VOCATIONAL REHABILITATION COUNSELING COMPETENCY
WITH AFRICAN AMERICANS: A PROFESSIONAL DEVELOPMENT WORKSHOP

A Project

Presented to the faculty of Graduate and Professional Studies in Education
California State University, Sacramento

Submitted in partial satisfaction of the requirements for the degree of

MASTER OF SCIENCE

in

Counseling
(Vocational Rehabilitation)

by
Brittany Garcia

SPRING
2015
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Graduate and Professional Studies in Education
Abstract

of

VOCATIONAL REHABILITATION COUNSELING COMPETENCY
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Statement of Problem

There is a lack of African American cultural competency with vocational rehabilitation counselors. In particular, African American vocational rehabilitation consumers experience higher rates of denial for services, disparities in quality of services, and outcomes of vocational rehabilitation services. These results are viewed as symptoms of the lack of cultural competency with vocational rehabilitation counselors. Further, research has found lower rates of cultural competency levels for vocational rehabilitation counselors, particularly around cultural skill development. Training is interconnected to cultural competency development and addressing the disparities of African American consumers within vocational rehabilitation services. Consequently, the purpose of this project was to develop a PowerPoint curriculum for vocational rehabilitation counselors. More specifically, the curriculum was designed to enhance African American Cultural Competency for vocational rehabilitation counselors.
Sources of Data

The research data were obtained using a variety of resources and methods, including peer-reviewed journal articles, online research databases, previous CSUS Master’s Projects, and books. Further, research was acquired through conversations with African American consumers and relevant websites pertinent to African American culture and vocational rehabilitation services.

Conclusions Reached

A PowerPoint curriculum was created for vocational rehabilitation counselors, which was designed to enhance their level of African American Cultural Competency.

_______________________, Committee Chair
Guy E. Deaner, Ph.D.

_______________________
Date
ACKNOWLEDGEMENTS

I would like to acknowledge our program coordinator and faculty members in the Graduate and Professional Studies in Education for equipping me and for preparing me with support and guidance to complete this project. I would like to also express my gratitude for the support and encouragement from my friends and family. Your love and belief in me has made this day possible. I would like to thank Cheryl Martin, who constantly demonstrates a passion for consumers with disabilities and a drive to see everyone reach their full potential. Cheryl, you have supported me throughout my graduate education with a listening ear and words of wisdom, which can never be repaid. I would also like to thank my husband, Michael Garcia, for his love and pride in me. He endured many lonely dinners as I attended class, studied, and worked on assignments. Finally, my mother was unable to see this final step in my educational career, but she was the constant ember that empowered my drive to continue. You are missed, but I feel your pride in all that has been accomplished.
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Chapter 1

INTRODUCTION

Background of the Problem

Vocational rehabilitation counseling requires collaborative work and a dynamic interchange between the consumer and the counselor (Baldwin, Wampold, & Imel, 2007; Burris, 2012). A component of the working alliance is the ability of the vocational rehabilitation counselor to connect with the consumer and understand the client from within their cultural construct.

This vision is for a counseling profession that is anchored in the values and practices of cultural competence. Such a vision for this helping profession places cultural diversity at the centerfold of new and increasingly complex counseling theories and practices, theories and practices that reflect counselors’ increasing awareness of the impact of global issues on human development. The optimism inherent in this vision lies in a strength-based paradigm that promotes “multicultural” perspectives versus a singular worldview. (Arredondo, Tovar-Blank, & Parham, 2008, p. 266)

As the United States (U.S.) becomes more multiethnic, multilingual, and multicultural the need for multicultural training for vocational rehabilitation counselors will increase (Balcazar, Suarez-Balcazar, Keys, & Taylor-Ritzler, 2010). This statement is further supported by the changes within the U.S. population. The 2013 U.S. population census shows a decrease in the White population from 75.1% in 2000 to 62.6% in 2013; while
the African American population has increased from 12.9% in 2000 to 13.2% in 2013 (U.S. Census Bureau, 2011; U.S. Census Bureau, 2013). The expectation is for non-White American populations to continue to increase by the year of 2050 (Abreu, Gim-Chung, & Atkinson, 2000).

A trend within the U.S. population is the disparity of disability and disease within the African American population (Centers for Disease Control and Prevention [CDC], 2005; U.S. Department of Health and Human Services [DHHS], 2014). The 2010 U.S. Census found that the African American population has the highest prevalence of disability at a rate of 22.2% with age-adjustment (U.S. Census Bureau, 2012). Further, population studies of those with disabilities have found higher rates of disability for non-Whites, including increases in secondary disabilities and complications after the onset of a disability (Balcazar et al., 2010; LeBlanc & Smart, 2007; National Council on Disability [NCD], 2000; U.S. Census Bureau, 2012). A complicating factor is that there is a predominance of White service providers within the vocational rehabilitation setting (LeBlanc, Keith, & Juchau, 2008). Subsequently, the likelihood that African American consumers will be served by same-race rehabilitation counselors is low. A study by Thompson, Bazile, and Akbar (2004) found that African American consumers preferred service from the same-race counselor rather than a White counterpart. Furthermore, results from Whitfield, Venable, and Broussard (2010) indicated that higher success rates of rehabilitation were found when there was a racial match with the consumer and counselor. Combined with the higher rates of disability within the African American population, the predominance of White service providers, and the effects on rehabilitation
success measures raises the need to address cultural competency for vocational rehabilitation counselors to ensure the consumer is understood and empowered to actualize the vocational rehabilitation goals consistent with the consumer’s own life experience (Crabtree, Royeen, & Benton, 2006; Balcazar et al., 2010).

Aside from the direct rehabilitation counselor and consumer relationship, a level of cultural knowledge and effectiveness is expected within the vocational rehabilitation system to address inequities across the various points of service delivery (LeBlanc & Smart, 2007; Lewis, Shamburger, Head, Armstrong, & West, 2007). To address the effectiveness of service provided to non-White consumers, including African Americans, the Rehabilitation Cultural Diversity Initiative (RCDI) was developed under the 1992 Amendments to the Rehabilitation Act of 1973. The goal of RCDI was to tackle the disproportionately higher rates of disabilities among minorities, as well as the enhancement of the quality of rehabilitation services for minority populations (Bellini, 2003). Unfortunately, results from the study by the NCD (2003) found that despite the development and implementation of the Rehabilitation Act of 1973 and its 1992 amendment, the system of services for people with disabilities from diverse ethnic backgrounds has fallen short in providing appropriate services to consumers. The NCD has defined appropriate services as a review of outreach, engagement, and success factors. Corroborating the NCD results, Wilson (2002, 2004) found that African Americans had a higher probability of being denied vocational rehabilitation services; which was further sustained by Rosenthal, Ferrin, Wilson, and Frain (2005), who found similar findings that European Americans were more likely to be accepted for vocational
rehabilitation services than were African Americans. Further exacerbating the situation is that people from diverse groups, including African Americans, have typically underused counseling services and/or prematurely terminated services at a higher rate when compared to White consumers (Henricksen & Trusty, 2005).

It is important to acknowledge the underutilization of services because it has been linked to multicultural competency levels for counselors (Hill, 2003). The issue of multicultural competency for counselors is a key component within the counseling profession, so much so that the American Counseling Association (ACA) and Commission on Rehabilitation Counselor Certification (CRCC) require multicultural sensitivity and competency development (Commission on Rehabilitation Counselor Certification [CRCC], 2010; Kaplan, 2006). Multicultural competency component is vital in the development of an ethical and competent counselor (Gallardo, Yeh, Trimble, & Parham, 2012).

Sue et al. (1982) developed the initial conceptualization of cultural counseling competencies, which has had an impact on the development of the multicultural competency model. The multicultural counseling competency (MCC) model encourages the training and evaluation of attitudes and beliefs, knowledge, and skills (Sue & Sue, 2008). In regards to attitudes and beliefs, the clinician must address the awareness of their own assumptions, values, and bias. MCC knowledge requires the comprehension of other cultural worldviews when working with diverse clientele (Sue & Sue, 2008). Cultural knowledge should include the following dimensions:
1) understanding family and community, 2) integrating spiritual and healing practices, 3) understanding historical and socio-political background of clients, 4) becoming erudite about the client’s psychosocial adjustments, 5) recognizing the nature and impact of oppression, discrimination, and racism, and 6) empowering clients and promoting social change. (Chung & Bemak, 2002, pp.157-158)

The last area of multicultural competency is the acquisition of skill when developing appropriate intervention strategies and techniques (Sue & Sue, 2008).

In addition to the three areas of multicultural competency developments described above there are additional components when working with African American clients. As part of multicultural competency vocational rehabilitation counselors must understand constructs that relate to the client themselves; specifically for African Americans this includes the notion of spirituality, transformative possibilities of the human spirit, self-healing, and cultural congruence and self-knowledge (Balcazar et al., 2010; Gallardo et al., 2012; Grills, 2004; Parham, Ajamu, & White, 2011). A study by Rosenthal (2004) revealed vocational rehabilitation counselors at times judged African American vocational rehabilitation clients less favorably than Caucasian clients. Nazarov (2013) found that wage disparities between Caucasian and African American vocational rehabilitation consumers were linked to educational attainment. The study postulated the need to increase educational/skill training services with African American consumers.

**Statement of the Problem**

The primary problem is the lack of African American cultural competency with vocational rehabilitation counselors. Since its enactment in 1992, the Rehabilitation
Cultural Diversity Initiative (RCDI) established the goal to effectively address disproportionality for minorities with disabilities and enhance the quality of rehabilitation services for non-White consumers (Bellini, 2003). However, the National Council on Disability found the system rehabilitation services for minorities with disabilities has fallen short since the enactment of the RCDI (NCD, 2003). Current evidence shows African American consumers experience higher probability of being denied services, disparities in quality of services, and outcomes of vocational rehabilitation services (Taylor-Ritzler et al. 2010; Wilson & Senices, 2005; Wilson 2002). These results are viewed as symptoms of the lack of cultural competency with vocational rehabilitation counselors. The evidence shows vocational rehabilitation counselors have judged African American consumers less favorably when compared to Caucasian consumers (Rosenthal, 2004). Furthermore, the lack of cultural competency with African American culture impacts the ability of vocational rehabilitation counselors to assess and support African American consumers with the goal of self-sufficiency and employment. Nazarov (2013) and Wilson (2002) found that African American consumers have lower vocational rehabilitation success rates compared to White consumers.

The low level of cultural competency for rehabilitation counselors is interconnected to counselor training. Specifically, research shows training in the area of social and contextual cultural is lacking for vocational rehabilitation counselors (Fong et al, 2003; Kundu, Dutta, Fong, Torres, & Fleming, 2011). Cultural context is a vital component in understanding and assessing consumers, particularly African American consumers, as there are specific barriers and needs that must be taken into account. In the
United States, African Americans have experienced pervasive barriers that profoundly impact employability. The lack of the foundational skills to properly assess and support African American consumers, subsequently leads to ineffective counseling. Research shows that the low level of cultural competency by rehabilitation counselors within the rehabilitation counseling relationship is an influencing factor in services provided to African Americans (LeBlanc & Smart, 2007; Lewis et al., 2007). The research indicates a need to address cultural competency for vocational rehabilitation counselors with a goal to improve the quality of services and outcomes for African American consumers. In response to the problem, a project entitled *Vocational Rehabilitation Counseling Competency with African Americans: A Professional Development Workshop* was developed (see Appendix A).

**Definition of Terms**

**California Department of Rehabilitation (DOR)**
The California Department of Rehabilitation works in partnership with consumers and other stakeholders to provide services and advocacy resulting in employment, independent living, and equality for individuals with disabilities. Services provided by DOR include career assessment, counseling, job search and interview skills, independent living skills, career education and training, and assistive technology (California Department of Rehabilitation, 2013).

**Consumer**
A consumer is an individual with a disability who utilizes and receives vocational rehabilitation services from a program, such as the Department of Rehabilitation,
with the goal of obtaining self-sustainability through employment (California Department of Rehabilitation, 2013).

**Counselor Multicultural Competency**

Multicultural competency is a multidimensional construct, which refers to the ability of vocational rehabilitation counselors to holistically meet the needs of minority consumers. It is a vital component of counseling training and practice to ensure proper assessment, intervention, and technique for diverse cultural consumers. The three main domains of multicultural competency include the attitudes and beliefs, knowledge, and skills of counselors working with individuals from diverse backgrounds (Matrone & Leahy, 2005). Multicultural competency requires continual education, training, and exposure on diverse population needs.

**Culture**

Refers to a vocational rehabilitation consumer and counselor’s belief system and value orientation, which influence norms, practices, customs, and social institutions (Taylor-Ritzler et al, 2010). It is socially constructed and learned through enculturation and socialization, which is passed on through individual and generational learning. Additionally, culture affects the goals, decisions, and problem solving set by individuals as it frames perspective.

**Multicultural Beliefs and Attitudes**

A reference to a counselor’s personal awareness of their attitudes toward race, ethnicity, and culture and the relationship of how these attitudes influence client
behaviors, interactions, beliefs, values, and goals (Bellini, 2002; Middleton et al., 2000). Additionally, multicultural beliefs and attitudes requires an acknowledgement and awareness of White attitude and privilege.

**Multicultural Knowledge**

A specific skill and component area of measuring multicultural competency for rehabilitation counselors. It is a specific knowledge regarding the historical background, sociopolitical influences, and cultural heritage of diverse cultural groups (Bellini, 2002). Additionally, cultural knowledge includes the following dimensions:

1) understanding family and community, 2) integrating spiritual and healing practices, 3) understanding historical and socio-political background of clients, 4) becoming erudite about the client’s psychosocial adjustments, 5) recognizing the nature and impact of oppression, discrimination, and racism, and 6) empowering clients and promoting social change. (Chung & Bemak, 2002, pp.157-158)

**Multicultural Skill**

The counselor’s interpersonal skill, techniques, and interventions strategies used to effectively work with clients from diverse cultural backgrounds (Bellini, 2002). The skill to work with diverse population requires a behavioral change, as the clinician seeks to enhance their knowledge basis, familiarizes self with minority groups outside the clinical role, and consults with traditional healers (Sue & Sue, 2008).
Vocational Rehabilitation Outcomes

Refers to the measured rates of gainful employment by a Vocational Rehabilitation consumer as defined by Section 7(11) of the Rehabilitation Act. Specifically, the employment is full-time or part-time (when necessary) within the integrated labor market, satisfies the vocational outcome of supported employment, or any other vocational outcome determined as appropriate by the Secretary of Education (National Council on Disability, 2008).

Vocational Rehabilitation System

A system of vocational services established under the Rehabilitation Act of 1973 under the goal of assisting people with disabilities to enter the work force. The services provided to eligible consumers include the development of the Individualized Plan for Employment, accommodation assessments, counseling, career guidance, job placement, vocational and other training, diagnosis and treatment of physical or mental impairments, transportation assistance, occupational licenses, technical assistance, rehabilitation technology, transitional services, supported employment, familial services, and post-employment services (Neighborhood Legal Services Inc., 1999).

Limitations of the Project

Time

This author was limited to gathering research from peer-reviewed journal articles, government and state agency websites, and non-profit agency websites since 2000.
Furthermore, very recent research around African American vocational rehabilitation consumers was limited and unavailable.

Population and Geography

This project is limited in focusing on the African American population. The intended audience for this project is Vocational Rehabilitation Counselors within state Department of Rehabilitation agencies across the United States. It does not address state specific needs and statistics. The geographical target is the United States.

Author Bias

The project content is based upon the author’s inclusion and interpretation of current available research. Additionally, this author is passionate about the project topic based upon experiences with working with this population and a desire to see culturally competent counselors and improved success rates. The author has reviewed and studied African American history as well as education, health, and cultural concerns, thus the author assumes there is a level of understanding on the part of the readers. The assumption may inadvertently cause omission of details or explanations.

Organization of the Project

In the Introduction, an overview is provided of the changing US demographics, including an increase within the African American population. There was a review of disability demographics and rehabilitation counseling disparities within the African American community and how multicultural competency plays a role in enhancing rehabilitation services and results for this population. In Chapter 2, this author synthesized a review of current literature pertinent to this project. Chapter 3 is comprised of the methodology
used to collect data for this project. Lastly, Chapter 4 provides a summary of the project and recommendations for future research. The appendix contains the curriculum entitled "Vocational Rehabilitation Counseling Competency with African Americans: A Professional Development Workshop."
Chapter 2

LITERATURE REVIEW

Introduction

The rate of disabilities within the African American U.S. population is the highest compared to the general population. Furthermore, up to 55% of vocational rehabilitation consumers are African American (Hayward & Schmidt-Davis, 2005). As mentioned in the previous chapter, the low multicultural competency of vocational rehabilitation counselors with African American culture, and subsequent disparity in African American consumer services and outcomes is the primary concern. This chapter will review literature on statistics related to African Americans, multicultural counseling competency, multicultural competency levels, the development of multicultural competency, and information specific for African American vocational rehabilitation consumers.

Statistics

African Americans are the second largest minority group within the United States, after Hispanic/Latinos. The 2013 U.S. population census shows a decrease in White population from 75.1% in 2000 to 62.6% in 2013; while the African American population has increased from 12.9% in 2000 to 13.2% in 2013 (U.S. Census Bureau, 2013). A trend within the U.S. population is the disparity of disability and disease within the African American population (CDC, 2005; DHHS, 2014). The 2010 U.S. Census found that the African American population has the highest prevalence of disability at a rate of
22.2% with age-adjustment (U.S. Census Bureau, 2012). Additionally, the rates of disability prevalence among non-Whites are disproportionately higher compared to the overall representation of these populations in the national census (National Council on Disability, 2000; U.S. Census Bureau, 2012). Furthermore, population studies of non-Whites with disabilities have found higher rates of secondary disabilities and complications after the onset of a disability (LeBlanc & Smart, 2007). Compounding the matter is the reality that non-White rehabilitation consumers experience an increase rate of stigmatization, marginalization, and discrimination during their attempts to rehabilitate and integrate into society (Balcazar, et al., 2010).

**Multicultural Counseling Competency**

The multicultural counseling competency (MCC) model encourages the training and evaluation of attitudes and beliefs, knowledge, and skills (Sue & Sue, 2008). In regards to attitudes and beliefs, the clinician must address the awareness of their own assumptions, values, and bias. Awareness is the individualized cognitive ability to understand the personal bias towards people who differ and it requires critical self-examination of societal privilege. The goal in developing awareness is to establish understanding, foster acceptance and inclusion, and the consideration of individual rights (Hasnain et al., 2009).

The second component of the MCC model is knowledge, which requires the comprehension of other cultural worldviews when working with diverse cliental (Sue & Sue, 2008). Cultural knowledge should include the following dimensions:
1) understanding family and community, 2) integrating spiritual and healing practices, 3) understanding historical and socio-political background of clients, 4) becoming erudite about the client’s psychosocial adjustments, 5) recognizing the nature and impact of oppression, discrimination, and racism, and 6) empowering clients and promoting social change. (Chung & Bemak, 2002, pp. 157-158)

It is important to note that MCC knowledge does not assume full understanding of the consumer solely based on the race/ethnicity or culture alone; as to do so would result in stereotyping (Hasnain et al., 2009; Kleinman & Benson, 2006). Rather it pushes the counselor to understand the consumer both from an individualized and societal perspective.

The last area of multicultural competency is the acquisition of skill when developing appropriate intervention strategies and techniques (Sue & Sue, 2008). The skill to work with diverse population requires a behavioral change, as the clinician seeks to enhance their knowledge basis, familiarizes self with minority groups outside the clinical role, and consults with traditional healers (Sue & Sue, 2008). Additionally, skill requires the counselor to engage in continual professional training and development at a multifaceted level and be motivated to become culturally component (Hasnain at al., 2009).

As a response to address the development of culturally component skills, Alberta and Wood (2009) developed the Practical Skills Model of Multicultural Engagement. It builds upon fundamental skills of counseling and specific approaches to providing culturally competent services. Components of the model include empathetic
communication, relationship building, diunital reasoning (cognitive dissonance), and customs/practices (Alberta & Wood, 2009). The concepts of metacognition and error management learning are utilized to manage the application of the aforementioned components to develop a single integrated process. The goal of the model is to create a learning approach based on experience and safely learning from mistakes, as cultural competency skill is honed.

**Level of Multicultural Competency**

Research in the area of multicultural counseling competency appears to support Sue’s (2001) theory that counselor training primarily focuses on knowledge without integrating self-awareness and skill; therefore, influencing overall multicultural competency. In a quantitative study by Vespia, Fitzpatrick, Fouad, Kantamneni, and Chen (2010), the authors found that career counselors self-reported having particular skill in areas of sensitivity and awareness of cultural barriers. They utilized results from an emailed opened-ended survey design and the California Brief Multicultural Competence Scale (CBMCS) with a random sample size of 233 career counselors (Vespia et al., 2010). Despite the self-reported results of elevated skill in sensitivity and awareness, the participants were below competency in overall multicultural competence when the opened-ended question responses were analyzed with their CBMCS results. They found that multicultural competence was significantly linked to overall counseling self-efficacy (Vespia et al., 2010). These results aligned with existing research on the development of multicultural competency and its relation to counseling self-efficacy (Constantine, 2001; Toporek & Pope-Davis, 2005).
Leahy, Chan and Saunders (2003) postulated the necessity for knowledgeable counselors able to meet the needs of a diverse population in the practice of rehabilitation counseling. The research participants were divided into two sample groups from the Certified Rehabilitation Counselor (CRC) database. One participant group was given packets containing job-task questionnaires, while the other group was asked to respond to a knowledge requirement questionnaire, with demographics for both groups comparable (Leahy et al., 2003). The target sample size was 1,400 CRCs, with 631 of the participants receiving the knowledge questionnaire. Common factor analysis techniques were utilized to examine the data and extrapolate six knowledge domains of importance to CRCs. The area of cultural issues under the domain of counseling theory/technique/application was given a rating of importance; however, medical/functional limitations and case management knowledge was given the greatest importance. The results of the study indicate CRCs see value in cultural issues, but do not see it as the most vital knowledge domain required in field practice.

In an effort to assess overall multicultural competency, Kundu et al. (2011) researched critical areas of knowledge, skills, and competencies possessed by 275 rehabilitation counselors in state vocational rehabilitation agency settings in Louisiana, Puerto Rico, American Samoa, as well as a tribal setting in Oklahoma. The researchers used the Systems Approach to Placement Self-Assessment for Students and Counselors (SAP-SASC) as the measurement tool; descriptive statistics and exploratory factor analysis (EFA) were used to validate the factorial structure of the measurement tool. Kundu et al. (2011) found that counselors in the study rated as having low competence in
addressing social and contextual client areas, which includes the impact of culture, ethnicity, and social barriers.

Associated with self-efficacy was the role of counselor race and its relationship to multicultural competency. Studies with rehabilitation counselors found that multicultural competency was related to counselor race and ethnicity (Donnell, 2008; Matrone & Leahy, 2005). Donnell (2008) found that non-white counseling graduate students’ cultural identity related to greater multicultural sensitivity. He used a quantitative empirical research design to compare Multicultural Awareness, Knowledge, Skills Survey (MAKSS) results with counselor demographics and multicultural coursework history. The goal of the research was to determine whether perceived multicultural competency was a function of student characteristics in the 68 rehabilitation graduate student participants. He also wanted to know if previous coursework influenced the self-perception of multicultural competence. An influencing factor related to the elevated ratings was additional coursework associated with diversity and culture as 60% of the non-white students reported taking this additional coursework beyond the required classes (Donnell, 2008). Further analysis would be required to see how personal life experiences affect the development of multicultural competency.

Closely related to the role of race and ethnicity is the role of client perception. A study by Pope-Davis et al. (2002) used qualitative grounded theory to develop a model of clients’ perspectives of multicultural counseling. The participants were 10 undergraduate students at a large east coast college, who reported receiving counseling from counselors that varied in terms of training program and degree, setting practice, race, and sexual
orientation. The results indicated the role of clients’ needs and how they were met within the clinical relationship was pivotal. Secondly, they found that client perception was a dynamic interaction of factors. The interacting variables included client needs, client characteristics, client-counselor relationship, client processes, and client appraisals. Some of the clients felt that the role of multicultural technique was not required to meet their needs and these results indicate a need to review how clients impact the development and perception of multicultural competency (Pope-Davis et al., 2002).

Matrone and Leahy (2005) attempted to evaluate multicultural competency as a relation to vocational rehabilitation outcomes. They used convenience sampling within a Midwest public rehabilitation program, to obtain the 118 counselor participants. They found that multicultural competency could not accurately be attributed to client outcomes because of many intervening factors that could not be completely isolated. However, they found that counselor and client racial similarity was an important variable in determining client outcomes with minority clients (Matrone & Leahy, 2005).

Sammons and Speight’s (2008) study validated the role of race and ethnicity in multicultural competency as influencing factors for the beginning stages of multicultural competency. This study used a qualitative research format focusing on the role of personal changes as related to multicultural counseling courses. They used a diverse sample of 124 trainees from a variety of graduate programs. When reviewing the element of personal change related to their multicultural counseling course, the researchers established four themes within the data: increased knowledge, increased self-awareness, attitudinal changes, and behavioral changes. The researchers found no
differences with regard to racial and ethnic differences for participants who declared particular types of personal changes and attributes of changes (Sammon & Speight, 2008).

Additional research by Chao (2012) indicated that higher-level training enhanced the association between racial/ethnic identity and multicultural knowledge. The researcher evaluated 460 nationally certified counselors across the United States to examine the effects of multicultural training on the associations of racial/ethnic identity and gender-role. The study correlated demographic answers, Balanced Inventory of Desirable Responding (BIDR) results, Multigroup Ethnic Identity Measure (MEIM) results, Sex-Role Egalitarianism Scale (SRES) results, and Multicultural Counseling Knowledge and Awareness Scale (MCKAS) results to obtain the research results (Chao, 2012). The results denoted an integration of counselor’s identity as an opportunity to enhance multicultural development by enriching the role of self-reflection and self-understanding. An important element with regard to counselor race and ethnicity-in relation to the development of multicultural competency—was that most of the research indicated an increase with one area of the multicultural counseling model, such as knowledge or awareness (Chao, 2012; Matrone & Leahy, 2005).

A study by Constantine and Ladany (2000) found that subscales of the self-reported measures and results were highly correlated to social desirability. They used a sample size of 44 doctoral-level counselors and counseling psychologists, 47 master’s-level counselors, and 44 bachelor’s-level counselors. The researchers examined the relationship between four self-reported multicultural counseling competence measures
and a general index of social desirability using a correlational quantitative research design. Additionally, they investigated the association between the four multicultural scales and multicultural case conceptions. They found that when social desirability was controlled, there was no significant relationship between the multicultural competency instruments and multicultural case conceptualization ability (Constantine & Ladany, 2000).

In response to the Constantine and Ladany (2000) results, Sehgal et al. (2011) reviewed competency within 103 clinical psychology trainees and 53 experienced multicultural psychologists from a would and should situational perspective. They found both sets of participants’ demonstrated higher levels of “should” scores compared to the “would” scores (Sehgal et al., 2010). The research indicated more research is required to identify reasons and conditions that influence implantation of more apparent multicultural strategies by therapists. Secondly, their hypothesis tested correct in that increased education and experience shows a higher rate of correlation to multicultural competency-Would and multicultural competency-Should scoring, but they were unable to generalize these results as the participants were not randomly selected. They concluded that “should” and “would” scores combine to yield a valid total multicultural competency score (Sehgal et al., 2010).

**Studies in the Development of Multicultural Competency**

Glockshuber (2005) used a mixed study to analyze the extent multicultural competencies have an influence in counseling practices in terms of interventions. He used two phases to explore three thematic areas: counselors’ cultural awareness of
beliefs, counselors’ cultural knowledge about learned life experiences and theoretical and factual information, and counselors’ cultural skills applied in the counseling practice. During the first phase, the participants were interviewed using a semi-structured interview design. The second phase followed a quantitative format, with self-reported questionnaires used to examine the thematic areas related to multicultural competency. The six counseling participants tended to evaluate their level of competency from within their experiential context, which was based on their socio-normative influences. The study found that the interpretation of counseling students and their level of multicultural awareness and knowledge, provided insight into the development of trainings that encourage personal awareness from a global context perception (Glockshuber, 2005).

Sammons and Speight (2008) concurred with a need to review course content. The researchers used a qualitative design to evaluate the perspectives of 124 diverse counseling trainees in regards to their personal change related to their participation in multicultural counseling courses. The researchers found five themes represented categories of participant responses indicated different types of course elements to which the participants attributed change, these themes included: interactive activities, didactic activity, course as a whole, instructor influence, and reflective activities. Their research findings indicated changes in knowledge and self-awareness were frequently associated with multicultural courses. On the other hand, behavioral and attitudinal changes were infrequently associated with multicultural counseling courses. They contextualized multicultural competency as a developing process and the goal is individual change as an indicator for true competency (Sammon & Speight, 2008).
A study by Priester et al. (2008) appeared to support the concept of a lack of skill development within the training process. This study reviewed multicultural counseling course syllabi from 64 counseling programs and used coding procedures to analyze course content and teaching strategies. The coding procedures focused on evaluating the syllabi for multicultural counseling competency subcomponents (self-awareness, knowledge of other groups, and skill development), specific groups designated as explicit domains of study, and teaching strategies. The results indicated a skill gap in course content as the majority was focused on self-awareness and knowledge, rather than skill development. Secondly, the data showed multicultural counseling training has moved from a focus on racial ethnic minority groups to include sexual orientation, however, disability and gender groups were low. Lastly, the research team found variability in the modalities of teaching strategies implemented in the courses, with self-reflection exercises such as journal writing and cultural self-examination papers used most often (Priester et al., 2008).

The role of micro-aggression appears to play a role in the acquisition of skill competency and the environment multiculturalism is learned. A qualitative study by Sue, Lin, Torino, Capodilup, and Rivera (2009) interviewed 14 non-white students to explore the role of micro-aggression in the classroom and effects of these findings in regards to multicultural training. Based on the interview analysis, the students expressed difficulties in dialogues when other students expressed bias, fear, and stereotypes in both conscious and unconscious action (Sue et al., 2009). The participants expressed difficulties in their abilities to express and explore dialogues due to classroom micro-aggression, as they
tried to invalidate the assumptions of their classmates they admitted to feelings of inauthenticity. The subjects also expressed “feeling attacked or invalidated by the micro-aggressions, many found their pain accentuated by the defensiveness and reluctance of White students to honestly dialogue about race” (Sue et al., 2009, p. 187). Finally, the study found that the subjects reported the following instructional strategies as unhelpful in the development of multicultural training: passive approach, disengagement, becoming emotional, ignoring the dialogue, and utilization of students of color as racial or ethnic experts.

African Americans

Wilson (2002) found that African American Vocational Rehabilitation (VR) consumers were more likely to be rejected from VR services. The study reviewed data from consumers who sought BR or Bureau of Visual Service Agency services in the United States. He also found that Asian or Pacific Islanders were more likely to be accepted for VR services. The subsample included African Americans, White Americans, Native Americans or Alaskan Natives, and Asian or Pacific Islanders. Based on his findings, Wilson recommended a need to address racial prejudice and increase multicultural competency within the VR system and among VR counselors.

The results from Wilson (2002) were further validated by a study by Rosenthal (2004). The study revealed vocational rehabilitation counselors at times judged African American Vocational Rehabilitation clients less favorably than they judged Caucasian VR clients (Rosenthal, 2004). Participants were recruited through advertisement in several issues of a national rehabilitation journal, as well as email advertisement to
members of the National Rehabilitation Counseling Association. They were offered educational hours for certified rehabilitation counselors and they were informed that the research material was examining clinical judgment. The participants were randomly split into two subgroups and provided client case materials with the only change to the material was the portrayal of the client as a Caucasian or African American (Rosenthal, 2004). Next, the participants were asked to rate their perceptions and judgments of the client at two separate points during the process. They were also asked to complete a demographic questionnaire. Inter-correlation of the data was completed to determine if the pattern was reliable with intellectualizing the dependent measures into a singular measure. The participants appeared to have an increase in negative clinical impression when the client was portrayed as African American and compared to Caucasian portrayal. Specifically, the ratings on general evaluation, psychopathology-conduct, educational potential, and employment prospective for the African American client were negatively skewed compared to the Caucasian client (Rosenthal, 2004).

Bellini (2003) further researched the relationship between rehabilitation counselors’ multicultural competency and vocational rehabilitation outcomes in relation to counselor-client racial similarity and difference for individuals with disabilities. A random sample of one hundred fifty-five vocational rehabilitation counselors from a state agency and a random-stratified sampling of 49,118 clients were used in the study. The data showed European American counselors and clients had significantly higher rates of rehabilitation. Additionally, the findings found African American and Hispanic/Latino clients experienced lower rehabilitation rates overall compared to European American
clients. Further, despite the findings that African American clients were provided vocational training at about the same rate as European American clients, there was less of a chance of receiving these services when served by a European American counselor. The results of the study indicated continued disparity in vocational rehabilitation services for African American clients (Bellini, 2003).

The negative assessment of the educational and employment potential of African American consumers was further supported by Nazarov’s (2013) study. The researcher reviewed the Case Service Report System (RSA-911), which is the national administrative dataset from state Vocational Rehabilitation agencies to the Rehabilitation Services Administration (RSA). The data included in-depth information regarding VR consumer demographics, impairment characteristics, services they received, and consumer employment outcomes. Initially the sample size was 2,277,629, but it was reduced to 851,843 after the sample selection process. Nazarov (2013) used the data to analyze factors associated with wage differentials between Caucasian and African-American vocational rehabilitation consumers. The research found the largest contributing factor to predict wage gaps between Caucasian and African American consumers with disabilities was educational attainment, which accounted for 33% of the predicted wage differential. Additionally, 98% of the observed wage gap was explainable by education, region VR services, disability, and other individual characteristics (Nazarov, 2013). The data analysis determined that educational differences between Caucasian and African American consumers were significant contributing factors to wage differential; therefore, it appears there is a need to review
skill formation and education. Additionally, the conclusion recommended further
detailed research of the disparities in vocational rehabilitation services around
training/education, as a source of wage differential.

Olney and Kennedy (2002), utilized data from the Disability Supplement of the
National Health Interview Survey to evaluate vocational rehabilitation (VR) services
utilization and employment outcomes. Relative standard errors (RSE) were calculated on
the prevalence data and Wald chi-square calculations were used on group comparisons
(Olney & Kennedy, 2002). The results found significant disparities in socioeconomic
status among VR recipients with less than 20% of European Americans living below
poverty level compared to a third of African Americans. Additionally, European
Americans were more likely to receive educational services when compared to African
American rehabilitation consumers. Furthermore, Olney and Kennedy (2002) found that
African American consumers were less likely to be competitively employed (41%)
compared to European American consumers (60%).

An alternative to looking at the deficit of the current VR system is a review of
factors that improve utilization of services by African Americans. One such study by
Hall (2007) examined the characteristics associated with the use of vocational
rehabilitation services by African Americans. The sample was comprised of 151
working-aged African Americans with disabilities and the qualifying factor was a desire
to work and actively seeking employment. The study found that an encouraging factor
with utilizing VR services was the satisfaction in the support from services providers.
Additionally, when African American consumers were assigned to an African American VR counselor, there was also greater satisfaction (Hall, 2007).

Closely related to Hall’s (2007) study was research conducted by Taylor-Ritzler et al., (2010). The researchers completed qualitative interviews with twenty-one vocational rehabilitation counselors. VR supervisors using the criteria of exemplary work for at least five years, nominated the participants. The interviews were transcribed, coded, and qualitative analysis was completed. The goal of the study included identification of challenges with engaging consumers of diverse ethnic backgrounds and developing effective strategies. The challenges for multiethnic consumers included the lack of knowledge regarding the VR system, a lack of future success planning or vision, and finally, the lack of a sense of self-efficacy regarding their ability to succeed. The analysis regarding strategies revealed that the VR system is geared toward consumers who are currently empowered, rather than the disenfranchised or oppressed consumer. Therefore, strategies for engaging ethnically diverse consumers should include empowerment, as well as counselor understanding of how barriers influence the consumer’s initial ability to perceive the viability of change/success.
Chapter 3

METHODOLOGY

Review of Sources

This author began this project research in fall 2012 utilizing the California State University, Sacramento’s online research database to search peer-reviewed journal articles between the years of 2000 and 2013. The terminology search words used to locate the appropriate and relevant articles and books included: *African Americans*, *African American culture, African American history, counseling and development, cultural competency, multiculturalism, multicultural counseling, teaching multiculturalism, multicultural development, vocational rehabilitation counselor, and vocational rehabilitation services*. The terms were used separately and conjointly to help narrow search results. Additionally, this author reviewed references of current and relevant journal articles to obtain additional resources. Information retrieved included statistics related to African American consumers, vocational rehabilitation services within the United States, vocational rehabilitation counselors’ level of multicultural competency, and African American culture. Additional research included information gathered from cultural trainings, books, conversations and interviews with African American consumers, previous master’s projects completed by vocational rehabilitation counselor graduate students, and online websites. Lastly, the author used the Vocational Rehabilitation Counseling Master’s Project Handbook as an outline to organize the overall written structure of the project (Ortman, 2009).
The websites reviewed and retrieved by this author included:

- National Council on Disability (http://www.ncd.gov);
- National Rehabilitation Information Center (http://www.naric.com);
- U.S. Census Bureau (http://www.census.gov);
- National Center for the Dissemination of Disability Research (http://www.ncddr.org);
- Center on Knowledge Translation for Disability and Rehabilitation Research (http://ktdrr.org);
- Counseling Today (http://ct.counseling.org);
- California Department of Rehabilitation (http://www.rehab.cahwnet.gov);
- U.S. Department of Education (http://www.ed.gov);
- Centers for Disease Control and Prevention (http://www.cdc.gov);
- Neighborhood Legal Services, Inc. (http://nls.org); and

The information obtained from these websites provided this author with additional knowledge and resources related to vocational rehabilitation services and multicultural competency for African American consumers. Furthermore, the information gained from these websites was necessary to assist in the writing of the literature review and the formation of the African American cultural training workshop.
Method

During the spring 2012 semester, this author attended a required graduate-level multicultural counseling course. The course built upon principles learned from this author’s three quarter diversity coursework at UC San Diego. The course introduced the application of multicultural counseling; however, the application and skill of cultural competency was not fully developed. This author began to question how multicultural competency is viewed within the professional field and vocational rehabilitation settings. This author began to search journal articles related to multicultural competency theory and application. The aforementioned course did not go into the full theory of multicultural competency, but after researching for this project, the author learned the course began to address the areas of awareness and knowledge related to cultural competency.

This author’s work experience includes work as an employment services specialist and social worker for transitional youth. Through this field experience, the author observed disparity with African American consumers related to higher rates of disability and access to services. Additionally, socioeconomic factors and generational poverty appeared to be influencing factors. This author interviewed a few African American consumers regarding their experiences and race related issues (personal communication, November 2, 2014). This author heard stories of mistrust and feeling misunderstood by service providers, which affected the consumers’ emotional buy-in with their employment or transitional plans. Furthermore, the consumers’ reported a need for additional support, education and advocacy with navigating the educational
setting and/or employment sectors. This author utilized these interviews to guide research on African American consumer needs and prospective. Additionally, the interviews sparked the inquiry into levels of multicultural competency for rehabilitation counselors.

The next step in developing this project topic was the search of previous CSUS Master’s Projects related to multicultural counseling and African Americans. During this process, the author found few projects related to multicultural counseling, including a lack of projects completed by vocational rehabilitation counseling graduate students. Most of the graduate projects developed were related to multicultural concepts for African Americans within the classroom settings and primary education curriculum. Consequently, the available CSUS Master’s Project literature fails to examine the interrelation between cultural competency and counseling. As the CSUS Master’s Project literature was absent of prior research on this interrelation, the author was unable to expand upon prior Master’s projects. Further, the lack of current Master’s projects indicated a need to address this topic area for vocational rehabilitation counseling.

With the decision to move forward with the creation of a curriculum (see Appendix A), this author pursued Internet and journal article searches related to the development and curriculum for multicultural counseling competency with the goal of developing a basic PowerPoint curriculum. Additionally, this author found a project completed by a counseling psychology CSUS graduate student entitled *Multicultural Infusion of Graduate Level Counseling Courses* (McLean, 2010). This particular project helped to guide the development of the activities used in the project curriculum. Aside
from interviews with African American consumers, this author also utilized journal research, scholarly articles and books on African American culture to increase the knowledge base on germane information to include in an African American multicultural vocational rehabilitation-counseling curriculum.

Design of Curriculum

The goal of this curriculum was to address the need to improve multicultural competency with African American consumers in the vocational rehabilitation setting. Specifically, the project is a one-day workshop curriculum designed to develop and/or enhance African American multicultural counseling skill for professional vocational rehabilitation counselors. It includes guided discussions, review of historical data and implications, and group activities designed to support the learning process. The curriculum medium is a lecture and PowerPoint presentation on multicultural counseling competency and African American culture. The overall curriculum design focused on encouraging deep, personal, and open dialogue regarding multicultural competency. The intention was to move beyond basic African American cultural knowledge, rather to encourage specific vocational rehabilitation counseling skills for working with African American consumers. The specific information included in the curriculum was selected based on academic research, including great care to ensure sensitivity and non-stereotyping material.
Chapter 4

SUMMARY AND RECOMMENDATIONS

Summary

The changing demographics of vocational rehabilitation consumers have influenced the need to address the diverse voice within vocational rehabilitation services. However, despite the demand to address multicultural issues, African Americans continue to experience disproportion in access, service, and outcomes. This is particularly concerning as African Americans in the US have the highest prevalence of disability and documented disparities of disease (CDC, 2005; U.S. Census Bureau, 2010; U.S. DHHS, 2005). The goal of vocational rehabilitation counseling is to empower the consumer to gain control of their lives through gainful employment. However, when the system begins to work against the empowerment model then it leads to continuous institutionalized racism and marginalization.

The disparities within the vocational rehabilitation settings have necessitated counseling cultural competency development. Additionally, the code of ethics for Certified Rehabilitation Counselors requires the provision of culturally appropriate services and interventions, including the recognition of culturally relevant external barriers (CRCC, 2010). Sue and Sue’s (2008) theoretical model of multicultural competency has largely influenced the current standards and measurements of multicultural counseling competency. The model consists of three areas: attitudes and beliefs, knowledge, and skills. The goal of the multicultural competency model is to
understand consumers as individuals through a cultural world perception, including an understanding of society barriers and struggles. The ability to build therapeutic alliances using the multicultural competency model ensures consumer receive both appropriate and effective counseling. Unfortunately, the review of literature revealed a consistent finding related to a lack of cultural competency for vocational rehabilitation counselors.

The goal of this project was to develop a PowerPoint curriculum for multicultural counseling with African American consumers. The target audience was professional vocational rehabilitation counselors across the United States. The PowerPoint curriculum was plan as a daylong workshop. As indicated by the literature review, African American consumers continue to experience disparities in the vocational rehabilitation setting, which has negatively affected their ability to successfully met employment plan goals. The aforementioned disparities are linked to the multicultural counseling competency levels of vocational rehabilitation counselors. Specifically, it appears that the area of cultural skill is an impacting factor to overall cultural competency. The curriculum was designed to develop multicultural skill and intervention techniques specific for African American consumers. The information was specific for African American’s with disabilities as there are specific cultural barriers for this population.

Lastly, this author desired to develop a project that would support a positive change for African American consumers. The goal was to remove a barrier to achieving self- sufficiency by ensuring vocational rehabilitation counselors have the tools to meet the needs of their African American consumers. Additionally, this author hopes this level
of training can help influence systematic change as vocational rehabilitation counselors act as agents of change within the organizational structure.

**Recommendations**

The project was limited to a developmental model and subsequently was not utilized or implemented in a real setting. The recommendation for future research is to apply the PowerPoint curriculum and analyze the outcomes from the training participants. The implementation process would provide valuable information on the effectiveness and weaknesses of the curriculum.

Additionally, theories around multicultural counseling continue to develop and influence how cultural competency is measured. Given the ever-changing landscape of tools to measure cultural competency, the curriculum put forth ought to be adjusted over time to reflect updated research. For example, historically cultural competency was solely measured based on knowledge of other cultures; therefore, had the project PowerPoint curriculum been developed prior to the shift toward recognizing cultural competency as a three-dimensional model, than the project PowerPoint would not reflect the most updated research. As research continues to develop, the project should be modified to mirror the most current and relevant understandings of cultural competency.

In addition to updating the relevant information within the curriculum, it would be beneficial to tailor the curriculum for specific vocational rehabilitation agencies. In particular, agencies such as the Department of Veteran Affairs and secondary-education Disabled Student Program and Services (DSPS) offices would need information pertinent to their veteran and student consumers, as the PowerPoint curriculum was not designed to
address subcultures within the African American population. The specific tailoring would help to address particular issues and strengths unique to the setting and those vocational rehabilitation counselors.
APPENDIX A

Vocational Rehabilitation Competency with African Americans:

A Professional Development Workshop
Vocational Rehabilitation Counseling Competency with African Americans

A Professional Development Workshop
Workshop Mission

✦ One goal of this workshop is to explore African American Cultural concepts within the vocational rehabilitation counseling setting.

✦ A second goal of this workshop is to develop or enhance culturally appropriate skills for vocational rehabilitation counselors, as it relates to African American consumers.

Workshop Agreement

By participating in this training:

✦ Maintain confidentiality
  ✦ This workshop is meant to explore a sensitive topic and cultivation of an open dialogue and encourage professional growth

✦ Be respectful and courteous

✦ Please place cell phones on silence; if necessary step out of the room prior to taking the call

✦ Return on time from lunch and breaks

✦ Be involved, participate, and ask questions
What Are Your Hopes?

What do you hope to gain from this training?

What are your expectations for today’s workshop?

Check In

This training is very interactive and designed to encourage open dialogue

This is not a fact giving training
Some Questions

✦ How many of you had to complete a multicultural course?

✦ Please raise your hand if you have taken at least one multicultural course/training since graduate school? Now 2, 3, 4, etc.

Why do you ask?
Answer…

Answer: It is very helpful to know everyone’s basic background or exposure in multicultural counseling

- We will cover a few concepts of multicultural counseling, but please feel free to ask any questions.

Exercise One

- Please use the index card to answer these questions:
- On a scale of 0 to 10, with 0 meaning “I have no idea/I do not believe this is necessary” and 10 meaning “I actively practice this skill with expertise/I believe this is very important”
  - How would you rate the necessity of multicultural competency in your current position?
  - How would you rate your current general multicultural competency? Multicultural Competency with African American consumers?
We will set aside the index card results and check in again at the end of the day

The goal is to establish a baseline

**Why Are We Here?**

- Disparity in the acceptance of African American consumers for Vocational Rehabilitation Services.

- Disproportionate Vocational Rehabilitation success measures for African American consumers.

- Overall rates of multicultural competency for vocational rehabilitation counselors has been found to be low.

- Goal is to positively change the above.
Types of Disparity

<table>
<thead>
<tr>
<th>Health Disparity</th>
<th>Health Inequity</th>
<th>Health Inequality</th>
<th>Disability Disparity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Differences in the quality of health care, which is unrelated to access or clinical needs, preferences &amp; appropriateness of intervention</td>
<td>Disparities in health care across a system, that are avoidable and considered unfair or unjust</td>
<td>Differences in opportunity, treatment or status that are observable.</td>
<td>Differential experience based primarily on cultural orientation, which result in increased incidence of disability &amp;/or decreased participation or successful outcomes compared to the majority group</td>
</tr>
</tbody>
</table>

Institute of Medicine (2003); Whitehead (2008); Villarruel (2006); & Lewis (2009)

"For Africa to me ... is more than a glamorous fact. It is a historical truth. No man can know where he is going unless he knows exactly where he has been and exactly how he arrived at his present place." - Maya Angelou
Historical Background

- African Americans have been the ones who could not forget: “They have been the Americans ‘who could not not know.’”
- Whereas...American Whites can act “as if by leaving the Old World they had escaped the burdens of the past in favor of a vigorously principled new place where only the vividness of the present and promise of the future really mattered.”
- Slavery
- Jim Crow Laws
- Separate and Not Equal

Historical Background

- *The Tuskegee Syphilis Study* (1932-1972)
- Mistrust around medical studies and government
- Study by Washington (2006)
- Disparities in Health Care Services
  - Higher rates of disabilities and Disease (CDC, 2005; U.S. DHHS, 2014)
  - US Census (2012) highest prevalence of disability (22.2%)
- Why is this important?

Microaggression Types

1. Microassault:
   ✦ A form of microaggression involving purposeful discriminatory action, such as a verbal attack or avoidant behaviors

2. Microinsult
   ✦ Demeans a person’s racial heritage or identity

3. Microinvalidation
   ✦ Excludes or negates a person’s thoughts or feelings

White Privilege

✦ What does White Privilege mean to you?

✦ How have you experienced white privilege?

✦ Does it mean guilt?
Break Time!
Please be back in 15 minutes

Are there any questions that came up at break?
Group Activity 1

✦ The move we are about to see discusses race from personal experiences.

✦ As you are watching the film please note the statements from the African American participants.

✦ *Color of Fear* by Lee Mun Wah

✦ [https://www.youtube.com/watch?v=4SVGwlmBtcs](https://www.youtube.com/watch?v=4SVGwlmBtcs)


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Group Activity 1

✦ Group Activity

✦ Split up into groups of four

✦ Choose one of the African American individuals in the film and imagine they were your client, please discuss the following points in your group:

✦ What feelings came up during the film?

✦ What Challenges might arise?

✦ What types of issues/problems might this client experience?

✦ Do interventions or employment planning need to be altered? If so, how and why?

Goal of the activity

What do you think was the goal of the activity?

Activity Two

Words, Thoughts, Feelings and Interpretations
Activity 2

Speaker

- Discuss your personal culture and experiences for 3-5 minutes

Listener

- Utilized active listening while speaker relays their experience.
- Repeat back what was heard, felt, and discussed.

Activity 2 Cont.

- Speaker, discuss the accuracy of the Listener’s response and interpretation.
- Switch Roles and follow the same steps.
- Class Discussion regarding the experiences
  - Were their inaccuracies?
  - What skills or tools helped to listen?

Goal of the Activity

✦ A reminder to be present.
✦ Also ensuring personal awareness of our own interpretations and bias, which impact our ability to hear others.
✦ Establishing some comfort when uneasy.
How might this be related to our interactions with our African American consumers?

Some reminders

- Are there different communication and listening styles within the African American Culture?
  - Affectively expressive and quick response
  - Being okay with interjections
  - Less eye contact

Let’s take a break!

5 minutes

Group Activity 3

✦ Need 4-6 volunteers and the rest of us will observe.

✦ Fishbowl Questions

✦ What was it like to grow up as__________

✦ What were some of your first experiences with racism/sexism?

✦ What are some advantages to being a man/woman?

Group Activity 3 Cont.

- How do you think being a (your race/sex) influences you as a counselor?
- What are some differences you notice when working with African American clients? Does it affect the therapeutic relationship and process?
- How does your own cultural experiences influence you as a counselor?

Observer Reaction

- Did anything coming up from the discussion?
- Do you have different viewpoints?
- Emotional Reactions?
Small Group Reaction

✦ What emotions came up when asked the questions?
✦ How did it feel to share?
✦ Any Questions or Concerns?

Lunch Break

Please return in 40 minutes
Welcome Back!

Group Activity 4

- What are some challenges African American consumers face with society? Within the healthcare systems? Within VR services system?
- Please review the examples and simulations handed out to each of you.
- Please break into groups of four.
Small Group Discussion

- Each participant will relay their simulation and example to the group.
- Within your group each of you discuss your feelings and responses to the assigned experiences.
- Those listening to the experience and reaction imagine you are the counselor, what is your reaction and response for the consumer? What techniques will you use?


Empowerment Model

- Currently the Vocational Rehabilitation System is designed to support consumers who are “motivated,” who have “vision of the future,” or who have self-efficacy.
- What if the consumer presents has challenging or unmotivated?
- The model is multidimensional.
Concepts

- Assisting the consumer with understanding their individual responsibilities in the rehabilitation process and in employment, i.e. “What would you do if you were the employer?” or “What if you don’t go to work/school?”
- Developing self-advocacy and navigation through the VR system.
- Developing a therapeutic alliance built on respect, trust, direct communication.

Concepts

- Assisting and supporting consumer motivation to continue with their goals.
- A coaching style with the consumer seeing their potential and not getting stuck on the barriers. Avoiding learned helplessness.
- Requires the counselor to recognize and acknowledge consumer experience barriers.
Concepts

- Processing Disability and coping strategies
- Teaching and discussing appropriate behaviors or attire within the employment setting.
- Have open and direct conversations with the consumer to discuss issues.

Break Time!
Techniques

- The concept of in-house advocacy services and supports
- The goal is to establish a network of multidisciplinary supports to address barriers and stabilization
- Examples: connections to community based services and supports including housing, Cash-Aid, child care, transportation, etc.


Closing Thoughts?

Questions?
Follow Up

- Please reuse the index card to answer these questions:
- On a scale of 0 to 10, with 0 meaning “I have no idea/I do not believe this is necessary” and 10 meaning “I actively practice this skill with expertise/I believe this is very important”
  - How would you rate the necessity of multicultural competency in your current position?
  - How would you rate your current general multicultural competency? Multicultural Competency with African American consumers?

Resources

- *Race, Culture and Disability: Rehabilitation Science and Practice* (Balcazar, Suarez-Balcazar, Keys, Taylor-Ritzler, 2010).
- Engaging ethnically diverse individuals with disabilities in the Vocational Rehabilitation system: Themes of empowerment and oppression (Taylor-Ritzler, 2010).
- *Counseling the Culturally Diverse: Theory and Practice* (Sue & Sue, 2008).
- *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to Present* (Washington, 2006)
"Change will not come if we wait for some other person or some other time. We are the ones we've been waiting for. We are the change that we seek." - President Barack Obama

Closing Thoughts....

References


References


APPENDIX B

Instructions for Training Leader
A. Trainer
   a. Should be knowledgeable and competent on multicultural theory, as well as African American culture.
   b. The trainer role is non-confrontational, not omnipotent, overly protective, or overly cautious
   c. The trainer will need to be mindful about self-disclosure
   d. For the Empowerment Model discussion, it is important to have read the Taylor-Ritzler (2010) study.

B. Training Setting
   a. Group size should not exceed sixteen participants
   b. The training is designed as a personal enhancement group
   c. Should not be a classroom setting, rather the goal is an intimate and comfortable setting.
   d. A confidential setting required.

C. Presentation
   a. Slides are designed to ask the group questions one at a time, so it is important to move slowly.
   b. Slides are designed to remind or assist visual learners, with a goal of developing talking points.
   c. Photo or visual prompts around African American culture should be presented outside of the slides.
d. Discussion of microaggression and white privilege is designed to openly address this concept and empower an open discussion. This topic transitions into the Group Activity 1.

e. Recommend the use of technology that allows for instant audience feedback.

Participants (can) respond privately to a poll or survey question by texting a code to the facilitator, and the results of the survey pop up in a PowerPoint slide in real-time. The facilitator can jumpstart the conversation by sharing the ‘correct’ answer (or answers), which inevitably leads the participants to want to share their thoughts, opinions and perspective about their chosen response. (Buelow, 2013, para. 10).

D. Activities

a. Group Activity 1

i. Objective:

1. The opportunity to discuss topics, key points, and reactions from the movie.

ii. Procedure:

1. Split into groups of four to discuss the movie and reactions. Have the group answer the questions listed on the slides.

2. Open it up for full group discussion.
c. Group Activity 2

i. Objective:

1. The objective of this activity is to acknowledge and process the issues and struggles with listening to feelings and experiences regarding culture. Additionally, the goal is to retell the client feelings without projecting the counselor’s personal interpretations.

2. The activity also gives the participants the opportunity to address uncomfortable feelings/reactions with what is heard and what is meant could possibly mean something different.

ii. Procedure:

1. Participants should divide into two-person groups, and they will decide the role of speaker and listener.

2. The speaker will discuss their culture for three-five minutes, while the listener closely listens without interruption.

3. Once time is up, the listener will repeat what was heard, the speaker’s feelings, and meaning about their culture.
e. Group Activity 3

i. Objective:

1. An opportunity to participate and engage on multicultural issues and discussion.

2. Observing commonality and differences, with a chance to discuss the issues openly.

3. Participant self-reflection

ii. Procedure:

1. Have the participants volunteer to engage in a class group of 4-6, while the rest of the participants observe.

2. The small group will answer the questions listed on the slides, one at a time.

3. Once the questions are discussed give the observers a chance to comment, question, and answer topics/issues that arose or were observed.

4. Open it up for full class discussion.

f. Group Activity 4

i. Objective:

1. To have the participants experience presented challenges of African Americans within society, the VR system, and employment settings.
iii. Procedure:

1. Give each participant an example and assignment of a challenge that African Americans may face in general society, the VR system, and employment settings. Examples may include creating a budget for a family on cash-benefits, discrimination within the work setting, or issues with having access to medical care and documents.

2. Have the participants discuss in groups of four how they might feel as the consumer.

3. Also discuss a response as a counselor including ways to acknowledge, support and assist.
References


