

Multicultural Counseling-a Review of the Literature: Findings and Recommendations

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Abstract: The importance of multicultural counseling has been widely recognized and discussed. Counselors must be aware of multiple cultures when dealing with multicultural clients. This paper focuses on an in-depth literature review of counseling effectiveness that can be improved by reviewing previous studies that historically analyzed multicultural counseling practices. More specifically, the literature review may frame findings from previous studies examining gaps in multicultural counseling competencies. Most of these studies are based on effectiveness definitions and competencies of cross-cultural counseling. So, this paper highlights the competencies of multicultural counseling in the world, identifying strengths, weaknesses and challenges using a narrative literature review method in order to continue to make meaningful contributions to the profession, bridge gaps and begin to develop a strong competency base for the future of MCC. In addition to some recommendations that deserve further research for future studies.

Keywords: Adaptive models; Measurement; Multicultural counseling competencies; Process-oriented models; Skill-based models; Training

INTRODUCTION

The early 1970s, we realized an increase in both literature and graduate training programs that address the need to develop multicultural counseling. Experimental research on MCCs has increased steadily over the past 20 years, and the main direction of publication for research on experimental multicultural counseling competencies was between (1982-2005).

In April 1991, the Association for Multicultural Counseling and Development (AMCD) approved a document outlining the need and rationale for a multicultural perspective in counseling. The work of the Professional Standards Committee has gone much further in proposing multicultural counseling competencies 31 and has strongly encouraged the American Association for Counseling and Development (AACD) and the counseling professions to adopt these competencies in accreditation standards. The hope was that competencies would eventually become a standard for curriculum reform and paraprofessional training. (Su et al., 1992, 477-478).

In the intervening years since the publication of this seminal work, the vast majority of counseling psychology programs have incorporated the model into graduate training (Constantine & Ladany, 2001), and meta-analytic research has shown that multicultural education produces positive outcomes related to MCC (Smith et al., 2006). In the early 1970s we saw an increase in both literature and graduate training programs addressing the need to develop multicultural counseling. Empirical research on MCCs has increased steadily over the past 20 years, and the main direction of publication has been research into the competencies of multicultural experiential counseling between (1986-2005). (Worthington et al., 2007).

Several studies have been conducted: Worthington et al. (2007), Wiley and Davis (2007), Bathji (2010), Bardeen et al. (2014), Chu et al. (2016); and Peng, Agha (2017) and others: 20-year content analyzes of cross-cultural counseling competencies. Through the results, they concluded the importance of the information provided about multicultural counseling and about the necessary characteristics of the counsellor, but they also reported that the methods used to produce empirical research on MCCs are narrow and mostly descriptive with samples that were not appropriate in this field, which limited the possibility of generalization of the results, and that the scientists in The field faces many formidable challenges of conceptualizing an integrated architecture (definition and models) as there is still a lot of confusion, mainly because the structure is still not defined especially in relation to the lack of skills in dealing with culturally diverse clients. Thus they emphasized it in order to develop multicultural consulting competencies.

Unfortunately, studies in the Arab world are almost rare on this issue of multicultural counseling, as well as on the efficiency of multicultural counseling. Moreover, in Lebanon, academic studies do not include this subject at all, and

universities do not offer to teach this subject, and the trainings provided to therapists and psychological counselors is devoid of multicultural counseling, despite the presence of diverse cultures in Lebanon, especially after the large displacement from neighboring countries due to wars and better livelihood..

The problem that hinders the practice and development of multicultural consulting locally and globally may lie in the lack of knowledge of its importance and the ambiguity that dominates the definitions and limitations of models of competence. Therefore, it is important to build the research base and continue to demonstrate the importance of MCC and cultural factors in both the process and outcome of multicultural counseling.

Thus, we need adequate studies on the subject, theoretically and on the ground, in order to integrate minorities to a much greater extent than the mainstream society and to achieve effective treatment.

It is important to note that the literature review is for knowledge and for the purpose of shaping new ground, for development it is necessary to evaluate and examine weaknesses, strengths and progress in the field. We therefore go back to many studies from the early 1990s to the present to establish the importance of the competence of multicultural counseling as well as the prevalence and entrenchment of these problems and limitations in our thinking. Where we will begin by reviewing the literature on definitions and models of the competency of multicultural counseling, mentioning its problems and limitations, then presenting and discussing the most important findings, and finally the conclusion and recommendations.

LITERATURE REVIEW

The following literature review has addressed the professional development of multicultural definitions and competencies.

1. First Theme: Definitions

Multiculturalism has been broadly defined at times and equated with diversity, which includes dimensions of race, ethnicity, language, sexual orientation, gender, age, disability, class status, education, religious/spiritual orientation, and other cultural dimensions (APA 2003).

It was defined by Atkinson and Lowe (1995), this category “refers to counselor responses that acknowledge the existence of, show interest in, demonstrate knowledge of, and express appreciation for the client’s ethnicity and culture and that place the client’s problem in a cultural context” (402).

Multicultural counseling competence (MCC) is defined by Sue (2001) as obtaining the awareness, knowledge, and skills to work with people of diverse backgrounds in an effective manner. The focus in Sue's (2021) definition is mainly on racial and ethnic groups, although multicultural competence also applies to other aspects of diversity, such as language, sexual orientation, gender, age, disability, class status, education, religious/spiritual orientation, and other cultures. Dimensions (Bathji, 2010, 9).

If we attempt to summarize the definitions of multicultural counseling, it is characterized by the practice of counseling that provides effective interventions for culturally diverse clients. It is a type of counseling where a therapist addresses the struggles of a client whose race, gender, socioeconomic background, religion, or any other part of their identity does not fit with the majority. Multicultural counseling is a term used to describe a specific type of counseling practice that recognizes how different aspects of a patient's cultural identity affect their mental health.

For the competent multicultural mentor as a counselor, he is also someone who actively attempts to understand the worldviews of his or her own culture differently across clients without negative judgments, as well as to develop and practice appropriate, relevant and sensitive intervention strategies and business skills that are appropriate to the diversity of cultures (Ping & Aga Mohd Jaladin, 2017; Aga Mohd Jaladin, 2011; Barden et al. (2014). It also aims to develop cross-cultural counseling competencies that can be enhanced through engagement with people from different backgrounds (Ridley et al., 2001,507).

Previous studies have indicated that many definitions of multicultural counseling competency do not explain its purpose. (Su et al., (1992). Sue (2001) asserted that proponents of cultural competence themselves tend to “fail to provide guidance

for practice, education, training, and research" (791). Without a clear objective, statements about the significance of a building may be unconvincing, and an adequate definition of a structure is impossible.

The literature on the efficacy of multicultural counseling usually indicates its existence for two reasons: to improve the quality of intercultural relationships or to facilitate therapeutic change (Ridley et al., 2001). However, most definitions do not explicitly state the reason in favor of the authors, so interested readers should make a guess from the text why the construction is named.

Ridley et al. (2001) suggests that the ultimate goal of multicultural counseling competence is therapeutic change, and thus definitions should state this explicitly. Although effective intercultural relationships are important in therapy, they are not the only goal. The Therapeutic Alliance is a tool intended to facilitate the higher goal of therapeutic change.

Ridley et al. (2001) also identified ten notable problems with the many definitions of multicultural counseling competence in the literature, which we note in these points:

- a. Purpose is not clear: Although the definitions make it clear what clinicians need to do, the superior nature of the competency of multicultural counseling remains poorly understood. Thus, there is no good reason to follow these instructions;
- b. The general/cultural-specific divide: There has been significant disagreement over whether the competency of cross-cultural counseling is culturally general or culturally specific, or a combination of the two perspectives. (Ivers et al. (2016);
- c. Exchange of terms: Some of the common terms used synonymously with multicultural counseling competence are: cultural sensitivity, cross-cultural effectiveness, cultural competence, cultural experience, cultural competence, cultural relevance, cultural responsiveness, multicultural therapy competence, and cultural appropriateness (American Psychological Association (APA), 2017; Barden et al., 2017; Ivers et al., 2016; Sue, 2001). This makes the current purpose of the construct unclear in the literature. This confusion of terms is an easy mistake, and the result is many combinations of indefinite meanings;
- d. Confusion between competence and specialization: The misuse of the terms efficiency and competence has not been addressed in the literature(Owen, Leach, et al., 2011). We take the position that competence is the identification, facilitation, evaluation and sustainability of desired outcomes, whereas competence is a demonstrable component of competence (Lee et al., 2007; Ridley et al., 2011);
- e. Lack of integration: lack of integration between the components of the building. Multicultural competence is the set of skills, knowledge (cognitive component), attitudes (affective or affective component), and skills (behavioral component) that an individual uses to communicate effectively and conflict-free with members of different cultures, nationalities, ethnicities, and races. (Hladek, 2016, pp. 42-43), and counselors must or should be culturally self-aware, and manage the cultural transformation of the client;
- f. Undefined: Is it useful if it is undefined? Although the phrase cross-cultural counseling competency and its variants appears widely in the literature, explicit definitions of the construct are often conspicuous by its absence.. That Su et al. definitions serve as a conceptual basis for the models. Therefore, before constructing or referring to a model, scientists need to identify the entity they are purported to model. Otherwise, they are building on volatile ground;
- g. Ambiguity: Is this or that or something else? A construction is ambiguous if more than one meaning can be assigned based on context or if the appropriate meaning is not clear in a given context (Halpern, 2014). Occult literature forces readers to guess the author's intended meaning among many possibilities. Definitions must be carefully scrutinized to avoid unintended interpretations;
- h. Shuffle: Wait! Does the meaning change in the same text? Sometimes the change is so subtle that readers and authors themselves are oblivious to the change. Subtle changes in theoretical writings can be difficult to detect, especially when scholars in the field are still trying to determine the meaning of the construction;
- i. Circular Reasoning: Can it recognize itself? Current literature emphasizes the importance of cultural competence, and urges practitioners to use culturally competent skills and knowledge in order to prevent under-exploitation and

premature termination of services by members of minority groups. If practitioners do not incorporate culturally competent skills and knowledge into their assessments, diagnosis, and treatment, many minority patients will fall victim to the "culturally enveloped" practitioner. Using a form of word to define competence fails to add meaning;

- j. The difference: is it personal, skill or practical? Make different assumptions about the nature of multicultural counseling competency. The difference is annoying in contrast to the problem of idiomatic exchange noted earlier. Here, scholars use the same vocabulary, but they define words in completely different ways.

Barden et al (2017) found that multicultural competence is "of paramount importance" for counselors, stating that "professional counselors need to be aware of cultural values, be aware of their own cultural background and personal biases, and be able to integrate culturally appropriate" and interventions in their work with everyone. clients" (p. 203). Although the definitions announce what clinicians are required to do, the hyper-competent nature of multicultural counseling remains loose-knit, and thus, there is little reason to follow these instructions.

2. Second Theme: The main competencies:

Sue (1982) indicated that there is a need to push for new approaches to counseling that are more culturally appropriate. He recognized that minority experiences were analyzed from a Eurocentric point of view, and that this field needed global competencies that all multicultural consultants should have. Sue et al identified the three broad areas of competence. (1982): (a) beliefs and attitudes, (b) knowledge, (c) skills. More recently, these areas of competence have been developed in more detail by Sue, Arredondo, and McDavis (1992) to include (a) counselors' awareness of their own assumptions, values, and biases; (b) understanding the worldview of a culturally different customer; and (c) developing appropriate intervention strategies and methods.

● beliefs/attitudes ● knowledge ● skills

Beliefs/Attitudes 1. Counselors are culturally aware, sensitive to their ethnicity and appreciative of other cultures. 2. They are aware of their own biases and are comfortable with their differences from their clients. 3. Every consultant has his own implicit biases, even if he is highly competent and multicultural.

Knowledge 1. Counselors must have a thorough understanding of the social and political system, especially how it treats minorities. 2. They should have specific knowledge of the specific group they are working with, and be aware of the institutional barriers that prevent minorities from using mental health services

Skills ● Counselors must be able to generate, send and receive a variety of verbal and non-verbal responses. ● They should be able to analyze and evaluate the degree to which their distinctive background influences their professional and personal life experiences.

Then in the light of the above analysis and discussion, the Standards Committee of the AMCD (Association for Multicultural Counseling and Development) made the following recommendations which require the following actions.

- a. Consistent with professional, objective standards It is worth "Promoting and encouraging the highest standards of ethical and professional behavior for multicultural counseling and development" - (Strategic Plan of the Association for Consulting and Multicultural Development, 1990, p. 6),
- b. We ask the governance and leadership of the AACD (American Association for Counseling and Development) to actively support the proposed ethics knowing that there will be further revisions, revisions, and extensions. These competencies can set the pace for the profession because they are based on the realities of culturally diverse groups.
- c. We further suggest that AMCD and AACD immediately establish a mechanism advocating for the adoption of these competencies in accreditation standards to eventually become the standard for curricular reform in graduate schools for counseling and other allied professions. It may be useful to hold a small conference dedicated to developing strategies for implementing standards and competencies.
- d. A change in regulations and ethical standards may be meaningless unless the goals of multiculturalism are put into practice.

We propose that the AMCD play a proactive role in conducting a critical analysis of how the AACD can transform into a multicultural organization. This may necessitate a change in the structure of the organization. However, we are aware of the difficulty inherent in this task, but we believe that such measures are well worth the effort. In conclusion, we urgently appeal to the leadership of the AACD and all of its departments to consider integrating multiculturalism across organizations. We hope that this commitment will be reflected in the education, training, research, and practice of consultants everywhere. Multiculturalism is inclusive of all people and groups, and continuing to deny its broad impact and importance is to deny social reality.

Recently, Huey et al. showed (2014) a great view through sorting previous forms into three main groups: (a) skill-based models, (b) adaptive models, and (c) process-oriented models, which have become the most widely used globally:

a. Skills-Based Model:

One notable example of a skill-based model is the triangular model presented in two notable articles (Sue et al., 1982; Sue et al., 1992). The authors identified three characteristics of the clinician: beliefs, attitudes, knowledge, and skills. Consultants need to be aware of their assumptions, values, and biases. They must be aware of their clients' culture and context, and they must interact appropriately with their clients and apply culturally appropriate interventions. Each of these characteristics is an integral part of what it means to qualify as a multicultural consultant.

b. Adaptive Model:

An adaptation model was considered as a systematic modification of an intervention to be compatible with the cultural patterns, meanings, and values of clients. Its framework contains eight major dimensions for adapting existing services, such as language, metaphors, and context. Castro and others. (2010). It is about adapting established psychotherapy to meet the cultural needs of clients. Methods for "service delivery, therapeutic process, or treatment components" (Huey et al., 2014, p. 308) are aspects of interventions that may need to change.

c. Process Oriented Models:

Among the most important theorists whose ideas this model represents are Lopez (1997) and Sue (1998). Lopez used the phrase "changing cultural lenses," which refers to a counselor's ability to shift between different perspectives—the client's cultural view, the client's individual view, and his or her own clinical view. According to Huey et al. (2014), the goal is to "access and integrate the client's cultural perspective with that of the clinician" (p. 309). S. Sue used the phrase "dynamic scaling," which is the therapist's ability to generalize or customize therapy to suit clients. The task will be continuous throughout the treatment period.

Ridley et al (2021) discuss limitations across models. Each of the three paradigms contributed to our understanding of how to apply multicultural counseling competency. However, they also share common limitations, which are comparable to the drawbacks of GPS systems. They identify six limitations across the three models that hinder the usefulness of the models:

- a. The assumption of orthogonality and independence. Each type of model presents itself as sufficient to demonstrate the competence of multicultural counseling. Separate representations indicate that other models do not represent the construction. So they advocate process integration across skills-based models, adaptation models, and process models. Correlation, rather than independence of the three models, will show this efficiency.(Normen, 2013);
- b. Descriptive, not estimative. Existing models of cross-cultural counseling competence tell counselors what to do as cross-cultural interveners, but generally do not teach them how to intervene (Ridley et al., 2001). Simply conveying these imperatives without guidance leads to guesswork, even for practitioners eager to pursue the competence of multicultural counseling. Without guidance about the steps to take, practitioners cannot evaluate their attempts to follow various imperatives against a given standard. The widely cited skill-based model of Sue et al. (1982, 1992) lacks this prescription. Although the model excels at naming the different components of cultural competence, it does not explain the application of the components or the nature of their interactions. (Ridley et al, 2001);
- c. Superficial integration of culture: Of the three main paradigms, adaptive paradigms particularly grapple with this issue. Resnicow et al. (1999) suggested that certain aspects of adaptation models are superficial structure, while others are deep structure. The use of racial and/or ethnic matching or translation materials represents an adaptation of the surface

structure. Considering how cultural values influence a client's perspective in therapy is a deeply adaptive structure. However, adaptive models are certainly not the only ones constrained by superficiality. In-depth embedding means that clinicians identify, interpret, and integrate cultural data relevant to the client's psychological presentations and clinical interactions with the client (Ridley et al., 2021). Incorporation should take place during all phases and aspects of counseling. This includes establishing a treatment alliance, diagnosis and evaluation, setting goals and planning treatment, and evaluating outcomes. Without these criteria, we have no basis for determining whether an application is a shallow or deep build.

- d. Oversimplification. Like many constructs in the social and behavioral sciences, the competency of cross-cultural counseling is complex. The complexity depends on two factors: (a) the presence of many constituent parts and (b) the different interactions between those components (Reschner, 1998). The greater the number of constituent components and the greater the interactions between them, the more complex the construction. For maximum benefit, models should include relevant components and interactions, while excluding extraneous components. Leaving out the critical components or interactions leads to an oversimplification of the true complexity of the build. An oversimplification is a limitation that extends, in part, from the previously mentioned limitation of orthogonality and assumed autonomy. Scholars who focus on a single perspective on cross-cultural counseling competency create models that lack relevant components suggested in other models. We need a model that captures the true complexity of multicultural counseling competency and incorporates the strengths of each perspective into its design.
- e. Gaps in the Design. Even when the models identify the components and interactions necessary for efficient multicultural counseling, they may still be flawed in design. The model may be complex, but what if there is an interruption in the clinical activities involved in the process? While oversimplification is a digital limitation, loose design is primarily an interactive limitation. The difference is that the oversimplified model has very few components and interactions, while the gaps in the design appear as disconnected interactions. Gaps lead to an inaccurate representation of the complex work of multicultural counseling competence. Adaptive models are an example of the limitations of incoherent design. Again, they adapt or modify established psychotherapy to accommodate clients. Well-established therapeutic approaches have fairly clear protocols, Leves assumes. Cognitive behavioral therapy is an example of this. For the most part, doctors don't have to think about how to proceed with their clients. However, there is a gap in the design. How do clinicians move from clearer protocols for well-established treatment directions to clearer protocols for adaptation? For the most part, the literature doesn't say. (Ridley et al., 525).
- f. Support inconclusive research. The psychological literature has increasingly emphasized correcting disparities in mental health, and cross-cultural counseling competency theories and models have attempted to achieve this goal by improving psychotherapy for marginalized groups. Unfortunately, research-supporting theories and models of multicultural counseling competency are inconclusive.

According to Huey et al. (2014), skill-based, process-oriented models have few controlled clinical trial studies. Of the three models, the adaptation model has the most extensive research (eg, Fung & Fox, 2014; Lau et al., 2011; Rosselló & Bernal, 1999; Rosselló et al., 2008), and this model shows the greatest promise. However, the evidence is far from convincing. According to Huey et al. (2014), studies of adaptation models have had mixed results. A meta-analysis of evidence-based therapies for ethnic minority youth found that "This finding contrasts with longstanding criticisms of the inappropriateness of traditional psychotherapies for minority clients (DeAngelis, 2015). On the other hand, several meta-analyses support the effectiveness of conditional interventions (Benish et al., 2011; Smith et al., 2011; Soto et al., 2018).

METHOD

There are three basic forms of literature reviews, namely narrative reviews, qualitative systematic reviews, and quantitative systematic reviews. Narrative review are useful teaching papers because they contain a lot of information in an understandable way. It is useful for giving an overview of a topic and frequently describing the history, development, or

management of a problem (Green et al., 2006). Frequently used as guidance papers to keep practitioners up-to-date, narrative review is easier to read and more understandable than systematic review.

The methodology of this paper is a narrative discourse reviewing multicultural how-to articles. This paper mentioned the Most Articles that dealt with theoretical and empirical research and were published between 1986 and 2021. We have adopted data-based research in MCCs in several ways:

1. We searched on the following terms: multicultural, counseling, counselor, competency, and models.
2. The source of the collected literature is mainly from accessible data which is shared in UPM and open sources like google scholar.
3. We searched the full tables of contents of the following journals for the time period under investigation: Journal of Community Psychology, The Counselling Psychologist, Journal of Mental Health Counselling, Journal of Counselling Psychology,
4. Journal of Multicultural Counseling and Development, Journal of Counseling and Development, Counseling and Values, Journal of Child and Family Studies, International Journal of Advanced Counseling, Journal of Community Mental Health...
5. We screened the reference lists of several major studies and reviews of the multicultural extension literature to identify potential candidates for inclusion (eg, Sue et al. 1992; Constantine & Ladany, 2001; Ridley et al. (2001); Worthington et al. (2007) Whaley & Davis (2007), Huey et al., 2014, Chu et al. (2016); (Sue et al., 1992, 483).

RESULT AND DISCUSSION

The focus of this literature review supports the purpose of our paper based on data collections. In the current paper, we focused on literature review of studies based on scientific evidence on data sets from previous research in particular: Sue et al. (1982, 1992, 1998), Ridley et al. (2001), Worthington et al (2007), ... After reviewing the literature and collecting data, and to get a specific topic, within this broad field, we decided to address: definitions and multicultural models because it represents the cognitive basis for the practice of competent multicultural counseling. In accordance with the topics of our study, we found that the literature review supports the two broad topics identified in our paper.

Several previous studies have indicated that definitions of multicultural counseling competence should clarify its purpose (Sue et al. , 1992), through setting Guidelines for practice, education, training and research, as well as defining a clear purpose, statements about the importance of construction, and an appropriate definition of the structure : Sue (2001,791), Ridley et al. (2001).

It could be more helpful if the terms of multicultural definitions are identified in a clear way. The lack of clarity renders the concepts of cultural sensitivity, cultural competence, cultural capacity, and cultural proficiency as indistinguishable from one another. Successive literature perpetuates the problem. The most frequently interchanged terms are multicultural competence, cultural competence, and multicultural counseling com (American Psychological Association (APA), 2017; Barden et al., 2017; Ivers et al., 2016; Sue, 2001).

They included the need for the counsellors to be aware of the cultural values, to be familiar with the patient's cultural background and personal biases, and "to incorporate culturally appropriate interventions into their work with all clients" (Barden et al., 2017, 203). With the necessity of the instructions that must be followed by a guide to illustrate the superior nature of multicultural counselling competencies.

Results showed that the field also needs global competencies that all multicultural counselors must have, they must be aware of their own biases and be comfortable with their differences from their clients, and they must have a comprehensive understanding of the social and political system, especially how it deals with minorities. As well as to be aware of the institutional barriers that prevent minorities from using mental health services, be able to generate, send and receive a variety of verbal and nonverbal responses, be able analyze and evaluate the degree to which their distinct background affects their profession and personal life experiences.(Sue et al. 1982)

For the global categories of models - skill-based, adaptive, process-oriented - they need a structure that makes them integrated, standardized and linked by consolidating them into a single competency or model (Hladek, 2016). Analytical studies of (Ridley et al., 2021) showed six common limitations showing strengths and weaknesses of each relevant model with the aim of correcting these limitations to create an integrated model.

On this point, Norman (2013) stated that a conceptual model should explain how something works. To demonstrate “competence” in multicultural counseling competence, therefore, clinicians must have an exquisite understanding of the how—how the various components of the construct work together to facilitate therapeutic change. Improvements for a new integrated model should include advancing from the description of abstract competencies to the prescription of concrete actions, specifying what level of incorporation of culture qualifies as competent, elucidating the model’s complexity, designing the model more representatively, and researching the model’s utility. (Ridley et al., 2011, 527)

Ridley et al., researches (2001, 2011, 2021) focused on the complexity of the components, as it is the greater the number of constituent components and the greater the interactions between them, the greater the complexity of the construction. It is essential to reshape the competency multicultural counseling in a way that overcomes its current deficit, as even when models identify the components and interactions necessary for cross-cultural counseling competence, they may still be flawed in design

Adaptive models are an example of the limitations of incoherent design. Again, the counselors adapt or modify established psychotherapy to accommodate clients. Suppose that well-established therapeutic approaches have fairly clear protocols: Cognitive behavioral therapy is an example of this. For the most part, doctors don't have to think about how to proceed with their clients. However, there is a gap that lies in the design. How do clinicians move from clearer protocols for established treatment trends to clearer protocols for adaptation? For the most part, the literature does not say. (Ridley et al., 2001, 525)

Worthington et al. (2007) results are consistent with these limitations of the models, and they recommended that new research should focus on empirical tests of the effectiveness of the MCCs as a guide to education and training, assessment, research, and practice.

The reviewed researches supporting the two broad themes outlined, provided support for the clarification and creation of a professional development for multicultural counseling competencies that focused on concerns identified in the data collection.

CONCLUSION AND RECOMMENDATIONS

Strengthening multicultural competence in counseling is essential in today's global society. The reviewed literature supports the need for ongoing studies of theory and practice in the field. The importance of addressing the topics identified by our paper is likely to lead to a valued review for the results that have appeared through the previous literature in the aim of supporting the development of multicultural competencies.

The significance of addressing the two themes identified by this paper would potentially produce value to universities, colleges or schools of education, humanitarian and social studies and organizations for supporting multiculturalism.

For the first topic on definitions, the results of the reviewed literature showed the following:

1. More evidence is needed from research on multicultural in order to clarify definitions and models for multicultural counseling competencies.
2. Future definitions of multicultural counseling competence need changes, such as:
 - a. Clarify whether it is public or private or use both related to different populations;
 - b. Use the terminology accurately;
 - c. Refraining from equating competence with competency;
 - d. Integration of declarative sub-components
 - e. Provide a consensual definition, removing guesswork from interpreting definitions
 - f. Establish consistent meanings and demonstrates logical integrity and clearly states the type of approach.

For the second theme: Findings based on datasets from previous research on multicultural competencies indicated the need to:

1. Create an integrated model that captures the strengths of each relevant model while correcting limitations.
2. Prepare a new integrated model should include progression from describing abstract competencies to describing concrete actions and practices.
3. Demonstrate “competence” in the competence of multicultural counseling, therefore, clinicians must have a clear understanding for how the different components of the building work together to facilitate therapeutic change.
4. The therapeutic and clinical variables evaluated often include the need to: be aware of cultural values, the patient's cultural background, personal biases, and the ability to incorporate culturally appropriate interventions into their work with everyone.
5. Work on preparing a professional, universal and clear guide to multicultural practice.

Furthermore, multicultural counsellors need to:

1. Be aware of their own biases, differences from their clients, and institutional barriers that prevent minorities from using mental health services.
2. A comprehensive understanding of the social and political system, especially how it deals with minorities,
3. The ability to generate, send and receive a variety of verbal and nonverbal responses, and to analyze and evaluate the degree to which their distinct background affects their professional and personal life experiences.
4. Counselors need further training, do trainings, participate in workshops and seminars, work with minority clients, and follow instructions so that the superior nature of multicultural counseling competence is demonstrated.

Overall, there is compelling evidence for the need to renew concept multicultural counseling competence. Proposed improvements to existing definitions and models should enhance construct utility, making it easier for practitioners to recognize, refine and demonstrate this competency in their work with clients. (Ridley et al., 2021; Sue et al., 2021).

Multicultural counseling plays a vital role, as it can provide professional assistance using different counseling approaches that it is suitable to address clients' concerns.

From our findings, it is essential for the counsellors to use approaches that match clients' values and needs.

Finally, we strongly encouraged universities and schools to adopt these competencies in accreditation standards. The hope is that competencies would eventually become a standard for curriculum reform and paraprofessional training.

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