
Multicultural Initiatives Across Educational Contexts in Psychology: Becoming Diverse in Our Approach

Hector Y. Adames¹
The Chicago School of Professional Psychology
U. S. A.

Milton A. Fuentes¹
Montclair State University
U. S. A.

Dinelia Rosa
Teachers College, Columbia University
U. S. A.

Nayeli Y. Chavez-Dueñas
The Chicago School of Professional Psychology
U. S. A.

Educational context plays a role in promoting and maintaining multicultural competence. Whereas in the past decade psychology has considered the impact of multiculturalism in educational training; however, less attention has been paid to the institutional contexts that house these efforts. In this paper, four professional psychologists with expertise in multicultural education enumerate the barriers they encountered as they attempted to establish culture-centered educational contexts. Focusing on three specific educational contexts (a psychology department, a training clinic, and a medical setting), they provide insightful and compelling narratives that educators can relate to and apply to their own institutions. The article concludes with recommendations.

[Creating a Culture-Centered Psychology Department](#)
[Infusing Multiculturalism in a Training Clinic](#)
[Multiculturalism in Medical Centers](#)
[Conclusion and Recommendations](#)
[Endnotes](#)
[References](#)

In 2002 the American Psychological Association's Council of Representatives approved the *Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists* (Multicultural Guidelines). The primary goal of these guidelines is to assist psychologists in adopting a "culture-centered" approach and applying it to all facets of the

discipline. Prior to the introduction and approval of the Multicultural Guidelines, a number of critical foundational publications provided a framework and a starting point that have facilitated professional discourse on the importance of multiculturalism and diversity in the field (Arredondo, 1998; Atkinson, Morten, & Sue, 1979; Sue, Arredondo, & McDavis, 1992, Sue & Sue, 1999). Although early pioneers and current scholars in multiculturalism² have been influential in promoting an understanding of cultural differences and culturally appropriate skills, less attention is being paid to educational contexts that inform and house these culturally appropriate practices. Despite our best efforts, if educational contexts do not create mechanisms of sustainability, any fruitful developments in the area of multiculturalism can easily dissipate. Therefore, more consideration must be given to contexts for our efforts to continue to succeed and grow.

Professional psychologists, who have a commitment to incorporating social justice and equality into their professional settings, often struggle with a number of challenges. For instance, many professionals may have difficulties with making the abstract and complex concepts of multiculturalism concrete to their administrators, colleagues, students, and trainees. Others may face challenges assisting other professionals, students, and trainees to understand the implications of social inequality, marginalization, and oppression throughout their educational system and respective professions. To this end, this paper focuses primarily on Multicultural Guideline 6, which encourages psychologists to “use organizational change processes to support culturally informed organizational development and practices” (APA, 2003, p. 392). Specifically, this paper enumerates the developments and challenges of three psychologists involved in creating a culture-centered psychology department, a counseling training clinic, and a medical center. The following three sections highlight some of the challenges that each educational context provided, along with specific strategies that were employed to address each challenge. They are followed by general recommendations growing out of our combined experiences. While the focus of these efforts are in psychological settings, the implications of this paper extend beyond the discipline of psychology and can be appreciated by practitioners, scholars, and students who are committed to promoting and integrating multicultural education across various disciplines and contexts.

Creating a Culture-Centered Psychology Department: What’s in your Mission Statement?

Psychology departments play an obvious and critical role in introducing undergraduates to psychology as well as in training professional psychologists. However, little is known about how diversity and multiculturalism are addressed in these departments (Fouad, 2006). Guideline 3 of the Multicultural Guidelines notes that “as educators, psychologists are encouraged to employ the constructs of multiculturalism and diversity in psychological education” (APA, 2003, p. 386). Spat-Lemus, Fuentes, Truffin, and Basset (2010) reviewed the curriculum of undergraduate psychology programs across North America and found that although 68% of the institutions offered a multicultural or diversity course, only

4% required the course as part of the major. Additionally, a closer analysis of course titles revealed a varied and disjointed understanding of diversity. For example, some course titles focused exclusively on race and ethnicity, while other course titles examined additional aspects of diversity such as gender and class; still other course titles focused exclusively on cross-cultural psychology.

At the graduate level, Bidell, Ragen, Broach, and Carillo (2007) examined the websites of 90 professional psychology programs and found that there was significantly less diversity content on their websites, when compared to their traditional paper applications, with school psychology programs having the least diversity content. Dated but still relevant, Quintana and Bernal (1995) examined APA-accredited counseling psychology programs and noted that only 42% of the programs required a multicultural course. While psychology as a discipline maintains that diversity and multiculturalism training is important, some departments do not adequately address it as a central topic, emphasize its importance by making it a requisite, or provide a sound framework for effectively addressing diversity and multiculturalism. I (Fuentes) contend that in order to make diversity a priority to psychology departments, it must become central to the departments' mission.

As noted by Harrison (1987), a mission statement "refers to the organization's aim, purpose, or reason for being. The mission leaves its tracks...in statements of organization goals and corporate philosophy" (p. 7). Bart (1997) contends that "mission statements have gained recognition as tools of strategic importance. What is contained in these statements is important because of their influence on people behavior and resource allocation. The values denoted or connoted by these provide direction, focus, and a sense of meaning to the work" (as cited in Verma, 2009, p. 158). Sue et al. (1998) outline six characteristics that are salient to creating and maintaining culturally competent organizations; amongst these six, they assert that having a clear vision as it relates to multiculturalism ensures sound, culture-centered pedagogical goals and related diversity-focused training strategies.

I became first convinced of the power of a mission statement when my state psychological association engaged in major strategic planning and revisited its mission statement. After considerable and at times contentious discussions, the executive committee reconstructed its mission statement, adding these basic few words to it: "*in an atmosphere that supports the diversity of its members and the society at large.*" As argued earlier by Bart (1997), this simple addition fostered a deeper, more meaningful commitment of the association to diversity, as it became central to its mission. Subsequently, the association's four major goals were reviewed, the relevance of diversity to these goals was explored, and related activities were added to the strategic plan. Moreover, the diversity goal, which was often under-prioritized and poorly funded, received greater recognition and considerably more funding.

I am an associate professor in a psychology department composed of nearly 30 faculty members, 1,200 undergraduate majors, and 100 graduate students. Our department is housed in a mid-size state university in the

Northeast and offers an undergraduate psychology minor, a Bachelor of Arts in psychology, Master of Arts degrees in general psychology, industrial organizational psychology, and clinical psychology, as well as a graduate certificate in school psychology. Three years ago my department engaged in a major strategic planning process, reviewing its mission statement and revising it to capture the department's vision. I wanted to ensure that we aspired to be a culture-centered department, as per the multicultural guidelines, and requested that we declare our commitment to diversity in our mission statement. This request received considerable attention by the faculty. After extensive discussion and several iterations, the department finally approved the following mission statement:

The Psychology Department...is a diverse community of educator-scholars who create a student-centered learning environment in its undergraduate and graduate programs, while maintaining a culturally sensitive approach. We respect our faculty and staff members as colleagues and their unique and particular professional commitments as they relate to academic responsibilities within their field of psychology. Faculty provides: excellence in inspired teaching of the science and practice of psychology; research; and dedicated service to the University and to the broader community. We ensure that our students are prepared to think scientifically and ethically and to enter a wide range of productive roles.

Again, while adding a diversity reference to one's mission statement may appear simple and trivial, its potential implications are profound and widespread. For example, when new courses are reviewed in our department, as chair of the undergraduate committee, I am now able to more easily inquire as to how diversity issues will be explored in the course. Also, when relevant, I may request that a reference to culture be added to the course description. While these requests may have been challenged in the past, most concerns are quickly allayed or dispelled, as the requests are now in concert with our mission statement. Interestingly, in this past year a graduate course in multicultural psychology that had been on the books for years and never offered was redesigned and has become a requirement for our school psychology and clinical psychology graduate students. In addition, the department also now sponsors the Multicultural Psychology Scholars, an undergraduate student club for students interested in the intersection of psychology and culture. Lastly, a graduate concentration that prepares master-level clinicians to work with Latinos that had been languishing, receiving very little attention and resources, has been recently re-examined by a departmental committee and will undergo significant curricular transformations over the next year.

The common challenges to infusing diversity in our mission statement typically came in the form of questions. I was asked questions such as:

- What do you mean by diversity?

- Which aspects of diversity will we be focusing on (e.g., race, ethnicity, age, sex)?
- What is culture-centered?
- Are you trying to tell me what to teach in my courses?
- How is diversity relevant to the courses I teach (e.g., statistics, experimental)?
- How can I address diversity in my courses?

With respect to the first three questions, over the course of my career, I have seen diversity issues evaded or progress stalled because parties could not agree on a definition of diversity or culture. Some colleagues prefer to focus on race or ethnicity exclusively, while others prefer a broader definition. At times, this can be an attempt to circumvent the conversation by broadening or complicating the issue. Questions 4 and 5 are almost often raised around academic freedom, as there was a fear that by adding a diversity reference to the mission statement faculty would be told what to teach in their courses. The last factor that emerged was associated with question 6 and related to a lack of experience with diversity. Colleagues were often not sure how to infuse diversity into their courses.

Several factors facilitated my efforts. First, my own attitude was instrumental. I knew that in order to secure “buy in,” I had to remain supportive, open-minded, collaborative, and flexible. Having been involved in diversity-related efforts for the past 15 years gives me an obvious advantage, making issues related to diversity almost second nature. For some of my colleagues, this diversity notion is new, insignificant, or controversial. I reframed most of their questions, as attempts to understand this phenomenon better, and sent them helpful resources such as the multicultural guidelines and a bibliography of diversity education resources developed by the APA Task Force on Diversity Education Resources and maintained by the Office of Teaching Resources in Psychology (2011). Second, I also had to identify my allies in my department and enlist their support, as being a diversity ambassador can be alienating and arduous, requiring considerable collegial support. Lastly, I maintained an optimistic, confident and persistent stance. I needed to convey to my colleagues that this was an important addition to our mission statement, and I did not shy away from the conversations. I consistently sent out emails that showcased the intersection of psychology and diversity. Meeting after meeting I, with the support of my allies, reintroduced the conversation and vetted the process until we were able to establish consensus and identify a diversity reference that we were all comfortably with.

I hope that all readers will ask themselves if their department has a mission statement. If so, does it reference diversity in any way? I highly encourage departments to explore strategies for integrating a diversity reference into their mission statements. It is one strategy for moving toward developing a

culture-centered department, one which could significantly impact a department's curriculum, academic programs, and departmental activities.

Infusing Multiculturalism in a Training Clinic

Research examining the infusion of cultural diversity in psychology training clinics, which are often practicum settings for students from clinical and counseling psychology programs, is very scarce. The existing research and literature on cultural diversity focuses primarily on academic programs and counseling centers (Carlson, Brack, Laygo, Cohen, & Kirkscey, 1998; Constantine & Sue, 2005; Murphy, Wright, Vidaurr, & Bellamy, 1995). In the course of my tenure as the director of a multidisciplinary training clinic, serving students from various academic programs including clinical, counseling, and school psychology, reading, and special education, I (Rosa) have experienced several challenges as I attempted to integrate cultural diversity in my practicum site. This next section will discuss these challenges and my best attempts at addressing them.

The first challenge encountered involved creating a welcoming environment at the training clinic for our diverse clients. Shpungin and Saules (2009) surveyed psychology training clinic directors and found that only 20% of the 61 respondents reported having art that depicted diversity in their respective clinics. Seventy-one percent reported some non-U.S and non-European art, while 53% reported having culturally diverse magazines and literature. Sue (2010) has defined the lack of culturally representative art, magazines, and literature as environmental microaggressions. The omission of culturally congruent environmental décor can convey a message that certain diverse individuals do not belong in such setting, they do not exist, and they are not considered important. To ensure that we provided a welcoming environment, we added pictures and paintings depicting diverse ethnic and racial groups. For instance, we added portraits of influential leaders such as Martin Luther King, Jr., Malcolm X., Rosa Parks, and replicas of famous painters such as Diego Rivera. In addition, we provided training in diversity to the front desk office staff to increase awareness on working with diverse populations.

Another challenge faced involved the disconnect that existed between the training clinic and the referring community-based agencies. The literature has suggested that agencies addressing the needs of a multicultural community need a common language, education regarding program content, and appropriate interventions specifically designed for the needs of the target population (Stuart, 2004). Since our clinic collaborated with numerous community-based agencies, they typically referred low-income individuals of diverse backgrounds with multiple psychosocial stressors. The overarching goal of many of these programs was to address psychosocial challenges such as school dropout, gang involvement, substance abuse, criminal activity, and mental illness through the use of preventive services. This unique referral flow forced us to revise our definition of what was considered a "good" training case and required us to adopt

a broader definition of an “appropriate” case to include people with increased psychological and psychosocial complexities. We established formal collaborative agreements with these agencies, ensuring that the provision of services for their clients were at reasonable fees.

Collaboration with our community-based organizations also required continuous dialogue to encourage participation and trust in the services provided by our trainees. Many of the community-based programs were not familiar with our work, so we had to develop a common language. Aspects such as the length of time for completion of services (e.g., at times a full semester for an assessment), reasons why services are offered some times of the year and not others (e.g., depending on when the practicum is active at the training clinic), and the supervision process which at times contributed to delays in the delivery of services, were a few of the fundamental aspects that were unfamiliar to agencies that used traditional mental health clinics. Essentially, we had to affirm our commitment to the surrounding communities while maintaining our training mission commitment.

In our training clinic, students now receive specific preparation as part of their required orientation to the clinic on the existing agency collaborations and about how to best approach each one in a culturally sensitive way. Emphasis is placed on the relevance of using these established relationships positively. For instance, engaging with the agency first and establishing contact with the referral source before making the first call to a client is one way of establishing good connections. This step raised a number of valid concerns among students concerning issues of boundaries and perceived inappropriateness of approaching the agency before the client. Again, education was required to increase the students’ cultural awareness while concretely providing methods to integrate culturally congruent strategies to engage culturally diverse clients. Sue, Arredondo, and McDavis (1992) state that “a culturally skilled counselor is one who is in the process of actively developing and practicing appropriate, relevant, and sensitive intervention strategies and skills in working with his or her culturally different clients” (p. 481). Students were trained to establish contact with agencies so that they could facilitate the clients’ entrance to our training clinic in a collaborative way. Simultaneously, agencies were educated about the boundaries of confidentiality once the client began services with the student. In this way, our students learned to integrate a new strategy that brought flexibility to the engagement process, while not impinging on treatment confidentiality.

Another challenge faced in our training clinic included assisting students in integrating cultural factors into their clients’ clinical conceptualizations. Several studies have found that clinical trainees were unable to adequately integrate multicultural factors into their case conceptualizations (Constantine & Ladany, 2000; Sehgal et al., 2011). In an effort to ensure that multicultural factors are explored in the initial assessment and intake process, we developed a structured intake format that included a multicultural evaluation aimed at gathering history on migration, language, ethnicity, race, acculturation, religion, and sexual orientation. Once the intake is completed, students are required to develop a

case conceptualization that includes a cultural formulation. In addition, the quarterly report format has been revised to include an update on the original multicultural evaluation completed during intake. All structured forms have been translated into Spanish to ensure fidelity and consistency. It is our goal to translate these forms into other languages as well.

Supervision is another challenging area faced by training clinics interested in integrating multicultural competency. Lack of integration of diversity issues into supervision training has been documented (Falender & Shafranske, 2004, 2008; Yabusaki, 2010), and only in the recent years has there been an interest in providing multicultural competent supervision (Bernard & Goodyear, 2004). The traditional model of individual supervision presents little opportunities to understand and assess how supervisors are integrating cultural aspects in the supervisory process. Although it has been argued that individuals in the more powerful or privileged position (e.g., supervisors) initiate the cultural dialogue given its sociopolitical and emotionally evocative nature (Ancis & Ladany, 2001; Fukuyama, Miville, & Funderberk, 2005; Helms & Cook, 1999), I have found that often it is up to the students to bring up issues of cultural diversity in the supervisory discussion, and at times students are faced with different levels of receptiveness from the supervisors. Moreover, the process is typically unstructured, as protocols for monitoring these dynamics in supervision are often lacking.

Recently, theoretical models for integrating multicultural competency in supervision have been proposed, including Field, Chavez-Korell, and Domenech-Rodriguez's (2010) Multicultural Developmental Supervisory Model, which addresses the dynamics of same-ethnic supervisory dyads, and Miville, Rosa, and Constantine's (2005) Ecological Framework Model. The latter model envisions the supervisee embedded in a system of different layers that include his or her own intrapsychic dynamics, the dynamics of the program (e.g., faculty, peers), practicum placements (e.g., training clinic), the university where the training clinic is housed, and, at the larger organizational system, the profession that guides the clinical work. In this model, supervisors actively interact with other systemic parts and actively incorporate multicultural theory into the clinical practice. To ensure that diversity and cultural sensitivity are being integrated into supervision and to increase the presence of supervisors into the ecological model, various steps are suggested. First, supervisors must be included in opportunities that will enhance their understanding of diversity as endorsed by the training clinic and must maintain ongoing dialogues with key personnel (e.g., faculty and training directors) to explore the expectations and relevance of diversity in the supervisory process. Also, existing evaluation forms must be reviewed at two levels: first, evaluations completed by supervisors about supervisees must include sections that will document the inclusion of cultural aspects in supervision; second, forms completed by students about their supervisors must incorporate their experience about the receptiveness of supervisors to address cultural diversity concerns in supervision (Miville, Rosa, & Constantine, 2005). We are in the process of revising our existing supervision process and evaluation forms to incorporate these suggestions.

In summary, training clinics can play a key role in the cultural diversity preparation of graduate students. Some basic steps include establishing a welcoming environment that reflects the clientele being served, being receptive to developing a relationship with community-based organizations, and paying close attention to the individual multicultural training needs and competencies of students.

Multiculturalism in Medical Centers: Expanding Conceptual Frameworks

The development of separate and parallel systems of mental and medical care is one of the most significant events in the history of health care (Patterson, Peek, Heinrich, Bischoff, & Scherger, 2002). However, with the proliferation of integrated health care (i.e., mental health, behavior health, behavioral health care integrated in primary care, or behavioral health care integrated in specialty care) the gap between medical and mental health is beginning to change.

I (Adames) am a neuropsychologist who recently worked in a medical center where I provided services to primary care patients who presented with behavioral, emotional, cognitive, and behavioral health-related problems. Currently, I teach courses in a graduate health psychology concentration, in which students are preparing to work in primary care settings. In my experience, the mind-body split ideologies that have been prevalent in traditional practice and training in both medical and mental health care continue to exist despite the movement and efforts towards an integrated approach to healthcare. Likewise, I have witnessed many providers practicing in medical centers and trainees interested in primary care, who subscribed to a philosophy that explains human behavior and mental processes through biological and “objective” lenses. This way of thinking often lacks the framework in which issues of multiculturalism can be discussed. Although many early career psychologists have had some form of training in multiculturalism, they continue to struggle with incorporating issues of diversity into their practice in medical centers. These struggles appear to be more prevalent among psychologists who were trained prior to the multicultural movement in professional psychology. Others are likely to lack the language in diversity to translate multicultural paradigms into a framework that can be understood by other members of these institutions. Yet, many psychologists in medical centers are in unique positions to be agents of change and help integrate issues of multiculturalism into their practice and institutional settings while working towards the provision of integrated healthcare. In this section I aim to identify promising approaches and languages that can be used to facilitate the infusion of multiculturalism into medical centers. This section is intended to be an inspirational springboard from which many efforts could follow, allowing the fourth force of psychology (i.e., multiculturalism [Pedersen, 1988, 1990]) to influence the practice of psychologists working in medical centers.

Efforts to educate psychologists about the beliefs and practices of diverse groups are certainly worthy and deserve significant attention. However, as

discussed in earlier sections of this paper, implementation of cultural issues into practice remains a consistent challenge. Training, for some of my colleagues, on how to integrate issues of culture into this setting is lacking, and questions arise as to the relevancy of these topics. Two important themes have assisted me with understanding the challenges embedded in medical centers. I propose that these two challenges are paramount if indeed we are going to value and address issues of multiculturalism in this context.

The first challenge involves the belief that those practicing in medical centers have been trained to work with individuals with severe mental illness. These practitioners are likely to focus on pathology with possible organic etiologies, hence placing less emphasis on cultural factors that may be contributing to the presenting problem(s). Based on the nature of their training, I have found that practitioners in medical centers fail to conceptualize or value how sociocultural factors impact the development of pathology.

Training in multicultural competence has focused on increasing competence in knowledge, awareness, and skills specific to diverse populations (Sehgal et al., 2011; Sue et al., 1992). However, I contend that in order to address multicultural competence in medical centers, it is imperative to use language that is both valued and understood by practitioners in this context. For instance, I have found it useful to deconstruct sociocultural factors such as race and ethnicity to include domains that are frequently integrated by practitioners in medical centers to understand pathology. These factors have included socioeconomic status, quality of education, exposure to mainstream culture, geographic region, racial socialization, stereotype threat, genetics, early life nutrition, access to health care, chronic disease, and stress related to racial discriminations. Focusing on constructs that are already understood by individuals in medical centers may increase the knowledge and awareness of how culture impacts physical and mental health. Moreover, my use of language that is valued and understood by professionals in medical centers has increased dialogue on differences in our treatment team meetings.

The second challenge is the strict ideological adherence by many medical center practitioners to objective, empirical, reductive, and generalizable forms of truth, also considered as the dominant approach in understanding pathology (Bentacourt, 2003; Quintana, Troyano, & Taylor, 2001). In contrast, multicultural scholars contend that cultures have both universal and relative factors that influence the development, diagnosis, treatment, and evaluation of effectiveness of interventions employed (Casas, Pavelski, Furlong, & Zanglis, 2001). A challenge I have often encountered, when discussing multicultural research in medical centers, is the belief that the methods used to study cultural factors are not perfectly congruent with the dominant approach in healthcare. In fact some health professions in this setting have postulated that studying multiculturalism is ascientific. This belief has contributed to devaluing and diminishing the importance of multicultural inquiry in medical centers.

In addressing the second challenge, I propose that qualitative research paradigms including grounded theory, action research, and narrative research be

used to augment quantitative inquiry. In seminars, I often focus on how qualitative or mixed method approaches provide a more complete understanding of the individual, including and valuing sociocultural factors that may impact pathology. Moreover, I discuss how qualitative methodologies facilitate the exploration of unidentified constructs that may significantly impact the development and/or understanding of wellbeing (Morrow, Rakhsha, & Castaneda, 2001). In addition to advocating for a more inclusive research inquiry, I recommend that practitioners in medical centers strive to become more avid consumers of literature that embraces various perspectives in research methodologies. Overall, my colleagues and trainees have been receptive. Consultation and coordination between medical and mental health providers have improved. These efforts have led the treatment team to discuss the associations between health and social, cultural, and economic factors (Cohen, Doyle, Skoner, Rabin, & Gwaltney, 1997), connection between psychotherapy and brain functioning (Baxter et al., 1992; Cappas, Andres-Hyman, & Davidson, 2005), and interaction between physical and mental health.

Conclusion and Recommendations

There is extensive literature in the field of psychology on multicultural competence and the importance of such training for professional psychology. Sue et al. (1998) contributed to this body of research with a practical approach to infusing multiculturalism into the organizational development of institutions. They contended that it is paramount for institutions not only to state the importance of cultural competence, but to also clearly identify methods through which they will achieve higher levels of multicultural competence across different levels of the organizational structure. In order to do this, they proposed six elements that are critical to the development of multicultural competence in organizations, including the value of diversity, the capacity for cultural self-assessment, a clear vision that includes multicultural goals for the organization, a good understanding the dynamics of political and power difference, an institutionalization of cultural knowledge visible across all levels of the organization, and the ability to adapt to changes in the diversity of programs, interventions, staff, and recipients of services. Although Sue et al. (1998) provided a road map for the infusion of multiculturalism into organizational structures, little emphasis was placed on using context-specific strategies to achieve such goals. What follows are recommendations derived from our experiences in the academic, training clinic, and medical systems that provide some strategies to help implement multicultural initiatives in a variety of contexts:

1. Consider all levels of a system including the individual level, the student and professor/professional interaction, the classroom/learning space, the department, and the institution when trying to understand how each context fosters or hinders multiculturalism.
2. Recognize resistance and remember that change, although not impossible, is difficult and does not happen immediately.

3. Meet members of your professional context where they are, regardless of level of experience or theoretical/conceptual way of thinking.
4. Be firm, be persistent, and be patient regardless of context and setbacks.
5. Identify allies and collaborate with them; diversity is a collective effort.
6. Align diversity initiatives to institutional and professional goals and values.
7. Continue to educate and advocate.

This article is one step toward addressing the critical need to examine and build culture-centered contexts that capture and maintain our important efforts. As revealed in our narratives, a “one-size-fits-all approach” to multiculturalism is destined to fail; hence, even in our endeavors to address multiculturalism in distinct contexts, we must become diverse in our approach. The proposed strategies enumerated above are an excellent start to the arduous yet exciting task of effectively addressing the complex issues involved when practicing multiculturalism within different contexts. Readers are encouraged to consider adopting the various strategies proposed and developing mechanisms for evaluating their effectiveness. Through this paper we hope to have encouraged a more careful examination of our respective training and educational institutions and illuminated the importance that contexts play in diversity initiatives and multicultural endeavors.

Endnotes

1. Dr. Adames and Dr. Fuentes are both first authors, as they contributed equally to the article and are listed alphabetically.
2. In this paper, the constructs of multicultural/multiculturalism are defined to include race, ethnicity, class, sex/gender, religion, sexual orientation, and ability/disability status (Adames & Fuentes, 2011; Fuentes & Adames, 2011; Nettles & Balter, 2012).

References

- Adames, H. Y. & Fuentes, M. A. (2011). Having a voice and being heard: Exploring the impact of multiple social identities on the self. In M. Pope, J. Pangelinan, & A. Coker (Eds.), *Experiential activities for teaching multicultural counseling classes and infusing cultural diversity into core classes* (pp. 49-51). Alexandria, VA: American Counseling Association Press.
- American Psychological Association. (2003). Guidelines on multicultural education, training, research, practice, and organizational change for psychologists. *American Psychologist*, 58(5), 377-402.

- Ancis, J. R., & Ladany, N. (2001). A multicultural framework for counselor supervision. In L. J. Bradley, & N. Ladany (Eds.), *Counselor supervision: Principles, process, and practice* (3rd ed.) (pp. 63-90). New York, NY: Brunner-Routledge.
- Arredondo, P. (1998). Integrating multicultural counseling competencies and universal helping conditions in culture-specific contexts. *The Counseling Psychologist, 26*, 592-601.
- Atkinson, D., Morten, G., & Sue, D. W. (1979). *Counseling American minorities: A cross-cultural perspective*. Dubuque, IA: Brown Company.
- Bart, C. K. (1997, November-December). Sex, lies and mission statements. *Business Horizon, 9*-18.
- Baxter, L., Schwartz, J., Bergman, K., Szuba, M., Guze, B., Mazziotta, J., Alazraki, A., Selin, C., Ferng, H., Munford, P., & Phelps, M. (1992). Caudate glucose metabolic rate changes with both drug and behavior therapy for obsessive-compulsive disorder. *Archives of General Psychiatry, 49*, 681-689.
- Bernard, J. M., & Goodyear, R. K. (2004). *Fundamentals of clinical supervision*. (3rd ed.). Boston: Allyn & Bacon.
- Betancourt, J. R., (2003). Cross-cultural medical education: Conceptual approaches and frameworks for evaluation. *Academic Medicine, 78*, 560-569.
- Bidell, M. P., Ragen, J. K., Broach, C. D., & Carrillo, E. A. (2007). First impressions: A multicultural content analysis of professional psychology program web sites. *Training and Education in Professional, 1*(3), 204-214.
- Cappas, N. M., Andres-Hyman, R., & Davidson, L. (2005). What psychotherapists can begin to learn from neuroscience: Seven principles of a brain-based psychotherapy. *Psychotherapy: Theory, Research, Practice, Training, 42*(3), 374-383.
- Carlson, M. H., Brack, C. J., Laygo, R., Cohen, R., & Kirkscey, M. (1998). An exploratory study of multicultural competence of counselors in training: Support for experiential skills building. *The Clinical Supervisor, 17*(2), 75-87.
- Casas, J. M., Pavelski, R., Furlong, M. J., & Zanglis, I. (2001). Advent of systems of care: Practice and research perspectives and policy implications. In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (2nd ed., pp. 189-221). Thousand Oaks, CA: Sage.
- Cohen, S., Doyle, W. J., Skoner, D. P., Rabin, B. S., & Gwaltney, J. M. (1997). Social ties and susceptibility to the common cold. *Journal of the American Medical Association, 277*, 1940-1944.

- Constantine, M. G. & Sue, D. W., (2005). *Strategies for building multicultural competence in mental health and educational settings*. Hoboken, NJ: John Wiley & Sons.
- Constantine, M. G., & Ladany, N. (2000). Self-report multicultural counseling competence scale: Their relation to social desirability attitudes and multicultural case conceptualization ability. *Journal of Counseling Psychology, 47*, 155-164.
- Falender, C. A., & Shafranske, E.P. (2004). *Clinical supervision: A competency-based approach*. Washington D.C.: American Psychological Association.
- Falender, C. A., & Shafranske, E. P. (2008). *Casebook for clinical supervision: A contemporary based approach*. Washington D.C.: American Psychological Association.
- Field, L. D., Chavez-Korell, S., & Domenech-Rodriguez, M. M. (2010). No hay rosas sin espinas: Conceptualizing Latina-Latina supervision from a multicultural developmental supervisory model. *Training and Education in Professional Psychology, 4*(1), 47-54.
- Fouad, N. A. (2006). Multicultural guidelines: Implementation in an urban counseling psychology program. *Professional Psychology: Research and Practice, 37*(1), 6–13.
- Fuentes, M. A., & Adames, H.Y. (2011). The social cultural profile. In M. Pope, J. Pangelinan, & A. Coker (Eds.), *Experiential activities for teaching multicultural counseling classes and infusing cultural diversity into core classes* (pp. 153-155). Alexandria, VA: American Counseling Association Press.
- Fukuyama, M. A., Miville, M. L., & Funderburk, J. R. (2005). Personal narratives about heterosexism in counseling psychology: How the “closet” still exists today. In J. M. Croteau, J. S. Lark, M. A. Lidderdale, & D. Chung (Eds.), *Deconstructing heterosexism in the counseling professions: Multicultural narrative voices* (pp. 137-157). Thousand oaks, CA: Sage.
- Harrison, R. (1987). Harnessing personal energy: How companies can inspire employees. *Organizational Dynamics, 16*(2): 5-20.
- Helms, J. E., & Cook, D.A. (1999). *Using race and culture in counseling and psychotherapy: Theory and process*. Boston, MA: Allyn & Bacon.
- Miville, M. L., Rosa, D., & Constantine, M. G. (2005). Building multicultural competence in clinical supervision. In M. G. Constantine, D. Sue, M. G. Constantine, D. Sue (Eds.), *Strategies for building multicultural competence in mental health and educational settings* (pp. 192-211). Hoboken, NJ: John Wiley & Sons.
- Morrow, S. L., Rakhsha, G., & Castaneda, C. L. (2001). Qualitative research methods for multicultural counseling. In J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (2nd ed., pp. 575-599). Thousand Oaks, CA: Sage.

- Murphy, M. C., Wright, Vidaurr, B., & Bellamy, D. E. (1995). Multicultural training in university counseling center predoctoral internship programs: A survey. *Journal of Multicultural Counseling and Development, 23*, 170-180.
- Nettles, R., & Balter, R. (Eds.). (2012). *Multiple minority identities: Applications for practice, research, and training*. New York, NY: Springer Publishing Company.
- Office of Teaching Resources in Psychology (2011). *Presidential taskforce on diversity education*. Retrieved from <http://teachpsych.org/diversity/ptde/index.php>
- Patterson, J., Peek, C. J., Heinrich, R. L., Bischoff, R. J., Scherger, J. (2002). *Mental health professionals in medical settings: A primer*. New York, NY: Norton.
- Pedersen, P. B. (1988). *A handbook for development multicultural awareness*. Alexandria, VA: American Association for Counseling and Development.
- Pedersen, P. B. (1990). The constructs of complexity and balance in multicultural counseling theory and practice. *Journal of Counseling & Development, 68*, 550-555.
- Quintana, S. M., & Bernal, M. E. (1995). Ethnic minority training in counseling psychology: Comparisons with clinical psychology and proposed standards. *Counseling Psychologist, 23*, 102-121.
- Quintana, S. M., Troyano, N., & Taylor, G. (2001). Cultural validity and inherent challenges in quantitative methods for multicultural research. In J. G. Ponterotto, J. M. Casa, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (2nd ed., pp. 604-630). Thousand Oaks, CA: Sage.
- Spat-Lemus, J. S., Fuentes, M. A., Truffin, M. M., & Bassett, C. (2010). *Examining Diversity and Multiculturalism in Undergraduate Psychology Programs*. Poster presented at the 118th Annual Convention of the American Psychological Association, San Diego, CA.
- Sehgal, R., Saules, K., Young, A., Gillem, A. G., Saules, K., Grey, M. J., & Nabors, N. A. (2011). Practicing what we know: Multicultural counseling competence among clinical psychology trainees and multicultural psychologists. *Cultural Diversity and Ethnic Minority Psychologist, 17*(1), 1-10.
- Shpungin, E., & Saules, K. (2009). Diversity climates in psychology training clinics: Realities, priorities, and opportunities. Presentation at Mid-Year Meeting, Association of Directors of Psychology Training Clinics, March 2009.
- Stuart, R. B. (2004). Twelve practical suggestions for achieving multicultural competence. *Professional Psychology: Research and Practice, 35*(1), 3-9.

- Sue, D. W. (2010). *Microaggressions in everyday life: Race, gender, and sexual orientation*. Hoboken, NJ: John Wiley & Sons.
- Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Counseling & Development, 70*, 477-486.
- Sue, D. W., Carter, R. T., Casas, J. M., Fouad, N. A., Ivey, A. E., Jensen, M., LaFromboise, T., Manese, J. E., Ponterotto, J. G., & Vazquez-Nutall, E. (1998). *Multicultural counseling competencies: Individual and organizational development*. Thousand Oaks, CA: Sage.
- Sue, D. W., & Sue, D. (1999). *Counseling the culturally different: Theory and practice*. Hoboken, NJ: John Wiley & Sons.
- Verma, H. V. (2009). Mission statements: A study of intent and influence. *Journal of Services Research, 9*, 153–172.
- Yabusaki, A. S. (2010). Clinical supervision: Dialogue on diversity. *Training and Education in Professional Psychology, 4*(1), 55-61.