding to identify themes among the different participants' responses to the standardized open ended interview guide interviews (Wang, 2008). The coding of the data was performed using the program MAXQDA to organize the data throughout the coding process. This coding process was completed by the researcher and an additional trained qualitative research peer-debriefer as recommended by Patton (2002). This analysis included both the researcher and the peer-debriefer cross coding a minimum of 10% of the responses initially in an effort to minimize coding error and to ensure that the coding was consistent and thorough across all standardized open ended interview guide responses. The codes were initially

developed in terms of larger, overarching themes in direct response to the standardized open ended interview guide responses. Subsequent smaller themes were identified in the recoding process. The purpose of using the content analysis approach was to assist with organizing the data to identify commonalities and themes as well as variations expressed from the perspective of the participants. This approach allowed for bracketing and compilation of the data in a more succinct manner (Hays & Wood, 2011).

The researcher felt the seven interviews conducted and transcribed, in conjunction with the demographic questionnaire and the vignettes saturated the data sufficiently to allow the researcher to move forward with the study. The researcher did not feel that five more participants would have produced more variety in the data beyond what emerged with the seven interviews.

Researcher Bias

The researcher has similar characteristics to the focus population of this qualitative study. The researcher is an African American woman, whose own personal experiences in life could have affected the structure of the research study, including the manner in which the study was developed, organized, analyzed, and interpreted. In an effort to minimize the impact of researcher bias, the researcher kept a reflective journal to document any perceived biases prior to each of the standardized open ended interview guide interview. The documentation of perceived biases assisted the researcher with being mindful and accountable for the interpretation of the data (Patton, 2002). The researcher also utilized the member checking and the peer-debriefing processes to limit researcher bias. The researcher reviewed the raw data and identified commonalities with the coding process. This process was also reviewed by the peer-debriefer, along with the next phases of variant and invariant coding (Hays & Wood, 2011). The coding was completed with the use of the program MAXQDA. It was beneficial to incorporate the use of a peer-debriefer who was not involved in the initial research, but who was able to assist with the coding and recoding process in an effort to decrease researcher bias within

the study. Although this may have decreased some of the pre-existing biases in this study, it may be more beneficial in future studies for approved and qualified external reviewers to assist with the interview and analysis phase to limit researcher bias.

Establishing Trustworthiness

This qualitative research methodology was designed to encompass the aspects of rigor, dependability, and authenticity deemed necessary to the qualitative process as identified by Patton (2002). In addition, the criteria of (a) credibility, (b) transferability, (c) conformability, and (d) dependability were maintained throughout the study to establish trustworthiness (Patton, 2002). Hays and Wood (2011) noted that when using a phenomenological qualitative research methodology, the essential trustworthiness strategy includes member checking, triangulation of data sources, and thick descriptions of the data.

Researcher as Human Instrument

I am aware my personal experiences as an African American woman, along with my professional experiences of providing counseling for victims of substance abuse and rape/sexual assault, have led to my interest in conducting qualitative research to understand more about the perceived multicultural competence of master's-level counselors in training and early counseling professionals in meeting the therapeutic needs of this population. Although this may suggest a potential for bias in the research process, my passion for multicultural competencies to be inclusive of populations not easily reached reinforced my understanding of my role as a human instrument in this research process. It promoted my desire to discover more of the depth of perceived awareness, knowledge, and skills that these novice counselors possessed to be effective with this population. The researcher was aware of personal perceptions throughout the qualitative research process and maintained a journal to assist with monitoring personal biases throughout the data-gathering process of the qualitative study. The researcher was also

mindful of observing the nonverbal and verbal data for both the researcher and the participants.

It is important for a qualitative researcher to be able to capture the essence of people's words and stories in the process of understanding how those stories relate to the specific phenomenon being examined. As Patton (2002) suggested, the qualitative researchers often function as a human instrument and should clearly understand their role. This role includes recognizing the importance of not only documenting the words and stories correctly, but also translating them effectively with the meaning and the depth that is often the hallmark of qualitative research. For the purpose of this current study, the researcher conducted responsible, reliable, and noteworthy research, translating the data in a way that described the depth and meaning conveyed by the participants (Hays & Wood, 2011).

Limitations

A significant limitation of this study was that the researcher was solely responsible for selecting the sample population from the initial responses and for completing the initial interviews. According to Patton (2002), this could potentially lead to pre-existing biases toward the participants, the research design, and possibly even the research process. The primary researcher's biases also could impact the methods used in organizing and coding the data during the analysis phase (Hays & Wood, 2011). Researchers who seek to affirm or validate participants' multicultural competence may not be as logical when coding sources of multicultural competence other than counselor education training. During this process, each participant was interviewed at least once by the researcher. However, after the completion of the interviews and during the coding process, the data collected from the interviews were investigated and coded by an additional evaluator as recommended by Patton (2002).

Although this study provided insight into the perspectives of the participating counselors in training, it did not take into consideration some of the additional nuances

that may impact the perceived awareness, knowledge, and skills of the masters'-level counselors. First, it is important to note that the researcher's interpretation of the data was based on the participants' shared subjective experiences. This could be seen as a limitation because of the realization that the participant might have omitted information that they thought was irrelevant as they responded to the open-ended questions. Another factor that could contribute to this omission of information is the amount of time that was allotted for the interviews, and the participants' ability or lack of ability to recall relevant information during the allotted time. It also does not consider the ongoing training and supervision that the novice counselors may have received from their respective employers that could have enhanced their multicultural counseling awareness, knowledge, and skills to work with the target population.

Another limitation is that limited research currently exists to support this study, which specifically examined the multicultural competence of masters'-level counselors when working with African American women with co-occurring histories of CSA and substance abuse. More qualitative and quantitative studies are needed that examine the multicultural counselor training that master's-level counselors receive to work with this population. Further qualitative studies with counselor educators, supervisors, and women from the identified population would allow for more depth, insight, and understanding of the training needs of counselors in providing effective therapeutic services to this population. In addition, further quantitative research should allow for broader based studies with larger numbers of research participants to contribute to the knowledge base and understanding of the training needs of counselors to work effectively with this population. The overall need is to utilize both qualitative and quantitative data to add strength and validity and to support the outcomes related to training counselors to improve their multicultural competence to work with African American women with co-occurring CSA and substance abuse.

CHAPTER IV

RESULTS

The purpose of this study was to examine the perceptions of master's-level counselors in training and early counseling professionals regarding the awareness, knowledge, and skills training they received in their master's programs regarding counseling African American women with a dual diagnosis of CSA and substance abuse. This chapter presents the result of the analysis of the data collected to answer the following research questions:

1. What are the perceptions of masters'-level mental health counselors in training and early counseling professionals regarding their awareness, knowledge, and skills preparation for counseling African American women with dual diagnoses of childhood sexual abuse and substance abuse?

2. What are the perceptions of master's-level mental health counselors in training and early counseling professionals regarding how counselor educators and supervisors can incorporate multicultural competencies into their curriculum content to improve student awareness, knowledge, and skills in working with this special population?

Three methods of data collection were administered to participants: demographic survey, three vignettes, and a structured open-ended interview guide. The participants were recruited from CACREP-accredited Counselor Education programs located with 30 miles of an urban area. The participants were advanced master's-level mental health counseling students and early counseling professionals within 1 year post-graduate who self-identified as being likely to work with African American women in their careers. Participants for this study were recruited through email contact with mental health counseling faculty in the NCACES regional area. Faculty members from five of the Counselor Education programs contacted in the NCACES regional area agreed to forward the student email invitation to their students for participation.

Chapter IV presents the major findings of the current study, which will include a description of the demographic information of the study participants. A collective summation of the data analysis will also be presented, including identified themes and direct excerpts that are reflective of the themes and subthemes identified in the transcripts of participant responses.

Sample Demographics

The participant sample selected by the researcher based on initial favorable responses included eight participants. Of the eight initial participants, six (75%) were advanced mental health counselors in training and two (25%) were early counseling professionals. Regarding age of the participants, two (25%) were in the 25-30 age range, three (37.5%) were in the 31-35 age range, one (12.5%) was in the 35-40 age range, one (12.5%) was in the 41-45 age range, and one (12.5%) was in the above 46 age range. All participants self-identified as female, with two (25%) self-identifying as Black/African American and six (75%) self-identifying as Caucasian/White/Non-Hispanic. All participants recognized their program as a CACREP-accredited mental health counseling program within 30 miles of an urban area.

Regarding awareness of multicultural counseling standards and ethical codes, 100% of the participants reported awareness of both the CACREP standards for multicultural counseling training and the *ACA Code of Ethics* for multicultural counseling training, whereas three (37.5%) participants reported being aware of the *Multicultural Counseling Competencies* and five (62.5%) reported not being aware of the Multicultural Counseling Competencies. Seven (87.5%) participants reported having taken a multicultural course in their program and one (12.5%) participant reported not yet taking a multicultural course. Concerning a multicultural course offered on special populations, five (62.5%) participants reported having taken such a course and three (37.5%) participants reported they had not taken one. All participants reported interest in more multicultural courses offered on special populations in their current programs.

Figure 1. Demographic Questionnaire Data Tabulation

Demographic Questionnaire Cross Tabulation(1)

The sample demographics also included identifying the supports that were influential in the continued development of multicultural competence of the mental health counselors in training and early counseling professionals. When asked whether they had a mentor who was influential to their continued development of multicultural competence, five (62.5%) participants responded positively and three (37.5%) responded negatively. When asked whether they had a supervisor who was influential in their continued development of multicultural competence, four (50%) participants responded positively, three (37.5%) responded negatively, and one (12.5%) did not respond. When asked whether they had a professor who was influential to their continued development of multicultural competence, seven (87.5%) participants responded positively and one (12.5%) responded negatively. When asked whether they had a peer who was influential in their continued development of multicultural competence, five (62.5%) participants responded positively and three (37.5%) responded negatively. When asked if they had another person not previously listed who was influential in their continued development of multicultural competence, four (50%) participants responded positively and four (50%) responded negatively. Figure 1 demonstrates the cross tabulation of the data identified through the use of the demographic questionnaire (Appendix D).

Participant Summaries

The interviews for this study were all conducted from November 2012 through January 2013, beginning with the initial inquiry to participate through the completion of the final interview. All individual interviews were conducted by the researcher using a standardized open ended interview guide (Appendix F) to ensure consistency with the format of the questions being asked of each participant. Participant summaries that follow will be consistent with the demographic information previously presented and will expand on the participant perceptions based on the responses to the vignettes and standardized open ended interview guide on multicultural counseling training. This expansion will assist readers and future researchers with evaluating the comparisons

within and across participant responses. Participant confidentiality was upheld, as pseudonyms and participant numbers were used as identifiers. Although the study began with eight participants, one participant withdrew from the study after completing the demographic questionnaire; therefore, the participant summaries are inclusive of the remaining seven participants.

Cindy - Participant 1

Cindy was an advanced counselor in training who was in internship at the time of the study. Cindy described her limited encounters with African American women in the past, but acknowledged her potential to encounter African American women in her future line of work as a counselor. For example, when asked about her previous experience working with African American women outside of counseling experiences and how that prior experience helped prepare her for working with African American women as a counselor, Cindy answered:

> I've had pretty limited exposure. I've had some with co-workers, and one that I know at a law firm, one that's a daycare provider and I think that's probably about it. I don't know that it has. I don't think it has.

Cindy appeared to be unguarded but matter of fact in her answers. When asked to describe the awareness, knowledge, and skills that she brought into the counselor education program concerning working with African American women, Cindy responded:

> It was quite limited. Actually, I feel like, um, before the counseling program I don't know that I would have considered approaching it any differently or um, necessarily considered that it required um, maybe different considerations or approaches.

Regarding how likely she was to work with African American women in the future and her comfort with her multicultural competence in using her multicultural awareness, knowledge, and skills gained in the counselor education program to do so, Cindy indicated:

> Oh yeah obviously I'm going to work with them at some point. To what degree I don't know, but I think it's pretty likely….I don't think it will be the majority of

who I treat or who I work with….At this point it's [multicultural competence in using her multicultural awareness, knowledge and skills gained in the counselor education program to counsel African American women] not very high. I think, depending on the job setting I end up in, if I'm going to be working a lot with African American women, I will probably be doing a lot more um, learning. I wouldn't say it's too high.

Cindy was completing her internship at a local mental health day treatment and residential program where her current client population consisted primarily of Caucasian females between the ages of 25 and 45 years. However, Cindy suggested that she does have some clients who fall outside this very specific client description, such as a 50-something-year-old White male and a Hispanic teenager.

Dena - Participant 2

Dena was an early counseling professional at the time of this study who had graduated within the past year from a CACREP-accredited Counselor Education program. Dena was working as a counselor in a community where she has frequent encounters with African American women. Dena appeared very insightful into the needs of the population based on her previous and current experience of working in the community with the same population. When asked about her prior experience of working with African American women, she responded by saying:

> …pretty much just the extent that I'm getting at [the program she previously and currently works in]. We do have a lot of African American women and a lot of African American women with children. So that's been the majority of my experience.

When asked how this previous experience helped her prepare for working with African American women as a counselor, including the awareness, knowledge, and skills she brought to the counselor education program concerning working with African American women, Dena replied:

> I think that probably the cultural differences, because we have, I mean we have women that are from Africa as well as African American women. So it's been really interesting to see you know how our African American women here have a little bit of different culture than for instance the women that are coming directly from Africa…I think the biggest thing that I came in with was just that sensitivity that you know even though we're all you know American people, everybody sort of has their own personal culture within their own families as well as within their own cultural subsets. So that was something that I just kind of knew or was at

least you know sensitive to right off the bat was that everybody kind of has their own, their own way of dealing with families. Their own way of kind of dealing with their situations, and who they, who people rely on for [their] support network for instance.

Dena appeared very competent in her knowledge of the differences in cultural experiences among groups. For instance when asked about how likely she was to be working in the future with African American women and about her comfort with her multicultural competence and using her multicultural awareness, knowledge, and skills gained in the counselor education program to work with African American women in the future, Dena expressed the following:

> Oh very…I'm working at [agency name] so I'm working with people that are living with HIV. I do have a lot of African American women with children…Actually I feel pretty comfortable because I feel that even those areas where I know I can improve or maybe where I don't have as much understanding at this point, I feel like I can be aware of that and I guess I don't feel negative in you know connecting with a client and you know that's something different than what I'm used to or you know that's something that I'm not experienced in or I haven't you know I haven't experienced in my life. You know, "explain to me, help me understand." I don't feel nervous about that because I don't feel like I have to know everything. I feel like some, in some ways that actually helps to facilitate the relationship because I'm not walking in there trying to be the expert on them. I'm the client, allow them to be their expert and bring me into their world.

Dena was working in the community at a local non-profit where her current client population consisted primarily of individuals and family members living with HIV. Dena described her clientele as being "pretty diverse" ranging from heterosexual, gay and lesbian males and females, previous IV drug users, and a large African American population, with late 20s to mid-40s being the average age range.

Tammy – Participant 3

Tammy was an advanced counselor in training student who was completing her internship in the community at the time of the study. Tammy described limited past experience in working with African American women; however, through her current placement, she identified that she might be more likely to encounter African American women. For instance, when asked about prior experiences working with African

American women and how that prior experience helped prepare her for working with African women as a counselor, Tammy replied:

> Not as much with working with African American women, but at my practicum site now we work with families and children, and I have some clients that are African American and so far they've all been children. But not…one adult male, but no women. Well thinking back even prior to like school stuff, I mean I did work at a public library and so there were all sorts of people there. I would say just keeping in mind personal biases, or not just assuming everyone is like you…I would say that that would probably help with just being self-aware.

When asked to describe the awareness, knowledge, and skills she brought to the counselor education program concerning working African American women, Tammy acknowledged: "Just being self-aware and being open to ideas and not making assumptions."

Regarding the likelihood of working with African American women in the future, her comfort with her multicultural competence, and using her multicultural awareness, knowledge, and skills gained in the counselor education program to work with African American women, Tammy indicated:

> I definitely have an interest in…I mean at my practicum site now we counsel families who've been through trauma and grief, and as part of that we also do a group over at the domestic violence shelter and I really enjoy that work and so, hopefully I can find a position that's similar to that here in [her community]. I definitely feel it's a work in progress. As far as competence, I feel like I'm at an okay level now, I mean considering I'm still a student but that doesn't mean that it's stagnant. I mean I think I need to learn more and I will learn more as I go on.

Tammy was completing her internship at a local non-profit that provided different forms of grief support and counseling to children and families. Tammy described her current client population as consisting primarily of school age children from diverse populations, along with their parents or guardians.

Pam – Participant 4

Pam was an advanced counselor in training who was completing her internship at the time of this study. Pam described having prior personal and professional experiences of working with African American women. For example, when asked about her prior

experience working with African American women and how that experience helped

prepare her for working with African American women as a counselor, Pam responded:

> Well I have not had a lot of that experience. I do have a sister-in-law who is African American and through her, I've learned a lot. Then my nephew who is her son, you know, even more contact…So in that respect it's been good. I think again, the family connection that I've had has provided me a window for that. I should mention too, I forgot about this until just now, when I was doing my undergrad I did take comparative religion and I went to several different churches. One of them was an African American church…and so I kind of had that as well. Then working doing my practicum…I have several African American you know female clients.

When asked to describe the awareness, knowledge, and skills she brought to the

counselor education program concerning working with African American women, Pam

expressed:

> I don't have a lot. I have some. But truly, it was through this program that I learned much more. You know, in multicultural [the professor] brought in a couple. A Black couple, and they, it was just eye opening you know. For me, I think that was one of the biggest learning experiences that I had in that class. You know you can read and read. But, I'll never forget the people that came in for that class. They're stuck in my memory and so um, I always try to take that into account when I am counseling someone. So that's helped me. But then again like I said a moment ago, you know everybody's different so you have to meet them where they are and that's been a huge, another huge learning curve for me, so and that has, I think just knowing and having that awareness that everyone is unique, that everyone is special, uh that everyone is different, you know that just changes everything. You can't go into, or I can't anyway, go into a session with a preconceived notion or a plan you know because you just don't know what their experiences are, what their issues are, what they're bringing in with them. And you may have a plan, you may have to throw it out the window.

Regarding how likely she is to work with African American women in the future,

her comfort with her multicultural competencies, and using her multicultural awareness,

knowledge, and skills gained in the counselor education program to work with African

American women in the future, Pam replied with the following responses:

> Well that depends on where I end up. My goal is to work at a college campus…Now having said that, and I will go anywhere. I'm willing to move. That's the whole thing, I don't know where I'm going to end up. Then it just depends on what the population is where I go….So I don't know, it depends on where they're at. What the population is, and I'm open to it, but it's just you know, I have to get a job. That's the ultimate goal. I think after this whole process, I feel, I do feel competent. Haa! (followed by laughter) I couldn't have said that even three months ago. The training has been great. I can now see the whole reason for the structure of it. I do think that it prepares us. But nothing,

you can't be ever, you can't be completely prepared for everything. You just can't, but I think overall we have a good foundation and a good base.

Pam was completing her internship at a local university counseling center in a community where her current client population consisted primarily of both undergraduate and graduate students, with the age range from 18 years and up. Pam reported that although the university counseling center was located in a rural area, there was a range in the clientele from rural to urban clients. Pam implied that this was a reflection of the large population of urban clients relocating to the university community.

Lisa – Participant 5

Lisa was an advanced counselor in training who was completing her internship in the community at the time of this study. Lisa acknowledged not having a lot of experience with African American women, but as she started to talk about her experiences, she began to recognize some unique experiences that she did have. For instance, when asked about her prior experience of working with African American women and how that prior experience helped prepare her for working with African American women as a counselor, Lisa responded:

> I actually have not had a lot of experience. At my practicum site, I primarily have had African American men and have only worked with, counselor wise, one African American woman so far…Well, I went to North Carolina where I was, I think I kind of had that experience. I moved from a small Iowa town to Winston Salem, NC, where I kind of felt like I was more the minority. It was interesting, because I had never…I guess I'd never even thought of it before. Like I never considered in 5th grade that there really was a huge difference, so it gave me an interesting perspective because I think I'd never been around so many different cultures and so I began to form friendships with a lot of African American girls at that time. Two of my cousins are also half African American, so again their perspective I think has been beneficial. Since I have had that experience, not that I've been sheltered or maybe a little bit sheltered, but I think I have a little bit more of a broad knowledge than I would have before.

When asked about the awareness, knowledge, and skills that she brought into the counselor education program concerning working with African American women, Lisa was able to expand on her previous answer:

> Probably what I just said, but it's also true that it was something that I grew, maybe because I lived in that situation, where I thought of experienced from

different backgrounds. I hadn't really thought what a difference might be, you know obviously there's going to be a difference between mine and different cultures. Before entering the program, I hadn't really thought about what that difference might be.

Regarding the likelihood that she will be working with African American women in the future, her comfort with her multicultural competence, and using her multicultural awareness, knowledge, and skills gained in the counselor education program to work with African American women in the future, Lisa responded:

> I would say there's a pretty good chance that I would. I think particularly I want to work with military families so I think it's something that it could be the soldier, the spouse, or the children, anything along those lines. I think addiction is pretty prevalent among that population in the military…I think I'm a lot more comfortable now, especially after practicum. I think it was more my insecurity with not wanting to offend anybody, but I realize now that it's been a lot more. I put a lot more emphasis on it than I think I needed to. I think it's, something that I'm always aware of but I'm not as nervous as what I once was.

Lisa was completing her internship at a local substance abuse treatment center in a community where her current client population consisted primarily of adult African American males. Lisa reflectively indicated that she had encountered only one adult African American woman in this setting.

Denise – Participant 6

Denise was an early counseling professional at the time of this study who had graduated within the past year from a CACREP-accredited counselor education program. Denise was working as a counselor in a community where she is likely to encounter African American women. For example, when asked about her prior experience working with African American women and how that prior experience helped her prepare for working with African American women as a counselor, Denise expressed:

> I worked in college. I guess college was the first experience I had. I worked in an intramural department in college and so I was able to work with a variety of population. [I] worked closely, some of my colleagues were African American women there. Then as far as serving African American women, through my work at the Rape Crisis Center in particular stands out. Just because it really was kind of the first that I was able to learn outside of a textbook, and really get a chance to meet these women and really get a sense for what was beneficial to them. Particularly in crisis situations and recognizing that needs are different and wants are different, being able to really learn from them some of the things that I hadn't thought of before.

When asked about the awareness, knowledge, and skills she brought into the counselor education program concerning working with African American women, Denise replied:

> I guess other than some undergrad multicultural classes, I'm not sure that there was anything more specific than that that I had been offered or had taken prior to grad school.

Regarding the likelihood that she would work with African American women in the future and her comfort with her multicultural competence in using the multicultural awareness, knowledge, and skills gained in the counselor education program to work with African American women in the future, Denise stated:

> Absolutely, like I said, I currently work with children 3-17, but I do a lot of work with families and would like to continue to do more work with families, so I think it's highly likely. I think it's something that I'm really comfortable with. Like I said, if nothing else, I'm comfortable and happy with the fact that um, I was taught that it's okay to you know to ask questions and to not shy away from something that we don't know rather than make inaccurate assumptions. So I do feel really comfortable with that and with kind of addressing each case as it needs to be addressed based on the client.

Denise was working in the community at a local non-profit where she counseled various issues associated with trauma. Denise described her current client population as being diverse and consisting primarily of children and youth ages 3-17 years. However, she highlighted that along with individual counseling with the youth, she also did a lot of family work with parents and caregivers.

Sandy – Participant 7

Sandy was an advanced counselor in training who was completing her internship in the community at the time of this study. Sandy appeared very comfortable and confident in her descriptions of some personal and previous professional experiences in the community of working with African American women and families. For example, when asked about her prior experiences working with African American women, Sandy replied:

In the settings that I have normally worked with them [African American women] has been kind of diverse. Working with them in the school settings, it's really, there's lower to middle class income. I normally worked with them [African American women] in the lower income bracket. Working with them, especially being a White female, at first they're very hesitant in working with me. The building [of] that rapport is very very important. The second time I've also worked with them was in a counseling setting. Again, lower income. So it's been very, it's building that rapport, and building that trust for them [African American women] to make them aware that I understand where they're coming from and I understanding their background, and so really really doing more listening, active listening than talking.

When asked about how her prior experiences have helped prepare her for working with African American women as a counselor, Sandy stated:

Absolutely. I just have learned to be nonjudgmental. Everybody has a story, and I don't know anybody's background. You know when I was a teenager I think I had the perception, and my parents were really good at not having the perception, but I think in general society you think of lower income people as being lazy and not working hard enough. And that's not always the case, and having worked with the population, I guess working with African Americans in general, it just broadened my horizons. Especially with women, they're very hard workers and they're very caring towards their families in that they're just like me. And having grown up in the South, you know there's a lot of racial tension where I grew up, and so my parents always tried to say not a racist thing and everybody's the same. But that's not true in society. Everybody's not the same, and so trying to balance that in my own life, I've just seen a whole different story. And so if you take time to listen to it, you just gain so much more.

When asked about the awareness, knowledge, and skills she brought into the counselor education program concerning working with African American women, Sandy reported:

I think I have spent a good part of my adult life living in a primarily African American community [name of her community] pretty much where, primarily African American I have worked in the school setting. So I think I came in with the awareness that it [African American] is a different culture. That they have their pride, I think that's something that Caucasian people just don't understand or they don't try to understand and we get the…the Black History Month in February, we get the salute and that's what we do. And I think, coming into the counseling program, I think that I came in with much more awareness that we need to do more than that. So trying to incorporate that into my counseling, every chance I get.

When asked to discuss how likely she would be to work with African American women in the future and to describe her comfort with her multicultural competence and using the multicultural awareness, knowledge, and skills gained in the counselor

education program to work with African American women in the future, Sandy's

response included the following:

> I'm very likely to work with African American women. I live in the area that has a huge population of that [culture] and that's exactly what I want to do. I want to work with at-risk youth girls. At our local high school, there is a huge population of girls that have unwed pregnancies, and that's basically where I want to work. So I would much rather be working…because predominantly it is African American girls that are, that are getting pregnant. That is the population I want to work with. Just to kind of counsel them and give them psychoeducation on um, parenting and coping with being a teen parent. Other things on just life as a teen parent, and help them not repeat the cycle. Which I'm hoping that they can break free of that and go to college, and go because that's happening a lot. I'm real comfortable with working with…my confidence I'm just really comfortable working with it, with African American women. I believe that we all, all people, and if we all come with respect and understanding that we're all different and that we all come from different backgrounds, and that I'm…I do have other things like power. And I do understand that. I think if you come from a place of understanding, and try to understand where they're coming from. I learned that through my counselor, student counselor review, that the world would be a better place. It's not always going to happen but, that you find you'll build that rapport then you know you can make a difference.

Sandy was completing her internship at a local victims' services crisis center

where her current client population consisted primarily of women and children, with the

children ranging in age from birth to 18 years. Sandy described her clientele as

consisting of a diverse population in terms of race and age.

Vignette Emerging Themes

In examining the participant responses to the three vignettes (see Appendix E),

which were focused on three different examples of African American women dealing

with issues of CSA and substance abuse, some key themes were identified. The universal

themes of participant responses to the three vignettes included (a) establishing the

relationship, (b) responding to African American women based on cultural needs, (c)

responding specifically to the CSA, (d) responding specifically to the substance abuse

needs, (e) identification of a therapeutic approach, and (f) multicultural counseling

responsibilities.

Establishing the Relationship

In response to the three vignettes, participants identified the significance of establishing a relationship with the African American clients along with descriptions of what the essence of establishing those relationships might involve. Participant responses included focusing specifically on connecting with the client using aspects of basic counseling skills in effort to establish the relationship, making an effort to meet the client where they are in their diverse lives, and acknowledging the differences and counselor limitations. Sample responses from the participants include the following:

Vignette 1
"Recently I had an African American client who looked at me with disbelief…through my patience and openness I was able to form a relationship with this client. During our first session, I had to bring up the subject because as I told her in session, the counseling sessions are about her and I wanted her to be comfortable. I told her that if she didn't feel comfortable working with me that she could request someone else, someone she might be more comfortable with. I added that I wanted to work with her, but that her appointments were about her."

"Relationship building is essential and it cannot be rushed."

"She came back, which was a nice surprise, but I think it was partly due to recognizing that she wasn't that comfortable with me and by being honest with her. I believe that it strengthened that trust."

Vignette 2
"The other thing that I believe is important is to give this client some concrete help and suggestions."

"Building rapport would be a must. I would have to slowly build her trust and prove to her, I am not like the rest."

"Considering the client is not receptive to working with a white counselor, I would probably address her concerns and find a way to building rapport with her. Trust seems to be an issue for her and I would want to take things slow in order to gain that trust."

"…family is very important and this client is having difficulty with her main support system: her family. Additionally, there is so much to take into account (as I feel there are with most clients). There is no quick fix, no easy answers. It is imperative to build a relationship with this client, to exhibit patience and understanding, and to build trust."

"I would have to be aware of dressing in appropriate attire that would put her at ease. I would also have to make sure my language matched hers. I would not want to come off as judgmental. I would also have to consider that I am on a timeline.

The client needs to get certain things in order for her to maintain custody of her children. I would need to be understanding of her life and where she has been."

Vignette 3
"As with most clients, it is imperative to build a relationship with her and to work towards having her understand that she does not have to accept all of the responsibility for what has happened."

"…her HIV status was something that happened to her...she didn't actively seek it. I would work with her to bring these things to light because of all of the guilt and shame associated with her issues, it would be important to point out that it was not her fault. Then we could work together to find ways that work for her to move forward."

African American Women

The participant responses also included a focus on the unique aspects of culture and family-of-origin issues in regards to African American women and their particular counseling needs. Throughout the three vignettes, participant responses included awareness of the clients' worldview based on the clients' culture, interpretations, and interactions within the larger society. Participant responses suggested client behavior, client attitude, client concerns, client expectations and even client history should be viewed based on the cultural implications of the client. The following are examples of these considerations:

Vignette 1
"It is not unusual for African American clients to be guarded/suspicious of white counselors. Unfortunately the history between whites and African Americans warrants this mistrust."

"Not everyone in the African American community functions the same. The client is the expert in their own culture. A white counselor would need to understand an urban culture and relate to them."

"I think it is important to take into consideration the stereotypes that society has placed upon African American women and work slowly to ensure that she is not re-traumatized."

"I would ask the client what she would want to work on first, and tailor my plan around her needs. I would also do a safety plan with her, I would ensure her safety after she left the inpatient program."

"A counselor working with this particular client may need to consider further research issues such as African American gender roles, African American women's perception of themselves and their sexuality, and also how to work with someone who has been raped."

Vignette 2

"The client does not want to work with "white" counselors. She has been through the system, which means that she has worked with mostly "white" individuals. She may feel betrayed and let down. She could be hesitant at first with working with me."

"Consider how might her ethnicity have played a role in her identity development. The fact that she is not receptive to any services with a 'white' counselor, this client may benefit most from working with a counselor that is also African American."

"Aside from a basic understanding, I do not have a lot of knowledge about the patterns of substance abuse and African American women that have been sexually abused. I would want to research the topic more extensively to ensure that I would help the client to the best of my ability. I would also want to look at the parenting patterns among women that have been sexually abused, as this may be playing out in her life".

Vignette 3

"The counselor needs to know this woman's family background and how her family culture played a role. How did this family deal with conflict? Were they secret keepers? A counselor would need to be able to determine which area is the most important for the client to deal with."

"Consider how might her ethnicity have played a role in her identity development, her choice to withdraw from her family as a result of her HIV status, and choice of 'new friends'. Keep in mind the client's lack of health insurance and benefits."

"I think it is very important to look at the cultural and gender role aspects of client's managing HIV. For an African American woman, there is the potential for an even larger burden and higher levels of discrimination."

"Aside from counseling, advocacy could play an important role for this client. Helping her find more resources to assist with her mental health and medical care. It is important that the counselor have a sense of implication of African American women dealing with HIV and substance abuse. I would explore what influence her family has had on her perception of herself and sexuality."

Childhood Sexual Abuse

Although the impact of childhood sexual abuse can be a difficult issue to address in counseling without specific training, across the three vignettes the participants were able to express some awareness, knowledge, and skills in responding to the client needs in the vignettes as described below. Across the three vignettes, participants were able to recognize the relevance of family, having a support system, the possibilities of complex trauma, and possible symptoms related to being victimized. These participant thoughts are reflected as follows:

Vignette 1

"…the fact that she has not told [about the childhood sexual abuse] members of her family is not that unusual. The clients that I have worked with continually stress to me how they have been brought up to believe that they are not to share personal things with their families."

"Counselor would need to be aware of their own biases with any community and with sexual assault. A lot of times, if it is a female counselor, they might want the client to disclose."

"The counselor would need to take into consideration her support system and the family dynamic within the culture. If she is not ready to disclose the sexual assault to her family, and feels safe, you have to work on which issue is more pressing."

"There may also be other factors that limit her willingness to talk about the abuse such as the roles within her family. For instance, whether or not her older brother was considered to be head of the household. She may feel more submissive to someone in a role that seems more powerful and commands respect."

"The counselor would have to know about substance abuse and sexual assault counseling. They would have to have empathy and respect. The counselor would also need to know what boundaries are necessary for this client and most sexual assault survivors. The counselor would also need to understand this client's culture."

"It would be most helpful if the counselor had some specialized training counseling addictions and victims of sexual assault and abuse."

Vignette 2

"She has been sexually abused and shunned by her family, which has left her no support. She has little trust for people within the system designed to help her. Being aware is critical. This client could lose everything that she holds dear to her. Though some of this is her choice, some of it is out of her control. It was out of control that she was sexually abused and no one believed her. The way she coped, maybe, not in the world's eye was healthy but maybe is only way she knew how. Understanding her background and her family history is important."

"It would be most helpful if the counselor had some specialized training counseling addictions and victims of sexual assault and abuse."

"This client began using substances as a young adolescent which is consistent with women that have been sexually abused. "

Vignette 3

"Another implication is this is a complex trauma. She has two traumas going on. She has the sexual assault as well as the diagnosis of the HIV status, on top of addiction issues for coping."

"I believe this client has a lot of self-blame. She is taking on the responsibility for what has happened to her."

"The sexual assault or the HIV status. Both seem very important and need to be dealt with. The sexual assault seems more prevalent, but is she ready to go there?

What is her support system? Has she told anyone? The counselor would need some RSA counseling and addictions counseling.”

“As a counselor I would tell her that I am sorry for what happened to her and that it was not her fault. Additionally, I would try to help her find a support group. Trust has to be established. It takes a lot of courage for someone to share such personal details with a stranger and I would thank her for sharing it with me because I realize that it could not have been an easy thing to do, which I hope would point out that she is stronger than she knows.”

“I would also work on the sexual assault with her mind and body connects.”

Substance Abuse

Substance abuse is another specialty area that participants had to consider in the vignettes. As a response to the three vignettes, participants expressed some awareness, knowledge, and skills inclusive of assessing family history of addiction, the role family plays in recovery support, addiction as a response to trauma and a coping mechanism, and support, issues around use, and issues around recovery. Examples of the responses to the issues of substance abuse include:

Vignette 1
“Family is probably very important to this individual, including extended family. The fact that she wants her abuser to be a part of her support/recovery suggests to me that he is still a part of her family and she wants to repair/understand what he did to her and to continue to have him in her life.”

“…Her substance abuse may also factor into all of those things as well.”

“If she needs her family support for the substance abuse, then disclosing the sexual assault might not be the best timing. The counselor would have to help her process what she wants to do.”

“Depending on when she began using drugs, she may not be at the appropriate stage developmentally for her age. Consider the fact that addiction typically runs in families. Her parents may also have a history of drug use and perpetuate a pattern of "don't feel, don't trust, and don't tell" typical of families with addiction which may have impacted her choice not to tell her family about the sexual abuse. Consider how might her ethnicity have played a role in her identity development.”

“I would have her complete the 12 step program…”

Vignette 2
[Repeated response] “Depending on when she began using drugs, she may not be at the appropriate stage developmentally for her age. Consider the fact that addiction typically runs in families. Her parents may also have a history of drug use and perpetuate a pattern of "don't feel, don't trust, and don't tell" typical of families with addiction which may have impacted her choice not to tell her family about the sexual abuse.”

"I would see where it all stemmed from and when the substance abuse began."

"I would also try and get her into AA meetings as well."

Vignette 3
"It would be most helpful if the counselor had some specialized training counseling addictions and victims of sexual assault and abuse."

"Over time, I would suggest to her that her substance abuse was a self-medicating technique to help her deal with her pain and that it could have saved her life, thus decreasing some of her guilt and shame."

"I would see when the coping started with the addiction."

"I would see how the drinking helped her numb herself and if she had any other ways she coped in a way that did not involve drinking."

Therapeutic Approaches

Although the participants identified various therapeutic approaches to use in response to the African American women's needs in the vignettes, there was some consistency in the approaches the participants identified, including the use of a family systems approach, a cognitive behavioral approach, a narrative approach, an existential approach, and a choice theory approach.

Throughout the three vignettes, the use of a family systems approach was identified as being beneficial in learning more about the client and addressing any family of origin issues and intermediate family issues and concerns. Participants gave voice to these issues.

"I would also work with the family history, possibly doing a family genogram and exploring the sexual abuse. This would have to be long term counseling."

"I would use family systems."

"I would use CBT along with family systems. I would replace the negative cognition with positive ones."

The participant responses also implied the use of cognitive approaches as an attempt to assist the clients with reframing negative experiences or thought patterns, and focusing on the influence of choices. The following responses are examples:

"I believe that CBT is an effective counseling theory when working with sexual abuse survivors. It replaces negative thought cognition with new positive thought cognition."

"I would also use some techniques from choice theory as well. Some of the decisions she [vignette client] made, in essence were choices."

"I would also use some techniques from choice theory as well. Some of the decisions she made, in essence were choices. Because of the time issue, choice theory could help move therapy along more timely in order to help her get her kids."

"I think initially a CBT approach would be helpful with this client. However, eventually I think taking a family system perspective could be beneficial too."

"I would use CBT to challenge some of her irrational beliefs about herself to help her being to rebuild a sense of self-worth."

Along with the influences of using a cognitive approach, participants identified

the narrative approach as being beneficial in allowing the client to externalize the issues

and concerns in an effort to promote change, as indicated below:

"I think I would try to work with this client primarily from a narrative perspective and incorporate some aspects of CBT. I think this would allow her the opportunity to externalize the problem, give it a name, and begin to rewrite her story the way she wants."

"Theoretically, I would point out her strengths and help her to see that her problems are problems; they do not have to define her...externalizing the problems, the narrative approach."

Lastly, an existential approach was identified as a means to assist the clients in the

vignettes with examining their world and their ultimate way of being, as expressed

below:

"I would take an existential approach with this client. It may be helpful for the client to explore how her drug abuse was an unhealthy coping mechanism as a result of her long term suffering and sexual abuse as a child. Her drug abuse may have been her way of blocking out existential anxieties. She may benefit from exploring how she might make meaning from her experience."

Counselor Development and Responsibilities

One final aspect that was significant among participant responses included the

identification of counselor development and responsibilities, including a focus on

counselor development, counselor biases, and ethical counseling concerns, as reflected

below:

"As a counselor, it is crucial to be aware of your own biases and to continue to increase your self-awareness. By continuing to read articles, attend seminars, and in learning from other counselors, one can continue to increase their knowledge and skills. As a counselor one must continue to learn in order to grow."

"Also, knowing your biases. It would be easy to judge her, but as counselors we need to see their worldview and not our own."

"A counselor would have to know the laws about reporting HIV/Aids. In most states, a counselor does not have to break confidentiality as long as the person is not planning to knowingly infect someone else."

"I think it's important that the counselor be aware of any personal biases, stereotypes, or assumptions."

"I think it's important that the counselor be aware of any personal biases, stereotypes, or assumptions regarding African American women, their families, and clients that are HIV positive."

Structured Open-Ended Interview Guide Emerging

Themes
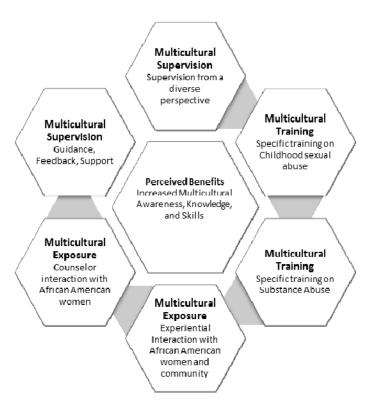
Figure 2. Conceptual Diagram. The continuous cyclical relationship between multicultural counselor supervision, training, and exposure perceived to be beneficial for increased multicultural awareness, knowledge, and skill development.

Emerging themes from the standardized open ended interview guide participants' responses that impact counselor in training and early counseling professional awareness, knowledge, and skills included the following larger themes: (a) Multicultural Interaction, (b) Multicultural Training, and (c) Multicultural Supervision. Within the larger themes, the following subthemes developed: (a) personal strengths and limitations in multicultural competencies, (b) desire for increased experiential opportunities to promote interactions with lesser known populations, (c) significance of the relationship with population specific clients, (d) desire for increased exposure to special populations' specific content during the training process, and (e) supportive and diverse supervision experiences. The cyclical nature of these themes is demonstrated in Figure 2.

Multicultural Interaction

Counselor Interaction with African American Women

Awareness: African American Women

Of the participants who were interviewed with the standardized open-ended interview guide, all seven were able to express some awareness of their personal strengths and limitations in multicultural competencies when working with African American women. Some of their perceptions were vivid. Lisa expressed her thoughts as:

> I think more than anything, and maybe this will come up in multicultural but really having the chance for being challenged to research more in-depth cult…specific cultures and the differences that might come up. And how to handle that. I think I have the awareness now, I think the actual technique component is what I'm lacking. I think that I have the awareness; I just don't have the skills. Or maybe…but I know there's more, it's something I need to research more in-depth.

In addition, Denise described her personal strengths as:

> I think for me um the thing that I really have to give myself permission to do and I did get this message very positively from grad school training um was just the premise to ask questions um when I don't know something or when I'm not sure how something plays out you know in somebody's life or culture. But I think it's an ever learning process.

Dena was introspective regarding her thoughts:

I feel like yeah just understanding some of it because I feel like you know the African American women that I deal with, the differences you know between me and my culture growing up and their culture growing up was just you know in some ways so…(pause) Oh, I don't know what word I want to use to describe it, I don't want to say they are not very great but just like different, different shades, they're not entirely (stressed the word entirely) different from you know some of my own cultural beliefs or my own cultural experiences. But there are some differences that I've noticed that are different such as you know the family bonds even with the extended family…being able to be aware of that and being sensitive to that...

Although the above study participants recognized their awareness in understanding the needs of African American women, other participants acknowledged being aware of their limitations in regards to recognizing the needs of African American women. This sentiment was expressed by Cindy as:

I honestly, I feel like what we got in our program is a basic introduction and I think it served a valuable purpose for me in awareness and knowing that there's so much more I need to know. But I think I've always kind of considered that there was something I needed to do a lot more of training and research and education on. More education…I think the biggest thing is you know just lacking experience...and just lacking knowledge. It's always gonna be second hand or different knowledge when it's not something that you've necessarily experienced in your own life. So I think just being able to, to learn more with each client that I have and to be able to tap into the resources that I have around me.

Tammy also expressed limitations similar to Cindy. She said:

I think it goes back to that experience. Because having that very limited, I mean what is that in the book like two chapters, you know this is what the population is like, these are counseling implications…but I think it's so different once you're out in the real world and working with real clients. So, you know, I guess getting more experience that way. Either volunteering in the community or hopefully seeing those kinds of clients in…practicum and internship…hopefully working with those people and getting more…more training like on site or not necessarily reading in a textbook…

Geographic limitations were mentioned by Pam:

It's hard because living where we live, with the majority of the population Caucasian I don't have a lot of friends that are African American. And so I don't have that insight into what their lives are like and that kind of thing.

Limitations in the counselor education training content were mentioned by Sandy. She expressed needing more specific knowledge:

I definitely feel like I really wish they would have done more of, I think more studies on multicultural women and African American women because that's what we're going to encounter with more in the [local community] if you think about our area. And Hispanic women in general, and I feel like that's what's more…we're lacking is more women's studies in our program. Especially, where

I'm doing my practicum site and what I want to do my focus on is women. We don't talk much about that, we just talk about generalities. And so I would like a course that just focused on women. You know women and addiction issues, because those definitely go hand in hand.

Knowledge: African American Women

Some of the participant responses clearly indicated a knowledge base of some of

the needs of African American women and things to consider when counseling women

from this population. These notions are reflected in the following responses:

Cindy: I know that we learned about, sort of the role the family plays in the African American culture. A lot of times the grandmother tends to be the sort of the matriarch and has the final say in things. Family is often, different generations will live together.

Dena: I feel like my skills I have used are pretty congruent across cultures. I don't feel like, especially with African American women, I don't feel like I've really used anything different. I think that it's definitely something that I have run across. And it's something that's extremely difficult for some people to talk about, and it seems that, just kind of the basic skills that I use at dealing with any of my clients that experience sexual abuse. I don't see a lot of difference at this point…I think again it's looking at you know looking at family structure, and how families differ across different cultures. Understanding that. Understanding the difference of spirituality…across different cultures.

Dena: I feel like one of the biggest things I do probably more often than not is there tends to be a greater sense of spirituality…involved with African American women, as compared to some of the other women. And so tapping into that seems to be something that's been beneficial, and seems to be something that's been a source of strength for clients. I think more so than with a majority of my other clients. I think too one of the interesting things that I've noticed and that I've come across is that having family support is really important. It's not just nuclear family support but extended family support as well, and that seems to be a really huge strength that I've noticed.

Tammy: That would go back to my multicultural class. You know looking back, I remember, learning about different populations and not stereotyping but, maybe implications for…like I remember like the divorce rate being higher. More…like more single African American women being like the head of household. Definitely considering things like that. (silence)

Pam: Again, with you know, not a lot of information…but with generalities. Just the fact that we're urged to seek out you know colleagues and instructors and do the research. You have to do your homework. You know. You have to.

Lisa: I think other than standards there really wasn't, I think there's just been a broad emphasis of working with different cultures as a whole, not specifically African American women. Or really any specific culture other than just a broad overview.

Denise: Again, I think my biggest kind of, and I didn't realize it was a concern until I started working…wait a minute, there's a lot that I need to know still. I think it was an area kind of across the board…that was overlooked. Not necessarily ignored purposely, not talked about. But I don't feel like it was talked about.

Sandy: We get very little. We get like a chapter with working with African Americans period. Not with women, but with African Americans. I primarily work with women and primarily I've worked with a lot of African Americans, and so I just apply that to African American women. I just have a lot of history with African American women, and learned a lot from that. In my personal experience with African American women (slight laughter from participant) has just been honestly trial and error. It's not a whole lot gained through the counseling experience. It's been a lot of prior knowledge. And then the multicultural piece, in the counselor ed, so that is definitely lacking in our program, and it's women in general and definitely African American women, well multicultural women.

Skills: Building Relationships with African American Women

In addition, the establishment of a counseling relationship with African American women was discussed, with the idea of the counselors in training and early counseling professionals being able to use basic skills in establishing the relationship with the women. Five of the seven participants specifically talked about the relevance of establishing the relationship with African American women as significant to the counseling relationship. Some of their comments included:

Tammy: I would say that probably falls back more on the training that I had over at [organization]. Even that was pretty general. I mean we talked about general counseling skills, but I mean it wasn't necessarily for counselors but for volunteers. So it was more on taking crisis calls and things like that, of that nature.

Pam was very expressive about her experience of using multicultural counseling skills to assist with establishing a relationship with an African American client who she perceived to be resistant to the idea of having a White counselor.

Pam: You have to take into account the personality of who you're dealing with and like I said my one client, no eye contact…she talked real slow. I have to slow down. She doesn't, she's starting to trust me. But it was funny because the first time she came to the center, I went out to get her in the waiting room and she looked up at me and it was like "No, you can't be my counselor." And like she didn't want, I could tell. And this it's so, we were working together and it's been a very slow process. And um, I had to, I had to bring it up in session because it was painful. It was painful, it was hard for her to open up to me. And to talk to me period, and so I just told her you know, I said "I wanna work with you, but this time is about you. I want you to be comfortable. If you're not comfortable with me, I want you to call the center and they can get someone else that may be a

better match for you." I said "I really would like to work with you but it's about you, you know." And so, um, we had an appointment scheduled and she didn't show up the next time. And so, I thought "She really didn't like me." (laughter from the participant) And so I, down there you send a letter if they don't show up. I sent the letter asking her to reschedule, and she did. (with a surprised tone) And she showed up, (stressing these words) and with a much better session. So, and then she showed up again last week and I…usually the sessions in [location] are like 40 minutes. We went and hour and five minutes…because the last, about, at about 30 minutes she just opened up and started talking and I wasn't about to shut her up. (laughter from the participant and the interviewer) You talk all you want, I was like a bobble head! It was, it was, so that was real important. Anyway, it's that relationship and um, knowing your client, meeting them where they are.

The two early counseling professionals who are currently counseling in the community and the counselors in training with prior experience with African American families appeared to be the most aware of the importance of establishing the relationship with this particular population.

Multicultural Training

Special Populations Training

All seven of the standardized open ended interview guide participants expressed a desire for increased exposure to population-specific content and interactions during the training process. In particular, three participants (43%) identified the lack of experience with special populations such as CSA and the desire to have increased contact with special populations during their clinical training and experience:

Awareness: Childhood Sexual Abuse

Cindy: I don't know that I've gotten to too much training on that specifically in the program. I mean in the crisis class those kinds of things were addressed then. I learned quite a bit, but I don't know that I could walk into that situation without a lot more training and be effective. I don't think that I'm really equipped for that at this point.

Dena: Most of that I'm thinking back now to the class with [faculty member], the newer one. The Trauma class, I think that we didn't necessarily look at it just specifically in terms of you know, child sexual abuse. I think that we looked at it really generally. I think that we also took it from more of a…like a crisis, you know domestic violence kind of situation. We didn't really look specifically at childhood sexual abuse, but we did definitely go into you know the different types that things that we might encounter be it the sexual abuse or with adults as well, battery type or even emotional and mental abuse as well. So I don't feel like we did anything specific with it. But I feel like it was covered in that whole, you know crisis and PTSD area. We did talk about I guess we did talk more about

sexual abuse in that PTSD kind of section, and kind of put it more in with that than we did probably with the rest of it.

Tammy: I don't, I can't really recall right offhand any training that specific.

Knowledge: Childhood Sexual Abuse

Two participants (29%), Pam and Lisa, both acknowledged having some

knowledge and experience of CSA which seems to have increased their awareness on this

identified need as explained below:

> Pam: Well, I have. I have dealt with two of those this semester. This subject…how do I say this. It doesn't make me uncomfortable to talk about it anymore. I'm no longer afraid of the questions. You know when I started, I called it the hard question. You know hard questions…child abuse, trauma, suicide, suicide ideation. I'm no longer afraid of that, but what I've discovered is, and this was true for most of my clients. The relationship, you have to have a strong relationship, because, and it takes time. With my one client, she was very open. She was very intelligent, in fact she created a little bit of um, what's the word I'm looking for, um, I was in awe of her. Yeah, she was 20 years old. She was graduating with her bachelor's at 20. (stressed the number 20) She was applying for grad school abroad, and so I was just like wow. You know, she was really something. It took a while to get her to open up about what happened to her when she was a child. Another client that I had, I worked with her 3 times and we're still not there, but I suspect. I suspect that there's some of that there, but I can't rush it because I have to build the relationship.

> Lisa: We touch base on it in every book, and that's great. But then again, if you know, what I've discovered is in some of my classes we've had speakers come. And the counselors that are actually out there in the field working with the population...it's totally different than in the book you know, and so I think it's worthwhile to have that resource available. To be able to either go to their agencies or to have them come in, because that just opens your eyes to what it's really like. It is a specific population. I think that at some point all of us who are in the program are going to deal with that, unfortunately, but so I just have what I consider the tip of the iceberg, general knowledge about it. I did do a special presentation on that subject for Ethics class, and that opened up my eyes to kind of what's going on in my community. So you know, I mean you gotta try, but it's just a big subject. You know, to do all that needs to be done.

Although the five participants (71%) above described having no specific training

with CSA, two (29%) of the participants, Sandy and Denise, both highlighted the

additional training they received specific to CSA outside of the counseling program that

increased their competence in working with this particular issue:

> Sandy: I took the child and adolescent class and we talked about it [CSA] then because that did give techniques of play therapy. But for clinical counselors, that is not a required course. I decided to take that on my own. There's no such other

classes that they really (stressed the word 'really') go over that for childhood sexual abuse. Again crisis touches on it a little bit, but again it's not…we go through the mandatory reporter in our crisis class, but I wish it would have been more on that. Because of my training in my practicum site, I feel like I'm very competent in doing that, because I've had some additional training with rape/sexual assault as well as domestic violence, and with that multicultural piece, I feel like I'm very competent of counseling in that area because I…there is techniques…they kind of challenge me more on sexual assault. I feel like I can definitely counsel women in those situations.

Denise: Again I was fortunate to spend two of my grad school years working as a counselor at the sexual assault program, and so working with sexual abuse is an area that I feel really competent in. But I can't say that that came from grad school.

Skills: Childhood Sexual Abuse

No specific skills were identified through the standardized open ended interview

guide questions asked of the study participants regarding responding to the CSA needs of

African American women.

Awareness: Substance Abuse

Participant responses varied in regard to awareness of substance abuse. Three

participants (43%) who were currently or previously engaged in counseling clients with

histories of substance abuse had some exposure but expressed a need for additional

training to be more effective with African American women, as indicated below:

Cindy: I think at this point it's still just some basic exposure and awareness, but I would, to be effective, probably require some more training, more specific training. I'm familiar with some of the different stages of recovery. Actually I don't even know if that's what it's called, and contemplation, pre-contemplation. Determination, action. (spoken in low tone, as if thinking about it) I'm familiar with the role that the family plays significant to that. I've had more exposure to people struggling with addiction, and kind of the different places they come from. Where they come from in approaching the addiction and dealing with it…I don't know anything specific about treating African American women, or working with African American women.

Tammy: Funny, because I've always. I think I've always separated them all out. We have all these classes that are separate and then it becomes necessary to integrate them. (brief silence) When I think of it…of addiction. I always think within families like the communication pattern, like the don't trust, don't tell, don't feel pattern. I'm wondering how that plays out in families that are African American. (more silence) I don't know (quietly)…My experience? I mean up until now I haven't had any experience.

Pam: Well you know, again the substance abuse I really am developing that because I am experiencing that.

Although substance abuse was identified as being addressed in counselor training on some level throughout the participant responses, two of the seven participants (29%) directly expressed a lack of substance abuse awareness, knowledge, and skills training, as described by the following participant responses:

> Sandy: Definitely addictions, that substance abuse area. I feel like, that it might have been a reflection of who taught the class, it's a sensitive issue. So, because my addictions class was not how they normally would have taught it in our program. And I had a different professor, so she briefly went over the addictions part. As in most people in my program had a much different experience than I did, and so I feel like I am lacking in that area.

> Denise: Again I think that there was just a lot of wanting to…and again I don't want to fault anybody but I think there was a lot of wanting to pretend sometimes that issues are the same. Rather than being able to feel comfortable in class acknowledging that there are differences in culture. And any culture really, especially, the addictions course. I didn't feel like it gave an accurate representation of different roots of addiction or cultural issues with addiction, but wanted to pretend that it was just kind of an across the board issue. So that was something that I would have liked more information so that I could feel more comfortable in recognizing those things when they came up.

Awareness: Substance Abuse and African American

Women

Although all seven participants indicated the need to learn more about counseling African American women with histories of substance abuse, three of the participants (43%) specifically indicated their lack of training to counsel African American women with histories of substance abuse as indicated below:

> Lisa: You know I don't think specifically that I've…I mean I think we briefly touched on cultural considerations in addiction, but nothing in-depth regarding African American women in particular.

> Denise: I took my addictions class at [university name], but especially in regards to any multiculturalism or working with African American women, I don't feel like it was addressed. I feel like it's something that I would…I mean if there were somebody else available that would be able to do it [counsel African American women with substance abuse], ethically I feel like I would be inclined to refer. It's just not something that I would be comfortable doing. I don't feel like training was adequately provided in grad school. It would be something that I would look to [have] additional training and resources and information before I would feel comfortable really (participant stressed the word really) kind of, I guess labeling myself as able to do that.

Sandy: In our addictions class we touched upon…the addictions class that I was in was taught by, not taught by one of our normal professors. She did touch upon, when we work with people with addictions that we have to consider their culture, but there wasn't specifically things that you can do with different cultures and addictions counseling, and how to handle that, as an emerging counselor. So if I were to counsel somebody from a different culture in an addictions setting, I would definitely have to do my homework or go to a supervisor…I definitely would feel I would need more supervision with that, um being that I'm not as competent with my ability in the addictions area. I would feel like I would need more supervision. I'm just being honest. I'm just being really honest. I'm all about honesty here.

Awareness: Child Sexual Abuse and Substance Abuse

Among African American Women

In regards to responding to the dual diagnosis of CSA and substance abuse among African American women, all seven study participants were able to identify some awareness of responding to the dual diagnosis along with the cultural factors, as indicated below:

Cindy: I think I will have a better understanding of a little bit more of the family dynamics, within the African American culture, and the role that that would play in treatment and in diagnosis. (brief silence) I can't think of anything else right now.

Dena: Wow, actually (brief silence) I feel like you know, just being aware that there are cultural differences to deal with and taking a look at you know. And I guess I don't necessarily always look at it as a cultural difference you know just for African American women as opposed to any other women. In that a lot of the clients, especially a female client that I see, there is, kind of the two go hand in hand a lot of time. There's a lot of you know addiction and drug abuse in any of the clients that have suffered sexual abuse. You know, male, female and across cultures. From what my experience is so far, which is still pretty minimal, I feel like the biggest thing with the multicultural class and you know just kind of the whole program has helped out is to just keep that piece of awareness in the back of your mind. To know that you know there are different nuances with every culture, and with every family, with every person. And just to be aware of that and be sensitive of that. And to not presume anything, and you know to be okay with you know saying to a client 'you know I'm not sure I'm totally on the same page with you. Help me understand?'

Tammy: I think a lot of it is kind of a matter of like I said integrating the different…integrating multicultural stuff, and integrating like our addictions class. Although I haven't had like a formal training on that like put together…I think hopefully my field experience and internship, actually getting a chance to work with those populations, I think it will play out in helping. I mean not only having a site supervisor but a supervisor here on campus to kind of work through some of those issues.

Pam: Well again, I have already talked about that, that we had the one lady come in addictions, and for me that was very eye opening. Being in [local community] at the counseling center, I never…I don't think I've ever had one client that has had one thing. You have to kind of prioritize what…for them what is the most important thing for them. Not what I think is important, but for them, how it's impacting their life. How it's affecting them. The dual diagnosis is just very very common.

Lisa: I don't think there's really been a huge focus on how to address certain populations like that. I think that it's really been vague, I think we've gotten techniques to use but I wouldn't say that I have any greater understanding of how I would handle that with, specifically to one population.

Knowledge: Childhood Sexual Abuse among African

American Women

Two of the seven participants (29%) were also able to expand on their awareness and be more specific in terms of being knowledgeable about some of the historical dynamics involved in CSA and/or CSA:

Denise: I feel like it left me looking for a lot of additional information. The issue that I run into now working is that I work primarily with children 3-17, but that means that I do a lot of family work as well, and working with a lot of trauma, a lot of the parents and caregivers that I see have their own history either of child sexual abuse or substance abuse, and I feel like it's been a lot of like on the job learning as far as how to meet those cultural needs rather than being something I left school feeling really comfortable with or prepared for.

Sandy: When thinking when there's anything with a dual diagnosis, I mean you have to take their culture into effect and I mean if it's historical or if it's anything, you definitely have to look at how their family dynamic is and that's how I would assess anybody for the culture…and how they interact. I mean you know what is the makeup of the family, or the dynamics of the family. Is the mother the main person of guidance, you know, not the father. You have to look at all of that, and then you have to see, especially if the dual diagnosis of sexual abuse is involved with that and how to cope with the sexual abuse, and do people not want help. You have to look at the family dynamic and how culture plays in that, and how their family culture plays in that.

Skills: Substance Abuse

No specific skills were identified through the standardized open ended interview guide questions asked of the study participants regarding responding to the substance abuse needs of African American women.

Perceived Strengths of Multicultural Counselor

Training

Although the clinical experiences and current counseling environments varied among the seven study participants, there were some commonalities regarding their perceptions of the multicultural counselor training they received. Participant responses included the identification of strengths in the implementation of multiculturalism across courses, the community learning experience, the use of multicultural guest speakers, and the inclusion of multiculturalism within the classroom with peers.

Multiculturalism across Courses

When asked to describe the multicultural training received in the counselor education program, the following participant responses highlighted these perceived strengths:

> Cindy: Well there's one class specifically devoted to it. But I feel like it's covered, it's discussed pretty much in every class. I felt like the multicultural class was the most enlightening. It probably changed my view of things the most.
>
> Lisa: I think there's an aspect of multicultural awareness in every class. I think we've touched on it in addictions and standards, I think it's something that's really woven in throughout our entire program.
>
> Sandy: We have one class to take, but it's incorporated in every class that we have there's some multicultural component. The one class that we do have talks about every culture, but being just one class they can't cover every culture very well. So that's the one downfall, but with it being incorporated into every class that we do have, I think it's covered very well, just to be mindful of the different cultures that we do encounter as counselors.

Community Learning Experience

The perceived strength of direct community interaction during the multicultural training received was demonstrated in the following participant responses:

> Dena: Well I think that, um I'm going back to my multicultural class here, you know we were able to, at least in that class we were able to reach out to different cultural you know, avenues that we have here in the [location], and it was eye opening for me to realize just how many different cultural groups we have in this area cause growing up here it just doesn't seem…you don't think about it, the diversity in the area. Where I think my most favorite experience was going to the Martin Luther King Center and just experiencing what it was like to work with the

kids after school. So having that exposure. I think going through and having everybody talk about their own culture in class was very interesting and eye opening as well.

Tammy: I've taken one multicultural class. That would have been Fall of 2009. I mean your typical, typical class. I do remember having a field experience where we had to go out into the community, and do, write a paper and do something somewhat outside like in the community that was different from your own cultural expectations. And so for that particular project I decided to do some volunteer work over at [local non-profit] which is working with kids with disabilities so it doesn't necessarily fall into this project. But I, yeah, that would be the bulk of my experience or my training.

One participant in particular described her experience of engaging with

individuals seeking substance abuse treatment and how that experience impacted her

awareness of responding to clients' substance abuse needs:

Pam: One of the things that stands out to me when I took addictions was actually going to an AA meeting…

Pam went on to describe her personal experience of attending an AA meeting and

observing the interactions of the meeting participants. She described the meeting as

"kind of like being in a counseling session." She went on to express the following:

…I walked away thinking how strong they were because I'm a stranger. You know, and they're willing to share that in front of me and everything. Having a general knowledge of it, you know you've gotta have that. And I think I have that. I do think I have that.

Pam went on to express that "there was a lot of information given to me on that

[African American women and substance abuse]. Again, it was generalities."

Pam: But the other thing about that class was that, getting out into the community and having to go to somewhere you've never been and do that research and so for me that was big. Again, something I'll never forget…

Multicultural Guest Speakers

Regarding the desire for increased experiential opportunities to promote

interactions with lesser known populations, five out of seven standardized open ended

interview guide questionnaire participants discussed the impact of having speakers in

class that represented the African American population and getting to hear from someone

directly from that populace. Some of the responses included the following:

Pam: The other thing about that I already said is that the guest speakers that have come in. You know…you can read and read and read. But I think there's a lot to be said for […] human engaging quality, and you know having them come in. You know, they say a picture's worth a thousand words. Meeting someone, who explains what it's like for them in their culture, you know totally different. It's huge.

Sandy: Another professor also brought in people during our multicultural class. She brought in a [cultural group] woman and an African woman to speak on their experiences and it was just amazing (stressed the word amazing) to hear their stories, and where they were coming from because [faculty member], a white woman, she said "I can't speak from that experience, but these women can." So it was really eye opening to hear from them, and it was so refreshing. So those were the people that really impacted my life in the program. Hearing from a different perspective.

Cindy: We had a guest speaker come and there was a couple, a man and a woman, and I think that probably some of the things that they shared were the most…had the most profound effect on my understanding and my education towards uh, cultural defenses. Well one of the things the woman talked about was um hair… I don't know, the role or the place that it has in her life, kind of the significance. Actually, even the husband said the same for him. He had dreadlocks and there was a reason for that, he talked about some of the stares he had to deal with because of it. That's something I just never even considered or knew or even thought about before that.

Cindy went on to explain why this particular set of presenters were enlightening

as they shared experiences of their daily lives and ultimately helped increase her

awareness of how daily tasks and existence in the larger society can be viewed differently

from the perspective of someone from a different culture than her own. She indicated

that "it just made me aware of how different people's worldviews are because of their

culture."

Denise: I do feel like my multicultural class at [previous university] was helpful because we did have a variety of other individuals that came in and there was an African American woman that came in to talk about previous therapy experiences that she had and shared her story of being a survivor of sexual assault and some of the things that were more helpful than not in her experience. But again I think a lot of where my comfort comes from in that area, is being able to work with an African American woman at the rape crisis center who shed a lot of light on that.

Multiculturalism within the Classroom

The classroom experience was perceived to be a unique opportunity to experience

multiculturalism through natural interactions and activities with peers, as discussed in the

following response:

Pam: Well, the multicultural class for me, I really enjoyed it. Not everyone in my class did, but I did. And, what I took away from it was when we had to…we brought food. Everybody took a turn bringing food, and that was very eye opening because it was seeing kind of um, what people, what my fellow classmates eat you know as a family. And their heritage and their background and so, and then seeing if any of them were similar or what the differences were, and it was across the board. There wasn't uh, there were a lot of surprises, you know. And there were some things I didn't want to try, (laughter from the interviewer and the participant) but that I made myself. So it got me out of my comfort zone a little bit.

One of the participants, Denise, identified having a unique experience of having multicultural experiences at an institution she previously attended in pursuing her masters' degree, in addition to the multicultural experience in the program she recently graduated from. She indicated that as a result, she was able to experience multicultural training from two different aspects. Denise further explained in a rather optimistic manner:

Denise: Absolutely! Actually my experience is different than other graduates of my program because I actually started my graduate work at [my previous university]…And I took my multicultural class through [my previous university]. I was able to get a perspective different than some of my, the peers that I ended up graduating with which was, I think helpful because I got to take some of [my current programs'] multiculturalism and some of the things that they integrated throughout their other courses and also had the information I was provided at [my previous university]. So a couple [of] different experiences. Yeah!

This unique experience emphasized the desire some students have to gain as much multicultural experience as they can.

Awareness, Knowledge, and Skills: Multiculturalism as a

Continuous Process

When asked to describe their multicultural competence in terms of awareness, knowledge, and skills, participant responses included the following:

Cindy: I think probably my competence lies in knowing that there's more to learn and there will always be more to know. I think it's at this point just a basic awareness, but everybody's different and has to be um, treated differently or approached differently and understanding their culture and their background better is completely vital to offering the best care.

Tammy: I would say that it's still building or it's still forming. Even…I think a lot of it has to do with just getting that experience. It's so different reading a

textbook compared to actually working with clients. I do [want to] say I do think it was helpful I took that victim intervention counseling services training over at [local non-profit agency]. I definitely thought that was helpful because they obviously see a wider range of you know populations and um just hearing some of the things they had to say was helpful and kind of improved my self-awareness to.

Pam: My awareness, I think my awareness is pretty good. But there's always room for growth, and you know that's something I think you have to keep developing and keep growing…My knowledge. Well that is also growing. You know I love to read and I have noticed in all our textbooks there's a section on multiculturalism. And I do think it's important, if many times it just feels like you know beating a dead horse kind of thing. But when you get into the, when you sit in the chair you appreciate having that under your belt as a tool.

Awareness: Multicultural Differences

Awareness of the multicultural differences among and between clients was

demonstrated in the following participant responses:

Dena: I feel pretty competent and I also feel that you know when I have questions, you know if I feel like there might be something that I'm not understanding about a particular client I will either, I will just tell them that you know I'm not familiar with that. Could you explain that to me a little further? Or, you know, even relying on some of my coworkers to either come from an African American background or have been more experienced in the field. I still feel like I try to be as sensitive as possible and realize that there are differences, even though you know on the surface, a lot of stuff kind of looks the same.

Lisa: I think I still have quite a bit left to learn. But I think I've come a long way. I guess sometimes I don't think it was necessarily a lack of knowledge as much as lack of awareness. Realizing that there was a difference, I think knowing now that there are going to be things that are different among every culture that you need to take into consideration. Like every client's going to be different, but doing…I think it would be more beneficial to do more research and gain that knowledge, if that makes sense.

Denise: I think that it's something that continues to kind of follow me, and that I continue to learn from with the different populations that I work with and in particular with African American women. I think that it's sometimes I felt maybe overlooked (stressed this word), in training. I think sometimes we want to pretend, I guess pretend is not the right word, but want to kind of make it…(to herself) I'm trying to think of how I want to say this…maybe not make as many waves and in the classroom we were fortunate to have, not a huge population of African Americans in my program, but we did have both male and female African Americans. And I think sometimes we want to kind of not point out that there are differences, and so I felt like sometimes in my multicultural training it would surge or tend to focus on maybe more extreme differences in race, culture or ethnicity as opposed to just highlighting that there are distinct differences and needs and considerations to be aware of. Even within the African American population. So it really felt like most of my experience came outside of the classroom with learning about that.

Sandy: I feel I'm pretty competent multiculturally…just being appreciative of everybody's culture, and so I think bringing that into counseling is not assuming anything, and just learning. I think still listening is the most important thing you can do, and asking questions because not…even if they are from different cultures, not necessarily do they adhere to the typical things of their culture. So I think I'm pretty aware of most cultures, I also think I have the capability of learning and just asking questions, appropriate questions of course…

Use of Assessment in Multicultural Counseling Training

When asked to describe the training they received in the counselor education program to use assessment tools to identify specific needs such as histories of CSA and addiction, participant responses varied with four of the seven participants (57%) indicating a lack of awareness, knowledge, and skills to use assessment tools. Those participant responses include the following:

Exposure to Assessment Tools for Childhood Sexual Abuse

and Substance Abuse

Cindy: I think it's pretty limited. I don't think I have enough information on that yet.

Pam: That's a little bit different. I have to say, I took assessment but, I think that it's lacking. I think that the center where I'm at they have all kinds of assessments available to me. You know they have Beck's Depression, they have career assessments. They have everything, just all kinds of things. It's just, I have to admit I don't know anything about how to administer those. So you know, it's kind of trial and error. It's trial and error, I pick the brains of my colleagues. How do I do this? You know what do I do? What's the best way to handle it? Some practical hands on, um, training, I think would be beneficial.

Lisa: I think we talked about it a little bit in addictions but I don't think there was as much as an emphasis multiculturally. I think it was more of a broad description of assessment as far as addiction goes.

Denise: As far as specific assessment tools I can't say that I learned any in grad school. Even in my experience as a counselor in the rape crisis center and my current therapist position, I still don't feel like I would know if there was a tool more appropriate or more accurate or more respectful of cultural differences.

Use of Assessment Tools for Substance Abuse

At the same time, three of the seven participants (43%) indicated some awareness, knowledge, and skills with using assessment tools for substance abuse. Those responses are reflected below:

Dena: I mean as far as assessment tools, I think the biggest assessment tool that I'm familiar with in those areas and that we kind of discussed in the program would be like the ASAM criteria. But I don't feel like, I mean it's not specifically geared towards one culture. Which I think could either be positive or negative depending on who's actually using that tool. I think if you're just, if you're not, I think taking into consideration everybody's differences and I think cultural diversity then you could easily miss something or not take into consideration something that's really important.

Tammy: Honestly, I can't think of any particular assessments for sexual abuse. And for addictions, I mean I just know like the real simple ones like the CAGE questionnaire and stuff like that. I mean if I ever come across a client where I suspected something I would definitely look into assessments, but it's the Buros Handbook of Assessments.

Sandy: Oh, like assessment stuff. I know I've learned about…It's really hard because I've learned so much in practicum and what I've...um, in the program we've been given tools in assessment, such as Likert, to identify sexual abuse and addiction. One of the general things to identify, mostly stuff like on suicide. I'm trying to think of the packets on suicide. I've been getting stuff through training that was done in crisis on sexual abuse when we did the mandatory reporter stuff. But I've gotten stuff through practicum, I've been through the 40 hour training for the rape crisis. Of course I, but that was something I did on my own, it's not [given] to most students.

Role of Supervision

Supervision from a Multicultural Perspective

Of the seven participants who completed the standardized open ended interview guide, all acknowledged the role supervision played in their multicultural competence, including both the benefits and limitations. Among the identification of the Role of Supervision, participant responses varied slightly, but included similar sentiments as expressed below.

Multicultural Guidance and Support

All participants identified the significance of a supportive supervisory relationship in helping them continue to develop their multicultural competencies. Overall, the responses focused on strengths as expressed by the following four participants:

Dena: I feel like either just being able to ask questions of my supervisors, being able to get different perspectives. You know when I give, for instance when I'm explaining to you know, giving a report maybe in one of our staffings about a given client who may be a challenge, you know that other perspectives of "Well have you tried this?"

Tammy: I think we just have a great faculty here. I think they're always pushing students to, you know to seek out opportunities to learn and grow and serve the community. Especially like my practicum site, because I feel like my supervisor there does the same thing. I think it makes a huge difference. I think by far practicum class is my favorite class because of that one-on-one attention and you know you read a book, but not everyone is the same and everyone has unique experience. And so to be one on one with a client, you can't, I mean you may be able to apply the idea that you've learned about but it's different for everyone, and so I think it's been really helpful to be able to go back and talk to a supervisor and say, "You know I've got this client and da da da da da," and kind of get their experience and knowledge on it. I think I've really grown this last semester as a result.

Lisa: I think [my faculty supervisor] has been really, really helpful. I think she has a lot of awareness of a broad spectrum of different cultures, so even when we've been reviewing my tapes or classmates' tapes she's been able to kind of tie in that multicultural piece that I wasn't getting otherwise. Like, she's been able to provide that other perspective having worked with different backgrounds. So I think that's been really beneficial. And I kind of think um, I don't know if we have any staff that has not actually.

Pam: Everything's changed for me this year with practicum. I am dependent on my site supervisor and my instructor supervisor, and my faculty because I know that they have a wealth of information. They're like a walking, talking library. I mean and they all have different strengths and different populations that they've worked with. So I go to them! And when I'm having an issue I'm like, "This is what's going on," and then they give, they share ideas…I think the greatest thing about the program, and especially during practicum and internship, is that you have all the support. And so, that's where the learning comes in because you can't possibly know how to deal with all these issues and so by having a site supervisor, by having you know your instructor supervisor, by having your colleagues and your classmates, and you know all of that and library, you know."

Pam went on to share specific situations at her current internship site, as well as in her counselor education program, that have allowed her to have the support and opportunities to discuss issues and concerns she is having.

Diversity of Supervisors

Three of the seven participants spoke directly about the diversity of the supervisors themselves, indicating their experience for gaining multicultural experience from a multicultural diverse staff, or the lack of. Dena and Sandy expressed the following:

Dena: Fortunately, my supervisor is an African American woman. I have learned a lot from her. And there are times where I will maybe feel stuck and say, "You know I'm not sure why I'm not getting any farther." And then, she'll just kind of sit down and she'll give me some education right there.

Sandy: I have a faculty supervisor who is multicultural and has really opened my eyes up and I really, have really been longing for some multicultural in our department. And then we also had another professor [faculty supervisor] who was multicultural as well, and as far as new professors to say things through different eyes.

Although there was some satisfaction in having a diverse supervisor, there was also some expressed concerned from Denise for the lack of diversity among supervisors as expressed below:

I love supervision (slight laughter) but I think the one thing that's unfortunate is that um, that our supervision staff in grad school wasn't diverse. So trying to get any sort of, you know everybody can offer different ideas and opinions but they're all still based on speculations of culture…rather than somebody who may be more accurately able to give helpful information or a different perspective on the situation. I think that that was something that would have been a benefit that we just didn't have.

Cindy also expressed a lack of diverse supervision experiences, based on the lack of diverse counseling experience with clients at her internship site as referenced below:

I guess some [limitations], particularly with my site supervisor, but I don't, [I] haven't had a whole lot of diversity in who I've worked with at my site. I mean its all white women within 10 years of each other, and probably very similar socioeconomic classes. So my exposure has been limited, but for what I have been exposed to, I think my site supervisor has been very helpful in helping me understand some different things.

Overview of the Study

The purpose of this study was to explore the perceptions of mental health counselors in training and early counseling professionals regarding the multicultural awareness, knowledge, and skills training they received in their master's programs for counseling African American women with a dual diagnosis of CSA and substance abuse. The author was especially interested in understanding more about what aspects of their training allowed the counselors in training and early counseling professionals to feel more or less competent in their abilities to meet the diverse needs of women from the identified population. As indicated previously, African American women with dual diagnoses of CSA and substance abuse are often underserved in the mental health community.

By using a constructivist paradigm, this researcher was able to examine the process by which counselors in training and early counseling professionals develop their multicultural competencies, with a specific focus on their awareness, knowledge, and skills. The constructivist qualitative design used for this study examined the perceptions of novice counseling professionals for the following reasons: (a) to increase understanding of the multicultural training needs of master's-level counseling students and (b) to extend the minimal research that focuses on the specific multicultural training of master's-level mental health counseling students to meet the needs of African American women with dual diagnoses of CSA and substance abuse. This researcher elected to use a constructive lens versus the use of another relative qualitative inquiry of grounded theory, which would have been appropriate in identifying the observed emerging themes of the data collected as suggested by Patton (2002). A constructivist lens was used instead in effort to understand the perspectives, of the counselors in training and early counseling professionals in relation to their interactions through multicultural training received in their masters counseling programs, through multicultural supervision experiences, and subsequent multicultural counseling they will conduct with clients (Patton, 2002). From the constructivist inquiry of the perspectives of the counselors in training and early counseling professionals, emerging themes developed which indicate the relevance awareness, knowledge and skill development through the interactions and experiences of multicultural training, multicultural supervision, and multicultural counseling.

Although this study contributes to current research on multicultural training within CACREP-accredited Counselor Education mental health counseling programs, the emerging themes also provide insight into the current strengths and limitations of the multicultural competence of master's-level counselors and early counseling professionals. The expectation is that counselor educators and field supervisors can gain awareness by learning more about the perceived multicultural competency needs of

current counselors in training and early counseling professionals regarding their awareness, knowledge, and skills to work with African American women with these dual diagnoses.

The researcher developed the vignettes and the standardized open ended interview guide interviews for the counselors in training and the early counseling professionals to explore their multicultural competence by focusing directly on their awareness, knowledge, and skills with African American women with dual diagnoses of CSA and substance abuse. Triangulation of the data occurred through the analysis process in which both the vignettes and the standardized open ended interview guide interviews were coded and recoded for common themes. Triangulation of the data also occurred as both the researcher and the peer-debriefer analyzed the data through a double coding process. The findings are discussed in the following sections.

Discussion of Study Findings

Research Question 1

The first research question in this study was, "What are the perceptions of masters'-level mental health counselors in training and early counseling professionals regarding their awareness, knowledge, and skills preparation for counseling African American women with dual diagnoses of childhood sexual abuse and substance abuse?" As a whole, the analysis of the standardized open-ended interview guide interviews of the population sample of counselors in training and early counseling professionals indicated variation in participant perceptions of their awareness, knowledge, and skills preparation to counsel African American women with dual diagnoses of CSA and substance abuse.

Results revealed that all study participants acknowledged having received multicultural training in specific courses as well as across courses that focused on the diverse needs to consider when counseling African American women and families. Participants highlighted the experiences of direct contact and experiential interaction with African American women as being beneficial to their multicultural competence. The

results of this study also revealed that although participants reported having increased awareness of the counseling needs of African American women through their multicultural training, there was some acknowledgement of a continued lack of knowledge and skills to meet the specific diverse needs of this population. The counselors in training expressed a desire for more experience with counseling African American women to assist the counselors in improving their multicultural competencies to the meet the diverse needs of these women. At the same time, the early counseling professionals indicated that their current experiences with counseling African American women had contributed to their awareness, knowledge, and skills in responding to the specific population's needs.

Results showed that the mental health counselors in training identified a range from no specific training to minimal exposure during their master's-level training regarding CSA. Likewise, participant responses among the early counseling professionals indicated some community training and counseling experiences that enhanced awareness, knowledge, and skills of responding to CSA. Counselors in training and early counseling professionals also reported a lack of competence in using assessment tools to assist with determining client needs regarding CSA.

Finally, results of this study suggested that substance abuse was an area in which master's-level counselors desired additional training in order to become more effective with African American women facing this issue. Of the participant responses, even the counselors in training who acknowledged receiving specific substance abuse training indicated a need for more knowledge and skills training. Results from the present study also showed that counselors in training and early counseling professionals expressed a lack of competence in using assessment tools to assist with determining client needs regarding substance abuse.

Research Question 2

The second research question addressed was, "What are the perceptions of master's-level mental health counselors in training and early counseling professionals regarding how counselor educators and supervisors can incorporate multicultural competencies into their curriculum content to improve student awareness, knowledge, and skills in working with this special population?" As a whole, the standardized open-ended interview guide interviews of the sample of counselors in training and early counseling professionals all indicated some satisfaction with the role of supervision in their multicultural competence. The supervision experiences focused on supervision from the classroom (faculty) to the community (site), and the individual aspects of exposure to African American women, CSA, substance abuse, and co-occurring issues of CSA and substance abuse among African American female clients.

Results of the present study revealed varying aspects of diversity within the supervision relationship based on the participants' personal experiences and their current internship sites or places of employment. The multicultural awareness, knowledge, and skills of supervisors were recognized as a significant factor in the participants' experiences of diversity in the classroom and at their sites. Participants indicated that supervisors demonstrated multicultural competence by the inclusion of guest speakers and other experiential opportunities in the community to enhance the multicultural learning experience of the master's-level counselors. Results from the study indicated that participants reported increased competence when they had interactions with African American women during their training process as a result of supervision experiences. Participants also acknowledged the benefits of having the opportunity to process their multicultural experiences with supervisors who had their own wealth of multicultural knowledge and skills. When supervisors were able to share their personal multicultural knowledge and skills with the participants, including personal examples and experiences,

the master's-level counselors in turn identified as being more competent to meet the therapeutic needs of the identified population, the participants felt more efficacious.

Results also indicated that counselors in training and early counseling professionals who had supervisors from diverse backgrounds reported receiving additional insight from a multicultural perspective. For instance, some participants expressed having supervision experiences that included guidance, feedback, and support from having a supervisor with a diverse background and hearing about personal experiences of diversity. These participants indicated increased insight as a result of interacting directly with a diverse supervisor who was a member of the culture identified. Coincidently, these participants also indicated having more client interaction with African American women.

In addition, the present study indicated that multicultural supervision provided benefits to participants of having someone to guide them in their unfamiliar multicultural experiences. The participant responses indicated satisfaction with the opportunity to have a faculty and/or site supervisor with whom to discuss issues and concerns relevant to multicultural counseling, and they reported that such supervision encouraged continued multicultural experiences during training and while counseling in the community.

The results also indicated some perceptions of limitations in the participants' multicultural supervision, consisting of limited supervisor guidance, feedback, and support when there was a lack of diversity in the clientele of counselors in training. The participants who identified their client population as specifically lacking diversity in terms of African American women also indicated that their supervision experiences lacked diversity in discussing potential African American client concerns. In essence, beyond the multicultural counselor training experiences they received in the classroom, these participants were not continuing to receive supervision that assisted with continued development of their multicultural competence.

Vignettes and Standardized Open-Ended

Interview Guide

Findings revealed the participants were able to demonstrate some strength in awareness, knowledge, and skills in their responses to the vignettes. The vignette results showed the study participants possessed some multicultural competence which aligned with the Multicultural Counseling Competencies. This was articulated in their responses which spoke of the ability to be aware of the clients' needs with establishing the counseling relationship, responding to the clients as African American women, responding to the clients as survivors of CSA, and responding to the clients as people dealing with substance abuse, while also identifying the use of certain therapeutic approaches to meet the described clients' needs. The vignette results also indicated counselor awareness of their own cultural values and beliefs as indicated in the *Multicultural Counseling Competencies* when the counselors' responses considered their own values and biases in relation to client needs. However, the counselors in training and early counseling professionals appeared less confident in their ability to respond effectively to the standardized open-ended interview guide questions that focused specifically on various aspects of counseling African American women, counseling around issues of CSA, and counseling around issues of substance abuse, as well as these co-occurring issues among the identified population.

Implications for Counselors in Training and

Early Counseling Professionals

The results of this study highlight the awareness that counselors in training and early counseling professionals from CACREP-accredited mental health programs perceive they are gaining through their multicultural training and experiences. The results indicate that although these counselors in training and early counseling professionals lacked some specific skills and techniques, there was awareness of the

differences that exist for the identified population and the need for establishing a relationship with the clients based on the clients' cultural needs.

The results emphasize the significance of multicultural counselor interaction and experiential interaction in the classroom and in the community with African American women. Counselors in training and early counseling professionals reported increased multicultural competence when they had increased interaction with this particular population, both in the classroom and in the community. In addition, the results of this study emphasize the need for more comprehensive multicultural training with special populations, such as African American women with dual diagnoses of CSA and substance abuse. Although counselors in training and early counseling professionals were able to recognize the benefits of establishing the counseling relationship and having some awareness of the identified population's needs regarding CSA and substance, there were also some limitations in their knowledge and skills to respond to these particular needs.

The results also indicate the need for counselors in training and early professional counselors to continue to develop their multicultural competence outside of the classroom. This includes having diverse experiences with African American women and the African American community and continuing to seek diverse supervision opportunities that will assist with their multicultural competence.

Implications for Educators and Supervisors

The results of this study emphasize the potential influences of the faculty supervisor and the site supervisor on master's-level counseling students regarding their multicultural competencies of awareness, knowledge, and skills. Implications for educators and supervisors include a focus on aspects of multicultural training, multicultural exposure, and multicultural supervision in masters'-level counseling students' experiences.

The findings of this study suggest that master's-level mental health counselors in training and early counseling professionals who could potentially counsel African American women with a dual diagnosis of CSA and substance abuse can benefit from supervisors who provide content-specific training in these areas. This implication also aligns with the Multicultural Counseling Competencies, which indicate that counselors should be able to use culturally appropriate intervention strategies.

Highlighted in the outcomes of this study were the perceived benefits to the counselors in training and the early counseling professionals of having supervisors assist and provide opportunities for direct interactions with African American women and communities in the classroom and in the community. The participant responses indicated perceptions of increased awareness, knowledge and skills in counseling African American women with dual diagnoses of CSA and substance abuse when the participants had some exposure to women from this population through direct counseling experiences or through experiential interactions in the classroom or the community. Again, this is consistent with the *Multicultural Counseling Competencies*, which indicate that counselors should have an awareness of clients' worldviews.

Finally, the results of this study demonstrate student perspectives that the supervisors' multicultural competence can be an asset in the supervisory relationship. The participant responses indicated that when they were seeking guidance, feedback, and support to address counseling issues or concerns regarding African American women with the identified co-occurring needs, they looked to supervisors who had some experiences or firsthand knowledge to assist them. The results also indicated that there was some benefit when participants perceived that the supervisor was a member of a diverse group or had some personal diverse experiences to contribute to the supervisory relationship. Both of these aspects could promote identification and use of culturally appropriate interventions by master's-level counselors as identified in the Multicultural Counseling Competencies.

CHAPTER V

LIMITATIONS, CONCLUSIONS AND

RECOMMENDATIONS

Limitations of the Study

Although this study was purposeful and provided insights into the multicultural counseling training experiences of counselors in training and early counseling professionals from CACREP-accredited counseling programs, it should be replicated with a population sample consisting of different demographics to allow for broader implications of the data. In addition, the lack of comparison groups, issues of transferability, and limited ability to assess based on different perspectives need to be taken into consideration by the reader. This study serves to increase awareness of curriculum and self-efficacy issues of master's level counselors who have the potential to work with African American women with CSA and addiction histories.

The first limitation of this study was the population sample was very homogenous in that all participants were from the Midwest NCACES region and all participants identified as female, therefore limiting the transferability of these findings to other groups of master's-level counselors. As a result, the findings of this study only apply to female master's-level counselors in training and early counseling professionals from CACREP-accredited counseling programs in the Midwest NCACES region and may not be applicable to the male student's experiences.

A second limitation was the potential for differences in training between the counselors in training and the early counseling professionals who were within 1 year postgraduate of their respective counseling programs. Although this study served as an initial starting point in examining the perceived multicultural competence of these participants, it is difficult to generalize these findings to groups of master's-level counseling students from different cohorts who may have experienced differences in faculty or program focus.

A final limitation of this study is that it focused only on the perspectives of the counselors in training and the early counseling professionals, with no direct insight from the university faculty or site supervisors who provided the multicultural training and support for these participants. This limits the ability of the findings to assess the multicultural competence of the participants from a well-rounded perspective, given that the results do not include how the students' multicultural competence was perceived by their clients or their supervisors.

Conclusion

African American women with histories of CSA and substance abuse have a unique set of mental health needs that stem from the historical impact of race relations in U.S. society, as well as from continued issues of oppression as indicated by current factors such as sexism and racism (Bryant-Davis et al., 2009; Green, 2006; Washington & Moxley, 2003). Although the mental health needs of African American women are increasingly being identified within the mental health community, this population continues to face barriers that interfere with consistent and appropriate mental health treatment (Amaro et al., 2005).

Significant barriers to mental health treatment for African American women include a lack of trust and receptivity to the mental health community based on historical relations and mental health professionals' lack of awareness, knowledge, skills, and competencies necessary to work effectively with women from diverse populations (Cates et al., 2007; Thompson et al., 2002). These barriers also include the lack of mental professionals' competence in responding to compounding cultural factors and to specific issues of CSA and substance abuse (Tillman et al., 2010; Wyatt et al., 2005). Although African American women are increasingly presenting for substance abuse treatment, the prescribed treatment is typically based on the traditional White male model, which generally overlooks the culturally diverse needs of this female population (Covington, 2008; Green, 2006; Matthews & Lorah, 2005; Rhodes & Johnson, 1997). Although there

seems to be an increased awareness in the profession of these co-occurring issues among the female population, there continues to be a lack of focus specifically on the needs of African American women (Amaro et al., 2005).

This study examined current multicultural training from the perspectives of master's-level mental health counselors from CACREP-accredited Counselor Education programs in the NCACES Midwest regional area. The results indicated that counselors in training and early counseling professionals are in fact encountering African American women with dual diagnoses of childhood sexual abuse and substance abuse in their current counseling experiences. The findings revealed that counselors in training and early counseling professionals are aware of their strengths and limitations in meeting the specific multicultural needs of women from this population. In addition, the findings identified that counselors in training and early counseling professionals have developed some multicultural competencies as demonstrated in their increased awareness, knowledge, and skills in responding to the specific cultural and diverse mental health counseling needs of African American women with co-occurring CSA and substance abuse diagnoses.

These findings suggest that counselors in training and early counseling professionals could benefit from receiving more population-specific training, including that identified as being best practice in the areas of substance abuse and childhood sexual abuse. For substance abuse this could include training focused on 12 step treatment interventions, the medical model treatment intervention and group work treatment intervention, with aspects of Afrocentric and feminists approaches as identified early by McNair (1992) and later by Matthews and Lorah (2005). For childhood sexual abuse this could include training focused on cognitive behavioral approaches, trauma-focused approaches and a narrative approaches, again with aspects of Afrocentric and feminists approaches (McNair, 1992; Matthews & Lorah, 2005). Along with using a best practice approach, counselors in training and early counseling professionals could benefit from

training which involved learning to incorporate a focus on considerations of the gender and cultural aspects for this particular population. This aligns with the sentiment of existing research on the incorporation of female specific considerations as recognized by authors such as Covington (2008) and Rhodes and Johnson (1997) as well as culturally specific considerations as identified by such authors as Collins et al., (2007) and Matthews and Lorah (2005) that help address the specific needs of African American women in the areas of substance abuse and childhood sexual abuse.

Based on the results of this study, best practice approaches in meeting the multicultural counseling needs of African American women with the dual diagnosis of childhood sexual abuse and substance abuse could include counselors in training and early counseling professionals' exposure to this population and the encompassing community. This could be a step in the direction of increased consistency and clarification of implementing multicultural competency standards, which was identified as currently lacking by Chae et al. (2006). In addition, increased experiential opportunities both in the classroom and in the community with women from the African American community may be beneficial to increasing the awareness, knowledge and skills of counselors in training and early counseling professionals in regards to the counseling needs of this particular population as required by CACREP and as indicated in the *ACA Code of Ethics* (2005). The results of this study also indicate the desire and need for more diverse supervision experiences that will enhance their overall multicultural competence in awareness, knowledge, and skills with meeting the mental health needs of African American women with the identified dual diagnosis. This would align with the gatekeeping and supervision responsibilities of counselor educators and supervisors as identified by Bernard & Goodyear (2004), Gardner (2002) and also indicated in the ACES *Standards for Counseling Supervisors* (1990).

Finally, this qualitative study adds to the existing limited research that focuses specifically on the mental health community's response to meeting the culturally specific

needs of African American women with dual diagnoses of CSA and substance abuse. While there has been an increased focus on the dual diagnosis of childhood sexual abuse and substance amongst the general population by such researchers as Covingston (2008), Filipas and Ullman (2006), and Brown and Melchior (2008) along with a focus on recognizing mental health diagnosis, including focusing on either childhood sexual abuse or substance abuse among African American women by such authors as Bryant-Davis et al., (2009), Fargo, (2009), Matthews and Lorah (2005), and West (2002), there continued to be limited focus on the dual diagnosis and effective treatment for counseling African American women with these specific dual needs as offered by such authors as Wyatt et al., (2005); West (2002), Johnson and Young (2002). This qualitative study encompasses a definite focus on African American women, and the strengths and limitations of current multicultural counselor training in providing counseling that meets their specific co-occurring mental health needs from a perspective that involves the racial, sexual and social implications of their lives.

Future Research and Recommendations

Future research could include continued examination of the major themes identified in this study of multicultural supervision, multicultural training, and multicultural experiences, and the role these identified themes play in *Multicultural Counseling Competencies* of awareness, knowledge and skills to work effectively with African American women with co-occurring issues of childhood sexual abuse and substance abuse. In addition, future research could also include replicating this study with more variety in diversity among the demographic sample population, including personal demographics and CACREP-accredited mental health programs from different regions. Also, future research could include qualitative and quantitative analysis to examine more closely the perceived strengths and limitations of current implementation of multicultural counselor training in CACREP-accredited mental health programs. Finally, further research could include examining multicultural counselor training from

different perspectives. These could include the perspectives of African American women with dual diagnoses of CSA and substance abuse, and also the perspectives of faculty and site supervisors who provide guidance, feedback, and support to master's-level mental health counselors during the multicultural training process.

Bearing in mind the implications from this study concerning substance abuse, this researcher recommends the counseling profession, individual counseling programs and overarching accrediting bodies such as CACREP, consider the need for mandatory substance abuse training in mental health counseling programs. This call for change may involve additional advocacy and research on behalf of counselors in training, who could seemingly benefit from specific substance abuse awareness, knowledge and skills training. This mandatory training could be inclusive of best practices, causes and multicultural aspects, in effort to increase multicultural competence in meeting the needs of special populations such as the one focused on in this study.

A final consideration of the results from this study indicate the lack of awareness among counselors in training and early counseling professionals of the *Multicultural Counseling Competencies* as included in the AMCD standards (AMCD, 1996). This researcher recommends the consideration and inclusion of a call to the profession to consider the implementation of a national study on the *Multicultural Counseling Competencies* among mental health counseling programs. Again, this would be in effort to assist counselors in training and early counseling professionals with increasing their awareness of the *Multicultural Counseling Competencies* and the implications it may have for their role in counseling special populations.

APPENDIX A

EMAIL TO FACULTY MEMBER

Dear Faculty Member:

My name is Tiffany D. Stoner-Harris and I am a doctoral candidate at the University of Iowa. As a part of the program, I will be conducting a study to investigate the perspectives of advanced masters' level counselors in training regarding the multicultural training they have received in their programs, and their awareness, knowledge and skills to counsel African American women with dual diagnosis of childhood sexual abuse and substance abuse.

I am requesting your help in identifying/reaching potential participants, who are mental health counselors in training within 3 months of their degree. The purpose of my dissertation study is to explore the perceived awareness, knowledge and skills preparation of advanced master's level mental health counselors for providing counseling services to African American women with a dual diagnosis of childhood sexual abuse and substance abuse. It is expected that the perspectives on the multicultural training and acquisition of awareness, knowledge and skills to work with this identified population can be essential for identifying the training factors that promote multicultural competency and has the potential to inform the design of programs and services. It is also anticipated that the study findings may be useful to professional counseling supervisors and counselor educators in their efforts to strengthen and build comprehensive multicultural training programs that promote awareness, knowledge and skills in counseling underserved populations, such as African American women with the dual diagnosis of childhood sexual abuse and substance abuse.

Please contact me if you are willing to forward my research invitation to your students and even the on-site supervisors that you have worked with. The target population is advanced masters' level counselors in training from CACREP accredited programs, that are located within 30 miles of an urban community, and that are likely to counsel African American women. Participants in the study will be asked to complete questionnaires and an interview about multicultural training and working with African American women.

Please feel free to provide any creative ideas in recruiting participants. If you have any questions about the research study itself, please contact Tiffany D. Stoner-Harris, (xxx) xxx-xxxx or Tarrell Awe Agahe Portman, (xxx) xxx-xxxx.

Thank you very much for your help.

Sincerely,

Tiffany

Tiffany D. Stoner-Harris, ABD, LCPC, NCC
Email: tiffany-stoner-harris@uiowa.edu

APPENDIX B

FACULTY RECRUITMENT LETTER

Dear _____:

Thank you for your interest in my research study.

I am conducting my dissertation study on the perspectives of advanced masters' level counselors in training regarding the multicultural training they have received in their programs, and the awareness, knowledge and skills they feel they have to counsel African American women.

Therefore, I would like to enroll advanced masters' level counselors in training at your university who meet the following criteria:
1. Be currently in internship or within 1 year post graduate
2. Be an advanced masters' level counselor in training from a CACREP accredited mental health counseling program
3. Be from a university within 30 miles of an urban community
4. Be likely to have African American women as a part of their clientele

Detailed information about the study is in the attached recruitment letter.

I would like your assistance in distributing this recruitment information by email to any advanced masters' level counselors in training that fits the description as described in the study criteria. These students should contact me if they are interested in participating in the study.

If you have any questions about the research study itself, please contact Tiffany D. Stoner-Harris, (xxx) xxx-xxxx or Tarrell Awe Agahe Portman, (xxx) xxx-xxxx.

Sincerely,

Tiffany

Tiffany D. Stoner-Harris
Email: tiffany-stoner-harris@uiowa.edu

APPENDIX C

STUDENT INVITATION CONSENT EMAIL

Dear Student:

My name is Tiffany D. Stoner-Harris and I am a doctoral candidate at the University of Iowa. As a part of the program, I will be conducting a research study to investigate the perspectives of advanced masters' level counselors in training regarding the multicultural training they have received in their programs, and the awareness, knowledge and skills they have to counsel African American women. I hope that the study findings may be useful to professional counseling supervisors and counselor educators in their efforts to strengthen and build comprehensive multicultural training programs.

I am inviting you to be in this study because you are an advanced masters' level counselor in training currently in internship or within 1 year post graduate, your counseling program is a CACREP-accredited mental health program, you are within 30 miles of an urban community, and you are likely to have African American women as your clientele. You have been identified by personnel at your university as someone who may be eligible for this study. This invitation is being sent by your program faculty. Your name and contact information were not given to me. Approximately 12 people will take part in this study conducted by a researcher at the University of Iowa.

If you agree to participate, I would like you to answer a demographic questionnaire, respond to questions related to 3 vignettes, and then participate in an interview. The questionnaires will be presented online and the interview will be conducted via Skype.

I will send you an email with the link to the online study questionnaires. You will be asked to complete the demographic and vignette questionnaires within one week of receiving the link to the online site. The questionnaire has questions that ask for your age, sex, race, current academic status, your program accreditation status, your program location in the community, your awareness of multiculturalism as identified in the CACREP standards, American Counseling Association (ACA) guidelines, Association for Multicultural Counseling and Development (AMCD) competencies, your history of taking multicultural courses, and your continued development of multicultural competence. The vignettes focus on potential client issues. I will ask you to respond to each vignette by answering the three questions given at the end of the vignettes. The questionnaires will take approximately 40 minutes.

Upon completion of the questionnaires, the interview will be scheduled. The interview will be conducted via Skype. I will send you information about connecting to Skype for the interview. The interview will be audio recorded. During the interview you will be asked about your training related to and your knowledge of multicultural issues and the needs of individuals related to issues of sexual abuse and addiction. We will focus particularly on counseling needs of African American women and your future as a counselor potentially working with African American women with these counseling

issues. The interview will take approximately one hour. You are free to not answer any questions you would prefer not to answer.

The audio recorded interviews will be converted to transcripts and will be sent to you for you to review and provide comments or corrections to the researcher.

One aspect of this study involves making audio recordings of your individual face to face interviews. The audio recordings will be used for data-recording accuracy purposes, but your comments will be held confidential. After the completion of this study, all audio recordings will be destroyed.

I will keep the information you provide confidential, however federal regulatory agencies and the University of Iowa Institutional Review Board (a committee that reviews and approves research studies) may inspect and copy records pertaining to this research. To help protect your confidentiality, collected data will be identified by ID numbers and pseudonyms (false names) and not your real name. The list linking your study ID, study name, and real name will be stored in a secure location that is accessible only to the researcher. All forms, notes, and recordings will be stored in a locked container or in password protected computer files. If we write a report about this study, we will do so in such a way that you cannot be identified.

You will be asked to provide information over the internet during the completion of the study questionnaires and the study interview. Information provided via the internet may be viewed by individuals who have access to the computers where the information is collected or stored or may be used by the study site provider for their own purposes. It is also possible that your responses could be viewed by unauthorized persons. The sites we will use for the study questionnaires and interview are secure web sites. During the interview you will be asked questions about multicultural issues and experiences. You may be uncomfortable talking about some of these topics with the researcher. If you have any concerns about these issues or your responses to the questions, we encourage you to seek assistance from the counseling service available through your program or at your university.

You will not benefit personally from being in this study. However, I hope that others may benefit in the future from what we learn as a result of this study. You will not have any cost for being in this research study. You also will not be paid for being in this research study.

Taking part in this research study is completely voluntary. If you decide not to be in this study, or if you stop participating at any time, you won't be penalized or lose any benefits for which you otherwise qualify.

If you have any questions about the research study itself, please contact Tiffany D. Stoner-Harris, (xxx) xxx-xxxx. If you experience a research-related injury, please contact: Tiffany D. Stoner-Harris, (xxx) xxx-xxxx or Tarrell Awe Agahe Portman, (xxx) xxx-xxxx.

If you have questions about the rights of research subjects, please contact the Human Subjects Office, 105 Hardin Library for the Health Sciences, 600 Newton Rd, The University of Iowa, Iowa City, IA 52242-1098, (319) 335-6564, or e-mail irb@uiowa.edu. To offer input about your experiences as a research subject or to speak to someone other than the research staff, call the Human Subjects Office at the number above.

If you are interested in participating in this study, please contact me at the phone number given above or send an email to my email address below with a phone number and the best times to contact you about the study.

If you know an individual who may be eligible for the study and interested in participation, please forward this email to them.

If you are not interested in participation in this study, please discard this email. Thank you very much for your consideration.

Sincerely,

Tiffany D. Stoner-Harris, ABD, LCPC, NCC
Email: tiffany-stoner-harris@uiowa.edu

APPENDIX D

DEMOGRAPHIC QUESTIONNAIRE

Q1 Age

Q2 Gender
- ❍ Male (1)
- ❍ Female (2)
- ❍ Other (3)

Q3 Race/Ethnicity

Q4 What is your current academic status?
- ❍ Practicum (1)
- ❍ Internship (2)
- ❍ Graduate (3)

Q5 Is your current program a CACREP-accredited mental health counseling program?
- ❍ Yes (1)
- ❍ No (2)

Q6 Is your current counselor education program located within 30 miles of an urban

area?
- ❍ Yes (1)
- ❍ No (2)

Q7 Are you aware of the Council for Accreditation and Related Educational Programs

(CACREP) standards for multicultural counselor training?
- ❍ Yes (1)
- ❍ No (2)

Q8 Are you aware of the American Counseling Association (ACA) Code of Ethics

guidelines for multicultural counselor training?
- ❍ Yes (1)
- ❍ No (2)

Q9 Are you aware of the Multicultural Counseling Competencies as identified by the

Association for Multicultural Counseling and Development (AMCD)?
- ❍ Yes (1)
- ❍ No (2)

Q10 Have you taken a multicultural course(s) in your current program?
- ❍ Yes (1)
- ❍ No (2)

Q11 Have you taken a multicultural course in your current program which was focused

on a special population?
- ❍ Yes (1)
- ❍ No (2)

Q12 Would you like more multicultural courses offered on special populations in your

current program?
- ❍ Yes (1)
- ❍ No (2)

Q13 Do you have a mentor who is influential in your continued development of

multicultural competence?
- ❍ Yes (1)
- ❍ No (2)

Q14 Do you have a supervisor who is influential in your continued development of

multicultural competence?
- ❍ Yes (1)
- ❍ No (2)

Q15 Do you have a professor who is influential in your continued development of

multicultural competence?
- ❍ Yes (1)
- ❍ No (2)

Q16 Do you have peer who is influential in your continued development of multicultural

competence?
- ❍ Yes (1)
- ❍ No (2)

Q17 Do you have another person not previously listed who is influential in your

continued development of multicultural competence?
- ❍ Yes (1)
- ❍ No (2)

APPENDIX E

VIGNETTE QUESTIONNAIRE

Vignettes

<u>Client #1</u>

The client is a 20-year-old African American female who was admitted to an inpatient substance abuse treatment facility as a condition of her probation officer placing her there. The client has an adolescent history of placements in and out of residential treatment facilities due to multiple delinquent behaviors, including truancy, running away, substance abuse, and other acting out behaviors that interfered with her ability to function appropriately in her home, school, and community environments. Upon admissions and during completion of the assessment process for the treatment facility, the client revealed that her history included having been sexually abused as a young child. As a result of this information, the client was referred for additional counseling services to address the history of sexual abuse.

When you initially meet with the client to begin providing counseling services, the client revealed that she had been sexually abused as a child, starting around 6 or 7 years old by her older brother. The client identified that she has struggled with this issue and feels that it has impacted the way she feels about herself. She acknowledged that her parents and other family members do not know because she has not been able to talk openly about the abuse. The client expressed that she is very close to her family, including her older brother, and feels conflicted about how to deal with this issue, as she wants them to be a part of her support system for the substance abuse treatment.

Additional information: The client obtained her G.E.D. and started attending a trade school when she was 19 years old. However, she did not complete the trade school program.

Client #2

      The client is a 32-year-old African American female and mother of three children, ages 16, 6, and 5 years old. She has a 15-year history of substance abuse, including extensive drug and alcohol use. The family has a long history of social service involvement, with both founded and unfounded cases. The client is currently not at all receptive to any volunteer social service programs or working with "white" counselors in any capacity. However, she is facing a situation of needing to comply with substance abuse treatment or risk having her children involuntarily removed from her custody. The client had prior strong family support, but currently has limited family support due to her recent confrontation of her uncle who she says sexually abused her for many years as a child. Her family blames her accusations on her substance abuse problem.

      The client is currently attending an outpatient substance abuse treatment program, with very inconsistent attendance. She has been placed on a waiting list and has been given 2 weeks to make arrangements for her children. The client's 16-year-old son has a history of behavior problems both at home and at school; however, he has been in no legal trouble.

      Additional information: The client is currently unemployed and has no consistent work history. She also does not have high school diploma.

Client #3

      The client is a 49-year-old African American female who has recently come in for counseling following a situation in which she was sexually assaulted by a person she was acquainted with. As the client begins to open up to you about her recent sexual assault, she also explains to you that she found out about 3 years ago that she was HIV positive and has been trying to cope with her new status since. She discloses that she has been somewhat withdrawn from her family and friends, because of fear that they will find out about her HIV status. She has, however, recently begun to go out to social gatherings

with a new set of friends. It was during one of these gatherings that she was sexually assaulted. The client begins to talk about the assault and says that it instantly took her back to her childhood when she was sexually assaulted by a neighbor boy.

The client expresses that she never forgave herself for trusting the neighbor boy, and now she has trusted the wrong person again. She disclosed that she used drugs and alcohol for many years as an adult trying to forget about how she felt during that time, and now she is struggling to stay sober again.

She goes on to tell you that she was a functioning addict in the past, who held a cashiering job with no benefits for many years. As a result, she did not have adequate medical coverage so she was unable to regularly go to the doctor or receive mental health counseling, and she was only able to attend AA/NA groups for help with her drug and alcohol use. It was during one of the meetings 3 years ago that she learned about HIV/AIDS free testing and decided to take the test.

Additional information: The client has received some mental health and medical assistance through the local HIV/AIDS foundation.

Vignette Questions

1. What are the implications for counseling this client? What factors need to be considered?

2. Discuss the relevance of counselor awareness, knowledge, and skills with this client.

3. Is there a specific theoretical approach you would take with this client?

APPENDIX F

STRUCTURED OPEN-ENDED INTERVIEW

QUESTIONNAIRE

The questionnaire used for the interviews will include the following open-ended questions:

- What are your prior experiences working with African American women?

    o   Describe how your prior experience has helped prepare you for working with African American women as a counselor.

    o   Describe the awareness, knowledge, skills, and advocacy abilities you brought into the counselor education program concerning working with African American women.

- Describe the multicultural training you received in the counselor education program you are currently completing.

    o   Describe your multicultural competence (awareness, knowledge, skill, advocacy)

- Describe the training you received in the counselor education program to use assessment tools to identify specific needs such as histories of childhood sexual abuse and addiction.

- Describe the multicultural training you received in the counselor education program to work specifically with issues of childhood sexual abuse.

    o   Describe your awareness, knowledge, skills, and advocacy with counseling African American women with histories of childhood sexual abuse.

- Describe the multicultural training you received in the counselor education program to work specifically with issues of substance abuse.

    o   Describe your awareness, knowledge, skills, and advocacy with counseling African American women with histories of substance abuse.

- Describe the multicultural training you received in the counselor education program to work specifically with African American women.

  o Describe specifically how the multicultural training you received in the counselor education program will assist with your awareness, knowledge, and skills to counsel and advocate for African American women with dual diagnoses of childhood sexual abuse and substance abuse.

- Describe any areas of multicultural knowledge and skills you feel you are lacking in working with African American women.

  o Describe any areas of multicultural awareness, knowledge, skills, and advocacy you feel you are lacking in working with African American women with dual diagnoses of childhood sexual abuse and substance abuse.

- Discuss how likely you are to be working with African American women in the future.

  o Describe the population, setting, purpose, and your role

  o Describe your comfort with your multicultural competence, and using your multicultural awareness, knowledge, skills, and advocacy abilities gained in the counselor education program to work with African American women in the future.

- Describe what role supervision (faculty and site) has played in your multicultural competence.

  o Describe the benefits of the supervision you have received in regards to your multicultural competence.

  o Describe the limitations of the supervision you have received in regards to your multicultural competence.

- Describe what you need from a supervisor to continue to develop multicultural competencies to work effectively with African American women in the future (awareness, knowledge, skill and advocacy).

REFERENCES

African American. (n.d.). In *Merriam-Webster's online dictionary*. Retrieved November 20, 2012 from http://www.merriam-webtser.com/dictionary/african%20american

Amaro, H., Larson, M. J., Gampel, J., Richardson, E., Savage, A. & Wagler, D. (2005). Racial/ethnic differences in social vulnerability among women with co-occurring mental health and substance abuse disorders: Implications for treatment services. *Journal of Community Psychology, 33*, 495-511. doi: 10.1002/jcop.20065

American Counseling Association. (2005). *ACA code of ethics*. Alexandria, VA: Author. Retrieved January 10, 2012, from http://www.counseling.org/Resources/aca-code-of-ethics.pdf

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). Washington, DC: Author.

American Psychological Association (2002). *Ethical principles of psychologists and code of conduct including 2010 amendments.* Retrieved February 9, 2012, from http://www.apa.org/ethics/code2002.html

Anderson, K. M., & Hiersteiner, C. (2007). Listening to the stories of adults in treatment who were sexually abused as children. *Families in society: the Journal of Contemporary Social Services, 88*, 637-644. doi: 10.1606/1044-3894.3686

Arredondo, P., & Arciniega, G. M. (2001). Strategies and techniques for counselor training based on the multicultural counseling competencies. *Journal of Multicultural Counseling and Development, 29*, 263-273. doi: 10.1002/j.2161-1912.2001.tb00469.x

Arredondo, P., & Glauner, T. (1992). Personal dimensions of identity model. Boston, MA: Empowerment Workshops, Inc.

Arredondo, P. M., Toporek, R., Brown, S., Jones, J., Locke, D. C., Sanchez, J., & Stadler, H. (1996). *Operationalization of the multicultural counseling competencies*. Alexandria, VA: AMCD.

Arthur, N., & Achenbach, K. (2002). Counselor preparation: Developing multicultural counseling competencies through experiential learning. *Counselor Education and Supervision 42*, 2-14. doi: 10.1002/j.1556-6978.2002.tb01299.x

Association for Assessment in Counseling (AAC). (2003). *Standards of multicultural assessment*. Retrieved January 6, 2013, from http://aac.ncat.edu/Resources/documents/STANDARDS%20FOR%20MULTICULTURAL%20ASSESSMENT%20FINAL.pdf

Association for Counselor Education and Supervision (ACES). (1990). *Standards for counseling supervisors*. Retrieved January 9, 2012, from http://files.acesonline.net/doc/aces_stds_for_counseling_supervisors_jcdv69n1-1.pdf

Association for Counselor Education and Supervision (ACES). (1993). *Ethical guidelines for counseling supervisors*. Retrieved January 9, 2012 from http://files.acesonline.net/doc/ethical_guidelines.htm

Association for Multicultural Counseling & Development (AMCD). (1996). *Multicultural counseling competencies.* Retrieved January 9, 2012, from http://www.counseling.org/resources/competencies/ multcultural_competencies.pdf

Barnyard, V. L., Williams, L. M., Siegel, J. A. & West, C. M. (2002). Childhood sexual abuse in the lives of Black women: Risk and resilience in a longitudinal study. *Women & Therapy, 25*(3-4), 45-58. doi: 10.1300/J015v25n03_04

Bernard, J. M., & Goodyear, R. K. (2004). *Fundamentals of clinical supervision* (3rd ed.). Boston, MA: Pearson.

Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Retrieved March 15, 2013 from http://www.cdc.gov/violenceprevention/pdf/nisvs_report2010-a.pdf

Blankenship, K. M., Smoyer, A. B., Bray, S. J., & Mattocks, K. (2005). Black-White disparities in HIV/AIDS: The role of drug policy and the corrections system. *Journal of Health Care for the Poor and Underserved*, *16*(4, Supplement B), 140-146. doi: 10.1353/hpu.2005.0110

Boysen, G. A., & Vogel, D. L. (2008). The relationship between level of training, implicit bias, and multicultural competency among counselor trainees. *Training and Education in Professional Psychology, 2*, 103-110. doi: 10.1037/1931-3918.2.2.103

Brazelton, J. F. (2010). *African American women looking back: Making meaning of the disclosure process of incest survivors across the life course* (Doctoral dissertation). Retrieved from ProQuest Dissertations and Theses database. (UMI No. 3432702)

Brown, V. B., & Melchior, L. A. (2008). Women with co-occurring disorders (COD): Treatment settings and service needs. *Journal of Psychoactive Drugs, 40*, 365-376. doi: 10.1080/02791072.2008.10400664

Bryant-Davis, T., Chung, H., & Tillman, S. (2009). From the margins to the center: Ethnic minority women and the mental health effects of sexual assault. *Trauma, Violence, & Abuse, 10*, 330-357. doi:10.1177/1524838009339755

Buchanan, N. T., & Ormerod, A. J. (2002). Racialized sexual harassment in the lives of African American women. *Women & Therapy, 25*(3-4), 107-124. doi: 10.1300/J015v25n03_08

Campbell, R., Greeson, M. R., Bybee, D., & Raja, S. (2008). The co-occurrence of childhood sexual abuse, adult sexual assault, intimate partner violence, and sexual harassment: A mediational model of posttraumatic stress disorder and physical health outcomes. *Journal of Consulting and Clinical Psychology, 76*, 194-207. doi: 10.1037/0022-006X.76.2.194

Carroll, J. J., & Baruth, K. E. (2002). Perceptions of the impact of childhood relationships among chemically dependent women. *Journal of Teaching in the Addictions, 1*(2), 7-25. doi: 10.1300/J188v01n02_03

Cates, J. T., Schaefle, S. E., Smaby, M. H., Maddux, C. D. & LeBeauf, I. (2007). Comparing multicultural with general counseling knowledge and skill competency for students who completed counselor training. *Journal of Multicultural Counseling and Development, 35*, 26-39. doi: 10.1002/j.2161-1912.2007.tb00047.x

Center for Substance Abuse Treatment. (2006). *Definitions and Terms Relating to Co-Occurring Disorders* (COCE Overview Paper 1). Rockville, MD: Substance Abuse and Mental Health Services Administration, and Center for Mental Health Services. Retrieved November 14, 2012 from http://store.samhsa.gov/shin/content//PHD1130/PHD1130.pdf

Chae, M. H., Foley, P. F. & Chae, S. Y. (2006). Multicultural competence and training: An ethical responsibility. *Counseling and Clinical Psychology Journal, 3*, 71-80. Retrieved from http://www.psychologicalpublishing.com/

Collins, C. E., Whiters, D. L., & Braithewaite, R. (2007). The Saved Sista Project: A faith-based HIV prevention program for Black women in addiction recovery. *American Journal of Health Studies, 22*, 76-82. Retrieved from http://www.va-ajhs.com/

Comstock, D. L., Hammer, T. R., Strentzsch, J., Cannon, K., Persons, J. & Salazar, G., II. (2008). Relational-cultural theory: A framework for bridging relational, multicultural, and social justice competencies. *Journal of Counseling & Development, 86*, 279-287. doi: 10.1002/j.1556-6678.2008.tb00510.x

Constantine, M. G. (2001). The relationship between general counseling self-efficacy and self-perceived multicultural counseling competence in supervisees. *Clinical Supervisor, 20*(2), 81-90. doi: 10.1300/J001v20n02_07

Constantine, M. G., Hage, S. M., Kindaichi, M. M., & Bryant, R. M. (2007). Social justice and multicultural issues: Implications for the practice and training of counselors. *Journal of Counseling & Development, 85*, 24–29. doi: 10.1002/j.1556-6678.2007.tb00440.x

Council for Accreditation of Counseling and Related Educational Programs. (2009). *CACREP 2009 standards*. Alexandria, VA: Author. Retrieved January 10, 2012 from http://www.cacrep.org/doc/2009%20Standards%20with%20cover.pdf

Covington, S. S. (2008). Women and addiction: A trauma informed approach. *Journal of Psychoactive Drugs, 40*, 377-385. doi: 10.1080/02791072.2008.10400665

Crethar, H. C., Torres-Rivera, E., & Nash, S. (2008). In search of common threads: Linking multicultural, feminist, and social justice counseling paradigms. *Journal of Counseling & Development, 86*, 269-278. doi: 10.1002/j.1556-6678.2008.tb00509.x

Davis, R. E., Mill, J. E., & Roper, J. M. (1997). Trauma and addiction experiences of African American women. *Western Journal of Nursing Research, 19*, 442-465. doi: 10.1177/019394599701900403

Davis, T. A. (2011). *Removing a barrier to widen the door to recovery: Working alliance development with African American women substance abusers* (Doctoral dissertation). Retrieved from ProQuest Dissertations and Theses database. (UMI No. 3480297)

DeRicco, J. N., & Sciarra, D. T. (2005). The immersion experience in multicultural counselor training: Confronting covert racism. *Journal of Multicultural Counseling & Development, 33*, 2-16. doi: 10.1002/j.2161-1912.2005.tb00001.x

Donovan, R., & Williams, M. (2002). Living at the intersection: The effects of racism and sexism on Black rape survivors. *Women & Therapy, 25*(3-4), 95-106. doi: 10.1300/J015v25n03_07

Fargo, J. D. (2009). Pathways to adult sexual revictimization: Direct and indirect behavioral risk factors across the lifespan. *Journal of Interpersonal Violence, 24*, 1771-1791. doi: 10.1177/0886260508325489

Filipas, H. H., & Ullman, S. E. (2006). Child sexual abuse, coping responses, self-blame, posttraumatic stress disorder, and adult sexual revictimization. *Journal of Interpersonal Violence, 21*, 652-672. doi: 10.1177/0886260506286879

Gardner, R. M. (2002). Cross cultural perspectives in supervision. *Western Journal of Black Studies, 26*, 97-106. Retrieved from http://public.wsu.edu/~wjbs/

Garrett, M. T., Borders, L. D., Crutchfield, L. B., Torres-Rivera, E., Brotherton, D., & Curtis, R. (2001). Multicultural supervision: A paradigm of cultural responsiveness for supervisors. *Multicultural Counseling and Development, 29*, 147-158. doi: 10.1002/j.2161-1912.2001.tb00511.x

Green, C. A. (2006). Gender and use of substance abuse treatment services. *Alcohol Research and Health, 29*, 55-62. http://www.niaaa.nih.gov/

Hays, D. G., & Wood, C. (2011). Infusing qualitative traditions in counseling research designs. *Journal of Counseling & Development, 89*, 288-295. doi: 10.1002/j.1556-6678.2011.tb00091.x

Hendrickson, S. P. (1992). Women's voices: A guide for listening to chemically dependent women. *Women & Therapy, 12*(1-2), 73-85. doi: 10.1300/J015V12N01_06

Hill, T. D., Kaplan, L. M., French, M. T. & Johnson, R. J. (2010). Victimization in early life and mental health in adulthood: An examination of the mediating and moderating influences of psychosocial resources. *Journal of Health and Social Behavior, 51*(1), 48-63. doi:10.1177/0022146509361194

Hipolito-Delgado, C. P., Cook, J. M., Avrus, E. M. & Bonham, E. J. (2011). Developing counseling students' multicultural competence through the Multicultural Action Project. *Counselor Education & Supervision, 50*, 402-421. doi: 10.1002/j.1556-6978.2011.tb01924.x

Illinois Department of Human Services. (2012). *Facts about addiction.* Retrieved October 25, 2012, from http://www.dhs.state.il.us/page.aspx?item=31787.

Jackson, C. D. (2008). *African American women, childhood sexual abuse, resilience, and HIV risks: Implications for a culturally sensitive counseling model* (Doctoral dissertation). Retrieved from ProQuest Dissertations and Theses database. (UMI No. 3320159)

Johnson, H. D., & Young, D. S. (2002). Addiction, abuse, and family relationships: Childhood experiences of five incarcerated African American women. *Journal of Ethnicity in Substance Abuse, 1*(4), 29-47. doi: 10.1300/J233v01n04_02

Kallstrom-Fuqua, A. C., Weston, R., &Marshall, L. L. (2004). Childhood and adolescent sexual abuse of community women: Mediated effects on psychological distress and social relationships. *Journal of Consulting and Clinical Psychology, 72*, 980-992. doi: 10.1037/0022-006X.72.6.980

Kassebaum, P. A. (1999). *Substance abuse treatment for women offenders: Guide to promising practices*. Retrieved December 8, 2011, from http://store.samhsa.gov/product/TAP-23-Substance-Abuse-Treatment-for-Women-Offenders-Guide-to-Promising-Practices/SMA08-3929

Kelly, K., & Empson, G. (2000). Advocating for women in the criminal justice and addiction treatment systems. In J. Lewis & L. J. Bradley (Eds.), Advocacy in counseling*: Counselors, clients, & community* (pp. 153-157). Greensboro, NC: ERIC Counseling and Student Services Clearinghouse. Retrieved from ERIC database. (ED435904)

Matthews, C. R., & Lorah, P. (2005). An examination of addiction treatment completion by gender and ethnicity. *Journal of Addictions and Offender Counseling, 25*, 114-125. doi: 10.1002/j.2161-1874.2005.tb00197.x

McClain, A. (2001). *Estimating the effects of empowerment on Black women's psychological well being* (Doctoral dissertation). Retrieved from ProQuest Dissertations and Theses database. (UMI No. 3021587)

McGuigan, W. M., & Middlemiss, W. (2005). Sexual abuse in childhood and interpersonal violence in adulthood: A cumulative impact on depressive symptoms in women. *Journal of Interpersonal Violence, 20*, 1271-1287. doi: 10.1177/0886260505278107

McNair, L. D. (1992). African American women in therapy: An Afrocentric and feminist synthesis. *Women & Therapy, 12*(1-2), 5-19. doi:10.1300/J015V12N01_02

Meade, C. S., Kershaw, T. S., Hansen, N. B. & Sikkema, K. J. (2009). Long-term correlates of childhood abuse among adults with severe mental illness: Adult victimization, substance abuse, and HIV sexual risk behavior. *AIDS and Behavior, 13*, 207-216. doi: 10.1007/s10461-007-9326-4

Miller-Clayton, A. K. (2010). *Effects of sexual abuse and cultural coping on African American parent-child relationships: Implications for intervention* (Doctoral dissertation). Retrieved from ProQuest Dissertations and Theses database. (UMI No. 3425838)

National Center on Substance Abuse and Child Welfare. (2012). *Research, fact sheet and statistics*. Retrieved January 23, 2013, from http://www.ncsacw.samhsa.gov/resources/resources-research.aspx

Nelson, M. L., Gizara, S., Hope, A. C., Phelps, R., Steward, R., & Weitzman, L. (2006). A feminist multicultural perspective on supervision. *Multicultural Counseling and Development, 34*, 105-115. doi: 10.1002/j.2161-1912.2006.tb00031.x

Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage.

Pennington, L. E. (2005). *Comorbid childhood sexual abuse and substance abuse among women: Knowledge, training and preparedness of graduate counselor education and social work students* (Unpublished master's thesis). Louisiana State University, Baton Rouge.

Rape, Abuse, and Incest National Network. (2012). *Statistics: Who are the victims? Breakdown by gender and age*. Retrieved March 5, 2012, from http://www.rainn.org/get-information/statistics/sexual-assault-victims

Rhodes, R. & Johnson, A. (1997). A feminist approach to treating alcohol and drug-addicted African-American women. *Women & Therapy, 20*(3), 23-37. doi: 10.1300/J015v20n03_02

Ridley, C. R., & Shaw-Ridley, M. (2011). Multicultural counseling competencies: An analysis of research on clients' perceptions: Comment on Owen, Leach, Wampold, and Rodolfa (2011). *Journal of Counseling Psychology, 58*, 16-21. doi: 10.1037/a0022221

Robinson, T. L. (2000). Making the hurt go away: Psychological and spiritual healing for African American women survivors of childhood incest. *Journal of Multicultural Counseling & Development, 28*, 160-176. doi: 10.1002/j.2161-1912.2000.tb00343.x

Sanders, J. L. (2000). Advocating on behalf of African-American clients. In J. Lewis & L. J. Bradley (Eds.), *Advocacy in counseling: Counselors, clients, & community* (pp. 15-24). Greensboro, NC: ERIC Counseling and Student Services Clearinghouse. Retrieved from ERIC database. (ED435904)

Saulnier, C. F. (1996). Images of the twelve-step model, and sex and love addiction in an alcohol intervention group for Black women. *Journal of Drug Issues, 26*, 95-123. Retrieved from http://www2.criminology.fsu.edu/~jdi/

Stevens-Watkins, D., Perry, B., Harp, K., & Oser, C. (2012) Racism and illicit drug use among African American women: The effects of ethnic identity, affirmation, and behavior. *Journal of Black Psychology, 38*, 471–496. doi:10.1177/0095798412438395

Stone, R. D. (2004). *No secrets, no lies: How Black families can heal from sexual abuse*. New York, NY: Broadway Books.

Substance Abuse and Mental Health Services Administration. (2005). *Substance abuse and dependence among women: National survey of drug use and health*. Retrieved November 17, 2011, from http://www.samhsa.gov/data/2k5/women/women.htm

Substance Abuse and Mental Health Services Administration. (2010). S*ubstance use among Black adults: National survey of drug use and health*. Retrieved October 17, 2012, from http://oas.samhsa.gov/2k10/174/174SubUseBlackAdultsHTML.pdf

Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Multicultural Counseling & Development, 20*, 64-88. doi: 10.1002/j.2161-1912.1992.tb00563.x

Thompson, V. L. S., Akbar, M. D., & Bazil, A. (2002, August). *African-American's perceptions of psychotherapy and psychotherapists*. Paper presented at the annual meeting of the American Psychological Association, Chicago, IL. Abstract retrieved December 9, 2011, from http://eric.ed.gov/PDFS/ED470568.pdf

Tillman, S., Bryant-Davis, T., Smith, K. & Marks, A. (2010). Shattering silence: Exploring barriers to disclosure for African American sexual assault survivors. *Trauma, Violence,& Abuse, 11*, 59-70. doi:10.1177/1524838010363717

Turner, D. W., III. (2010). Qualitative interview design: A practical guide for novice investigators. *Qualitative Report, 15*, 754-760. Retrieved from http://www.nova.edu/ssss/QR/QR15-3/qid.pdf

U.S. Census Bureau (2010). *The Black population*. Retrieved December 22, 2011, from http://www.census.gov/prod/cen2010/briefs/c2010br-06.pdf

Utsey, S. O., Gernat, C. A. & Hammar, L. (2005). Examining White counselor trainees' reactions to racial issues in counseling and supervision dyads. *Counseling Psychologist, 33*, 449-478. doi: 10.1177/0011000004269058

Van Wormer, K. S., & Bartollas, C. (2000). *Women and the criminal justice system*. Needham Heights, MA: Allyn & Bacon.

Vereen, L. G., Hill, N. R. & McNeal, D. T. (2008). Perceptions of multicultural counseling competency: Integration of the curricular and the practical. *Journal of Mental Health Counseling, 30*, 226-236. Retrieved from http://www.amhca.org/news/journal.aspx

Wang, Y.-W. (2008). Qualitative research. In P. P. Heppner, B. E. Wampold, & D. M. Kivilighan, Jr. (Eds.), *Research design in counseling* (3rd ed., pp. 256-295). Belmont, CA: Thomson Brooks/Cole.

Washington, O. G. M., & Moxley, D. P. (2003). Group interventions with low-income African American women recovering from chemical dependency. *Health & Social Work, 28*, 146-156. doi: 10.1093/hsw/28.2.146

West, C. M. (2002). Battered black and blue: An overview of violence in the lives of Black women. *Women & Therapy, 25*(3), 5-27. doi: 10.1300/J015v25n03_02

White, D. G. (1985). *Ar'n't I a woman? Female slaves in the plantation South*. New York, NY: W. W. Norton.

Women of Color Network (2006). *Facts & Stats: Sexual Violence in Communities of Color*. Retrieved March 15, 2013 from http://womenofcolornetwork.org/docs/factsheets/fs_sexual-violence.pdf

Wyatt, G. E., Carmona, J. V., Loeb, T. B. & Williams, J. K. (2005). HIV-positive Black women with histories of childhood sexual abuse: Patterns of substance use and barriers to health care. *Journal of Health Care for the Poor and Underserved*, *16*(4, Supplement B)*,* 9-23. doi: 10.1353/hpu.2005.0120

Yancey, G. I. (2005). Recovery: An alternative to sterilization of chemically dependent women. *Journal of African American Studies, 9*(1), 43-56. doi: 10.1007/s12111-005-1015-7

Young, A. M., & Boyd, C. (2000). Sexual trauma, substance abuse, and treatment success in a sample of African American Women who smoke crack cocaine. *Substance Abuse, 21*, 9-19. doi: 10.1023/A:1007703800513