“Invisible Citizens to Visible Subjects”:
Multicultural Counseling Competence with the Arab American Population

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Dedication

To my father, for his unconditional love and unwavering support.

"I am invisible, understand, simply because people refuse to see me. Like the bodiless heads you see sometimes in circus sideshows, it is as though I have been surrounded by mirrors of hard, distorting glass. When they approach me they see only my surroundings, themselves, or figments of their imagination – indeed, everything and anything except me."

The Invisible Man - Ralph Ellison

Abstract

The Arab American experience entwines with politics, world affairs, race issues and more recently, in coping with refugee status. The counseling field has been increasing focus on multicultural competence, advocacy, and inclusion of marginalized populations, emphasizing it as a critical component in counselor training and education (Kiselica & Robinson, 2001). Multicultural counseling competence requires demonstrated competence in the areas of multicultural awareness, knowledge and skills when working with diverse populations (Sue et al., 1992). Despite the significant mental health implications identified among the Arab American population, there is limited empirical evidence regarding the multicultural training, education and practice of counselor trainees and professionals when working with this group. As such, the purpose of this quantitative study was to investigate counselor's multicultural counseling competence with the Arab American population. More specifically, it examined the relationship between professional counselor's multicultural knowledge, multicultural awareness, specific knowledge about Arab Americans and attitudes held towards Arab Americans. This study also identified variables that predicted attitudes towards Arabs. First, a descriptive analysis of the data identified that counselors and counselor educators demonstrated higher levels of multicultural awareness than multicultural knowledge. Counselors and counselor educators demonstrated low levels of negative attitudes towards Arabs as well as significantly low levels of knowledge about Arab Americans. Second, a correlational analysis identified that there was a significant relationship between general multicultural awareness and negative attitudes towards Arabs, demonstrating that higher levels of multicultural awareness can decrease negative attitudes towards Arabs. Third, a stepwise regression identified multicultural awareness, specific knowledge of Arab Americans and level of training as predictor variables of positive attitudes

towards Arabs. Discussion includes findings, implications for education, clinical practice and future research.

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Chapter 1

Introduction

Deconstructing Arabs

The definition of 'Arab' has been repeatedly questioned. Scholars commonly use the term 'Arab' as a signifier of cultural and linguistic characteristics, including countries where the primary language is Arabic (Naff, 1993). Others, influenced by the many Arab nationalist movements that surfaced in resistance to Ottoman Rule and European colonization, view the term Arab as an indicator of national identity that unites groups of people who share a common culture and community (Naff, 1993).). Since 1945, the Arab nations, all of which Arabic is deemed as the primary language, include 22 nations spanning the Middle East and North Africa that joined to form the Arab League (Orfalea, 2006). Arab countries include a wide array of religious, ethnic and linguistic diversity. Furthermore, religious orientations include Islam. Christianity, Judaism and Druze, among others (Naber, 2000).

Ever since the first significant group of Arab immigrants came to the U.S. in the 1880's, the terms of Arab American identity have shifted and been contested (Orfalea, 2006). As such, it is necessary to grasp the intricacies that come with racially classifying Arab Americans. Some Arab American activists have contested the terms 'Arab' or 'Arab American' as rubrics for organized identity, arguing that these terms are nationalist in scope and therefore exclusionary toward non-Arab minorities in the region (Naber, 2000). They have suggested the geographic-based terms 'Southwest Asian and North African' (SAWA) as alternatives (Naber, 2000).

The religious, ethnic, racial and linguistic diversity of the Arab region gives at least some insight into why the U.S. government has found it to be a particularly arduous task to reach a consensus over who is an Arab, what constitutes Arabness, and how to racially organize Arab

Americans (Orfalea, 2006). Racially, the U.S. Census Bureau has, and continues to, consider Americans of Middle Eastern and North African descent 'white' since the 1920s (Naber, 2000). In 1974, the Federal Interagency Committee on Education (FICE) recommended racial and ethnic categories for standardized use by the government. The committee focused on disparities between black, Latino, American Indian and Asian American populations as they compared to the white population. By 1978, four racial categories were identified: American Indian/Alaska Native; Asian or Pacific Islander; Black; and white. 'White' classified anyone who originated from North Africa, the Middle East and Europe (U.S. Census Bureau, 1997), solidifying Arab Americans' racial identification as white in the U.S.

Many Arab American community activists, leaders and organizations have pushed for the categorization of Arab Americans under their own minority classification. This lobbying for minority status intensified as Arab Americans pushed for a unified identity recognized by the federal government. This was partially in direct response to the significant spike in hate crimes towards this group that have not been documented as such due to the lack of official minority categorization (Naber, 2006). This is also partially in response to government policies, such as the Patriot Act, enacted during the 'war on terror' initiative, and designed to restrict the civil liberties of anyone who appeared to be Arab and/or Muslim (Naber, 2006). After repeatedly rejecting appeals for minority status, the Bureau added the classification 'Arab ancestry' under the Ancestry section in 2000, and has more recently agreed to test a new "Middle East-North Africa" (MENA) classification for possible inclusion on the 2020 Census (U.S. Census Bureau, 2015).

Reconstructing Arab Americans

In his 1978 book titled *Orientalism*, Edward Said argues that orientalism is a lens utilized by Westerners to describe those from Arab cultures. Orientalism is knowledge about the 'East' generated from already existing social constructs, which envision all Arab societies as sharing cultural similarities and characteristics that are not present in Western societies. The portrayal of 'the Arab' as irrational, dishonest, untrustworthy, anti-Western, and perhaps most importantly, violent, are ideas developed and evolved by Orientalist scholarship and scholars of Arab American studies (Alsultany, 2012; Naber, 2000; 2006; 2008; Shaheen, 2001). Such knowledge, Said (1978) asserted, is constructed through historical, academic and literary records, which often times do not accurately reflect the Arab individual.

The process of racial classification, or racialization, in the U.S., is a historical one that is used as a means to offer (or deny) both opportunity and privilege based on physical appearance (Bonilla-Silva, 1999). The racialization of Arabs and Muslims is not simply contingent on phenotypical differences, but also driven by assumptions about culture and religion, the perceived clash of values, and inevitably aggravated by cultural ethnocentrism (Said, 1978). By utilizing a hierarchical system to categorize people based on skin color, physical features, cultural values and religion, the process of racialization becomes a tool in the production of inherent differences between 'us' and 'them' that legitimizes and supports the violation of racial minorities' civil liberties (Nagel, 1994; Omi & Winant, 1996; Jamal, 2007).

Over 20 years after *Orientalism* was published, 19 militants associated with the Islamic extremist group, al-Qaeda, hijacked four airliners on September 11, 2001 (hereafter labeled '9/11'), and carried out suicide attacks against the United States. Not only did the attacks result in significant destruction, death and loss, but it also triggered anti-terrorism initiatives, that

solidified the Arab and Muslim American population as communities of suspicion, reemphasizing the constructed oriental descriptions Said identified as characterizations of 'the Arab'. In the U.S., hate crimes against Arab Americans, Muslim Americans, and those assumed to be Arab or Muslim, spiked 1,700 percent in the first six months post 9/11 (Bayoumi, 2009). Numerous public opinion polls highlighted the extensive fear that festered within the U.S. as was evident in the increase in collective suspicion towards Arab and Muslim Americans (Byaoumi, 2009). This suspicion swelled into widespread support of racial profiling of Arab Americans (in violation of the U.S. Constitution's promise of equal protection under the law) (Smith, 2001), and a reduction in the number of Muslim immigrants admitted into the U.S. (CNN, 2002).

Despite the postulation that the events of 9/11 gave birth to contemporary (mis)assumptions of 'the Arab', scholars of Arab American studies have repeatedly highlighted that this population has had a long and complex history with racialization in the U.S., spanning four waves of immigration that started in the late 1800s and continue today. In fact, the attacks of 9/11 were a turning point, as opposed to the starting point, of anti-Arab racism in the U.S. (Naber, 2006). Until the events of 9/11, several scholars described the Arab American population as invisible within dominant U.S. discourse on race and ethnicity (Cainkar, 2008; Naber, 2000; 2006; Shaheen, 2001). This is predominately rooted in the clash between government classifications of Arab Americans categorized as 'white' and popular U.S. representations of 'Arabs' as different or inferior to white Americans, resulting in ambiguity about *who* and *what* Arab Americans are. The events of 9/11 gave rise to the racialization of Islam, solidified this population's nonwhite Otherness, and consolidated the categories of Arab, Middle Eastern and Muslim into one (Bazian, 2004; Cainkar, 2007; Naber, 2006; Rizk-Antonious, 2002).

Naber (2006) asserted that the events of 9/11 morphed Arab Americans from "invisible citizens to visible subjects'" (p. 2). In the context of racial discourse, the term 'visibility' is used to describe an individual, community or minority group that can be seen as a victim of racism and is included in liberal, multicultural diversity initiatives (Naber, 2008). The aftermath of 9/11 illustrated that 'visibility' also has the effect of silencing criticism of structural inequalities and state violence that produce and encourage hatred and racism, transforming Arab Americans from 'citizens' to 'subjects'. This silencing came in the form of governmental policies that permitted, justified and encouraged state-sponsored terror and the restricting of the civic liberties of Arabs and Arab Americans (Naber, 2006). As such, the federal government pursuit of the 'war on terror' stripped the Arab American population of their humanity (Cainkar, 2008). While this newfound visibility shed light onto the dramatic increase in hate crimes post 9/11, it also emphasized decades of deafening silence in academia regarding the systemic oppression Arab American faced in the U.S (Cainkar, 2008; Naber, 2006; Shaheen, 2001).

Fifteen years later, the collective label of dangerous outsiders still exists for Arabs and Muslims. This is more so highlighted as the world witnesses the aftermath of U.S.-led wars in Iraq and Afghanistan; the Arab Spring; the drastic increase of Arab refugees fleeing from war torn countries; the rise of Islamic State in Iraq and the Levant (ISIL); the rise of rebel fighters and suicide bombers in several parts of the world; and the unfolding of the U.S. presidential elections, where many of the political frontrunners amplify negative attitudes towards this group. As such, the Arab American experience must not only be understood in terms of the structural violence they experience as a minority group within the U.S., but also with a recognition that the structural violence is compounded by war-time violence outside of the U.S. Abraham, Howell and Shryock (2011) succinctly describe that the aftermath of 9/11 has compelled Arab

Americans to continuously condemn acts they never condoned, apologize for acts they did not commit, and to repeatedly and very loudly profess loyalties to the U.S. merely assumed of other racial or ethnic groups.

Multicultural Counseling

For the past several decades, the counseling literature has focused much of its attention on the issue and development of multicultural counseling (Arredondo & D'Andrea, 1998; Ibrahim, 1991). Referred to as psychology's 'fourth force' (Pederson, 2002), multiculturalism continues to be a hot topic in the counseling profession, specifically when discussing counselors' ability to deliver multicultural competent counseling. The increasing racial and ethnic diversity of the U.S is reflected in those who seek mental health services, and mental health professionals are continuously challenged to meet the unique and diverse needs of minority populations (Sue & Sue, 2014). Despite the increased growth of the Arab American population in the U.S. and other major parts of the world, Arab clients continue to remain invisible in the counseling and psychology literature.

In addressing racial and ethnic diversity in the U.S., the "Guidelines of Multicultural Education, Training, Research, Practice and Organizational Change for Psychologists" (2002) only discuss the following ethnic racial minority groups: Asian and Pacific Islanders, sub Saharan Black Africans, Latino/Hispanics, and American Indians. The Association for Multicultural Counseling and Development (AMCD), a committee designated by the American Counseling Association (ACA) to develop Multicultural Counseling Competencies (MCC), proposed guidelines for inclusion in ACA's *Code of Ethics*, which emphasize that members are to "recognize diversity and embrace a cross-cultural approach" (Sue, Arredondo, and McDavis, 1992). These guidelines define persons of color as representative of four "visible racial or ethnic

minority" groups: African Americans, Native Americans, Asian Americans and Hispanics (Sue et al., 1992). Both guidelines neglect to recognize Arab Americans, rendering this population invisible in counseling literature.

The 2016 revision of the original multicultural competencies included a social justice component (Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2016). The Multicultural and Social Justice Counseling Competencies (MSJCC; 2016) acknowledge the complexities of identity and the need for counseling professionals to be attuned to the dynamics of power and privilege in the counseling relationship. References to Sue, Arredondo and McDavis' (1992) original work that declared counseling as "the handmaiden of the status quo" (p. 66) and "transmitters of society's values" (p. 66) emphasized the sociopolitical nature of counseling. The assumption, in both the original MCC and the newly revised MSJCC, is that oppression, privilege and power influence the counseling relationship on varying levels and is contingent upon the counselor and the client's privileged and oppressed statuses (Ratts & Pederson, 2014). Ultimately, counseling does not occur in isolation from the larger society, and the evolution of race relations inevitably affect the counselor, client and counseling process (Sue & Sue, 2014). The revised competencies highlight the necessity for both marginalized and privileged counselors to recognize the current sociopolitical reality as it affects their counseling work with both marginalized and privileged populations (MSJCC, 2016). Multiculturalism, and multicultural training, encourages counselors to seek both knowledge and awareness regarding the inequities often experienced by oppressed groups and the opportunities given to privileged groups (Ponterotto, Casas, Suzuki, & Alexander, 2010). Multicultural training attempts to empower counselors to engage in social justice initiatives that require change across all systems (Lee, 2007; Mallinckrodt, Miles, & Levy, 2014).

The Current Study

Statement of the Problem

Both academic literature and multicultural dialogue underrepresent the Arab American population. As multicultural counseling continues to evolve, so do the mental health needs and implications for this population. The last census poll estimated close to 2 million Arab Americans residing in the U.S. (U.S. Census Bureau, 2010). The Arab American Institute Foundation (AAI) indicated that the actual population total is closer to 3.5 million, indicating possible reasons for the undercount. Cited reasons include the placement and limit of the ancestry question on the census form; the lack of categorical representation of Arab Americans under race and ethnicity; and "distrust/misunderstanding of government surveys among recent immigrants" (AAI, 2010, p.1). Awad (2013) explains this distrust as fear of targeting and profiling by the federal government post September 11, 2001. More recently, the world has seen the rapid growth of the Arab refugee population, with an estimated 4.1 million refugees by the end of 2015 (UNHCR, 2015). While predominately relocated to Europe and neighboring countries, the Obama Administration pledged to take in 10,000 Syrian refugees in 2016, in addition to the 70,000 refugees that the U.S. admits yearly (U.S. Committee for Refugees, 2015). In order to better understand the counseling needs the Arab American population face, it is necessary to unpack the sociopolitical constructs of both the Arab American client and the counselor.

The Arab American experience and identity formation tightly interweave with politics, world affairs, race and more recently, in coping with refugee status. The counseling profession recognizes that marginalization, racism, microagression and hate crimes- all symptoms of deeply ingrained systemic oppression- have a significant impact on the mental health of targeted

individuals and groups (Landrine & Klonoff, 1996; Paradies, 2006; Utsey & Ponterotto, 1996). However, the profession fails to facilitate discussions regarding this group, as evidenced by the lack of academic work. Not only does the multicultural and mental health literature fail to educate counselors and counselors in training about the needs of this population, but they also fail to acknowledge this group as an ethnic minority with mental health needs. This failure highlights the Arab American population's absence in counseling competency literature and invisibility in the AMCD ethnic minority council. As Nassar-McMillan (2003) emphasized in her call to action for inclusion of the Arab American population in dialogues regarding multicultural issues and concerns, these discrepancies point to a series of dichotomies inherent in the evolving definition and operationalization of culturally competent counseling. These inconsistencies marry Naber's (2000) description of the Arab American population's invisibility in racial/ethnic discourse, and Sue et als' (1992) assertion that counseling is "the handmaiden of the status quo" (p. 66).

Purpose of the Study

As the Arab American population continues to grow and evolve within the U.S, it is necessary that counselors demonstrate multicultural competence to provide effective treatment with this group. The purpose of this quantitative study was to investigate the relationship between professional counselor's general multicultural competence, knowledge about Arab Americans and attitudes held towards Arab Americans. This study also identified the extent to which professional counselors' general multicultural competence, knowledge about Arab Americans, and level of training and experience predicted attitudes towards Arab Americans. This study hoped to identify existing counselor competencies and barriers that may affect counseling competence with the Arab American population. In shedding light on these prevailing

competencies and barriers, steps to enhance these competencies and resolve these barriers to improve counselors' knowledge, skills and awareness can be identified.

Theoretical Framework

Social constructionism. Social constructionism is used as the lens that frames this study. Social constructionism demands we take a critical stance towards ways of understanding the world (Burr, 2015). It invites us to be critical of the idea that the knowledge that we have and the knowledge that we have gained stems from unbiased, objective observation, emphasizing the need to acknowledge the extent of subjectivity infused into what we know. This lens helps us recognize that we are all born into a world with socially constructed knowledge. More specifically, social constructionism argues that all ways of understanding are rooted in historical and cultural relativity (Young & Colin, 2004). Knowledge is not only specific to the current culture and period of history, but is in fact a product of previous cultural and historical factors and dependent on social and economic social constructions (Burr, 2015).

What we thus regard as truth, which varies historically and cross-culturally, represent our currently accepted ways of understanding the world. Society exists as a subjective and objective reality (Berger & Luckmann, 1991). The subjective reality evolves from social interactions that are inevitably influenced by past and present interactions. Social interactions can produce a variety of possible social constructions of events, but each construction also brings with it a different kind of action from people (Burr, 2015). Thus, the social world influences interactions, and interactions influence the way one views the social world. Ultimately, our constructions of the world inextricably connect to power relations because they have implications for what social reactions and interactions are permissible (Burr, 2015).

The social constructionist lens frames this study because it succinctly frames the racial categorization of Arab Americans in the U.S., which has been a crucial factor in their identity formation, their experiences in and of society, and the political and mental health implications of their status. Race is a social construction that has been utilized as the principle organizer of social relations in the U.S. (Nagel, 1994), maintained through sometimes hostile interactions between minority groups demanding social change against dominant groups and state agencies (Omi & Winant, 1986; 1994). Through this lens, social construction utilized as the principle organizer of social relations in the U.S. characterizes race (Nagel, 1994; Omi & Winant, 1994). As such, understandings of race change as economic, political and social facets of society change (Burr, 2015). Race is both a cultural and structural force, shaping societal interactions as well as experiences and exchanges of groups and individuals (Nagel, 1994). While ideas of race shape individual experiences and interactions, definitions of race are subject to renegotiation, drawing simultaneously from present day and historical predicaments (Burr, 2015).

Tripartite model of multicultural counseling. A theoretical framework specific to multicultural counseling with Arab Americans is non-existent; as such, the general Tripartite Model that guides much of the literature on multicultural competence grounds this study. Sue et al. (1992) identified three areas of multicultural competence measured and targeted for development among counselors and counselor trainees: knowledge, awareness, and skills. The first dimension, knowledge, represents a counselor's knowledge of the clients' cultural background, contextual information regarding their racial/ethnic group, and other major components that may define their worldview. This form of knowledge requires demonstration of understanding of one's historical context as well as recognition of sociopolitical factors that can directly or indirectly influence the client (Sue et al., 1992). The second dimension is awareness.

This refers to the counselors' awareness of their attitudes, beliefs and worldview, as well as the way their worldview can interact with their clients'. More specifically, this dimension requires self-awareness into biases or stereotypes the counselor may maintain towards varying racial and ethnic groups. While complete self-awareness and awareness of others may be impossible to achieve, Sue and Sue (1990) characterize this dimension as the constant striving towards and working through barriers that hinder awareness of self and others. The third dimension is skills; this refers to a counselors' ability to utilize culturally appropriate interventions, techniques and strategies that best meet the clients' cultural context and racial/ethnic background (Sue et al., 1992). Much of the multicultural research builds upon these three components and emphasizes that demonstrating multicultural competence requires a demonstration of ability in skills, knowledge and achievement of awareness (Constantine, 2001; 2002; Constantine & Ladany, 2000; 2001; Feurtes & Brobst, 2002; Inman, 2006).

Research Questions

This quantitative study utilized correlational analysis and multiple regressions to assess the relationships between the criterion and predictor variables. The criterion variables were measured using the Multicultural Counseling Knowledge and Awareness Scale (MCKAS), the Cultural Competence Self-Assessment Questionnaire (CCSAQ), the Attitudes towards Arabs scale (ATA) and the Marlowe-Crowne Social Desirability Scale-Revised. Research questions that guided this investigation included:

1. What are the relationships between general multicultural knowledge, multicultural awareness, specific knowledge of Arabs, attitudes towards Arab Americans and social desirability?

2. Which of the following variables (multicultural knowledge, multicultural awareness, specific knowledge, exposure to Arab Americans, level of training on Arab Americans, and level of counseling experience) predict positive attitudes towards Arab Americans?
3. What is the relationship between social desirability and specific knowledge of Arab Americans, and how do they predict attitudes towards Arab Americans?

Definition of Terms

- *CACREP:* The Council for Accreditation of Counseling and Related Educational Programs (CACREP) is the major accrediting body of the counseling profession. In 1994, CACREP integrated issues focused on multicultural counseling into their standards, incorporating the major core areas required in counseling training.
- *Muslims:* A Muslim is a person who adheres to the religion of Islam, a monotheistic and Abrahamic religion based on the teachings of the Quran. Although U.S. popular cultural representations often conflate the categories "Arab" and "Muslim," not all Arabs are Muslims and not all Muslims are Arabs. "The top six countries with the largest Muslim populations are Indonesia (170.3 million), Pakistan (136 million), Bangladesh (106 million), India (103 million), Turkey (62.4 million) and Iran (60.7 million)" (Islamic Web, 2015). None of these countries represent Arabs. The widespread acceptance of the 9/11 "Muslim terrorist" stereotype has shaped the construction of Islam both in the U.S. and worldwide (Alsultany, 2012).
- *Racialization:* The process of categorizing people into a hierarchical system based on skin color, physical features, cultural values and religion (Nagel, 1994; Omi & Winant, 1996).

- *Multicultural Counseling Competence:* Multicultural counseling competence represents a counselor's awareness, knowledge, and skill when working with diverse populations (Sue et al., 1992).

Delimitations of the Study

This study was limited to professional mental health and school counselors who have graduated from CACREP accredited programs. The reason behind this limitation is that the CACREP accreditation standards align with the Tripartite Model, with programs needing to demonstrate multicultural knowledge, awareness and skills in their students. In limiting to only CACREP graduates, the study will be controlling for foundational, and uniformed levels of training that are required in graduate counseling programs across the nation. This study was also limited to counselors currently working in the field, and not counselors-in-training. This limitation was to ensure that all participants have already taken a multicultural counseling course and have exposure to diverse populations. I also wanted to be able to assess if years of experience affected either multicultural counseling competence and/or attitudes towards Arabs.

Limitations of the Study

There were several limitations in this study. First, the sample consisted predominately of white, Caucasian females; as such, results may not be generalizable to the entire counseling population. Furthermore, this study recruited participants who graduated from CACREP accredited programs. While CACREP is currently the accreditation body of 736 programs, it still does not encompass all counseling programs nation-wide. In a study conducted by Holcomb-McCoy (2001; 2005), data on multicultural competence was collected from school counselors who graduated from CACREP and non-CACREP accredited programs, Holcomb-McCoy (2001; 2005) identified that the results regarding multicultural competence were the same regardless of

accreditation. As such, caution must be taken when attempting to generalize findings found on multicultural competence to the larger counseling population.

The last limitation included gaining access to counselors nation wide. The major counseling associations such as ACA and ASCA only permitted access to home addresses of counselors; as such, access to counselors was limited to email blasts on listservs and relying on counseling organization leadership to forward the survey to all their members. As such, nonresponse bias was also a limitation of this study; this included the potential of leadership not forwarding the email to their members, the email getting treated as span and the exclusion of individuals who do not use the internet on a regular basis etc. Nonresponse bias can also occur when participants are not able or willing to participate in the study (Couper, 2000).

Organization of the Study

A review of the literature follows this chapter. The organization of Chapter Two mimics the organization Sue, Arredondo and McDavis' (1992) utilized in their seminal call to action for multicultural counseling article. The purpose of their original article was a request for the inclusion of the major ethnic minority groups in dialogues on multicultural counseling. I intentionally use their organizational frame to augment the case they made regarding inclusion in counseling, specifically as it pertains to the Arab American population. Furthermore, I weave together the social constructionist lens theory with the Tripartite Model to demonstrate the intricate relationship between the two as it affects Arab Americans and emphasize the need to recognize the sociopolitical nature of counseling. Chapter Three reviews the methodology that was used in this study. The method, procedure, instrumentation and methods of data collection and analysis are described. Chapter Four describes the results from the analysis of the data

collected. Chapter Five focuses on in-depth discussion of the results, implications and future research.

Chapter 2

Review of the Literature

The following review of the literature utilized the organizational framework set by Sue et al.' (1992) *Multicultural Counseling Competencies: A Call to the Profession*. The first section addressed the increasing diversification of Arab Americans in the U.S., the sociopolitical reality that shapes their experiences and identity within the larger societal contexts, and the resulting mental health stressors. The second section provided a review of the movement towards multicultural counseling, education and training. This section also reviewed outcome-based research in relation to general multicultural knowledge and awareness, and specific knowledge and awareness of the Arab American population.

Diversification of the U.S.: Arab & Muslim Americans

Waves of Immigration

Understanding the Arab American client requires fundamental understanding of the complex history that shaped the trajectory of this population's role in modern American society. While viewed as a monolithic group, Arab Americans come from any of the 22 Arab-speaking countries. Because the categories of Arab, Muslim and Middle Eastern are often times conflated in popular representations, differences between non-Arab Middle Easterners (i.e. Turks and Persians) and Arab Middle Easterners (i.e. Lebanese and Iraqis) are erased (Joseph, 2008; Naber, 2000). The immigration history of Arabs in the U.S can be traced back to the late 1800s. Previous scholarly work organized the immigration of Arab Americans into three categories, or waves of immigration (See Figure 2.1). More recently, the U.S has become witness to a fourth wave of immigration as is evidenced by the overwhelming numbers of refugees escaping the region of the Middle East. Not only are religious and ethnic differences evident among the

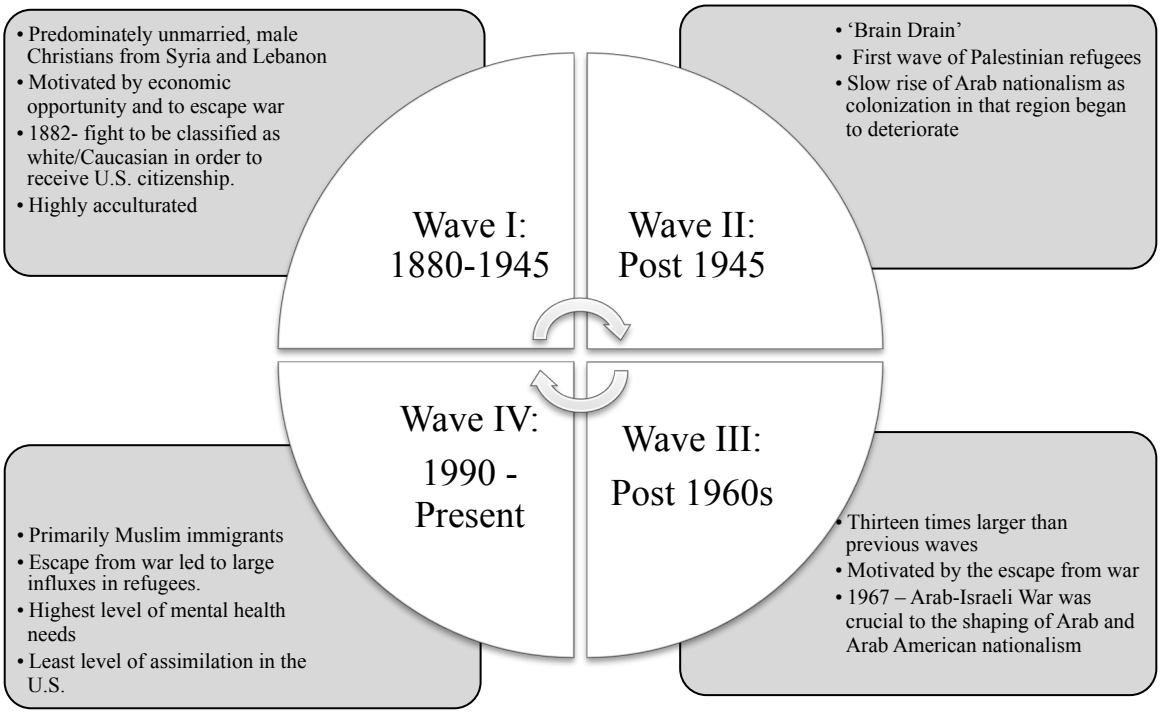

Figure 2.1. Waves of Immigration

varying waves, but acculturation patterns also appear drastically different as each group attempts to navigate between their sociopolitical history and ethnic identity and that found in the U.S.

Wave I: 1880-1945. The first wave of Arab immigration to the U.S. consisted predominately of Christians from Syrian and Lebanon, with an estimated number of 185,000 (Naff, 1985; Orfalea, 2006). Close to 5,000 immigrants were categorized as Muslim or Druze (Naff, 1985; Orfalea, 2006). Sixty-eight percent of the early emigrants were male with a majority of them being unmarried and in their twenties (Orfalea, 2006). Several scholars believe that the early immigrants were motivated by economic opportunity, with their intention being to return to their country of origin after acquiring wealth (Naff, 1985; Suleiman & Abu Laban, 1989). Other scholars report that the highest cluster of Arab immigrants (approximately 9,023) that came in 1914, the first year of World War I, was indicative that the Arabs were motivated by a need to escape war-related incidents (Orfalea, 2006). More specific reasons behind their migration included forced conscription of Syrians and Lebanese men in the Turkish army, which led to 40,000 Arab soldiers dead and 150,000 deserted (Orfalea, 2006), and a deliberate attempt at starvation that killed over 100,000 people (a quarter of the population) in Lebanon during World War I (Hitti, 1965). After World War I, Lebanon was in wreckage, and Syria and Palestine embroiled in growing battles for independence from European powers. In short, while the immigrants may have intended to go back home, Orfalea (2006) asserts that there was little to go back to.

In 1882, U.S. officials classified all Arabs who migrated from the Ottoman province as ‘Turks’, regardless of their own ethnic identification. In 1889, classification shifted, and all Arab immigrants were ethnically categorizes as ‘Syrian’; inconsistences in that classification

prevailed, even among the immigration officials, because of the ethnic and religious diversity that existed within the group of Arab immigrants. In the early 1900s, Syrian/Lebanese immigrants pushed for racial classification as Caucasian/white, especially after nativist fears began to rise in the U.S. (Gaultieri, 2001). In order to secure U.S. citizenship, the Syrian/Lebanese immigrants lobbied categorization as racially 'white', instead of 'other', and were successful in securing 'whiteness' through ties to their Christian faith and Semitic (thus Caucasian) origins. By mid-century, Arab Americans became one of most successfully acculturated groups in America (Naff, 1985), replacing their Arabic names with English ones, identifying as white/Caucasian and restricting any semblance of their original ethnic identity to the privacy of their homes (Samhan, 1994; Suleiman & Abu-Laban, 1989). Naber (2000) describes this particular wave as one that participated in the process of cultural and ethnic erasure.

Wave II: Post 1945. The second wave of immigrants, commonly referred to as the 'brain drain,' brought in approximately 45,201 Arabs (Orfalea, 2006). This wave included a larger number of Muslims and women, which significantly differentiated it from the first wave (Abraham, 1995; Naff, 1985). They were in a much better financial position and better educated than their predecessors (Orfalea, 2006). This group also included refugees displaced by the 1948 Arab-Israeli War post World War II. Because many Palestinians came to America from countries of first refuge, such as Lebanon and Syria, an estimated one-fourth of the post-1948 immigration were Palestinians (Orfalea, 2006). Levels of acculturation displayed by this wave was influenced by the extent of political autonomy they received from their previously Western ruled Arab countries. This group displayed new forms of Arab nationalism that the previous wave did not present with and self-identified as Arab rather than Caucasian (Suleiman & Abu Laban, 1989).

Wave III: Post 1960s. The third wave of immigration differed from the previous two in three ways. First, this wave brought 757,626 Arab immigrants to the U.S., making it thirteen times larger than the previous wave (Orfalea, 2006). Similar to the previous wave, this wave consisted predominately of professionals and technical workers, so much so that in 1983 reportedly half of all science and engineering Ph.Ds. had left the Arab world (Orfalea, 2006). Second, economic circumstances no longer caused immigration, but instead the widespread violence and conflict across the region instigated immigration. The largest migrating population was the Palestinians, who continued to flee Israeli aggression. The Lebanese constituted the second-largest group of immigrants as they escaped their civil war and Israel's 1982 invasion. Iraqis began immigrating to the U.S. for the first time in sizable numbers due to the staggering casualties resulting from the Iraq-Iran war. Many Iraqis also fled hardships ensued from the imposition of harsh UN sanctions in the 1990s against the regime of Saddam Hussein. Syria provided the fourth largest group of immigrants by the mid-1980s as they escaped the brutality of the Assad regime, whose crushing of Islamic fundamentalist rebels in 1982 caused the death of 20,000 civilians. Third, this wave displayed a drive to retain their religious and cultural traditions, demonstrating a stronger sense of Arab nationalism. They also felt a greater need to participate in new Arab-American political groups. The Arab-Israeli War of 1967 specifically fostered the development of a robust ethno-political consciousness among the Arab American community (Abraham, 1989; Suleiman & Abu Laban, 1989). For many Arab Americans, the Arab-Israeli War signified the beginning of political, cultural and social marginalization for two reasons. First, it confirmed the U.S.'s alliance with Israel. Second, it forced Arab Americans to recognize their exclusion from the dominant society's political process(Suleiman, 1989).

Wave IV: 1990 – present. The fourth and most recent wave of immigration identified by some authors (Nassar-McMillan, 2003) emerged in the early 1990s, predominately from Lebanon and Iraq. Because of the Gulf War in 1991, the invasion of Iraq in 2000, as well as interethnic conflict between Sunni and Shiite Muslims under the reign of then-leader Saddam Hussein, the United States became the new host country to approximately 40,000 Iraqi immigrants (Hakim-Larson et. al, 2007), 29,000 of whom formally categorized as refugees (U.S. Committee for Refugees, 2000). The unfolding of the Arab Spring began to unfold in 2012 triggered two major refugee crises.

The first crisis occurred in Libya and resulted in more than one million fleeing the country. The second took place in Syria, with an estimated 13.5 million in need of humanitarian assistance and a continued increase in that number as the Syrian war wages (UNHCR, 2015). The U.S has seen a dramatic increase in Syrian refugees from 2011-2014, with an expected number of 10,000 more admitted to the U.S. in 2016 (U.S. Committee for Refugees, 2015). This group presents as most resistant to embrace the host culture due to the nature of the involuntary immigration and their hope to return home (Nassar-McMillan & Hakim-Larson, 2003). This wave also presents as the focus of concern with regards to mental health implications.

A Sociopolitical Negotiation of Identity

A politically based ideology is fundamental to the history of multicultural counseling (Pope-Davis & Coleman, 1997). Sue, Arredondo and McDavis (1992) among many others (Atkinson, Morten & Sue, 1989; Helms, 1990; Katz, 1985; Sabani, Ponterotto & Borodovsk, 1991; Sue & Sue, 1990) assert that the counseling profession often times reflects the values of the larger society. The underlying premise for the development of a multicultural counseling perspective derives from the position that “counseling and psychotherapy are handmaidens of the

status quo and transmitters of society's values [that] lead many minorities to believe that the mental health profession is engaged in a form of cultural oppression" (Sue et al., 1989, p. 46). The oppression of traditional counseling approaches is implicit in its assumptions that an 'etic' or universal application of Western counseling theories to all people is appropriate. In addressing the sociopolitical realities of counseling, Sue et al. (1992) identified the importance of the worldviews of both counselor and client in an equitable counseling process and contextualizes counseling as a process intimately linked to the "larger events of our society" (p. 479). Katz (1985) emphasizes that rather than working with clients in a cultural vacuum that fail to address multicultural issues in society, counselors need to recognize the interaction between their own cultural identity and dimensions with their client's racial and cultural identity. Lack of understanding of the cultural milieu and the sociopolitical history of a minority client means lack of implementation of appropriate interventions for the personal growth and empowerment of a minority, and institutional racism on the individual is implicitly practiced (Sue et al., 1982).

Identity is developed and established when structural definitions coincide with individual and group definitions (Stone, 1962). As Stone states, "identification *with* one another, in whatever mode, cannot be made without identification *of* one another" (p. 396). The MSJCC (2016) acknowledge the complexities of identity and the need for attunement of counseling professionals to the dynamics of power and privilege in the counseling relationship (Ratts et al., 2016). The competencies emphasize the impact that power, privilege and oppression have on the counseling relationship is dependent on the levels of privilege and oppression the counselor and client being into the session (Ratts & Pederson, 2014). The construction of racial, ethnic and religious interaction as markers for establishing the boundaries of their collective identity

demonstrate identity negotiation among Arab Americans with the dominant U.S. culture as they navigate the poles of white identity and otherness.

Identifying with one another: The Individual Identity

Understanding the implications of race as a construct is crucial in grasping the experiences of immigrants as they navigate placement in the U.S.'s racial hierarchy (Bonilla-Silva, 1999). Race is a social construction that has been utilized as the principle organizer of social relations in the U.S. (Nagel, 1994), maintained through interactions between dominant groups and state agencies, and reactions by minorities fighting for social change (Omi & Winant, 1986; 1994). As a social construct, understandings of race change as economic, political and social facets of society change (Burr, 2015). Within the U.S., experiences of race involve undergoing a process of racialization, in which one is categorized based no his/her skin color, physical features, cultural values and religion (Omi & Winant, 1996). Racialization is a historical process that evolved in the U.S. as a means to offer, or deny, privilege and opportunity based on physical appearance (Bonilla-Silva, 1999).

The process of racialization hierarchically categorizes people based on skin color, physical features, cultural values and religion (Omi & Winant, 1996). Identifying with the racial category 'white' is a sociological indicator that delineates inherent privilege and power (Omi & Winant, 1996). Identifying as 'white' in a racially subjugated society not only affords one control and dominance over placement on the hierarchy, but implies the possession of the power over how others' placement is understood in that hierarchy as well (Ajrouch & Jamal, 2007). Upon arrival to the U.S., Arabs receive assignment of their official racial group, which is white; unlike many other immigrants, many Arabs quickly identify disconnection between their assigned racial category and their actual racial experiences (Cainkar, 2006). Ultimately, Arab Americans are

forced to actively restructure and reconstruct racial, ethnic and religious identities to suit the clashing intersections between their particular national profile, their everyday needs and the dominant society's interaction with them (Cainkar, 2008).

Racial identity. Phenotypically, many Arab Americans from the first two waves passed as white; because of their resemblance to Mediterranean people, the Arab immigrant became indistinguishable from those of Southern Europe (Ajrouch, 2004). Biologically, Arab Americans do not fit into one fixed racial profile. As such, there has been continuous debate among the U.S. Census Bureau and Arab American activists regarded the classification of Arab Americans as 'white', with many activists pushing for the development of a new racial category that aligns with their racial experiences. Not all Arab Americans are able to choose if they wanted to pass as white or other. For example, Iraqi and Yemeni immigrants from the third and fourth wave appear to be physically different than those from Lebanon and Syria, as evidenced by their darker skin tones. Other Arab Americans, regardless of their phenotype, actively choose to self-identify as 'persons of color', intentionally distinguishing themselves from whites and aligning themselves both socially and politically with minority groups. This active politicization of race becomes a strategy for Arab Americans to claim their rights in the face of targeted religious, ethnic and racial discrimination (Naber, 2000).

Politically, Lebanese and Syrian immigrants, predominately from the first wave, were instrumental in securing a white racial classification, as evidenced by their active lobbying to be identified as 'white' in the early 1900s (Naff, 1985). Many Arab immigrants went from being part of a marginalized minority group in their country of origin to becoming a member of the majority dominant group upon their arrival in the U.S. (Naff, 1985). Not only did achieving a white identity mean achieving legal U.S. citizenship, but it also afforded economic advantages

and success that they did not have in their countries of origin (Naff, 1985). Their experience as Arab American was largely similar to that of those who identified as white as measured by their employment, land ownership, voting and naturalization rights (Cainkar, 2006). Ultimately, Arab American studies indicate that prior to the third wave of immigration and the 1967 Israeli-Arab War, Arab Americans tended to enjoy a "proximity to whiteness" (Gaultieri, 2001).

Dominant discourses about the inherently violent nature of Arabs emerged post-1967 and guided reorganization of the placement of Arab Americans in the racial hierarchy. Cainkar (2006) asserts that the racial formation process that led to the deterioration of the 'white' Arab American experience and its downgrading into a structurally subordinate status is one triggered by the intersection of race, religion and politics. Many Arab American scholars emphasize that the rise of these discourses interconnect with the rise of the U.S. as a superpower with foreign interest in the Middle East (Cainkar, 2006; Naber, 2000). These discourses encouraged the stigmatization of Arab Americans as people whose intrinsic values and dispositions are in direct opposition to those held by 'Americans', alienating Arab American communities and inevitably solidifying their racial status as 'other' (Cainkar, 2006; Naber, 2000).

As such, Arab Americans have experienced both the exclusion from the full range of privilege afforded by whiteness, as well as exclusion from societal recognition as people of color, placing their racial identity in a unique limbo. Federal categorization as Caucasian/white, make them ineligible for affirmative action (Cainkar, 2006). Arab American activists started lobbying the Census Bureau to grant minority status to Arab Americans in order for community leaders to keep a proper count of hate crimes and to lobby for policy change (Naber, 2006). In 2015, the U.S Census Bureau reported that it would test a new "Middle Eastern-North African" (MENA) classification for possible inclusion on the 2020 Census.

Research on the racial self-identification of Arab and Muslim Americans produced varying results. In a post 9/11 study with Arab Muslims in Chicago conducted by Cainkar (2006), data was collected to provide insight into Arabs' perceptions of their placement in the U.S. racial structure. Of the 102 participants, 63 percent said that they did not identify as white, 20 percent said that they were white and 17 percent gave equivocal responses. Those who emphasized changes in categorization of Arabs as 'white' felt that way on the account of the differential treatment that is provided Arabs in American society, the variation in skin color and other phenotypic criteria, and the depth of the cultural and historical differences that exist between Arabs and white Europeans.

In contrast to Cainkar's (2006) study, Andrew Shryock (2004) interviewed over a thousand Arabs living in Detroit, Michigan as part of the Detroit Arab American Study (DAAS). Approximately 70 percent of the participants were willing to identify as Arab Americans, while 30 percent desired other identification. Muslims more readily accepted the 'Arab American' label than Christians did. While 60 percent of all the Christians in the study indicated that they identified as Arab American, only 45 percent of the Iraqi Christians agreed with the use of that label. Furthermore, 30 percent of the Christians originally from Lebanon, Syria and Egypt desired other identification. The variations in responses among the Arab Christian population alone highlight the complexities of placing all Arabs under one category. Muslim respondents, regardless of national origin, welcomed the term, with over 80 percent that it described them. More specifically, an overwhelming majority of Arabs from Yemen, Palestine, Lebanon, Syria and Jordan embraced the Arab American label, while over half of Iraqis resisted it.

Race and ethnicity. The formation of the Arab American ethnic identity is rooted in both the social and racial condition they come from as well as those they encounter and experience in

their current environment. As such, the social and racial boundaries that exist in both the host country and the country of national origin define ethnic identities (Ajrouch & Kusow, 2007). Cainkar (2006) argues that global and politicized events that the U.S. is involved in and that impact Middle Eastern countries, have encouraged feelings of group distinctiveness and social isolation among Arab Americans, ultimately reinforcing their national ethnic identities. Shryock (2008) indicates that for many second and third-generation Arab Americans, 'whiteness' is equated with cultural loss and with a vacant identity space that must be (re) filled with 'ethnic content'. For recent immigrants, Arabness represents a moral quality (dependent on cultural upbringing and biological descent) that sets Arabs apart from "the Americans" (Shryock, 2008). In other words, new Arab immigrants tend to enter American identity discourses already prepared to see themselves as a group defined by descent, and defined against a hegemonically 'white' population that is unlike them and which they do not want to resemble.

In her qualitative study, Ajrouch (2004) examined underlying ethnic identity formation among second-generation Arab American adolescents. She identified that participants not only differentiated themselves from the dominant 'white' population, but also distinguished themselves from recently immigrated Arabs, particularly through their juxtaposition of religion, origin, and family background. In discussions elicited by the participants, Ajrouch (2004) demonstrates that they do not see themselves as 'white'. In fact, the children of Arab immigrants have constructed their own understanding of ethnic identity. They identified as Arab American, which was a construct that fell between 'Arab' and 'white'. The term 'boater' applied when the adolescents described an 'Arab' identity. This term historically used by non-Arab Americans, refers to newly arrived Arab immigrants who were not familiar with dominant U.S. culture, and whose ethnic identity seemed firmly connected to their country of origin. In the discussion, the

participants had an embarrassing dislike for those whom they categorized as boaters, emphasizing the negative connotation that the word held. That the children of Arab immigrants picked up a term that denoted an undesirable status and used it to construct otherness suggests that they value an American identity, and have learned that Americanness emerges by debasing immigrant otherness (Ajrouch, 2004). In other words, once a boater sheds his or her immigrant ways and accepts the community-sanctioned elements of 'American; culture, then that individual loses the boater label and becomes one of them – an Arab American. Designating the boater category effectively distances the adolescents from the immigrant identity, affirming their link to American culture.

Religious identity. For many Arabs and Arab immigrants, religious categories are often times utilized as the social structure that organizes differences between social groups (Naber, 2000). This enforces religion as the primary indicator of social difference and can be traced as far back to the Ottoman period of Middle Eastern history when Islam was the dominating power that ensured religious categories were utilized to enforce social differentiation and categorization (Naff, 1985). Although other religious groups existed, social arrangements were structured predominately based on differentiations between Muslim and non-Muslim (Naber, 2000). Ultimately, this historically rooted method of organization conflicts with the U.S.'s social structure that utilizes race and ethnicity to organize difference.

In the U.S., Islam has been used as a marker for the racialization of immigrants from Arab speaking countries, immediately categorizing those immigrants as 'other' (Naber, 2000) and further convoluting the Arab American identity. Naber (2000) emphasizes that this distorted use of Islam as a tool for racialization marks Arab Americans as 'other', more so than any variations in phenotype. The arrival of Muslim immigrants from the Middle East in some ways

challenged the pre-existing construction of what it means to be and look white (Naber, 2000). While they were legally categorized as 'white', their national origins and religious affiliation differed from the initial defining characteristics of who or what 'white' is (Samhan, 1999). Furthermore, many Muslims' displays of religious identity challenged their assigned dominant social status (Ajrouch & Kusow, 2007). For instance, a primary physical marker that can sometimes distinguish Muslim Arabs from other group members is dress; even if they were phenotypically white, their 'otherness' is announced when the women wear a headscarf, hijab or burqa (Ajrouch & Kusow, 2007).

Religion and race. The intersection of race and religion is critical in examining the experience of acculturation among Arab Americans, particularly in terms of discerning the placement and status of minorities (Ajrouch & Kusow, 2007). In Gotanda's (2011) article, titled "The Racialization of Islam in American Law", he argues that the extensive acceptance of the post 9/11 'Muslim terrorist' stereotype has transformed understanding of Islam, facilitating the rapid racialization of Muslim immigrants and U.S. citizens.

Many Arab Muslims, particularly those with specific religious announcements such as a hijab or a burka, choose not to identify as 'white' (Ajrouch & Kusow, 2007), indicating that they do not identify as part of a privileged racial group (Naber, 2008). Furthermore, their subscription to an 'other' identity has been seen by Arab American scholar as a form of resisting white racial classification while also asserting one's own cultural distinctiveness; this also has the effect of distancing this group from the mainstream media (Ajrouch & Kusow, 2007; Naber, 2000, 2008). Whether Arab Muslims intentionally choose to distance themselves from dominant society or respond to discriminatory attitudes directed at them by alienating themselves, the results remain the same: the marginalization of a social group (Cainkar, 2007; Naber, 2008).

Christians from Arabic-speaking countries experience a more comfortable, and perhaps more welcoming, environment in the U.S. than Muslims do (Haddad, 1994). In a study conducted by Ajrouch and Kusow (2007) on the development of racial identities of Lebanese and Somali immigrants, close to 50% of Muslims identified as 'other' instead of 'white', compared to 23% of Christians. Shryock's (2004) study of over a thousand Arabs living in Detroit reported that 64 percent of those who identified as 'white' were more likely to be Christian and to live in middle-and upper-middle –class suburbs, interspersed among a white majority. The 31 percent who identified as 'other' were more likely to live in the heavily concentrated Muslim enclaves of Dearborn. In that area specifically, 45 percent of respondents identified as 'other', compared to the 25 percent who lived elsewhere. 50 percent of Muslims and 73 percent of Christians identified as 'white'. In short, individuals who chose 'other' were sending clear messages: (1) they do not consider themselves white. (2) They do not accept the racial categories offered in the U.S. (Shryock, 2004).

The racial identity of Arab Americans is a continuously evolving, socially constructed process. While at one time labeling Arab Americans as white resulted in Arabs largely benefitting from the marginal whiteness that colored their experience in the U.S. They have since then transformed into a group at odds with American values, inevitably losing privileges in political and social realms within the U.S. For Arab Americans, the racial identification of 'white' no longer comes with the privilege of whiteness, which is the most grounding proof of their racially subservient status (Cainkar, 2007). Arab American immigrants' racial status becomes situational, in which their whiteness either associated or disassociated with, in response to societal and contextual factors (Ajrouch & Jamal, 2007). The shift in racial status from 'white' to 'other' is instrumental in understanding the social context that surrounds the Arab American

and can be measured through self-identification, exclusion, patterns of discrimination, mainstream representations and public policies (Cainkar, 2006).

Identifying of One Another: The Collective Identity

The pervasiveness and persistence of negative Arab stereotypes runs the gamut of society's cultural, social and political institutions. It goes well beyond the standard stereotype of the Arab Muslim as an international terrorist to include even the denial of the historical and cultural presence of the Arabs. Conflations of the categories Muslim, Middle Eastern and Arab are not new, random or irrational; nor are they unique to the U.S. Scholars of Arab American studies attribute this Western understanding of the Arab to the systematic process of cultural imperialism (Cainkar, 2008; Naber, 2000; Said, 1978; Shohat & Stam, 1994). This process employs contemporary strategies, such as media portrayals and popular narratives, to homogenize a group and portray them as fundamentally inferior and different (Buescher & Ono, 1996). These strategies ultimately "ignore, displace, unravel, justify, uphold and explain racism, genocide, sexism, gender inequality, nationalism colonialism and imperialism" (Naber, 2000, p. 43).

Pre-9/11. Edward Said's analysis of colonial discourse in his book *Orientalism* (1978) details the distorted lens the western world utilizes to view Arabs, Muslims and Middle Easterners. Said calls this lens orientalism, a framework that is often times used to understand the unfamiliar, the strange and the threatening within the Middle East and among its people (1978). Said (1978) describes how negative personification of the 'Arab' is rooted in the Byzantines view of Arabs as being primitive savages (Naff, 1985). These views influenced those held in Western Europe and increased in intensity with the rise of Islam (Naff, 1985). The image of Islam as dark and evil that the Byzantines painted dominated Western European attitudes, and

inevitably seeped into the Americas by European colonists (Suleiman, 1989). Said (1978) argues that it is no surprise that European orientalist discourse describes this population through "crude racial and sexual stereotypes" (p. 71). While the Arab male is represented as being murderous, violent and lazy, the Arab female is represented as a highly sexual, exotic victim of patriarchy and misogyny (Naber, 2012; Said, 1978).

A review of polls that measured attitudes Americans had towards Arabs prior to 9/11 suggests that the American public has always held negative attitudes towards this group. For instance, an ABC News poll conducted during the Persian Gulf crisis in 1991, found that the majority of Americans described Arabs as: 'religious' (81%), 'terrorists' (59%), 'violent' (58%) and 'religious fanatics' (56%). In 1995, following the Oklahoma City bombing, and prior to the identification of McVeigh as the perpetrator, 6 in 10 Americans believed that Arab terrorist groups were responsible. Scholars identify three historical incidents that amplified the perception of the Arab and Arab American as 'other': the Palestinian-Israeli conflict, in which the U.S. provided unlimited support to Israel; the Arab oil embargo in the 1970s which led to a significant increase in gas prices that angered many Americans; and the Iranian revolution which triggered a group of Iranian students to take American diplomats hostage for over a year (Shaheen, 2001). These three events were deemed pivotal because, with the help of the media, they shaped a more contemporary stereotype of the Arab (Shaheen, 2001).

More recently, Arab American scholars emphasize that the use of anti-Arab media images work to maintain the stereotyped Arab-Middle Eastern-Muslim enemy; furthermore, these images are tightly interwoven with incidents that occur in the Middle East that have political and economic impact on and within the U.S. (Cainkar, 2008; Naber, 2000; Said, 1987; Shaheen, 2001). Several scholars have noted that the premieres of anti-Arab TV shows and/or

films, consistently coincided with U.S. government interventions in the Middle East (Naber, 2000; Shaheen, 2001). In a review of over 1000 films pre 9/11, Jack Shaheen (2001) analyzes the vilification of Arabs in western media. He identified a consistent portrayal of Arabs as one-dimensional characters, characterizing Arab men as savages and nomadic, and Arab women as either highly sexualized or invisible and submissive. Shaheen (2001) reports that the Arab image begun to solidify in the U.S. post World War II. Similarly, Naber's (2000) pre-9/11 examination of Arab portrayals in the media identified the homogenization of Arab, Middle Eastern and Muslim, in which they were all part of the same, generic group. Furthermore, she identified two specific types of media portrayals of this Arab-Middle Eastern-Muslim being. The first media-type portrayal personified Arab men as irrationally violent, especially with women. The second media portrayal painted all Arab women as oppressed, frequently comparing them to white, American women who were idealized representations of justice, quality and democracy (Naber, 2000).

Post-9/11. Arab Americans quickly became the target of post-9/11 backlash and interrogation. To many, the demand that all Arabs, Muslims, and persons assumed to be Arabs and Muslims, be held collectively responsible for the 9/11 attacks, only emphasized the depth of their racial 'otherness' within U.S. society (Cainkar, 2008). The conflation of the Arab, Muslim, Middle Eastern identity and the homogeneity that already existed prior to 9/11, pushed front and center in the U.S. (Cainkar, 2008).

After the 9/11 attacks, public opinion polls showed broad support for the special treatment of Arabs, *as a group*, in the U.S. A poll conducted in mid-September 2001 demonstrated an even divide among respondents over whether all Arabs and Arab Americans should carry identity cards that list their national origin (Smith, 2001). A Gallup poll in late

September 2001 reported that a majority of Americans thought that profiling Arabs and Arab Americans was a good idea, despite it violating the U.S. Constitution. Another late-September poll indicated that a majority of Americans indicated preference of subjecting Arabs and Arab Americans to special security checks prior to boarding planes (Chicago Sun-Times, 2001). The University of Illinois ran a poll in December 2001, and identified that 70 percent of Illinois residents were willing to sacrifice their civil rights in the war against terrorism, with one-quarter of those who responded indicating that Arab Americans should surrender more rights than others. A CNN Gallup poll in March 2002 indicated that over 60 percent of Americans wanted to reduce the number of Muslim immigrants. By August 2002, that opinion continued to be favorable, as Gallup News Service reported that the majority of the American public felt that there were too many Arab immigrants. Several years later, Cornell University conducted a study in which nearly 50 percent of respondents believed that the U.S. government should restrict the civil liberties of Muslim Americans (Nisbet et al., 2004).

More recent polls emphasize that public opinion has not shifted much. In 2014, Zogby Analytics found that 42 percent of Americans believed in justification for allowing law enforcement to profile Muslim and Arab Americans (Arab American Institute, 2014). This survey also demonstrated that attitudes held towards Arab and Muslim Americans in the U.S. have in fact gotten worse since 2010; more specifically, favorability towards Arab Americans decreased from 43 percent to 32 percent. Favorability towards Muslim Americans decreased from 35 percent to 27 percent (AAI, 2014). These polls alone emphasize that representations of Arabs and Muslims, which are reflected in government policies and actions, broadcasted by the media and left uncontested by academia (Naber, 2000), significantly impact public opinion

regarding this population, and portrays Arab Americans as a group that does not deserve the same rights as other U.S. citizens.

With the continued rise of the Islamic State in Iraq and the Levant (ISIL) in 2014, a Muslim terrorist organization, as well as the Charlie Hebdo shooting in France in January 2015, the Chattanooga shootings in July 2015, the Paris bombings in November 2015 and the San Bernardino shootings in December 2015, all acts committed by Muslim Arabs or Muslim non-Arabs, that may or may not have been affiliated with ISIL, continue to impact the way Arab and Muslim Americans are viewed in the U.S. While there is no empirical evidence that the events that have occurred in 2015 have directly impacted the lives of Arab and Muslim Americans as of yet, one can assume that the collective backlash will mimic that which was displayed immediately post 9/11.

Multicultural Conceptualizations

Sue et al.'s (1992) original Multicultural Counseling Competencies (MCCs) summarize the foundational elements of a multicultural counseling model. They assert that the traditional models of counseling generally utilize a cultural deficit model when conceptualizing minority clients, emphasizing that racial and ethnic minorities do not possess the 'right culture' (Sue et al.,,1992). As such, the multicultural model highlights the need for counselors to recognize that those who do not identify as part of the ethnic majority, in this case the white Anglo-Saxon Protestant orientation, should not be equated with 'deviancy', 'inferiority' or 'pathology' simply because of their racialized status of 'other' (Sue et al., 1992). Furthermore, in order to appropriately utilize the multicultural counseling model, one must recognize the interaction the client has within the larger social context.

Few studies exist concerning Arab American clients and appropriate multicultural considerations when working with them. Academic studies that do exist are regarding Arab worldviews and background as well as history (Al-Krenawi & Graham, 2000; Erickson, 2001; Gladding, 2007; Haboush, 2007; Nassar-McMillan, 2003; Nobles & Sciarra, 2000; Suleiman, 2001; Wingfield, 2006) and the impact that 9/11 had on Arabs (Haboush, 2007; Moradi & Hasan, 2004; Wingfield, 2006). Counseling related studies that exist include Arabs' perceptions about mental health services (Al-Krenawi & Graham, 2000; Erickson, 2001; Haboush, 2007; Nobles & Sciarra, 2000) and examinations of mental health stressors in Arab refugees (Jamil, Nassar-McMillan, & Lambert, 2002; 2007; 2010; Nassar-McMillan et al., 2006).

This section reviewed a multicultural conceptualization of the Arab American population utilizing a lens that views this group's mental health needs and stressors in relationship to their social and historical context. This conceptualization examined reasons for immigration, the experiences of acculturation and both perceived discrimination and existing systemic oppression that can inevitably impact the mental health of the Arab and Muslim American population.

Reasons for Immigration

Reasons for immigration represent a critical factor in Arab Americans' experiences in the U.S. There are major distinctions between the issues faced among the varying waves of immigration, specifically among whether immigration was voluntary or involuntary. Cainkar (2006) identified that Arabs from the third wave of immigration, particularly those who voluntarily migrated shortly after the Arab-Israeli War of 1967, demonstrated greater levels of nationalism and intentionally cultivated a strong Arab ethnic identity. Essentially, this generation attempted to reverse the previous generations' erasure of ethnic identity in accommodation to American society (Cainkar, 2006). This group presented with the highest level of resistance to

assimilation when compared to the previous two waves, and while they were successful in assimilating professionally, they maintained firm boundaries between their private lives and public society in an effort to preserve a strong ethnic identity (Nassar-McMillan, 2008).

Involuntary Arab American immigrants, more specifically the Iraqi and Syrian refugees of the fourth wave, have not adapted well and experience significant acculturative stress (Jamil, Hakim-Larson & Farrag, 2002; Jamil, Nassar-McMillan & Lambert, 2007). Because of the Gulf War in 1991, the invasion of Iraq in 2000, as well as interethnic conflict between Sunni and Shiite Muslims under the reign of then-leader Saddam Hussein, the United States became the new host country to approximately 40,000 Iraqi immigrants (Hakim-Larson et. al, 2007). Further, and more recently, the U.S has seen a dramatic increase in Syrian refugees between 2011-2015, with an expected number of 10,000 more admitted to the U.S. in 2016, pushing the U.S.' intake of Arab refugees to approximately 34,000 (U.S. Committee for Refugees, 2015). This group presents as most resistant to embrace the host culture and its traditions due to the nature of the involuntary immigration and their hope to return home (Nassar-McMillan & Hakim-Larson, 2003). While some literature examines the mental health needs of Iraqi refugees in the U.S., none addresses the needs of Syrian refugees. Furthermore, there is insufficient literature addressing treatment efficacy with either population.

In a survey study comparing health factors within different Arab American groups, Jamil et al.'s (2002) found that Iraqi Americans, in comparison to other Arab Americans, presented with higher levels of health conditions and symptoms. More specifically, the Iraqi Americans, who identified as being part of the fourth wave of refugees, presented with both pre- and post-immigration trauma resulting from living in a war ridden Iraq. Some of the pre-migration stressors were a consequence of the trauma experience under a political regime, the extreme

levels of repression as well as engagement in combat (Orley, 1994). In a follow up study, Jamil, Nassar-McMillan and Lambert (2004) identified high levels of dysthymia and depression among the Iraqi refugees that mirrored; these findings were reflective of many other studies with refugees escaping war-time violence (Mollica et al., 2001).

In a study conducted to extend empirical literature on Iraqi refugees, Jamil, Nassar-McMillan and Lambert (2007) explored levels of pre-migration stressors among Iraqis that immigrated in every wave. More specifically, Jamil et al., (2007) were comparing levels of depression, dysthymia, panic, anxiety and PTSD among a pre-1980 Iraqi immigrant group, a 1980-1990 Iraqi immigrant group, and a post-Gulf War (1990) Iraqi immigrant group. The pre-1980 group, whose migration was voluntary and predominately for economic reasons, presented with the lowest levels of each mental health variables. The 1980-1990 group also presented with low levels of mental health stressors, appearing to have adjusted to life in the U.S. with little concerns. The post-1990 Gulf War group presented with significant and intense mental health stressors as evidenced by 89 percent of that group presenting with PTSD symptoms; 86 percent presenting with anxiety; 79 percent presenting with panic disorders; and 65 percent presenting with depression

In a follow up study, Jamil et al. (2010) provide more descriptive information about the type of trauma experienced by Iraqi refugees. They obtained data from 166 adult Iraqi immigrants who were seeking, or already receiving mental health services. Results indicated that 80% of the participants at the time of the interview had recently experienced intense symptoms of anxiety and depression. Ninety percent of the women and 92% of the men reported having lived through wartime trauma, which was the largest category endorsed. Eighty nine percent of

men and 33 percent of women reported that they had lived through torture and 87 percent of men and 35 percent of women reported that they had lived through imprisonment.

Overall, reasons for immigration often times shape the experiences of the Arab American. With the varying differences in experiences among the immigration waves come differing mental health implications. The literature evidences that the most recent wave immigrants present with severe mental health needs as they experience pre-migration trauma. Jamil et al. (2002) and Nassar-McMillan et al. (2006) conclude that not only did this trauma lead to mental health issues, but also became evident through the manifestations of physical symptoms that this population was reporting. Alongside reasons for migration, conceptualization of this population requires consideration of acculturation experiences and stressors when the Arab immigrants are in the U.S.

Acculturation Experiences

Redfield, Linton, and Herskovits first introduced the term 'acculturation' in the 1930s to refer to cultural changes that emerge from intercultural contact. They defined acculturation as "phenomena, which result when groups of individuals having different cultures come into continuous first-hand contact with subsequent changes in the original culture patterns of either or both groups," (Redfield, Linton & Herskovits, 1936, p. 28). As research on acculturation gained popularity within the field of psychology, Graves (1967) proposed a distinction between acculturation and psychological acculturation. The former relates to changes in social structure, economy and political organizations (Castro, 2003), while the latter refers to changes that take place internally after exposure to a new culture, such as changes in attitude, beliefs, behaviors and identities. Acculturative stress refers to distress associated with the experience of acculturation. Williams and Berry (1991) call it "the negative side of acculturation" (p.634).

Several social and psychological factors affect the level of acculturative stress that a person may experience (Berry, 1994; Williams & Berry, 1991). These factors include the degree of pluralism in the larger society, the reasons for immigration, the presence of psychosocial support and the level of prejudice and discrimination towards that group in the larger society.

While research has suggested that factors affecting acculturative stress can have implications on acculturative strategies (Berry, 1994; Bourhis et al., 1997; Williams & Berry, 1991), current research on Arab Americans and acculturation is fragmented and has not specifically addressed the relationship between the two. A cross-sectional study conducted by Jadalla and Lee (2012) examined the relationship between health and acculturation among 297 Arab Americans. Participants reported significantly lower scores on the Mental Composite Summary (MCS), which when compared to the general U.S. population, indicated poorer mental health. The results also showed that the more 'Americanized' or assimilated into American culture the participants were, the better their mental health was. On the other hand, Aprahamian, Kaplan, Windham, Sutter, and Visser (2011) reported the relationship between acculturation and mental health among Arab Americans as well as numerous other variables including gender, age, income, education and discrimination experiences. They assert that the association between acculturation and mental health would not be significant after these variables are accounted for (Aprahamian et al., 2011). Variations in results has raised questions regarding the appropriateness of the acculturation framework with immigrants; many have critiqued its casting of white culture as the ideal, not acknowledging systemic barriers and the role racialization has in social and economic integration (Viruell-Fuentes, Miranda, & Abdulrahim, 2012).

One factor contributing to difficulty in acculturation among the Arab population is religious identity. In a research study conducted by Fargallah, Schumm, and Webb (1997), 42

Arab-American families completed a questionnaire addressing family satisfaction and dissatisfaction with life in the United States. Fargallah, Schumm, and Webb (1997) found that there were different levels of correlation between religious orientation, length of residence in the U.S. and life and family satisfaction. Arab Muslims reported lower levels of overall satisfaction in the U.S., than did Arab Christians. However, participants who have resided in the U.S. for a longer period presented with more life satisfaction, but lower family satisfaction. Similarly, Amer and Hovey (2007) identified that Arab Muslims reported higher levels of separation from the host culture than do Arab Christians. The process of assimilation has been more complex for Muslim Arabs than Christian Arabs primarily due to their status as a religious minority, with increased difficulty primarily post-9/11 as the U.S. witnessed the racialization of Islam and Muslim Americans (Naber, 2008). Amer and Hovey (2007) concluded that Arab Christians assimilated quicker in the U.S because they shared Christian practices with the host culture. This evidence suggests that acculturative stress impacted by religious orientation will vary within the Arab American population.

The process of immigrating to the U.S. comes with the inevitable loss of social supports (Kamoo et al., 2001). The strong bonds that once existed amongst extended family and were the foundation of the support network dissipate, triggering many post-migratory stressors (Nydell, 2012). Emotional support and financial assistance also lessens during the immigration process (Nydell, 2012). Hattar-Pollara and Meleis (1995) identified that Arab Americans try utilizing social support to cope with the acculturative stress that develops in the family system. Those supports represented a method to maintain ethnic continuity. Once settled into the U.S., perceived discrimination post 9/11 may stunt development of a new social network, augmenting their social isolation. Additionally, fear of scrutiny by the federal government resulting from

perceived discrimination increases trepidation about participating in community organizations and religious institutions, further stripping away the already minimal level of social support (Abu-Ras & Abu-Bader, 2008). Because many global events and national political agendas have held Arab American communities collectively responsible for terrorist attacks that have occurred post 9/11, the assimilation process has become more difficult, and the social distancing and preserving of group distinctiveness has become crucial for Arab American communities (Naber, 2008).

Discrimination and Oppression

Racial subordination in the U.S. correlates historically with prejudice, discrimination and oppression (Sue & Sue, 2014). Individuals as well as structural prejudices conceptualize discrimination as a range of stressors that include both explicit and implicit events experienced. Displays of racial discrimination have ranged from overt forms of aggression, including lynching, quarantining and mass removals of minority members, to implicit forms of aggression enforced by the prevalence of institutional systemic oppression. This form of oppression can include inferior employment opportunities, sentencing disparities, law-enforcement profiling and limited educational opportunities, among many others (Sue & Sue, 2014). Perceived prejudice and experiences of discrimination link to an exacerbation of mental health stressors and an increased display of mental health symptoms (Landrine & Klonoff, 1996; Paradies, 2006; Utsey & Ponterotto, 1996).

As discussed previously, scholars of Arab American studies assert that negative attitudes towards this population often times coincided with politicized events (Cainkar, 2008; Naber, 2008; Said, 1978; Shaheen, 2001). Discrimination against Arab Americans was, and continues significant impacting from the relationship between events that occur in the Middle East and

U.S. military, political, and economic factors. That, coupled with negative media representations and federal government policies targeting Arab Americans, shapes the experiences of this group (Cainkar, 2008; Naber, 2008; Said, 1978; Shaheen, 2001). In the aftermath of September 11, 2001, the Bush administration's 'war on terror' manifested itself in both foreign and local policy, grounding the conflation of Arab, Middle Eastern and Muslim, and transporting issues facing the Arab American community from an invisible realm to one that is spotlighted (Naber, 2008).

Pre-9/11. Arab Americans have been targets of institutionalized racism long before 9/11 (Naber, 2012). Naber (2006) argues that backlash against the Arab American community falls in alignment with the construction of 'other' in the U.S., in which long term racial exclusion reaches intensified heights in moments of crisis. Attacks against Arab Americans occurred on two levels: first through government-sanctioned policies and second, through government allowance of the mainstream public to target this group. One of the earliest examples of government executed discriminatory policy is the 1972 'Operation Boulder' initiative (Naber, 2012), which was launched by the Nixon Administration as a response to a terrorist threat carried out by the Black September Palestinian Organization following the Munich Olympics (Akram & Jonson, 2002). This operation marked the first U.S. government effort to specifically target Arab Americans for selective interrogation, presumption of terrorist involvement, harassment and detention, ultimately discouraging any political activism Arab Americans may be engaged in (Akram & Jonson, 2002).

Attacks against Arab American individuals and organizations within mainstream society also occur within the context of U.S.-Middle Eastern relations, and reflect governmental policies regarding this group. For example, after the June 1985 TWA hijacking in Lebanon, there was an

outburst of attacks on Arabs residing in the U.S.. Immediately following the hijacking, Islamic Centers in Massachusetts, Dearborn, Denver and San Francisco were either threatened or vandalized; offices of Arab American organizations in Detroit and New York were threatened, and a mosque in Houston was bombed (Akram & Jonson, 2002). In August, authorities found a bomb in front of the Arab American Anti-Discrimination Committee (ADC) office in Massachusetts at the same time as the ADC's West Coast regional director, Alex Odeh, was assassinated (ADC, 1986; Akram & Jonson, 2002; Naber, 2012).

Following the Reagan Administration's 1986 'war on terrorism' in Libya, the Arab American community was on the receiving end of what Akram and Jonson (2002,) referred to as "another episode of anti-Arab hysteria" (p.67). The ADC office in Washington received threats; the ADC office, Arab American community center and Arab American newspaper in Dearborn, Michigan received threats, and reported numerous physical attacks against Arab students in the U.S.. Furthermore, the end of 1986 witnessed the al-Faruqi murders, in which an outspoken Palestinian American Islamic scholar and his wife were killed in their homes, with the words "Go Back to Libya" written on the walls (ADA, 1986; Akram & Jonson, 2002; Naber, 2012). In 1987, the arrest of seven Palestinians and one Kenyan (referred to as the LA 8) lead to public labeling of the event as a "terrorist threat" for distributing information about the Popular Front for the Liberation of Palestine organization. Although charges were dropped by the FBI, there was a push for deportation under the guise that they were distributing literature that promotes communism (Naber, 2012).

Another cycle of anti-Arab hysteria occurred during the 1990 Gulf War following U.S. intervention in Kuwait (Akram & Jonson, 2002). A record of 86 incidents of hate crimes exists between August 1990 and February 1991, with over half of them targeting Arab American

organizations and political activists (ADC, 1991; Akram & Jonson, 2002). By January 1991, the Arab American community witnessed an even more dramatic increase in the number of attacks involving the killing of Arab looking individuals, the vandalizing of Islamic schools and mosques, bombings, use of arson and destruction of business and private property (Akram & Jonson, 2002; Joseph, 2012; Naber, 2000). Common knowledge developed among the Arab American community that activists challenging the United States' support for Israel over Palestine meant placement under surveillance, detainment or deportation at any time (Naber, 2012).

Ultimately, Arab Americans were consistently the domestic casualties of the war. Experiences of Arab and Muslim Americans pre-9/11 paints a portrait of systemic oppression that is associated with politicized events that occur both in the U.S. and in the Middle East. This emphasizes that not only did this group have to deal with the already existing pressures of being a racialized minority in the U.S., but they also had to cope with violence that is triggered by war fought outside of the U.S.

Post 9/11. On September 11, 2001, 19 militants associated with the Islamic extremist group al-Qaeda hijacked four airliners and carried out suicide attacks against the U.S. The attacks resulted in extensive death and destruction, triggering major U.S. initiatives to combat terrorist and transforming Arab and Muslim Americans from "invisible citizens to visible subjects" (Naber, 2000, p. 2). Ultimately, 9/11, and the post 9/11, era encouraged a contemporary configuration of race and racism that surrounds Arab and Muslim Americans.

The visibility of the racialization and criminalization of Arabs and Islam intensified as the cycle of anti-Arab hysteria started again (Akram & Jonson, 2002; Naber, 2008). The already dominant anti-Arab/anti-Muslim discourses in the U.S. became even more pronounced as Arabs

were painted as the enemy, and Arab American communities categorized as embodying a religion and culture that is inherently inferior and against American ideals (Naber, 2008). Furthermore, the notion of 'respectable racism' emerged in the aftermath of 9/11. Rachad Antonious (2002) defines 'respectable racism' as "actions and speech that should be defined as racist but are no longer perceived as such by politicians, intellectuals and the public at large" (p. 2) In essence, racist discourse becomes acceptable, respectable and legitimate (Antonious, 2002). By defining racism towards Arabs and Muslims as such, not only are individual acts such as hate crimes or employment discrimination condoned, but government practices of detaining and deporting Arabs and Muslims without due process are enabled (Antonious, 2002).

There was a dramatic increase in the he number of hate and bias crimes against Arab Americans and Muslims in 2001, with an overwhelming increase of 1700 percent immediately after 9/11 (Human Rights Watch, 2002). There were over 700 violent incidents targeting Arabs, Muslims and those perceived to be as such, reported within the first nine weeks after 9/11 (Ibish, 2003). Within the first year after September 11, there were around 80 Arab and Muslim passengers illegally removed from airplanes and over 800 incidents of workplace discrimination (Ibish, 2003). In 2003, the Council on American Islamic Relations (CAIR) reported that hate crimes against Muslim Americans were up by at least 300 percent from 2001. By 2005, hate crimes against Muslim Americans had increased by another 50 percent from 2004 levels. According to a Zogby poll conducted in 2002, 66 percent of all Arab and Muslim Americans worried about their future in the U.S., and 81 percent identified with profiling of their community. More than ninety-six thousand calls to the FBI were made about 'suspicious' Arabs and Muslims in the U.S in the week following the 9/11 attacks alone (Murray, 2004).

Institutional discrimination evidenced by the FBI and INC, encompassed incidents of racial profiling, indefinite detention and active suspension of Arab American citizens' rights without due process (Ibish, 2003). Immigration policies were designed to allow the targeting of all immigrants who fit vague characterizations of a 'terrorist'; forms of targeting included spying on community organizations and activists, police raids of the homes of private citizens, random interrogations and indefinite detentions as well as deportations (Naber, 2007). The Bush administration's 'War On Terror' justified anti-immigrant policies as well as facilitated the growth of acceptable racism in the U.S., ultimately impacting many immigrant communities who have been historically racialized and marginalized in the past (Naber, 2007).

As part of a post-9/11 study, Cainkar (2007) conducted interviews with 102 Arab Muslims in metropolitan Chicago to provide insight into how Arabs view or understand their placement in the U.S.'s racial hierarchy. 53 percent of participants reported experiencing discrimination post 9/11. Those experiences included discrimination in the following locations: employment (39 percent), public spaces (22 percent), schools (11 percent), law enforcement (11 percent) and airports/airplanes (7 percent). Many respondents said they felt watched while conducting routine activities but did not indicate that as discrimination. Consequently, many Arab Americans altered their usual patterns and routines to avoid possible confrontation with discrimination. Some even went as far as changing their travel patterns after the attacks in order to avoid travelling domestically (Cainkar, 2007).

In a study conducted by Naber (2007), Arab American male participants who had darker skin and beards presented with more severe concerns for their safety, especially if they also wore religious attire affiliated with Islam. Many of the men reported that they shaved their beards, considered dying their hair a lighter color and began avoiding mosque attendance in order to

evade confrontation with discriminatory attitudes that may jeopardize their safety. Arab and Muslim women in the study reported that they felt like more of a target than men, especially if they wore the hijab. Several participants also reported instances resulting in termination from their jobs for wearing their headscarves. Naber (2007) emphasizes that the post-9/11 events and the manner of targeting Arab American communities made Arab American individuals feel as if discrimination towards them was acceptable by mainstream society.

State policies, coupled with daily harassment at school, at work, on the streets and in public avenues, intensified feelings of intimidation, fear, anxiety and apprehension, that already existed among Arab American communities. Bazian (2004) termed this state of mind as 'virtual internment; and Naber (2006) described it as the 'internment of the psyche', defining it as "an emotive form of internment that engenders multiple forms of power and control in the realm of the psyche" (p.254). The internalized response of discriminatory attitudes and systemic oppression indicate that the policing and control of members included a heightened sense, sometimes bordering on paranoia, that one might be under scrutiny – by strangers, hidden cameras, wiretaps and other surveillance mechanism (Naber, 2006).

Several studies have examined the relationship between discrimination and mental health distress, specifically with the Arab and Muslim American population. Moradi and Hasan (2004) examined the relationship between discrimination and mental health in a survey of 108 Arab Americans. Results indicated that there was a direct link between psychological distress and perceived discrimination. Rousseau, Hassan, Moreau and Thombs (2011) presented with similar results, indicating that Muslim Arabs experienced more distress resulting from discrimination post 9/11 than Christian Arabs did. A study conducted by Abdulrahim, Ajrouch, Jammal, and Antonucci (2012), identified Arab Americans who describe themselves as 'white', experienced

psychological distress associated with discrimination. Abdulrahim et al., (2012) reported that in distancing themselves from 'whiteness', Arab Americans were actually protecting themselves from experiences in mainstream society. Essentially, the distancing became a coping mechanism that lessened interaction with the public and reduced expectations of non-discriminatory treatment. Furthermore, a normalized part of living in the U.S. is experiencing discrimination. In identifying as 'white', Arab Americans come to expect the privilege that is associated with being 'white'; when discrimination is experienced, it disrupts the sense of privilege they feel, impacting their overall mental health and leading to distress.

Multicultural Counseling

Multicultural counseling emphasizes differences between clients and counselors that exist due to ethnic backgrounds, race, gender, worldviews, national origin, social economic status and sexual orientation, among other factors. It was not until the civil rights movement of the 1960s that counseling began to diversify regarding client population and take an interest in disadvantaged, racial and ethnic minority groups affected by racial discrimination within the U.S (Lee, 1996). An analysis of graduate education programs conducted almost 10 years after the peak of the civil rights movement reported less than 1% of responding counseling students reported that their program required the study of mental health needs of racial and ethnic minority groups (McFadden & Wilson, 1977). Those results not only emphasized the void in counselor literature regarding preparation for working with diverse populations, but they debunked the notion that traditional counseling approaches effectively met the needs of clients regardless of cultural background (Casas, Ponterotto & Gutierrez, 1986; Ibrahim & Arredondo, 1986; Sue, 1990).

More recently, counselors and counselor educators have recognized that mental health service disparities can affect all ethnic and racial minority groups (Safran et al., 2009). Compared with white/European Americans, racial and ethnic minority group members have less access to mental health services and receive disproportionately fewer services (Abe-Kim et al., 2007; Alegria et al., 2008; Dobalian & Rivers, 2008). When racial and ethnic minority individuals do receive mental health care, it is often of lower quality than that received by their white, non-Latino counterparts (Alegria et al., 2008; Cabassa, Lester & Zayas, 2006; Wang, Berglund, & Kessler, 2000). Lower quality mental health services likely result in intentional or unintentional discrimination (Owen, Imel et al., 2011; van Ryn & Fu, 2003; Williams & Williams-Morris, 2000) and stereotyping (Thompson, Bazile and Akbar, 2004). A social determinant of these mental health disparities for clients of color in the U.S. is the dearth of multiculturally competent clinicians (Imel et al., 2011; van Ryn & Fu, 2003).

Sue et al. (1992) developed the original Multicultural Counseling Competencies (MCCs) model, adopted by both the American Psychological Association and the American Counseling Association (Ponterotto, Fuertes & Chen, 2000). Revisions of the competencies (Ratts et al., 2016) in 2015 highlighted the necessity for all multicultural training programs to address racial, ethnic and cultural matters. In their initial call to action, Sue et al. (1992) emphasized that mental health counselors focus predominately on the four main national minority groups – African, Asian, Hispanic and Native American. Sue et al. (1992) continued by indicating that a multicultural perspective of society is needed in counseling and education, advocating for the use of a multicultural approach in practice, assessment, research and training.

The counseling and psychology field is continually developing an understanding of what a multicultural approach looks like, and multicultural counseling has grown as an area of

specialization (D'Andrea & Daniels, 1996). Finally, Sue et al. (1992) identify specific multicultural counseling standards and competencies, advocating use of these standards as the framework in working towards multicultural counseling competency. On the one hand, Sue et al. (1992) introduced the need for diversification in the counseling realm. On the other hand, they restricted consideration of diverse identity, inevitably discouraging counselors from recognizing the glaring needs that existed in immigrant clients who did not necessarily fit into the four official ethnic categories (Vontress & Jackson, 2004).

Sue et al. (1992) developed a matrix to organize the cross-cultural skills required for competence. First, they developed three domains: the counselor's understanding the worldview of a culturally diverse client; the counselor's awareness of his or her own values, bias and worldview; and the counselor's ability to develop culturally appropriate interventions and strategies. Later, they developed specific categories of multicultural counseling competence (Arredondo et al., 1996), defined as a combination of counselors' attitudes/beliefs, knowledge and skills regarding the experiences and differences of racial and ethnic minorities (Sue & Sue, 1999).

The 2016 revision of the Multicultural and Social Justice Counseling Competencies (MSJCC) integrated a social justice component into the framework, highlighting the intersection of identities and the role that power, privilege and oppression can play in and out of the counseling relationship (Ratts et al., 2016). The MSJCC (2016) added an advocacy component to the intervention domain, as well as a counseling relationship domain. The MSJCC (2016) also maintained the use of the domains of skills, knowledge and awareness to categorize multicultural development and competence. As the U.S. continues to witness a diversification of its population, it has become crucial for professional counselors and mental health service providers

to familiarize themselves with the implications that diversity can have on conceptualizations of mental health.

Tripartite Model of Multicultural Counseling Competence

The Tripartite Model is a framework designed to explain what multicultural competent practice actually looks like (Sue et al., 1992). This model has influenced major counseling organizations such as CACREP and ACA, used as the framework to standardize multicultural curriculum, content and training ethics (Holcomb-McCoy, 2000). In the original conception of this model, Sue et al. (1992) used it to describe multicultural competent counseling specifically as it pertains to the major ethnic and racial groups, and did not include other identity categories such as gender, age, sexuality etc. This model focuses primarily on the categories of skills, knowledge and awareness of beliefs and attitudes. While alteration and expansion of this model has occurred, its core grounds in those three categories. In addition, the model devises three major focal points for "proposed cross-cultural competences and objectives" (Sue et al., 1992, p.484); these include counselor's awareness of his or her own values, bias and worldview; and the counselor's ability to develop culturally appropriate interventions and strategies. Each major focal point subdivided into the requisite knowledge, skills and attitudes and beliefs reflected the authors' belief that each was a component of the larger focal point.

Skills. While every domain in the Tripartite Model discusses requirements to become a 'culturally skilled counselor', Sue et al. (1992) provided a specific section that defines how both general skills and multicultural skills can translate into culturally appropriate intervention strategies. General counseling skills include a counselor's ability to display attending behavior that demonstrates support and empathy for the client, as the counselor and client work towards a common, unified goal (Ivey, Packard, and Ivey, 2006). Multicultural skills refer to the concrete

components of counseling, rather than abstract ideas like beliefs, awareness and knowledge (Ridley et al., 1994). This encompasses the use of culturally sensitive assessment instruments, setting culturally appropriate goals, providing culturally appropriate interventions, knowing when and how to probe for culturally relevant information and providing reflections that consider the inherent cultural influences in the client's life (Sue et al., 1992). Appropriate multicultural skills can also refer to the effective use of multicultural theories, models and frameworks that best meet the needs of the client (Arredondo et al., 1996). Research on the effectiveness of multicultural skills among counselors and trainees focuses predominately on counseling relationships with racial and ethnic minorities (Castillo et al., 2007; Cates et al., 2007; Chao et al., 2011).

There are differing thoughts and empirical research regarding whether counseling skills and multicultural counseling skills actually differ. Some scholars indicate a strong overlap between general counseling skills and multicultural counseling skills (Coleman, 1998; Ridley et al., 1995), while others emphasize that there is no relationship between developing general counseling skills and mastering more complex multicultural counseling skills (Cates, Schaefle, Smaby, Maddux & LeBeauf, 2007).

In a study conducted by Coleman (1998), counselors who demonstrated cultural sensitivity received higher ratings from their peers on both counseling skills and multicultural skills. Coleman (1998) concluded that lower multicultural skills negatively affect general counseling skills, and that strong general skills are effective when incorporating multicultural knowledge. Alternately, Cates et al. (2007) collected standardized examination scores and evaluations from a counselor education program that that focused primarily on general skills training. Rather than have a separate multicultural course, this program integrated components of

it into their overarching curriculum. Cates et al.'s (2007) results indicated that general counseling skills ratings were higher than multicultural skills ratings, emphasizing a possible distinction between the two.

The resulting consensus in the field is that counselors who do not evidence counseling skills demonstrating multicultural sensitivity can be ineffective or harmful in their counseling. Issues that can come up include a lack of recognition of cultural biases inherent in assessment instruments and a misreading of the client's communication style or a personal communication style that can cause a sense of disconnection in the session (Arredondo et al., 1996; Cates et al., 2007; Ridley et al., 1995; Sue et al., 1992). Most importantly, it can include a selection of counseling interventions culturally inconsiderate or irrelevant to the client (Arredondo et al., 1996; Cates et al., 2007; Ridley et al., 1995; Sue et al., 1992). This can ultimately hinder progress and effectiveness of treatment.

Knowledge. Sue et al. (1992) outlined that multicultural knowledge specifically requires that the "culturally skilled counselor has good knowledge and understanding of his or her own worldview, has specific knowledge of the cultural groups he or she works with, and understands sociopolitical influences" (p.481). This includes, but is not limited to, knowledge of the impact that race, culture and ethnicity can have on personality formation, family structures and hierarchies, values, beliefs and attitudes, development of mental health disorders, career choices, help-seeking behavior and appropriateness of varying counseling approaches (Sue et al., 1992).

A lack of perceived multicultural knowledge can lead counselors to base their conceptualization of clients primarily on their own experiences or on cultural stereotypes (Arredondo et al., 1996; Lloyd, 1987). This can also encourage narrow understandings of the impact socio-cultural and historical factors can have on clients' identities. Arredondo et al.

(1996) argue that an increase in multicultural knowledge "enhances the counselor's ability to more accurately understand the various cultures or elements that make up their clients' personal dimensions" (p. 12). Ways to improve one's multicultural knowledge include reading research articles specific to that cultural group, conducting additional research regarding that group and seeking opportunities to learn about racial-ethnic groups at professional conferences (Arredondo et al., 1996).

Attitudes, beliefs and awareness. Multicultural awareness "refers to the counselor's sensitivity to her or his personal values and biases and how these may influence perceptions of the client, the client's problem, and the counseling relationship" (Ponterotto, Rieger, Barrett & Sparks, 1995, p. 317). For example, counselors are able to consider questions like, "How does my worldview relate to or differ from the worldview of my client?" and, "How does my own cultural background influence the way I see the world?"

Some scholars indicate that the constructs of beliefs and attitudes can be used interchangeably with awareness of self and client (Chao, Wei, Good & Flores, 2011). Others focus predominately on the concept of awareness, conceptualizing it as a construct that consists of awareness of one's personal culture, awareness of the culture of others, and an awareness of the role privilege and oppression plays in the counseling relationship (Hays, 2008).
Several researchers (Kelly, 1990; McRae & Johnson, 1991; Pedersen, 2002; Sabani, Ponterotto, & Borodovsky, 1991; Sue & Sue, 2015) have emphasized the need to focus on increasing the awareness of counselors and counselor trainees' cultural-self. They assert that the Multicultural Counseling Competencies involve more than simply acquiring knowledge and skills to work with diverse cultural groups. It necessitates a deep exploration of one's own culture in relation to the cultures of others. Avoiding exploration of self can lead to the inability to recognize

internalized racist reactions, beliefs or thoughts that can impact the counseling relationship. Counselors who are not sensitive to their own reactions or who are resistant to critical self-examination may superficially process these emotions and consequently remain incognizant of their cultural-self. Such counselors may not develop the competency to form a multicultural counseling relationship (Sue & Sue, 2015).

Monocultural Nature of Training and Research

The need for culturally sensitive mental health practices and services increases in urgency as the U.S. becomes more racially and ethnically diverse. The ever-changing demographics make working with diverse clients inevitable, and stress the need for mental health professionals and counselors to work towards cultural competency (Sue & Sue, 2014). This concern very clearly reflected in the American Counseling Association's code of ethics (2014), states that it is required for counselors to work towards the development of dispositions, skills, knowledge, personal awareness and sensitivity to cultural differences in order to best meet the needs of a diverse client. ACA (2014) also requires that "counselor educators actively infuse multicultural/diversity competency in their training and supervision practices. They actively train students to gain awareness, knowledge, and skills in the competencies of multicultural practice" (p. 14). Furthermore, documents that guide counselor training have also emphasized the importance of counselors developing and maintaining multicultural competence (CACREP, 2015; ACA, 2014).

There is a paucity of quantitative and qualitative research regarding multicultural counseling competency. Multicultural counseling research over the past three decades has focused primarily on the development and operationalization of the competencies (Arredondo et al., 1996; Ratts et al., 2016; Sue et al., 1992), multicultural training with counselor trainees

(Allison et al, 1994), and characteristics of trainees and counselors that can impact levels of counseling competence (Carter et al., 2004; Ottavi, Pope-Davis, & Dings, 1994). Empirical research that exists generally focuses on counselor's self-reported competence (Kim & Lyons, 2003; Ponterotto et al., 2002) or on expert ratings of the counselor's competence (Cartwright et al., 2008; La Fromboise et al., 1991). The following sections will examine overarching multicultural counseling education and curriculum, evidence based research on the role multicultural training has on multicultural competence, and more specifically, outcome studies that have examined the specific role training has had on the development of multicultural knowledge and multicultural awareness.

Multicultural Curriculum and Education

Many counselor-training programs recognize that multicultural competence can develop following multicultural training (D'Andrea et al., 1991; Neville et al, 1996; Ridley, Mendoza & Kanitz, 1992). Counseling programs have traditionally approached multicultural training in three ways: (a) integrating multicultural topics into all courses required for counselor trainees to take (D'Andrea, Daniels & Heck, 1991), (b) providing and requiring a course specifically on multicultural counseling (Constantine, Ladany, Inman & Ponterotto, 1996), or (c) combining both.

Multicultural development reflects in many counselor education programs that have attempted to infuse multiculturalism in their programs. However, many researchers assert that counselor education has not been successful at adequately addressing relationships that exist between cultures, sociopolitical issues and counseling (Arredondo, 1999; Hays, 2008; Mio & Iwamasa, 2003; Sue & Sue, 2003). Several scholars have voiced their dissatisfaction with the quality and content of the multicultural education provided in training programs, emphasizing

that there is a dire need for the field to make much needed improvements (Carter, 2003; Vontress & Jackson, 2004).

With regards to multicultural instruction, trainees have reported needs for more support on multicultural issues, addition of bilingual and minority faculty members, increased demonstration of leadership on multicultural issues, and consistent multicultural competence assessment (Constantine & Ladany, 1996; Fuertes et al., 2001; Hays, 2008). With regards to actual multicultural content, counselor trainees reported feelings of guilt and defensiveness with little time to process those feelings within the classroom setting. Trainees also reported there was insufficient time to address reading and classroom discussions in the multicultural counseling course (Hays, 2008; Hays et al., 2007; Heppner & O'Brien, 1994). Ancis and Rasheed (2005) have reviewed the challenges characteristic in the development of multicultural classes and training in general; some of those challenges include providing broad definitions of culture that can lead to the encouraging of stereotypes and blanket generalizations, as well as a lack of emphasis on the individualized, contextual variables that can exist across cultures. Ancis and Rasheed (2005) suggest that the wide variations in multicultural training across programs, and the lack of a unifying framework hinder the efforts to train develop multicultural competence in counselors.

With regards to the encouragement of multicultural education, trainees reported that there was a lower focus on infusion of multiculturalism in other core curriculum and classes, fewer mentoring opportunities with faculty who have interest in multicultural research as compared with other interests and an overall lower focus on multicultural research in general (Constantine & Ladany, 1996). Similarly, Fouad (2006) identified institutional and program-level commitments that are critical for counseling programs to consider in order to best encourage

multicultural education, which include advocating for recruitment and retention of diverse faculty and placing a culture-centered emphasis on all curriculum.

Multicultural Training

Studies have presented with differing results about which approach to training leads to higher levels of multicultural competence. Arredondo and Arciniega (2001) argue that taking a required multicultural course may not be sufficient to develop cultural competency and many scholars highlight the need to integrate multicultural components into all aspects of counseling training (Collins & Pieterse, 2007; Reynolds, 1995). In a survey of counselor programs across the U.S., most programs reported discussion of multicultural issues primarily in multicultural counseling courses, highlighting that the single-course approach is the most frequently used method of targeting multicultural training (Abreu et al., 2000; D'Andrea et al.,, 1991).

Evaluation of multicultural competence occurs through administration of instruments developed specifically to measure the three domains of multicultural counseling. The Tripartite Model of multicultural counseling developed earlier by Sue et al (1992) grounded many of the instruments that were developed. These instruments assess levels of knowledge, skills and awareness counselors possess when working with diverse clients. Some of the most commonly used instruments include the Multicultural Counseling Inventory (MCI; Sodowsky, Taffe, Gutkin & Wise, 1994); the Multicultural Awareness Knowledge Skills Survey (MAKSS; D'Andrea, Daniels & Heck, 1991); and the Multicultural Counseling Knowledge and Awareness Scale (MCKAS; Pontoretto, Gretchen, Utsey, Rieger & Austin, 2002).

Numerous researchers have reported a positive relation between multicultural training and self-perceived multicultural competence (Constantine, 2000; Pope-Davis et al., 1995; Sodowsky et al., 1998). In one of the earlier studies, D'Andrea et al. (1991) examined the role

multicultural training had on counselor trainees' multicultural competencies. Results indicated that trainees who received multicultural training through either a 6-week or a 15-week workshop presented with higher levels of competence, and displayed significant growth in terms of cultural skills, knowledge and self-awareness. Separate studies conducted by Sodowsky (1996) and Neville et al. (1996) yielded similar results, with studies showing that post-test scores for skills, knowledge and self-awareness were significantly higher than pretest scores.

While many outcome studies have provided some evidence that multicultural training can impact competence, numerous scholars have reasoned that there may be moderating factors that can impact multicultural competence, that are not always accounted for. For instance, some studies identified that counselors of color reported greater levels of multicultural counseling competence than white counselors. Pope-Davis and Ottavi (1994) conceptualized that, when compared to white trainees, trainees of color may have higher levels of MCC due to personal experiences as racial/ethnic minorities in the U.S. In a study assessing the multicultural competence of 176 university counselors nationwide, Sodowsky et al. (1998) identified that counselors' cultural backgrounds played a significant role in impacting their responses. Using the Multicultural Counseling Inventory (MCI), Sodowsky et al (1998) reported that African Americans, Latinos and Asians had higher scores on the multicultural awareness subscale than did their Caucasian counterparts, and that the Caucasian students had the lowest overall scores. Constantine (2001) found that Black and Latino graduate students demonstrated higher levels of multicultural competence than their white peers. On the other hand, Manese, Wu, and Nepomuceno (2001) examined white and racial/ethnic minority doctoral interns' multicultural competence by comparing their scores at pre-and post-internship, and found no significant differences among the groups.

Some scholars implied that increasing trainees' multicultural competence might depend on different levels of training (Pope-Davis & Otavvi, 1994; Sodowsky et al., 1998). Sodwosky et al (1998) reported that multicultural knowledge, awareness and skills all increased when an individual had higher levels of training. Chao, Wei, Good, and Flores (2011) examined whether multicultural training moderated racial differences on multicultural knowledge and the relationship between color-blind attitudes and multicultural awareness. They identified that race/ethnicity significant interacted with multicultural training to predict trainees' multicultural awareness, but not knowledge. On the other hand, color-blindness significantly interacted with multicultural training to predict multicultural knowledge but not awareness. Chao et al. (2011) also demonstrate that lower levels of training among both white and ethnic minority trainees resulted in ethnic minority trainees to demonstrate higher levels of multicultural competence. When levels of multicultural training increased, there was no significant difference in multicultural competence between the groups. Inconsistent findings about the role of race/ethnicity on competence can indicate need for further exploration of moderator effects in the study of multicultural training and competence.

Multicultural training and awareness of attitudes. Understanding one's own racial and ethnic background, its sociopolitical role in society, and increasing awareness of one's own assumptions and values considered a critical step in increasing multicultural competence (Pope-Davis & Ottavi, 1994; Sue & Sue, 2008). Furthermore, Neville, Spanierman, and Doan (2006) indicated that lack of awareness of race relations and societal racism is negatively associated with multicultural competence. Many scholars have emphasized that multicultural training around attitudes and beliefs demands that students engage in an internal process that encourages an increase in self-awareness (Carroll, 2009; Pederson, 2000; Sue et al., 1992).

Many studies have focused on the relationship between multicultural training and attitudes surrounding racial variables. Sodowsky et al.'s (1998) study indicated that multicultural counseling courses were effective in decreasing levels of racial prejudice. Brown, Yonker, and Parham (1996) examined white racial identity among students who participated in a 16-week multicultural course, using Sue et al.'s (1992) Tripartite framework. Assessment of the racial identity of 35 white counseling students utilized the White Racial Identity Attitude Scale (WRIAS; Helms & Carter, 1990). Outcomes indicated that the course positively impacted student racial identity and attitudes, highlighting an increase in students' abilities to accept racial differences, a decrease in racist behaviors, and an increase in understanding of the impact of race relations and attitudes on people of color.

In a similar study, Parker, Moore, and Neimeyer (1998) utilized the White Racial Consciousness Development Scale (WRCDS; Claney & Parker, 1989) and the Interracial Comfort Index (Claney & Parker, 1989) to study 116 white counseling students who were participating in a 15-week multicultural counseling course. The focus of the personal awareness component of the class was to facilitate students' understanding of their racial identity development as well as examine their personal feelings and attitudes toward ethnic minorities. Results of the study showed that training increased students' awareness of themselves as "racial beings" (p. 308), their awareness of their attitudes regarding racial differences, and their comfort levels with interracial interaction (Parker et al., 1998).

Constantine and Gushue (2003) studied racism attitudes, ethnic tolerance attitudes, multicultural training among school counselors, and the role these variables played in predicting multicultural case conceptualization with immigrant students. Constantine and Gushue (2003) identified that school counselors who demonstrated higher levels of ethnic tolerance presented

with more awareness and insight regarding the needs of immigrant students. On the other hand, counselors who had lower levels of tolerance and higher levels of racist attitudes, presented with lower levels of attentiveness to the needs and cultural implications of immigrant students. In addition, Constantine and Gushue (2003) found that counselors who had prior multicultural training were able to better conceptualize the immigrant client's case; this highlights the role that multicultural training can have in weakening negative attitudes held.

A study conducted by Castillo et al. (2007), student multicultural knowledge, awareness and skills assessed using the Multicultural Counseling Inventory (MCI; Sodowski et al., 1994) and an Implicit Association test (Greenwald, McGhee, & Schwartz, 1998). Forty students participated in a 15-week multicultural course framed around the Tripartite Model; outcomes highlighted that the course drastically improved student self-awareness and reduced implicit racial bias.

Multicultural training and knowledge. Cultural competence in many counseling training programs builds on the increasing of knowledge about cultural factors that can contribute to a client's strengths and problems, as well as influence the therapeutic relationship and counseling interventions. In fact, most counseling programs build their multicultural class curriculum around the increase of multicultural knowledge. However, most studies around multicultural competence focus predominately on relationships between training and increased awareness, briefly, if at all, commenting on role of multicultural knowledge. There have been very few studies conducted that specifically examine the relationship between multicultural training and multicultural knowledge, or the extent to which multicultural knowledge can impact multicultural competence.

In a national survey study conducted by Holcomb-McCoy and Myers (1999), that counselors perceived themselves to be most competent on the multicultural awareness and skills dimensions, and less competent on the knowledge and racial identity dimensions. Holcomb-McCoy and Myers (1999) concluded that the differences between the levels of competence suggested that counselors are more knowledgeable about their own personal worldview, and less knowledgeable about their clients' cultures. Holcomb-McCoy (2001) examined the perceived multicultural counseling competence of 76 elementary school counselors. Results indicated that, as a group, the counselors had high levels of perceived multicultural competence, rating themselves most competent in the areas of multicultural awareness. Holcomb-McCoy (2001) also reported that the school counselors rated themselves least competent on multicultural knowledge and racial identity development. In 2005, Holcomb-McCoy conducted a similar study with 209 professional school counselors nationwide. Results were similar to her previous two studies, emphasizing that while counselors perceived their competence to be high on multicultural awareness, they perceived it to be lower on multicultural knowledge.

Holcomb-McCoy (2005) also identified that the school counselors who had taken a multicultural course scored significantly higher in the knowledge domain than those who did not. In a study examining graduating counselors general knowledge competency, Cates et al. (2007) identified that students scored lowest on multicultural knowledge competency, when compared to knowledge of group work, professional orientation, ethics, and helping relationships. In terms of possible moderating variables impacting multicultural knowledge, Neville et al. (2006) found that racial and ethnic minority trainees scored higher than white trainees on multicultural knowledge.

Multicultural Training around Arab Americans

Throughout the development of multiculturalism in the counseling field, there has been little discussion or inclusion of the Arab American population. For instance, the original "Guidelines of Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists" define ethnic and racial minority groups as Asian and Pacific Islanders, sub-Saharan Black Africans, Latino/Hispanics, and Native American/American Indians (APA, 2002), making no mention of the growing Arab American population. Further, in the development of the initial Multicultural Counseling Competencies guidelines, developed by Sue et al. (1992), the guidelines advocate defining persons of color as representative of four "visible racial or ethnic minority" groups: African Americans, Native Americans, Asian Americans and Hispanics (Sue, et al., 1992). Within both definitions, Arab Americans do not have a place. In 2003, Nassar-McMillan published a call for advocacy and action for counseling with Arab Americans, emphasizing the dire need for mental health services for this population post 9/11. More recently, the Association for Multicultural Counseling and Development (AMCD) provided a series of events that addressed 'Latino Concerns', 'African American Concerns', 'American Indian Concerns' and 'Asian American Concerns' at the American Counseling Association in 2015. Arab American concerns were not addressed or included in the list of discussion topics, signifying that this group continues to maintain a status of invisibility in the counseling field.

In an examination of 54 multicultural counseling syllabi, Pieterse, Evans, Risner-Burner, Collins, and Mason (2008) identified that the "population-specific" approach to multicultural training still appears to be a major focus of multicultural courses. While 45% of the courses included a focus on African Americans and Latino/a Americans, and 43% focused on Asian Americans and Native Americans, only 11% of the courses included mention of Arab/Middle

Eastern Americans. Interestingly, only 11% of the courses also included discussion of whites as a racial/ethnic group (Pieterse et al., 2008). Only one study assessed the multicultural competence of counselors when working with Arab Americans, as compared to when working with other minority groups (Sabbah, Dinsmore, & Hof, 2009). Results indicated that counselors presented with the least level of perceived competency in counseling Arab Americans when compared to other minorities (Sabbah et al., 2009). Almost thirteen years after Nassar-McMillan's call to action, this population continues to be understudied, with limited empirical research regarding training counselors on culturally appropriate interventions, techniques and skills to implement with this group.

Summary

Although Arab Americans belong to a wide range of religious affiliations and emigrate from diverse regions, definition of 'Arab' as a monolithic category with orientalist undertones persists in popular North America (Naber, 2000). By conflating the categories Middle Eastern, Muslim and Arab, popular images are also erasing the reality that the majority of Muslims are neither Arab nor Middle Eastern, and that many Arabs and Middle Easterners are not Muslim (Joseph, 2008). The need to deconstruct the term 'Arab American' in counselor training is necessary in grasping the individual identity this group holds, the collective identity that is shaped by their interaction with the dominant society, and the continuous negotiation in identification of one another and identification with one another.

The scholarly attention paid to multicultural counseling competence has led to an emphasis on the need to develop multicultural awareness, knowledge and skills in order to best meet the needs of ethnic minority and diverse clients. Specifically, much of the multicultural literature focuses on the role of training in increasing awareness of attitudes and beliefs among

counselors or counselor trainees, with minimal focus on multicultural knowledge. This review of the literature attempted to highlight the placement of the Arab American population within both the larger society and multicultural education, as both a highly visible group in terms of sociopolitical realities but a surprisingly invisible one in terms of multicultural counseling implications and training. Ultimately, numerous Arab American scholars suggest a strong connection between local acts of violence, national state policies, international foreign policies and the emotional and psychological wellbeing of the Arab American (Cainkar, 2008; Naber, 2006; Sai, 1978; Shaheen, 2001).

While the development of multicultural counseling was rooted in the need to address the diversity evidenced in minority clients, research regarding what that diversity looks like and appropriate interventions to utilize with diverse populations is limited. Some scholars have attempted to address population specific needs and mental health implications. For example, Constantine (2002) researched the satisfaction of racial and ethnic minorities with counseling. Li and Kim (2004) studied counseling style and the counseling process with Asian American clients. Garrett and Myers (1996) developed a paradigm for counseling Native Americans and Parham (2002) examines African-centered cultural competence and counseling African Americans. Despite the significant mental health implications that can be identified in many marginalized populations, specifically Arab Americans, there is limited empirical evidence regarding the multicultural counseling, training and education provided for counselor trainees and professionals to ensure that appropriate, culturally competent services are provided. The furthering of this work is crucial because the premise of multicultural counseling is to be inclusive of all minority voices, especially ones with significant mental health stressors. Furthermore, it would shift the academic conversation to begin to consider ways in which

counselor educators and counselors can simultaneously work on enhancing awareness of their own, personal worldview, while also increasing their knowledge and awareness of their client's personal and political worldview.

Chapter 3

Methods

This quantitative study assessed multiple relationships between the predictor and criterion variables. This chapter provided a detailed description of the methodology used to complete this study. A restatement of the research questions preceded discussion of participant selection, procedure, instrumentation, and data analysis. This was followed by discussion of data analysis for each research question individually.

Research Questions

1. What are the relationships between general multicultural knowledge, multicultural awareness, specific knowledge of Arabs, attitudes towards Arab Americans and social desirability?
2. Which of the following variables (multicultural knowledge, multicultural awareness, specific knowledge, exposure to Arab Americans, level of training on Arab Americans, and level of counseling experience) predict positive attitudes towards Arab Americans?
3. What is the relationship between social desirability and specific knowledge of Arab Americans, and how do they predict attitudes towards Arab Americans?

Participants

Participants for this study included professional counselors, school counselors and/or counselor educators who have completed their degrees. The participants had to be graduates of CACREP accredited programs in order to ensure that they have received multicultural counseling training in accordance to CACREP standards (2016). For the bivariate correlations, power analysis conducted via G*Power with alpha set at .01, power set at .80, and effect size at

.3, indicated the need for a sample of 78 participants or more. For the stepwise regression, power analysis conducted via G*Power with alpha set at .05, power set at .80, and effect size at .15, indicated the need for a sample of 91 participants or more.

Recruitment of participants occurred through several methods. First, recruitment occurred through the *CESNET-L*, a professional counseling listserv; *COUNSGRAD*, a master's level counseling student listserv; and *DIVERSEGRAD-L*, a student and professional listserv that targets diversity issues. Second, recruitment occurred through the emailing of professional leadership in state and regional counseling associations nationwide. The researcher gathered contact information for the Presidents, President-Elects and Executive directors of every state branch in the U.S. from the ACA and AMHCA website. Contact information for the ASCA branches were located on the Internet under a general search; i.e. '*school counseling association Idaho*'. Inclusion of every state that affiliated with any of the branches ensured a broad range of participants with varying perspectives and cultural backgrounds. The researcher sent two-hundred and sixty five emails.

Procedure

This study was a quantitative correlational study. Data collection occurred electronically via an online survey constructed using the HIPPA-compliant Qualtrics survey platform. The researcher sent a recruitment solicitation email (see Appendix A**)** to all professional members on the listservs; as well as leadership members of the state level associations with a request to forward it to their members. The researcher posted the survey on the listservs four times, over the span of four weeks. The researcher emailed counseling association leadership twice over the span of four weeks.

The email included a link to the consent form (see Appendix B) and survey (see Appendix C). Upon clicking the link embedded in the initial email, the link directed participants to the study consent form, where they selected "Yes" or "No" to indicate their consent to participate in the study and granted permission for me to analyze and report on their data in aggregate form. The consent form collected no identifying information. Upon provision of consent, the website directed participants to the survey. If participants declined their consent, the website re-directed them to a page containing a message thanking them for their consideration. The participants then completed the series of online measures in the following order: 1) Demographic Questionnaire, 2) CCCI-R, 3) Measure of Attitudes Towards Arabs, 4) MCKAS, and the 5) Marlowe-Crowne Social Desirability Scale-Revised. The survey included 88 items and required 20-25 minutes to complete. Survey data was stored in the secure, encrypted, password protected Qualtrics survey platform until the completion of all data collection. The researcher downloaded the data in a .CSV Excel file and immediately transferred to a password-protected Excel database on a University of Tennessee computer and server, which was also password protected.

Instrumentation

Four inventories were used to collect data for this study in addition to the informed consent and demographics. After completing the informed consent, the participants were asked to complete the following measures in the following order: 1) Demographic Questionnaire, 2) Cultural Competence Self-Assessment Questionnaire (CCSAQ), 3) Measure of Attitudes Towards Arabs (ATA), 4) Multicultural Counseling Knowledge and Awareness Scale (MCKAS), and the 5) Marlowe-Crowne Social Desirability Scale-Revised (MCSDS-R). Authors granted permission to use all scales.

Multicultural Counseling Knowledge and Awareness Scale (MCKAS).

The MCKAS is an instrument that measures two factors: perceived multicultural knowledge and perceived multicultural awareness (Ponterotto et al., 2002). The instrument measures participant responses on a 7-point Likert scale: 1 equals "Not at All True;" 4 equals "Somewhat True;" and 7 equals "Totally True" (Ponterotto et al., 2002). There are a total of 32 items on the MCKAS; 12 items measured perceived awareness, and 20 questions measured knowledge.

Initial MCKAS content validity was established through expert ratings, independent card-sort procedures and student focus groups (Ponterotto et al., 1996). The Knowledge subscale of the MCKAS was significantly correlated to Knowledge subscales found in both the Multicultural Awareness Knowledge Skills Survey (MAKSS) and the Multicultural Counseling Inventory (Ponterotto, Gretchen, et al., 2002); the Awareness subscale was found to be significantly correlated with the MAKSS but not the MCI (Ponterotto, Gretchen, et al., 2002.) There have been no significant correlations identified between social desirability and the Awareness subscale (Constantine, 2000; Ponterotto et al., 1996).

Internal consistency reliability for the Knowledge subscale ranged from .79 to .93, with a ten-month test-retest reliability coefficient of .70 (Manese, et al., 2001; Ponterotto et al., 1996). Internal consistency reliability for the Awareness subscale ranged from .67 to .89, with a ten-month test-retest reliability coefficient of .73 (Constantine & Ladany, 2000; Constantine et al., 2002; Ponterotto et al., 1996). The Knowledge subscale demonstrated higher coefficient alphas than the Awareness subscales, indicated higher levels of reliability. This could be as a result of the larger number of items that the Knowledge subscale has, when compared to the Awareness subscale. This could also be as a result of the more broadly-defined, subjective constructs

measured by the Awareness items, when compared to the narrow, more objective constructs of the Knowledge subscale (Ponterotto & Potere, 2003). The Knowledge subscale in this study demonstrated a strong internal reliability of .92, suggesting consistency with varying populations.

Measure of Attitudes towards Arabs (ATA)

In a study seeking to examine psychological perspectives that might explain anti-Arab sentiments expressed post 9/11, Oswald (2005) developed a 10-item Measure of Prejudice, Stereotypes and Discrimination. All items were measured on a 7-point Likert-type scale ranging from 1(strongly disagree) to 7(strongly agree). Oswald (2005) made this survey available online in order to garner a diverse sample of respondents, with exclusion criteria being that all respondents had to be over 18. 52.7% of the respondents were female (n=106) with the remaining being male (n=94). This measure had three subscales, measuring prejudice, stereotypes and discrimination. Prejudicial reactions towards Arabs were measured using three items: "Arab people make me feel uncomfortable," "I feel angry when I see an Arab person," and "When I see an Arab person I am suspicious of his or her behavior." Oswald (2005) identified a coefficient alpha of .90 for these items. Stereotypical reactions towards Arabs were measured using three items: "Arabs have little appreciation for democratic values," "People of Muslim religion tend to be fanatical," and "All Arabs are essentially alike." Oswald (2005) identified a coefficient alpha of.83. The researchers collected discrimination measurement towards Arabs with four items. "Arab-looking people should be searched more carefully before being allowed into public events (such as sporting events, concerts, etc.);" "At this time, I would ride on a plane with people who are Arab looking;" "The U.S. government should require all Arab students and visitors to return to their home countries;" and "Landlords should be cautious

if renting to Arab-looking individuals." Oswald (2005) identified a coefficient alpha of 0.82. In a study on factors predicting attitudes towards Arabs, Nassar (2008), utilized this scale and reported a Cronbach's alpha reliability coefficient of 0.912. In this study, this scale demonstrated a strong internal reliability of .89, suggesting consistency with varying populations.

Marlowe-Crowne Social Desirability Scale Revised (MCSDS-R)

Several authors have recommended including a measure of social desirability when investigating self-reported counselor characteristics (i.e., Constantine & Landany, 2000; Ponterotto et al., 1996; Sodowsky, Kuo-Jackson, Richardson, & Corey, 1998). In a study conducted by Constantine and Ladany (2000), it was identified that there was a positive correlation between self-reported multicultural counseling competence and social desirability attitudes; these results were inconsistent with traditional theories of social desirability, which indicate that as individuals develop, their need for approval (socially desired responding) would be replaced with a more self-defining personality (Millham, 1974). Ultimately, it appears that many times individuals want to avoid negative evaluations of themselves (Sinha & Krueger, 1998; Upshaw & Yates, 1968).

The Marlowe-Crowne Social Desirability Scale (MCSDS; Crowne & Marlowe, 1960) is a 33-item, true/false measure developed to explore socially desirable responding in non-clinical respondents. Crowne and Marlowe (1960) identify their work as being an alternative to measures of socially desirable responding developed from personality inventories such as the Minnesota Multiphasic Personality Inventory. Assignment of a value of one to each socially desirable true/false response occurred for scoring purposes. Higher scores denote higher levels of socially desirable responding. Crowne and Marlowe (1960) reported a mean of 13.72 and standard deviation of 5.78 for their development sample of 120 college students. Reliability is reported as

KR-20 of 0.88 [Kuder-Richardson Formula 20 for measures with dichotomous choices] and a one-month test-retest correlation of 0.89, signifying good internal consistency. In another study, Constantine and Ladany (2000) found a Cronbach's alpha of 0.86, a mean of 12.69, and a standard deviation of 6.32.

Based on an internal analysis of the MCSDS, Strahan and Gerbasi (1972) developed three revised, shorter version of the MCDS, producing two 10-item forms (M-C1 and M-C2) and one 20-item form (M-C), which was the 10-item scales combined. They administered the 33 MCSDS items, intermixed with 40 other questions to form extraversion-introversion and neuroticism scales to 500 university students in two classes. Of the five hundred students, 361 students filled out the forms. The authors performed a principal components analysis on the MCSDS items. Correlations between the M-C1 and M-C2 and the original MCSDS was in the .80s; correlations between the 20-item M-C and the MCSDS were in the .90s. The finding of similar coefficients supports generalizability of the new scales across diverse samples. In a study conducted by Fischer and Fick (1993), confirmatory factor analysis established the adequacy of the three revised scales developed by Strahan and Gerbasi's (1972) in comparison to the original MCSDS. They identified that all three revised scales demonstrated high internal consistency and are highly correlated with the standard 33-item original school. The version utilized in this study was the 20 item M-C. In this study, this scale demonstrated a strong internal reliability of .85, suggesting consistency with varying populations.

Cultural Competence Self-Assessment Questionnaire (CCSAQ)

The Cultural Competence Self-Assessment Questionnaire is a 59 item self-report measure developed by James Mason (1995) that contains five subscales. The subscales include personal involvement with communities of color, knowledge surrounding those communities and

knowledge of organization policies and procedures regarding reaching out to communities of color. Two versions of the Cultural Competence Self-Assessment Questionnaire exist.: one for use with administrative staff, and another for direct service providers and the other is for administrative staff. This study will be utilizing the version for use with service providers; more specifically, it will only utilize the 14-question knowledge subscale of the assessment, which examines specific knowledge about individuals and communities of color. The CCSAQ provides a general score based on five subscales. Each subscale can suggest behaviors that align with cultural competence. Authors collected data to address reliability from five sites across the country. The majority of the subscales yielded an alpha coefficient of .80 or higher. The coefficient for the Personal Involvement subscale averaged around .60. The CCSAQ in this study demonstrated a strong internal reliability of .97, suggesting consistency with varying populations.

Authors established content validity for the CCSAQ through the convening of focus groups to discuss the development of the subscale items. Focus group members were professionals across mental health service disciplines as well as academic disciplines. Authors granted permission for this assessment to replace the broad population descriptor of 'communities of color' or 'groups of color' to 'Arabs and Muslims.' For example, one question in the assessment asks the following: "How well are you able to describe the social problems of the groups of color in your service area?" For the purpose of this study, the researcher altered the question to reflect the following: "How well are you able to describe the social problems of Arabs and Muslims in your service area?"

Demographics Questionnaire

The researcher collected demographic data for descriptive purposes for this study. This includes age, gender, field of study, race/ethnicity, religious orientation, geographic location, level of training, years of experience, level of exposure to the Arab American population, and level of perceived preparedness when working with this population.

Data Analysis

Research Question 1: What are the relationships between general multicultural knowledge, multicultural awareness, specific knowledge of Arabs, attitudes towards Arab Americans and social desirability?

The researcher performed descriptive statistics on the demographic data and study variables, including frequency statistics and measures of central tendency when appropriate. The researcher also conducted a t-test and ANOVAS in order to better describer differences within gender, field of study and years of clinical experience. Correlational analyses examined the relationships between multicultural knowledge, multicultural awareness, knowledge of Arab Americans, Attitudes towards Arab Americans, and social desirability. A correlation expresses the strength or magnitude of the relationship or co-occurrence between two continuous variables; measured with a value between -1 and +1. Represented by r, a positive value indicates a positive relationship between variables (as the value of one increases, the value of the other variable increases); whereas a negative value indicates a negative relationship between variables (as the value of one variable increases, the other decreases). The closer to 0, the weaker the relationship between the two variables, with an r of 0 indicating no relationship at all. The researcher ran a normality test for all the scales, and found a normal distribution in all but the results collected from Attitudes towards Arabs scale.

A Pearson Correlation, which has the assumption of normal distribution, examined relationships between multicultural knowledge, multicultural awareness, knowledge of Arab Americans and social desirability. A Spearman analysis examined any relationships with Attitudes towards Arabs because its distribution was positively skewed. Prior to running the analysis, results from the Attitude towards Arabs scale were dichotomized. Mean scores of two or less, signifying that participants somewhat disagreed, disagreed, or strongly disagreed with the statements on that scale, were categorized together. Mean scores higher than two, signifying the participants who neither agreed nor disagreed, somewhat agreed, agreed and strongly agreed, were categorized together.

Research Question 2: Which of the following variables (multicultural knowledge, multicultural awareness, exposure to Arab Americans, level of training on Arab Americans, and level of counseling experience) predict positive attitudes towards Arab Americans?

The researcher conducted a stepwise regression to evaluate what outcome variables predicted more positive attitudes towards Arabs. Stepwise regression is a method of regressing multiple variables while simultaneously removing those that are not important. The predictor variables in this question were multicultural knowledge, multicultural awareness, exposure to Arab Americans, level of training about Arab Americans, and level of counseling experience. The criterion variable was attitudes towards Arab Americans. Predictor variables were entered into the regression equation one at a time based upon statistical criteria. The variable that had the most statistical significance was entered at the first step of the analysis. This was repeated with every other significant variable; the analysis ended when there were no more significant predictor variables remaining.

Research Question 3: What is the relationship between social desirability and specific knowledge of Arab Americans, and how do they predict attitudes towards Arab Americans?

The researcher conducted a standard multiple regression analysis to evaluate how well specific knowledge and social desirability predicted attitudes towards Arabs. The goal of this multiple regression is to assess the relationship between attitudes towards Arab Americans as they are impacted by specific knowledge and social desirability responding. In this question, the independent variables are social desirability and knowledge of Arab Americans. The dependent variable is attitudes towards Arab Americans.

Chapter 4

Results

The researcher conducted the current study to investigate the relationship between professional counselor's general multicultural competence, knowledge about Arab Americans and attitudes held towards Arab Americans. This study was also conducted to identify the extent to which professional counselors' general multicultural competence, knowledge about Arab Americans, and level of training and experience predict their attitudes towards Arab Americans. This study was a correlational study utilizing correlational analysis and multiple regressions. The results are described in the following paragraphs.

Description of Participants

The survey used in this study was emailed to professional counseling listservs (CES-NET and COUNSGRADS), as well as state level mental health counseling and school counseling associations, nation wide. Every state that was affiliated with any of the branches was targeted in order to ensure an inclusion of a broad range of participants with varying perspectives and cultural backgrounds. The researcher sent a total of 265 emails. For the bivariate correlations, power analysis conducted via G*Power with alpha set at .01, power set at .80, and effect size at .3, indicated the need for a sample of 78 participants or more. For the stepwise regression, power analysis conducted via G*Power with alpha set at .05, power set at .80, and effect size at .15, indicated the need for a sample of 91 participants or more.

The total number of eligible participants who fully completed the survey was 124. There were 26 additional participants who completed only 63% of the survey and were not included in the data analysis. Response rate cannot be determined because the sampling method relied on referrals from initial contact people and listservs. Ages of participants ranged from 23-72 years

old. Of the 124 participants, 80% (n=99) identified as female, 20% (n=25) as male. The predominant race/ethnicity of participants was Caucasian/European American at 75% (n=94), followed by African American at 11% (n=14), Asian American at 5.5% (n=7), and the remaining 7% (n= 9) dispersed across North African-Middle Eastern, Hispanic/Latin American and Multiracial/Multiethnic. The primary religious orientation was Christianity at 65% (n=82), followed by Agnostic at 11% (n=14) and Atheist at 5% (n=6). The rest were dispersed across Islam at 4%, Judaism and Buddhism at 3% each, and 'Other', which included Unitarian Universalist and Occulist.

All participants graduated from CACREP accredited programs, with 42% (n=52) identifying as Clinical Mental Health Counselors, 30% (n=36) identifying as School Counselors, and 26% (n=33) identifying as Counselor Educators. Participants' years of clinical experience varied. Thirty-three percent of participants (n=41) had 1-3 years of experience, 24% of participants (n=30) had 3-6 years of experience and 26% (n=33) had 10+ years of experience. The remaining participants were dispersed between less than 1 year of experience (n=5) and 6-9 years of experience (n=15). When asked about the extent of training regarding the Arab American population, 45% (n=55) of participants reported that they have received no training, and 35% (n=43) of participants reported that they had taken one class. When asked to rate how prepared they felt in working with Arab Americans, 25% of participants (n=31) reported that they were *'not prepared at all'*, 37% of participants (n=46) reported that they felt *'slightly prepared'* and 28% of participants (n=35) felt they were *'moderately prepared'*. When asked about their levels of interaction with the Arab American population, 22% of participants (n=27) reported no interaction at all, 53% (n=66) of participants reported little interaction, and 19% (n=23) reported moderate interaction.

Descriptive Results

Descriptive results will be presented in the following section. Descriptive analysis was run on the total scores from assessments that measured multicultural knowledge, multicultural awareness, specific knowledge of Arabs, attitudes towards Arabs and social desirability. Furthermore, differences were examined among the following demographic groups: field of study, years of clinical experience and gender. Field of study was divided into three categories: Counselor Education, Mental Health Counseling and School Counseling. Years of clinical experience were divided into two categories: 0-6 years of experience and 6+ years of experience. A one-sample t-test explored the differences between genders, and a one-way ANOVA examined field of study and years of clinical experience. Differences in other categories were not examined because there were not enough participants in each group.

Multicultural Knowledge

The MCKAS Knowledge subscale assessed multicultural knowledge (Ponterotto et al., 2002). The score range for this scale is from 1-7, where higher scores indicate higher perceived knowledge of multicultural counseling issues. Scores ranged from 4.36 to 5.94, with the mean score on this scale being 5.17, suggesting that participants demonstrated a moderately high level of multicultural knowledge (See Table 4.1). Participants scored lowest on the question assessing knowledge of culture-specific models of counseling for various racial/ethnic groups, with a mean of 4.36. There were no statistically significant differences among male and female participants, or among years of clinical experience. There was a statistically significant difference between fields of study determined by one-way ANOVA (F (3,119) = 4.489, p = .005). Among fields of study, school counselors scored the lowest (m = 4.98), and counselor educators scored the highest (m = 5.65) (See Table 4.2). Ultimately, scores on this assessment were indicative of

Table 4.1.

Descriptive Statistics for Total Sample and Gender

				Total			Female			Male	
	N	Min	Max	Mean	SD	N	Mean	SD	N	Mean	SD
Multicultural Knowledge	124	2.25	7.00	5.17	.90	100	5.15	.92	24	5.27	.83
Specific Knowledge	124	1.00	4.00	2.03	.67	100	1.99	.69	24	2.19	.55
Multicultural Awareness	124	3.58	7.00	5.56	.79	100	5.60	77	24	5.40	.87
Attitudes Towards Arabs	124	1.00	6.00	2.49	1.11	100	2.45	1.05	24	2.57	1.30
Social Desirability	124	.05	1.00	.50	.23	100	.49	.22	24	.52	.28

Table 4.2.

Descriptive Statistics for Sample- Field of Study and Years of Clinical Experience

Descriptive Statistics	Counselor Educator			Mental Health Counselor			School Counselor			0-6 Years of Experience			6+ Years of Experience		
	N	Mean	SD	N	Mean	SD	N	Mean	SD	N	Mean	SD	N	Mean	SD
Multicultural Knowledge	32	5.05	.88	53	5.05	.89	38	4.98	.97	74	5.21	.94	50	5.13	.92
Specific Knowledge	32	2.36	.77	53	2.08	.54	38	1.65	.59	74	2.22	.73	50	1.98	.32
Multicultural Awareness	32	5.81	.68	53	5.58	.77	38	5.29	.86	74	5.68	.71	50	5.56	.76
Attitudes Towards Arabs	32	2.18	.82	53	2.35	.93	38	2.96	1.41	74	2.30	.88	50	2.46	.94
Social Desirability	32	.39	.22	53	.511	.22	38	.55	.21	74	.54	.20	50	.48	.23

participants having high levels of multicultural knowledge, with counselor educators scoring the highest and school counselors scoring the lowest.

Specific Knowledge of Arabs

The CCSAQ (Mason, 2005) measured counselors' specific knowledge about the Arab American population. This 4-point scale ranged from 1(*Not at all*) to 4 (*Very well*). Results for the CCSAQ suggested that participants had low levels of knowledge about this population. Scores ranged from 1.58 to 3.15, with an overall mean of 2.03, signifying that they '*Barely'* had knowledge about this group. There were no statistically significant differences among male and female participants, or among years of clinical experience. There was a statistically significant difference between fields of study determined by one-way ANOVA (F (3,119) = 7.86, p = .001). Among fields of study, counselor educators scored higher than the average (m = 2.36), and school counselors scored lower (m = 1.65).

When examining the overall breakdown of scores (see Table 4.1), participants scored lowest on the question assessing knowledge of risk factors facing Arab Americans, with a mean of 1.58. Participants also scored low on questions assessing their knowledge of conflicts among Arab Americans (m=1.80), knowledge of within-group differences among Arab Americans (m=1.84) and knowledge of the common mental health stressors among this group (m=1.85). Participants scored highest on questions that assessed their ability to describe Arab Americans (m=2.34) and their knowledge of the languages used by this population (m=2.31). Ultimately, scores on this assessment were indicative of participants having low levels of specific knowledge about this population, with counselor educators scoring the highest and school counselors scoring the lowest.

Table 4.3.

Frequency of Responses on CCSAQ

Question	Not at all	Barely	Fairly Well	Very Well
Knowledge of prevailing beliefs, customs, norms and values of Arab Americans	18.55%	54.84%	22.58%	4.03%
Knowledge of social service needs that go unaddressed among Arab Americans	43.55%	35.48%	15.32%	5.65%
Knowledge of social service problems that can be addressed by natural networks among Arab Americans	44.35%	40.32%	12.10%	3.23%
Knowledge of conflicts between of within Arab American groups	41.46%	39.02%	15.45%	4.07%
Knowledge of causes of mental health illness among Arab Americans	41.13%	36.29%	16.94%	5.67%
Knowledge of the distinction between ‘immigrant’ and ‘refugee’	8.06%	8.87%	41.13%	41.94%
Knowledge of languages used by Arab Americans	13.82%	47.15%	30.89%	8.13%
Knowledge of the common needs of Arab Americans	33.87%	45.97%	17.74%	2.42%
Knowledge of the social protocol within Arab American communities	36.29%	45.97%	14.52%	3.23%

Multicultural Awareness

The MCKAS Awareness subscale assessed multicultural awareness (Ponterotto et al., 2002). The Awareness subscale demonstrated a strong internal reliability of .80, suggesting consistency with varying populations. The score range for this scale ranges from 1-7, where higher scores indicate higher perceived multicultural awareness. The mean score on this scale was 5.56, suggesting that participants had moderately high levels of multicultural awareness.

There were no statistically significant differences among male and female participants, or among years of clinical experience. There was a statistically significant difference between fields of study determined by one-way ANOVA (F (3,119) = 2.75, p = .046). Among fields of study, counselor educators scored significantly higher than the average (m = 5.81), while school counselors scored lowest (m = 5.29). Ultimately, scores on this assessment were indicative of participants having high levels of multicultural awareness, with counselor educators scoring the highest and school counselors scoring the lowest.

Attitudes towards Arabs

The Measure of Prejudice, Stereotypes and Discrimination assessed attitudes towards Arabs (Oswald, 2005). The score range for this scale ranges from 1-7, where higher scores indicate more negative attitudes towards Arabs, and lower scores more favorable attitudes towards Arabs. The distribution of the results for this scale was positively skewed. Overall, participants had a mean of 2.49, with a range from 1.81 to 2.68, indicating that they held more favorable attitudes towards Arabs. There were no statistically significant differences among male and female participants, or among years of clinical experience. There was a statistically significant difference between fields of study determined by one-way ANOVA (F (3,119) =

3.75, p = .013). Among fields of study, counselor educators scored lower than the average (m = 2.18), and school counselors scored higher (m = 2.96).

In examining the frequency of responses to each question, the majority of responses fell under the 'Strongly Disagree' or 'Disagree'. Two statements had slightly more dispersed ratings. Almost 25% of participants responded that they 'Somewhat Agreed' or 'Agreed' with the following statement: Arab people make me feel uncomfortable. Almost 17% of participants responded with a 'Neither Agree nor Disagree' about the statement that "Arabs have little appreciation for democratic values", with 13% 'Somewhat Agreeing' or 'Agreeing' with it. Ultimately, scores on this assessment were indicative of participants having high levels of positive attitudes towards Arabs, with counselor educators having the most positive attitudes, and school counselors having the least favorable.

Social Desirability

Level of social desirability responding was assessed using a revised version of the Marlowe-Crowne Social Desirability scale (Straham & Gerbasi, 1972).). After reverse scoring the reverse-worded items, all 'True" responses received a score of 1, and "False" responses received a score of 0. The higher the scores, the more socially desirable the participants appear. The mean score was .50, suggesting that this study did not elicit a statistically significant social desirability response. There were no statistically significant differences among male and female participants, or among years of clinical experience. There was a statistically significant difference between fields of study determined by one-way ANOVA (F (3,119) = 4.31, p = .006). Among fields of study, counselor educators scored lowest than the other two groups and lower than the total average (m = .38). This can signify that of all the participants, counselor educators are least likely to provide socially desirable responses

Research Question 1: What are the relationships between general multicultural knowledge, multicultural awareness, specific knowledge of Arabs, attitudes towards Arab Americans and social desirability?

Correlational analyses were used to examine the relationships between multicultural knowledge, multicultural awareness, knowledge of Arab Americans, Attitudes towards Arab Americans, and social desirability (See Table 4.4). A normality test was run for all the scales, and a normal distribution was found in all but the results collected from Attitudes towards Arabs scale. A Pearson Correlation, which has the assumption of normal distribution, was used to examine relationships between multicultural knowledge, multicultural awareness, knowledge of Arab Americans and social desirability. A Spearman analysis was used to examine any relationships with Attitudes Towards Arabs because its distribution was positively skewed. Prior to running the analysis, the results from Attitude Towards Arabs scale were dichotomized. Mean scores of two or less, signifying that participants somewhat disagreed, disagreed, or strongly disagreed with the statements on that scale, were categorized together. Mean scores higher than two, signifying the participants who neither agreed nor disagreed, somewhat agreed, agreed and strongly agreed, were categorized together.

Multicultural competence. A Pearson's correlation examined the relationship between the multicultural knowledge scale and the multicultural awareness scale, both subscales in the MCKAS (Ponterotto et al., 2002). Results yielded a mild, but statistically significant, correlation or $r(124) = .21$, $p < .05$. These results are in alignment with the results reported by Ponterotto et al. (2002) regarding correlation between the two subscales. There was no statistically significant correlation between the multicultural competence subscales and social desirability.

Table 4.4.

Correlation Matrix of Major Constructs

	1	2	3	4	5
1. Multicultural Knowledge	1.00				
2. Multicultural Awareness	**.21****	1.00			
3. Social Desirability	.02	-.14	1.00		
4. Specific Knowledge	**.37****	**.25****	.01	1.00	
5. Attitudes Towards Arabs	**-.28****	**-.56****	-.05	**-.52****	1.00

** Correlation is significant at the .01 level (2-tailed).

Specific knowledge. A Pearson's correlation was used to examine the relationship between specific knowledge of Arab Americans and multicultural knowledge. Results indicated that the relationship was moderate, $r(124) = .37$, $p < .05$. A correlation was also examined between specific knowledge and multicultural awareness, with results indicating a mild relationship, $r\ (124) = .25$, $p < .05$. There was no statistically significant correlation between the specific knowledge of Arab Americans and social desirability.

Attitudes towards Arabs. A Spearman correlation was used to examine the relationship between attitudes towards Arabs and multicultural knowledge and Attitudes towards Arabs. Results indicated that the relationship was mild, $r(124) = -.28$, $p <. 05$. When examining the relationship between attitudes and multicultural awareness, results yielded a strong, negative relationship, $r(124) = -.56$, $p < .05$. When examining the relationship between attitudes towards Arabs and specific knowledge, results also yielded a strong, negative relationship, $r\ (124) = -.52$, $p < .05$. This demonstrates that an increase in general multicultural awareness and specific knowledge of this population, may result in a decrease of negative attitudes held towards Arab

Americans. There was no statistically significant correlation between attitudes towards Arabs and social desirability.

Research Question 2: Which of the following variables (multicultural knowledge, multicultural awareness, exposure to Arab Americans, level of training around Arab Americans, and level of counseling experience) predict positive attitudes towards Arab Americans?

A stepwise regression was conducted to evaluate what outcome variables predicted more positive attitudes towards Arabs. Predictor variables were selected based on the largest correlation with the outcome variable, and were entered one at a time in a sequential order. The variables with the strongest correlations to attitudes towards Arabs were Multicultural Awareness, Level of Interaction and Training Around Arab Americans. Clinical experience was not included because it did not have an impact as a predictor variable.

At step 1 of the analysis, general awareness was entered into the regression equation and was significantly related to attitudes towards Arabs, AA $F(1, 121) = 65.92$, $p < .001$. The multiple correlation coefficient, which was .59, indicated approximately 35% of the variance of attitudes towards Arabs could be accounted for by general multicultural awareness. At step 2 of the analysis, general awareness and level of training around the Arab population were entered into the regression equation, and were significantly related to attitudes towards Arabs, AA $F(2, 120) = 36.36$, $p < .001$. The multiple correlation coefficient was .61, indicated approximately 38% of the variance of attitudes towards Arabs possibly accounted for by both general multicultural awareness and level of training around this population. Level of interaction did not enter in the question at step 3 of the analysis ($t = -1.614$, $p > .05$).

Table 4.5.

Correlation Matrix with Demographic Variables

	1	2	3	4
1. Attitudes Towards Arabs	1.00			
2. Training Around Arab Americans	**-.237****	1.00		
3. Years of Clinical Experience	.080	.013	1.00	
4. Level of Interaction	**-.258****	**.389****	-.043	1.00

** Correlation is significant at the .01 level (2-tailed).

Table 4.6.

Stepwise Regression of Predictors of Attitudes towards Arabs

Variable	*B*	*SE*	*β*	*F*	R^2
Step 1				65.92	.35**
Multicultural Awareness	-.89	.10	-.59**		
Step 2				36.36	.38**
Multicultural Awareness	-.798	.10	-.57**		
Training Around Arab Americans	-.189	.09	-.16**		

**p<.001

Research Question 3: What is the relationship between social desirability and specific knowledge of Arab Americans, and how do they predict attitudes towards Arab Americans?

There was no statistically significant correlation between the specific knowledge of Arab Americans and social desirability. A standard multiple regression analysis was conducted to evaluate how well specific knowledge and social desirability predicted attitudes towards Arabs. Social desirability had no predictive impact on attitudes towards Arabs, (t = -5.91, p > .05). Specific knowledge was significantly related to attitudes towards Arabs AA $F(2, 121) = 18.23$, $p < .001$. The correlation coefficient for specific knowledge was -.48, indicating approximately 23% of the variance of attitudes towards Arabs.

Summary

The results of the analysis conclude that general multicultural awareness and specific knowledge of Arabs do relate significantly to attitudes towards Arabs. Only a few variables predict more positive attitudes towards Arabs, including multicultural awareness, specific knowledge and level of training around this population. Results also suggested that social desirability responding had no relationship or predictive value on any of the variables examined. Chapter 5 will provide more detail and discussion regarding the implications of these results.

Chapter 5

Discussion and Implications

The theoretical frames that were used to ground this study were social constructionism and the tripartite model of multicultural counseling (Sue et al., 1992). Social constructionism is a framework that encourages the questioning of assumptions underlying the knowledge and attitudes that we form about people, emphasizing that both must be regarded as historically and culturally contingent (Burr, 2015). Attitudes held towards objects and subjects are constructed and must be understood within their social context (Burr, 2015). How one is socially defined largely determines the attitudes that he or she is capable of eliciting and the knowledge base that is shared around him or her. The tripartite model emphasizes that multicultural competent counseling is founded on the development of multicultural knowledge, awareness and skills. This work focuses specifically only on multicultural knowledge and awareness of attitudes. For the past several decades, the counseling literature has focused much of its attention on the issue and development of multicultural counseling (Arredondo & D'Andrea, 1998; Fouad, 1991; Ibrahim, 1991). Referred to as psychology's 'fourth force' (Pederson, 2002), multiculturalism continues to be a hot topic in the counseling profession, specifically when discussing counselors' ability to deliver multicultural competent counseling.

The increasing racial and ethnic diversity of the U.S. reflects in those who seek mental health services, representing continuous challenging of mental health professionals to meet the unique and diverse needs of minority populations (Sue & Sue, 2014). Despite the increased growth of the Arab American population in the U.S. and other major parts of the world, Arab clients continue to remain invisible in the counseling and psychology literature. As multicultural counseling continues to evolve, so do the mental health needs and implications for this

population. The purpose of this quantitative study was to investigate the relationship between professional counselor's general multicultural competence, knowledge about Arab Americans and attitudes held towards Arab Americans. This study sought to identify the extent to which professional counselors' general multicultural competence, knowledge about Arab Americans, and level of training and experience predict their attitudes towards Arab Americans. The discussion that follows will be organized using the tripartite model and framed by social constructionist discourse.

Discussion of Major Findings

Multicultural Knowledge

Sue et al., (1992) describe multicultural knowledge as a counselor's demonstration of strong knowledge and understanding of his/her worldview, specific knowledge of the diverse groups they work with, and recognition of sociopolitical influences that can impact both the counselor and the client. The mean score for participants on the MCKAS Knowledge subscale was moderately high at 5.17, but lower than scores on participants' perceived awareness. While this is surprising, because most training strategies around multicultural issues focus predominately on *knowing* that cultural differences exist, it is in alignment with previous studies conducted by Holcomb-McCoy (2001; 2005), Neville et al. (2006) and Cates et al. (2007); their results repeatedly emphasized that participants had lower perceived multicultural knowledge than multicultural awareness.

When examining the frequency of responses on the questions in that subscale, the two lowest scores belonged to demonstrating "knowledge of acculturation models for various ethnic minority groups" and "knowledge of culture-specific models of counseling" (MCKAS, 2002). When responding to knowledge of culture specific models of counseling, almost 48% of

responses ranged from somewhat knowledgeable to not at all knowledgeable. When responding to knowledge of acculturation models for various ethnic groups, almost 38% of responses ranged from somewhat knowledgeable to not at all knowledgeable. These low response scores emphasize participants' lower levels of knowledge regarding both the acculturation process of immigrant groups and implementation of culturally appropriate models when working with diverse clients. Insights from these scores can inform areas that academic programs may need to target in order to enhance knowledge of multicultural theory.

One explanation for why counselors may score lower on perceived multicultural knowledge could be the overall design of multicultural courses as well as the time allotted to them. According to the CACREP (2016) standards, the knowledge component that a multicultural counseling course needs to cover knowledge of multicultural and pluralistic characteristics among national and international diverse groups; theories and models of multicultural counseling; cultural identity development models; social justice and advocacy models and knowledge of the heritage, attitudes, beliefs, understandings and acculturative experiences of diverse groups. This needs to occur within an averaged 15-week semester and does not include the standards that require the addressing of multicultural awareness or skills competence. National and international diverse groups range from race, ethnicity, gender, sexuality, and disability, to name a few. Attempting to thoroughly cover everything in this content heavy class, while also trying to focus on the development of skills and the navigating of the counselor's own worldview is near impossible. Perhaps academic programs can begin to consider increasing time allotted to multicultural counseling courses, in order to target higher levels of knowledge, which inevitably impacts overall competence.

Another explanation for lower scores on multicultural knowledge, not only in this study, but in previous studies conducted, requires an examination of teaching pedagogy around multicultural education. Hooks (1994) describes a serious crises' in academia, emphasizing that "more than ever before, in the recent history of this nation, educators are compelled to confront the biases that have shaped teaching practices and to create new ways of knowing, different strategies for the sharing of knowledge" (p. 12). It is crucial for educators and academics to recognize the social construction of the knowledge they carry and communicate in the classroom setting, including the construction of their methods for delivering of said knowledge. Future research needs to examine and identify different teaching methods that might be more effective at increasing deeper knowledge of major areas of multicultural counseling theory.

Specific Knowledge

Sue et al. (1992) highlighted that a culturally competent counselor must possess specific knowledge about the client they are working with, which includes cultural heritage and historical background. The CCSAQ (Mason, 2005) measured counselors' specific knowledge about this population. Results yielded an overall mean of 2.03, signifying that counselors felt that they 'barely' had knowledge about this group. When examining the frequency of responses on the questions, almost all of them had majority responses of *Barely* and *Not at all* (See Table 5.1.). Almost 55% of participants indicated that they barely knew the prevailing beliefs, customs, norms and values of Arab Americans, with an additional 19% indicating no knowledge at all of this information. Results on the Pearson correlation between multicultural knowledge and specific knowledge emphasized a moderate, positive relationship between the two variables; when multicultural knowledge increases, specific knowledge moderately increases. When asked about the extent of training regarding the Arab American population, 45% (n=55) of participants

reported that they have received no training, 35% (n=43) reported that they had taken one class, 12% (n=15) reported that they had taken 2-3 classes and 8% (n=10) participants reported that they've taken 4 or more classes.

While there was a positive relationship between general multicultural knowledge and specific knowledge, it was a mild one; when general multicultural knowledge increases, specific knowledge slightly increases as well. Results on this section align with both the theoretical framework utilized in this study and previous research studies on counselor knowledge around the Arab American population. In a study conducted by Sabbah et al. (2009) around perceived multicultural competence when working with this population, participants rated their knowledge of aspects of the Arab worldview as below average, with a mean ranging from 1.42 to 2.66 (on a scale of 5). Sabbah et al. (2009) also assessed counselors' sources of knowledge on Arab Americans, with participants ranking newspapers as first, followed by the Internet and educational courses. In an examination of multicultural counseling syllabi, Pieterse et al. (2008) identified that only 11% of the courses included a section on Arab Americans. As such, low scores on specific knowledge does not come as a surprise when considering scores on general multicultural knowledge, and previous studies that demonstrated lack of inclusion of Arab Americans in the multicultural curriculum.

The structural exclusion of Arab Americans in mainstream society, media and academia is rooted in racialization and the utilization of dominant discourses to solidify the construction of their social image as inherently violent and 'other' (Naber, 2007). The low scores on this assessment, and the indicator that participants 'barely' knew anything about cultural heritage and historical background of this population is reflective of assertions made by Naber (2007), Said (1978), and Nassar-McMillan (2003) among others regarding the invisibility of this population in

academia. Strategies used to homogenize Arab Americans outside of the academic setting ultimately "ignore, displace, unravel, justify, uphold and explain racism, genocide, sexism, gender inequality, nationalism colonialism and imperialism" (Naber, 2000, p. 43). This inevitably seeps into academia and education, which ignores, justifies, upholds and explains the political and social exclusion of Arab Americans. These results further emphasize Sue, Arredondo and McDavis's (1992) statement that counseling is a reflection of our sociopolitical society and that counselors, and counselor educators, have actively maintained the status quo.

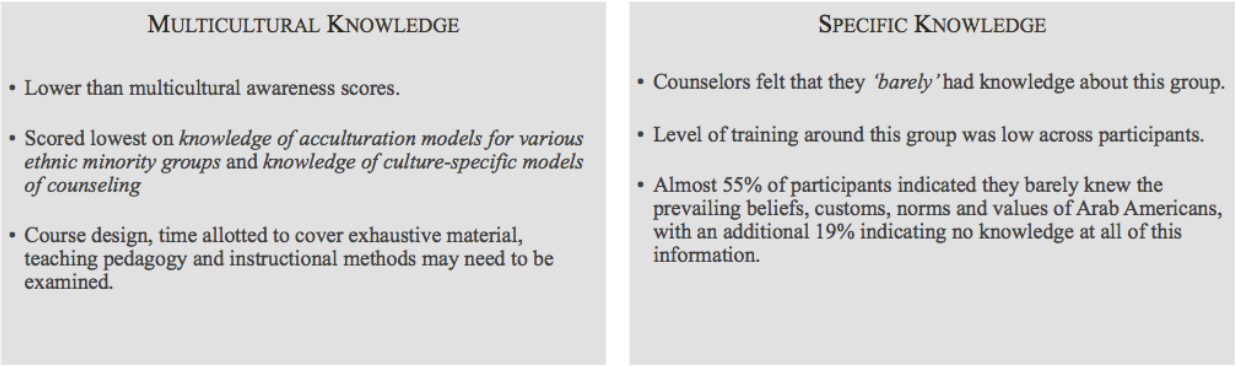

Figure 5.1. Summary of Findings on Knowledge

Multicultural Awareness

Multicultural awareness of attitudes and beliefs refers to the counselor's awareness of his or her personal values, beliefs and worldview, and how they may influence perceptions of their client, their client's problem and the counseling relationship. The MCKAS Awareness subscale assessed multicultural awareness (Ponterotto et al., 2002). Overall, the participants' multicultural

awareness scores were higher than their knowledge scores, with a mean of 5.56. When examining differences of means among groups, counselor educators scored highest (m = 5.81). One possible explanation for why counselor educators have higher levels of multicultural awareness could be because of their increased level of training, when compared to the other fields of study. This is supported by literature on multicultural awareness, which emphasizes that the higher levels of training can lead to higher levels of awareness (Pope-Davis & Otav; Sodowsky et al., 1998).

The differences between levels of competence on knowledge and attitudes can suggest that counselors are more knowledgeable about their personal worldview and less knowledgeable about their clients'. One explanation for higher awareness scores can be found in the inherent difference between multicultural awareness and multicultural knowledge. The development of awareness is a self-driven process towards higher levels of introspection. Increasing multicultural knowledge is an external process that requires active engagement in accessing knowledge, information and diverse groups. Similar to the pursuit of awareness, gaining and increasing knowledge requires consistent pursuing.

Attitudes towards Arabs

A component of multicultural awareness requires that culturally competent counselors possess the awareness to recognize negative emotional reactions and are cognizant of preconceived or stereotyped notions regarding racial and ethnic minorities. Attitudes towards Arabs were measured using the Prejudice, Stereotypes and Discrimination scale (Oswald, 2005). Overall, participant responses had a mean of 2.49, indicating that they held more positive attitudes towards Arabs. This demonstrated that levels of prejudice, stereotypes and discriminatory attitudes were very low. It was evident from scores on the Multicultural

Awareness subscale that overall, participants in this study presented with high levels of multicultural awareness; it was also evident from both correlational analysis and stepwise regression that there was a strong, predictive relationship between multicultural awareness and attitudes towards Arabs. This can mean that as a whole, counselors are more aware and introspective of their explicit attitudes, beliefs and values. Furthermore, when examining the relationship between specific knowledge of Arabs and attitudes towards Arabs, results yielded a statistically significant, strong, negative relationship. This demonstrated that an increase in specific knowledge about Arabs could lead to a decrease in negative attitudes towards Arabs.

Many scholars have argued that 'old-fashioned racism', or the more explicit forms of racism witnessed in the U.S. prior to the civil rights movement, declined as 'modern racism' took form Sue, 2010). Sue (2010) suggests that contemporary racism has manifested itself into microaggressions. Microaggressions, as defined by Sue (2010), are "brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights towards people of color" (p. 10). Sue continues by emphasizing that because counselors, predominately white counselors, are "members of the larger society and not immune from inheriting the racial biases of their forbearers, they may become victims of a cultural conditioning process that imbue within them biases and prejudices that discriminate against clients of color" (p. 10). While the frequency of most responses ranged between strongly disagree to somewhat disagree, there were a few questions that garnered more responses on the other end of the scale. For instance, almost 25% of participants stated that they agreed or somewhat agreed with the statement 'Arab people make me feel uncomfortable.' Around 20% of participants indicated they agreed or somewhat agreed with the statement 'When I see an Arab person I am suspicious of his/her behavior'. These

results describe a moderate amount of discomfort and suspicion around Arabs, emphasizing that more implicit or inherent bias may take form when working with this population.

Predictors of attitudes. Multicultural knowledge, multicultural awareness, exposure to Arab Americans, level of training around Arab Americans and level of counseling experience were all variables that were tested for predictive factor of attitudes towards Arabs. Of these five variables, the researcher identified two variables that accounted for 38% of the variance: multicultural awareness and specific training around this population. More specifically, multicultural awareness accounted for 35% of the variance, and the inclusion of specific training increased it to 38%. This highlights that specific knowledge, possibly garnered from specific training around this population, alongside multicultural awareness, is the highest predictor of positive attitudes towards Arabs. On the other hand, this also highlights that 62% of the variance is unaccounted for. Thirty eight percent is regarded as a low R-squared, and although the predictors were statistically significant and can be used to draw important conclusions, there are possibly other variables that were not accounted for in the model that needed to be included.

Implications of the analysis lead us to consider that multicultural awareness and specific knowledge are not enough in predicting positive attitudes, inevitably begging to question the effectiveness of our counseling training and curriculum. Ultimately, results from this analysis force us to look at what was not presented. The question becomes: what other variables, not accounted for in this analysis or in the training of multicultural counseling, account for the remaining 62% of predictors of positive attitudes towards Arabs? Here, we come back to the importance of social construction in the development and maintenance of attitudes. The concept of social construction is more complex than recognizing the existence of simple stereotypes, which tend to be loosely held ideas regarding a certain group of people that are highly

susceptible to change with the introduction of new information (Link, Robert and Oldendick, 1996). Instead, social constructions are comprised of deep-seated cognitive attitudes about a certain group. These clusters of attitudes bolster each other, thus ensuring that social construction is more resistant to change (Link, Robert and Oldendick, 1996). The pervasiveness and persistence of negative Arab constructions runs the gamut of society's cultural, social and political institutions. It goes well beyond the standard stereotype of the Arab Muslim as an international terrorist to include even the denial of the historical and cultural presence of the Arabs (Naber, 2008). Furthermore, racist discourse around this population has become acceptable, respectable and legitimate (Antonious, 2002) as evidenced by federal policies that intentionally target them and national acquiescence to such targeting (Naber, 2008). Thus, multicultural knowledge about this population is not enough to be rid of the predetermined construction about the Arab American population. By justifying racism towards Arabs and Muslims, negative social constructions about this population are further solidified, and the more resistant negative attitudes will be to new information, even with the high levels of multicultural awareness.

This ultimately forces one to question the effectiveness of multicultural training on impacting deeply engrained social constructions regarding Arab Americans. This also forces one to re-examine Sue et al's (1992) Tripartite Model. This model asserts that increasing multicultural knowledge, awareness and skills can lead to the development of multicultural competent counselors. While it recognizes that sociopolitical factors can influence multicultural competence, it does not account for the depth or extent of their impact on multicultural attitudes. Furthermore, it does not recognize that developing high levels of multicultural awareness, which

is what participants in this study presented with, and having specific knowledge about a diverse group, does not necessarily predict positively held attitudes.

MULTICULTURAL AWARENESS	ATTITUDES TOWARDS ARABS
• High scores across all participants, with counselor educators scoring highest. This could be related to the higher levels of training they receive. • Counselors are less knowledgeable about their clients' cultures and most knowledgeable about their own personal worldview. • 36% of positive attitudes towards Arabs could be accounted for by high levels of multicultural awareness.	• Participants held favorable and positive attitudes towards Arabs. • Almost 25% of participants stated that they agreed or somewhat agreed with the statement *'Arab people make me feel uncomfortable.'* • Around 20% of participants indicated they agreed or somewhat agreed with the statement *'When I see an Arab person I am suspicious of his/her behavior'*.

Figure 5.2. Summary of Findings on Awareness of Attitudes

Social Desirability

Level of social desirability responding was assessed using a revised version of the Marlowe-Crowne Social Desirability scale (Straham & Gerbasi, 1972). Social desirability, or 'faking good,' is an individual response bias reflecting the need to "obtain approval by responding in a culturally appropriate and acceptable manner" (Crowne &Marlowe, 1960, p. 350). High scores on a social desirability scale are indicative of higher needs of social approval; the reverse is true of low scorers (King and Brunner 2000). Van de Mortel (2008) conducted a review of social desirability responding in self-report research studies and identified that "studies on topics such as reporting of pain and religiosity; the effects of group norms on participants' attitudes toward particular groups; experiences of discrimination; and compensatory health beliefs did not elicit statistically significant socially desirable response" (p. 3)

The mean score on the MCSD-R scale was .50, suggesting that this study did not elicit a statistically significant social desirability response. One possible reason why social desirability was not associated with the MCKAS scale is because Ponterotto et al. (2002) eliminated three items in their revision of this scale, due to their correlation with social desirability. Furthermore, Van de Mortel's (2008) study could provide some insight into why there was no significant socially desirable response on the attitudes towards Arabs scale. Another reason why counselors may not have had a significant socially desirable response could be because counselor training demands increased levels of awareness and introspection that may work against social desirability scales. In examining the scores across fields of study, it was identified that counselor educators scored lower than mental health counselors and school counselors, emphasizing that they have a lower need for social approval. This could be accounted for by the fact that counselor educators receive higher levels of training and have higher levels of awareness and knowledge than professional counselors. However, this could also be indicative of the fact that counselor educators have more knowledge of social desirability scales due to their research training and experience, highlighting that reported responses may not have accurately assessed for desirable responding.

Limitations

There were several limitations with this study. First, the sample consisted predominately of white, Caucasian females; as such, results may not be generalizable to the entire counseling population. Furthermore, this study recruited participants who graduated from a CACREP accredited program. While CACREP is currently the accreditation body of 736 programs, it still does not encompass all counseling programs nation-wide. The reason behind this limitation was that the CACREP accreditation standards align with the Tripartite Model, with programs needing

to demonstrate multicultural knowledge, awareness and skills in their students. In limiting to only CACREP graduates, the study controlled for foundational, and uniformed levels of training that are required in graduate counseling programs across the nation. In studies conducted by Holcomb-McCoy (2001; 2005), data on multicultural competence was collected from school counselors who graduated from CACREP and non-CACREP accredited programs, Holcomb-McCoy (2001; 2005) identified that the results regarding multicultural competence were the same regardless of accreditation. As such, researchers must take caution when attempting to generalize findings found on multicultural competence to the larger counseling population.

The last limitation included gaining access to counselors nationwide. The major counseling associations such as ACA and ASCA only permitted access to home addresses of counselors; as such, access to counselors was limited to email blasts on listservs and relying on counseling organization leadership to forward the survey to all their members. As such, nonresponse bias was also a limitation of this study; this included the potential of leadership not forwarding the email to their members, lack of access to people who do not regularly use the internet, or treating the email as spam. Nonresponse bias can also occur when participants are not able or choose not to participate in the study (Couper, 2000).

Implications

Future Research

There are several possible recommendations for research in order to expand on this current study. First, examining predictors of both multicultural and specific knowledge is necessary; this would allow researchers and counselor educators to identify barriers that may hinder increasing knowledge about specific multicultural topics, and focus on targeting identified predictors in an attempt to increase multicultural knowledge. Second, examining implicit bias

among counselors may be a next step that also helps facilitate an understanding of different levels of multicultural awareness in order to focus training around reducing negative attitudes towards varying populations. Third, examining teaching pedagogy in the multicultural counseling courses to identify approaches and methods that increase students' perceived multicultural competence is crucial. Fourth, examining Arab American client's perception of their counselor's multicultural competence is necessary in identifying specific areas of focus in order to deliver effective services to this population. Fifth, replicating this study with other ethnic minority groups as the focus, in order to compare results on knowledge and awareness scales is necessary. This would help increase insight into what areas of diversity and multicultural counseling need improving, and what areas are actually working. Furthermore, replicating this study with an increased sample size of school counselors is necessary in order to ensure generalizability. School counselors scored lower on all the assessments when compared to mental health counselors and counselor educators, which could be indicative of a need to alter training methods with the group. Finally, opening the study to all CACREP and non-CACREP graduates is necessary in order to make the study more generalizable to the all counselors.

Counselor Educators

There are several implications for counselor educators made in this study, specifically around multicultural training. Multicultural counseling emphasizes differences between clients and counselors that exist due to ethnic backgrounds, race, gender, worldviews, national origin, social economic status and sexual orientation, among other factors. Numerous researchers have reported a positive relation between multicultural training and self-perceived multicultural competence (Constantine, 2000; Pope-Davis et al., 1995; Sodowsky et al., 1998). As such, it is necessary for counselor educators to provide effective training of multicultural issues, to

demonstrate inclusivity of all marginalized populations, and to model social justice and advocacy work for their counselor trainees.

Clinical Supervisors

Effective supervision comes from individuals who are well versed in multicultural issues (D'Andrea & Daniels, 1997). Counseling trainees and professionals are required to receive constant clinical supervision throughout their education and careers. Clinical supervision is a tool that can be utilized to ensure multicultural competent counseling, and is more easily accessible, readily available, and occurs more frequently than multicultural counseling classes or workshops. Magnuson et al., (2000) emphasize that increasing multicultural competence in novice counselors may be contingent upon clinical counselors modeling multicultural competent counseling and supervision. According to Bernard & Goodyear (2013), after "formal learning or training enhances cultural knowledge, cultural awareness and cultural sensitivity, clinical supervision can then merge these elements into developing case conceptualization skills and further enhance cultural competence (p. 251). As such, clinical supervisors within the academic and professional setting, need to embrace cultural differences and facilitate often times difficult conversations with their supervisees regarding multicultural competence, merging multicultural theory and practice.

Counselors

As the Arab American population continues to grow and evolve within the U.S, it is crucial that counselors can demonstrate the necessary multicultural competence to provide effective treatment with this group. This study demonstrates that increasing knowledge around this population can aid in the decreasing of negative attitudes towards this population, inevitably impacting multicultural competence. School counselors in particular are more likely to work

with this population on a more frequent basis. As such, it is necessary for school counselors to explore their personal beliefs, attitudes and knowledge about working with this population. If any hesitation about working with the Arab American population arises, it is necessary for the counselor to seek supervision and consultation, or refer the student to a counselor who may better meet their needs. School counselors can ensure that the school-counseling program advocates for all diverse students, including Arab Americans. It is important that school counselor identify the impact of culture, acculturation and reasons for immigration can have on the students' performance. Furthermore, it is necessary for school counselors to collaborate with necessary stakeholders in order to create a welcoming school climate, free from discriminatory undertones that may be reflective of the larger society.

In a similar manner, mental health counselors who work in the community have a large role in advocating for and delivering services to Arab American populations. Examining levels of attitudes, awareness, beliefs and knowledge regarding this population is necessary. If the counselor is hesitant to work with this population, it is crucial for him/her to seek supervision and consultation. Furthermore, if the community that the counselor resides in has an increasing population of Arab Americans, it is necessary to seek workshops, training seminars or cultural leaders in order to increase their knowledge base. Finally, counselors must take part in shaping the community climate regarding this population, advocating against social and political agendas that can be detrimental to their mental health.

Conclusion

The Arab American experience intertwines with politics, world affairs, race issues and more recently, in coping with refugee status. The counseling field has been increasing focus on social justice, advocacy, and inclusion of marginalized populations, emphasizing that it is a

critical component in counselor training and education (Kiselica & Robinson, 2001). Despite the significant mental health implications identified among the Arab American population, there is limited empirical evidence regarding the multicultural training, education and practice of counselor trainees and professionals when working with this group.

Not only does the multicultural and mental health literature fail to educate counselors and counselors in training about the needs of this population, but they also fail to acknowledge this group as an ethnic minority with mental health needs. The Arab American population continues to be absent in counseling competency literature and invisible in the AMCD ethnic minority council. As Nassar-McMillan (2003) emphasized in her call to action for inclusion of the Arab American population in dialogues regarding multicultural issues and concerns, these discrepancies point to a series of dichotomies inherent in the evolving definition and operationalization of culturally competent counseling. These inconsistencies marry Naber's (2000) description of the Arab American population's invisibility in racial/ethnic discourse, and Sue et al.' (1992) assertion that counseling is "the handmaiden of the status quo" (p. 66).

The purpose of this quantitative study was to investigate the relationship between professional counselor's general multicultural competence, knowledge about Arab Americans and attitudes held towards Arab Americans. This study also identified the extent to which professional counselors' general multicultural competence, knowledge about Arab Americans, and level of training and experience predict their attitudes towards Arab Americans. The results of the analysis concluded that counselors display higher levels of multicultural awareness than multicultural knowledge. Furthermore, general multicultural awareness and specific knowledge of Arabs related significantly to attitudes towards Arabs, with awareness, specific knowledge, and level of training predicting attitudes that are more positive. Further research into

multicultural competence, multicultural education and multicultural training with the Arab American population needs to be conducted in an effort to become the handmaidens of social change, acceptance and inclusion to a group that was deemed invisible in academia and ‘othered’ in our current society.

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Appendices

Appendix A: Recruitment Solicitation Email

Dear colleagues,

You are invited to participate in a dissertation research study examining professional counselor's multicultural competence with Arab American clients. The overall objective of this research study is to explore how professional counselors' knowledge and attitudes relate to and predict their multicultural counseling competence. The study is conducted under the advisement of Dr. Bob Kronick and has been approved by the Institutional Review Board at the University of Tennessee (IRB-16-02933-XP).

I am seeking participants who are professional mental health counselors, school counselors and/or marriage and family counselors, who have graduated from a CACREP accredited program.

Participants will be deemed **ineligible** if:

- Did not graduate from a CACREP accredited program
- Have not completed a master's in counseling or closely related field at the time of this study.

The anonymous survey will take approximately 20-25 minutes to complete and all information will be kept confidential. Findings from this study will help inform counselor educators about the current status of multicultural training in students around a diverse population with increasing mental health implications.

To participate in this study, please click the link below. To counselor educators and supervisors, please forward this request to any students eligible to participate in this study.

https://utk.co1.qualtrics.com/jfe/preview/SV_0THace6IRw7HxDn

Thank you for considering this request.

Dareen Basma, LPC-MHSP
Doctoral Candidate
Counselor Education
Department of Educational Psychology and Counseling
University of Tennessee

Appendix B: Informed Consent

The following information is provided to inform you about this research project and your participation in it. Please read this form carefully and feel free to email the Principal Investigator (PI), Dareen Basma (contact information below) to ask any questions you may have about this study and the information provided below. Your participation is voluntary and there is no penalty, or loss of benefits to which you are otherwise entitled for refusing to complete this survey.

The purpose of this study is to survey professional mental health, school and marriage and family counselors who have completed their Masters from a CACREP accredited university. This research is being conducted in partial fulfillment of the PI's Doctor of Philosophy degree in Counselor Education at the University of Tennessee-Knoxville. This study uses a one-time survey to learn about professional counselors' knowledge and attitudes about Arab Americans as they impact overall multicultural counseling competence. Findings from this study will help inform counselor educators about the current status of multicultural training in students around a diverse population with increasing mental health implications.

Procedures: You are being invited to complete a 20-25 minute electronic survey about multicultural knowledge and attitudes regarding Arab American clients.

Privacy: Your name and any other information that could be used to identify you will not be collected as part of the survey. The PI will analyze all survey data and report on it aggregate form. The survey answers you provide will not be able to be traced back to you. The University of Tennessee Institutional Review Board may review your information to insure quality assurance and participant rights.

Risks: These surveys pose little (if any) risk to you. Should you experience any discomfort answering these questions, you may choose to stop the surveys at any time, for whatever reason at your discretion.

Benefits: Your participation in this study will not directly benefit you. However, your input may help improve multicultural training around the Arab American population.

Should you have any questions about the study, you may contact the PI for his study, Dareen Basma at dbasma@vols.utk.edu or the research advisor, Dr. Bob Kronick at rkronick@utk.edu. If you have any questions about your rights as a study participant, contact University of Tennessee Institutional Review Board Office at (865) 974-7697.

Do you agree to participate in this survey?

- Yes
- No

Appendix C: Survey

Multicultural Competence with Arab Americans

Do you agree to participate in this study?
- ❍ Yes
- ❍ No

If No Is Selected, Then Skip To End of Survey

Q2 Did you graduate from a CACREP accredited program?
- ❍ Yes
- ❍ No

Q3 Age:

Q4 Gender:
- ❍ Female
- ❍ Male
- ❍ Trangender
- ❍ Other

Q5 Please indicate your current field of study:
- ❍ Mental Health Counseling
- ❍ School Counseling
- ❍ Marriage, Couple and Family Counseling
- ❍ Rehabilitation Counseling
- ❍ Counselor Education

Q6 Please indicate the race/ethnicity category that best describes you:
- ❍ African/African American
- ❍ Alaskan Native
- ❍ American Indian
- ❍ Asian/Asian American
- ❍ Native Hawaiian/Pacific Islander
- ❍ Caucasian/European American
- ❍ Hispanic/Latin American
- ❍ North African-Middle Eastern/Arab American
- ❍ Multiracial/Multiethnic
- ❍ If other, please describe: _____

Q7 Please identify the religious orientation that best describes your beliefs:
- ❍ Christianity
- ❍ Judaism
- ❍ Islam
- ❍ Buddhism
- ❍ Hinduism
- ❍ Agnostic
- ❍ Atheist
- ❍ If other, please describe: _____

Q8 Please identify what your current geographical region is:
- ❍ Northeast
- ❍ Midwest
- ❍ South
- ❍ West
- ❍ If other, please describe: _____

Q9 Please indicate your years of clinical experience:
- ❍ Less than 1 year
- ❍ 1 - 3 years
- ❍ 3 - 6 years
- ❍ 6 - 9 years
- ❍ 10+ years

Q10 Please indicate the extent of training you have received on the Arab American population. Training can be in the form of a classroom lecture, a conference presentation, workshop, webinar etc.
- ❍ 1 class
- ❍ 2-3 classes
- ❍ 4+ classes
- ❍ None

Q11 How would you describe your level of interaction with the Arab American population?
- ❍ A great deal
- ❍ A lot
- ❍ A moderate amount
- ❍ A little
- ❍ None at all

Q12 How prepared do you feel in working with the Arab American population?

- ❍ Extremely prepared
- ❍ Very prepared
- ❍ Moderately prepared
- ❍ Slightly prepared
- ❍ Not prepared at all

Q15 Please answer the following questions by rating your response on a scale from 1 (Not at all) to 4 (Very Well).

	Not at all	Barely	Fairly Well	Very Well
How well are you able to describe Arab Americans?	❍	❍	❍	❍
How well are you able to describe within-group differences found among Arab Americans?	❍	❍	❍	❍
How well are you able to describe the strengths of Arab Americans?	❍	❍	❍	❍
How well are you able to describe the social problems faced by Arab Americans?	❍	❍	❍	❍

Q16 To what extent do you know the following demographics as they pertain to the Arab American population?

	Not at all	Barely	Fairly Well	Very Well
Unemployment Rates	❍	❍	❍	❍
Geographical Locations	❍	❍	❍	❍
Income Differentials	❍	❍	❍	❍
Educational Attainment	❍	❍	❍	❍
Birth/Death Rates	❍	❍	❍	❍
Crime Rates	❍	❍	❍	❍
Homicide Rates	❍	❍	❍	❍

Q17 To what extent do you know Arab Americans who belong to the following categories:

	Not at all	Barely	Fairly Well	Very Well
Social Historians	❍	❍	❍	❍
Academics	❍	❍	❍	❍
Formal Leaders (i.e. politicians)	❍	❍	❍	❍
Informal Leaders (i.e. community leaders)	❍	❍	❍	❍
Business People	❍	❍	❍	❍
Advocates	❍	❍	❍	❍
Imams and Spiritualists	❍	❍	❍	❍
Celebrities	❍	❍	❍	❍

Q18 Please answer the following questions by rating your response on a scale from 1 (Not at all) to 4 (Very Well).

	Not at all	Barely	Fairly Well	Very Well
Do you know the prevailing beliefs, customs, norms and values of Arab Americans?	❍	❍	❍	❍
Do you know the social service needs among Arab Americans that go unaddressed by the formal social service system?	❍	❍	❍	❍
Do you know of social service problems that can be addressed by natural networks of support among Arab Americans?	❍	❍	❍	❍
Do you know of any conflicts between or within Arab American groups in your region?	❍	❍	❍	❍
Do you know how the causes of mental health/illness are viewed by Arab Americans?	❍	❍	❍	❍
Do you understand the conceptual distinction between the terms “immigrant” and “refugee”?	❍	❍	❍	❍
Do you know what languages are used by Arab Americans?	❍	❍	❍	❍
Are you able to describe the common needs of Arab Americans?	❍	❍	❍	❍
Do you know the social protocol within Arab American communities?	❍	❍	❍	❍

Q13 Please answer the following questions by rating your response on a scale from 1 (Strongly Disagree) to 7 (Strongly Agree).

	Strongly Disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree
Arab people make me feel uncomfortable	❍	❍	❍	❍	❍	❍	❍
I feel angry when I see an Arab person.	❍	❍	❍	❍	❍	❍	❍
When I see an Arab person I am suspicious of his/her behavior.	❍	❍	❍	❍	❍	❍	❍
Arabs have little appreciation for democratic values.	❍	❍	❍	❍	❍	❍	❍
People who identify as Muslim tend to be fanatical.	❍	❍	❍	❍	❍	❍	❍
All Arabs are essentially alike.	❍	❍	❍	❍	❍	❍	❍
Arab looking people should be searched more carefully before being allowed into public events (such as sporting events, concerts, etc…)	❍	❍	❍	❍	❍	❍	❍

At this time, I would ride on a plane with people who look Arab.	❍	❍	❍	❍	❍	❍	❍
The U.S. government should require all Arab students and visitors to return to their home countries.	❍	❍	❍	❍	❍	❍	❍
Landlords should be cautious if renting to Arab looking individuals.	❍	❍	❍	❍	❍	❍	❍

Q19 Using the following scale, rate each item as it applies to you.

	1 Not at All True	2	3	4 Somewhat True	5	6	7 Totally True
I believe all clients should maintain direct eye contact during counseling.	❍	❍	❍	❍	❍	❍	❍
I check up on my minority/cultural counseling skills by monitoring my functioning – via consultation, supervision, and continuing education.	❍	❍	❍	❍	❍	❍	❍
I am aware some research indicates that minority clients receive "less preferred" forms of counseling treatment than majority clients.	❍	❍	❍	❍	❍	❍	❍
I am aware of certain counseling skills, techniques, or approaches that are more likely to transcend culture and be effective with any clients.	❍	❍	❍	❍	❍	❍	❍
I think that clients who do not discuss intimate aspects of their lives are being resistant	❍	❍	❍	❍	❍	❍	❍

and defensive.							
I am familiar with the "culturally deficient" and "culturally deprived" depictions of minority mental health and understand how these labels serve to foster and perpetuate discrimination.	❍	❍	❍	❍	❍	❍	❍
I feel all the recent attention directed toward multicultural issues in counseling is overdone and not really warranted.	❍	❍	❍	❍	❍	❍	❍
I am aware of individual differences that exist among members within a particular ethnic group based on values, beliefs, and level of acculturation.	❍	❍	❍	❍	❍	❍	❍
I am aware some research indicates that minority clients are more likely to be diagnosed with mental illnesses than are majority clients.	❍	❍	❍	❍	❍	❍	❍
I think that clients should	❍	❍	❍	❍	❍	❍	❍

perceive the nuclear family as the ideal social unit.							
I think that being highly competitive and achievement oriented are traits that all clients should work towards.	❍	❍	❍	❍	❍	❍	❍
I am aware of the differential interpretations of nonverbal communication (e.g., personal space, eye contact, handshakes) within various racial/ethnic groups.	❍	❍	❍	❍	❍	❍	❍
I understand the impact and operations of oppression and the racist concepts that have permeated the mental health professions.	❍	❍	❍	❍	❍	❍	❍
I realize that counselor-client incongruities in problem conceptualization and counseling goals may reduce counselor credibility.	❍	❍	❍	❍	❍	❍	❍
I am aware that some	❍	❍	❍	❍	❍	❍	❍

racial/ethnic minorities see the profession of psychology functioning to maintain and promote the status and power of the White Establishment.							
I am knowledgeable of acculturation models for various ethnic minority groups.	❍	❍	❍	❍	❍	❍	❍
I have an understanding of the role culture and racism play in the development of identity and worldviews among minority groups.	❍	❍	❍	❍	❍	❍	❍
I believe that it is important to emphasize objective and rational thinking in minority clients.	❍	❍	❍	❍	❍	❍	❍
I am aware of culture-specific, that is culturally indigenous, models of counseling for various racial/ethnic groups.	❍	❍	❍	❍	❍	❍	❍
I believe that my clients should	❍	❍	❍	❍	❍	❍	❍

view a patriarchal structure as the ideal.							
I am aware of both the initial barriers and benefits related to the cross-cultural counseling relationship.	❍	❍	❍	❍	❍	❍	❍
I am comfortable with differences that exist between me and my clients in terms of race and beliefs.	❍	❍	❍	❍	❍	❍	❍
I am aware of institutional barriers which may inhibit minorities from using mental health services.	❍	❍	❍	❍	❍	❍	❍
I think that my clients should exhibit some degree of psychological mindedness and sophistication.	❍	❍	❍	❍	❍	❍	❍
I believe that minority clients will benefit most from counseling with a majority who endorses White middle-class values and norms.	❍	❍	❍	❍	❍	❍	❍
I am aware that	❍	❍	❍	❍	❍	❍	❍

being born a White person in this society carries with it certain advantages.							
I am aware of the value assumptions inherent in major schools of counseling and understand how these assumptions may conflict with values of culturally diverse clients.	❍	❍	❍	❍	❍	❍	❍
I am aware that some minorities see the counseling process as contrary to their own life experiences and inappropriate or insufficient to their needs.	❍	❍	❍	❍	❍	❍	❍
I am aware that being born a minority in this society brings with it certain challenges that White people do not have to face.	❍	❍	❍	❍	❍	❍	❍
I believe that all clients must view themselves as their number one responsibility.	❍	❍	❍	❍	❍	❍	❍
I am sensitive to	❍	❍	❍	❍	❍	❍	❍

circumstances (personal biases, language dominance, stage of ethnic identity development) which may dictate referral of the minority client to a member of his/her own racial/ethnic group.							
I am aware that some minorities believe counselors lead minority students into non-academic programs regardless of student potential, preferences, or ambitions.	❍	❍	❍	❍	❍	❍	❍

Q14 Please answer the following questions with a True or False rating.

	True	False
I am always willing to admit it when I make a mistake.	❍	❍
I always try to practice what I preach.	❍	❍
At times I have really insisted on having things my own way.	❍	❍
I never resent being asked to return a favor.	❍	❍
There have been occasions when I took advantage of someone.	❍	❍
I have never been irked when people expressed ideas very different from my own.	❍	❍
I have never deliberately said something that hurt someone's feelings.	❍	❍
I like to gossip at times.	❍	❍
There have been occasions when I felt like smashing things.	❍	❍
I never hesitate to go out of my way to help someone in trouble.	❍	❍
I have never intensely disliked anyone.	❍	❍
When I don't know something I don't mind at all admitting it.	❍	❍
There have been times when I was quite jealous of the good fortune of others.	❍	❍
I am always courteous, even to people who are disagreeable.	❍	❍
I would never think of letting someone else be punished for my wrong doings.	❍	❍

I sometimes try to get even rather than forgive and forget.	❍	❍
I sometimes feel resentful when I don't get my way.	❍	❍
There have times when I felt like rebelling against people in authority even though I knew they were right.	❍	❍
I can remember "playing sick" to get out of something.	❍	❍
I am sometimes irritated by people who ask favors of me.	❍	❍

Vita

Dareen Basma is from Lebanon but was raised in Kuwait. She moved to Miami, Florida to pursue a Bachelor's of Science in Psychology and Religious Studies. After completion of her Bachelors, she received a Master's degree in Mental Health Counseling. She moved to Tennessee soon after, where she worked as an in-home counselor and pursued her counseling license. She then started the Counselor Education program at the University of Tennessee. Her research interests include multicultural counseling and multicultural education, with a specific focus on at-risk immigrant and refugee populations. Her work also focuses on immigration policies and the education system as they impact immigrant youth and families.