

RESPECTFUL Counseling: An Integrative Multidimensional Model for Counselors
by
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The RESPECTFUL counseling model represents a new, comprehensive and integrative way of thinking about the persons who are directly involved in the process of counseling. This includes those persons who seek professional assistance (e.g., clients) as well as the practitioners who provide professional mental health services (e.g., counselors, psychologists, social workers, etc.). As a new theoretical framework, this model is based upon two general assumptions about the goals of counseling and the persons involved in the therapeutic process.

The first assumption suggests that ultimate goal of counseling and psychotherapy is to promote clients' development. Some examples of the ways in which mental health practitioners work to promote clients' development includes: [a] fostering the development of more effective decision-making and problem-solving competencies which can be used by clients who are not necessarily in crisis but are in need of acquiring more effective life skills, [b] providing crisis counseling services that are designed to help clients develop more effective coping strategies during times of heightened stress, and/or [c] utilizing more intensive, long-term psychotherapeutic interventions that are aimed at stimulating qualitative changes in clients' personality development.

The second assumption which this new framework is based involves the recognition of the unique and complex multidimensionality of human development. Over the past twenty years researchers have directed much attention to two factors that constitute important considerations in a person's multidimensionality. This includes investigations that: (a) focused on the role a person's gender (Abbott, 1987; Gilligan, 1982; Riger, 1992) and cultural-racial background (Locke, 1992) play in an individual's psychological development and (b) studies that have examined how these factors influence counseling and therapeutic processes and outcomes (Taussig, 1989; Fujino, Okazaki, & Young, 1994). Recognizing that these client-counselor characteristics may have a positive or negative impact in the process and outcome of counseling, several experts have urged mental health practitioners to: [a] consider the ways in which their own as well as their clients' personal characteristics may influence the counseling process, [b] acquire the types of counseling skills and competencies that are necessary to work effectively and ethically with clients from diverse populations, and [c] implement counseling interventions that reflect an awareness, sensitivity, and respect for their clients' unique multidimensionality (Arredondo et al., 1996; Sue, Arredondo, & McDavis, 1992).

Defining the Term "Multidimensionality"

As used in this chapter, the term "multidimensionality" refers to those multiple factors that significantly influence a person's psychological development. While counselors and psychologists have exalted the notion of the client's individuality in the past, many are only beginning to become aware of the ways in which a person's group identity influences her or his sense of psychological health and personal well-being. As noted above, much of this increased understanding comes from research conducted over the past two decades that has focused on the ways in which a person's gender and cultural-racial background impact the development of one's attitudes, values, worldviews, and personal identity (Atkinson, Morten, & Sue, 1993; Carter, 1995; Lewis, Hayes, & Bradley, 1992).

Clearly, the feminist and multicultural movements have done much to help mental health practitioners expand their understanding of the multidimensional nature of human development. These movements have also stimulated new thinking about the need to combine traditional and

nontraditional intervention strategies when working with women and persons from diverse cultural-racial backgrounds (Atkinson, Morten, & Sue, 1993; Lee & Richardson, 1991; Sue, Ivey, & Pedersen, 1996).

However, a client's gender and cultural-racial background represent only two factors that comprise a person's total multidimensional nature. In trying to build upon the advances that have been made by multicultural and feminist advocates we have pointed out that, if mental health practitioners are truly able to demonstrate respect for their clients and implement counseling strategies that reflect a heightened sensitivity for the multidimensional realities, beliefs, and perspectives of the persons they are called upon to serve, they must become much more cognizant of the ways in which other factors impact human development (D'Andrea & Daniels, 1995).

To further illustrate the importance of the multidimensional factors in the counseling relationship, the following brief case presentation and set of questions are provided below.

An African-American, lesbian client, whose poor socioeconomic status was directly related to her inability to secure a job because of a serious physical disability which she experienced several years earlier, sought counseling services because she was increasingly depressed with her life. During her first counseling session with a White male counselor, she indicated that her strong religious beliefs and support from her family were all "that I had left in my life." She also stated how much she hated being "poor, Black and disabled."

Given this scenario, which aspect of this client's multidimensionality should the counselor focus on in counseling? What issues should the counselor keep in mind when addressing the client's concerns about being "poor, Black, and disabled?" How might the counselor tap into this client's religious beliefs and support from her family to foster positive counseling outcomes? In what ways might the counselor's own gender, race, and/or lack of any visible physical disability impact the counseling process? Does the fact that this client is a lesbian have any relevance for counseling? If so, what considerations should the counselor keep in mind about her sexual identity as they continue to work together in counseling in the future?

These questions represent some of the issues practitioners should consider when working with this particular client. More specifically, they are presented to: (a) underscore the importance of recognizing how the client's multidimensional nature impacts the counseling process, (b) highlight some of the challenges the mental health practitioner faces in providing help to this client, and (c) encourage mental health practitioners to consider how their own multidimensional characteristics may impact the counseling process with this and other clients with whom they may work.

The example provided above points to the interactional nature of the multiple factors that comprise a person's multidimensionality. In other words, it highlights the notion that a person's individuality is largely determined by the ways in which multiple factors (i.e., the client's sexual identity, ethnic-racial background, religious/spiritual identity, chronological age, economic class background, family history, unique physical characteristics, etc.) interface with one another to make the person uniquely different than other persons with whom the counselor may work. Thus, the primary assumption upon which the RESPECTFUL Counseling model is based reflects the belief that each client's unique psychological needs, attitudes, values, world views and personal identity are all significantly impacted by the manner in which these and other factors interface with one another.

While the interface of these factors do in fact result in the development of uniquely different individuals, it is also very important that mental health practitioners understand that these factors emerge from and reinforce a sense of group identity which has major implications in the way a person develops. Thus, from a group perspective, the notion of spirituality and its importance for the psychological development of Native American Indians has been noted to be very different from the way most Euro-Americans think about spirituality and the role this factor plays in their personal development (LaFromboise, 1996).

Also, many of the concerns and needs expressed by gay or lesbian teenagers are likely to differ from those manifested by gay and/or lesbians clients who are in middle adulthood. This is so, in part, because the psychological challenges of adolescence are markedly different from the types of challenges individuals normally experience during adulthood. Thus, to be effective when working with gay and lesbian adolescents and adults, counselors need to: (a) have a working understanding of the different types of psychological characteristics and developmental challenges that are associated with adolescence and adulthood; (b) be knowledgeable of the barriers that gay and lesbian persons commonly face in realizing their own sense of psychological health and personal well-being, (c) consider how the interface of the client's sexual identity and developmental challenges result in the manifestations of different needs across the lifespan, and (d) reflect on the ways in which the counselor's own sexual identity (e.g., having a heterosexual versus a bisexual or gay/lesbian identity) might influence the counseling process.

All of these examples point to the complex considerations and challenges mental health practitioners face when working with their clients. This sort of complexity can be overwhelming for even the most experienced mental health practitioner. However, given the increasing knowledge that is available regarding the multiple factors that contribute to human development and the ways in which these factors impact the counseling process, mental health practitioners will be increasingly challenged to: (a) stretch their understanding of their clients' multidimensionality, (b) become increasingly cognizant of the ways in which these factors affect their own development, (c) develop a greater awareness of the ways in which the client's multidimensional identity and the counselor's multidimensionality impact each other within the counseling context, and (d) implement intervention strategies that reflect a heightened level of respect and understanding of their clients' multidimensional nature.

Numerous theoretical models have emerged in the counseling literature over the past two decades that describe singular aspects of a person's multidimensionality. This includes the presentation of numerous racial identity development models (Carter, 1995; Helms, 1990), models related to women's development (Lewis, Hayes, & Bradley, 1992), and a host of theoretical frameworks that describe the process of psychological maturity (Gilligan, 1982; Kohlberg, 1981; Loevinger, 1976). Given our increasing understanding of the complexity of human development and the counseling process, what is sorely needed at this point in time is a comprehensive framework which practitioners can use to understand how the client's and the counselor's multidimensionality impacts the process and the outcome of counseling.

The RESPECTFUL Counseling model is presented to address the need for such a framework. In developing this model we have focused on ten different factors that impact a person's psychological development and sense of personal well-being. This includes a person's: (R) religious-spiritual identity, (E) ethnic-cultural-racial background, (S) sexual identity, (P) psychological maturity, (E) economic class background, (C) chronological-developmental challenges, (T) threats to one's personal well-being, (F) family history and dynamics, (U) unique physical characteristics, and (L) location of residence. Not only do each of these factors

influence the way individuals learn to view themselves and others but they frequently affect the types of developmental challenges and problems clients bring to counseling.

Although the factors listed above reflect many important aspects of a person's multidimensionality, they are not presented as an exhaustive list of all the possible variables that may impact a person's psychological development. However, by identifying these different dimensions, we hope to: (a) identify some of the important factors which frequently impact an individual's development, (b) underscore the need to think more comprehensively and holistically when working with clients, and © outline strategies which address our clients' multidimensional nature. Although the RESPECTFUL Counseling model is presented to provide practitioners with a comprehensive way of thinking about the multidimensional nature of human development and the implications of this multidimensionality for counseling practice, the other chapters in this book begin to address the important task of analyzing the ways in which these factors interface with one another and result in the expression of different types of psychological needs, attitudes, values, and worldviews.

The following subsections in this chapter follow a similar format. First, each section opens with a definition of the various factors that are included in the RESPECTFUL Counseling model. Second, we briefly discuss some of the ways in which each factor impacts a person's psychological development and sense of personal well-being. Third, attention is directed to the implications that each factor has for counseling practice.

R- Religious and Spiritual identity

Definition of Terms

Kelly (1995) noted that “an appreciation of the role religion or spirituality plays in counseling begins with a twofold challenge: to achieve reasonable clarity in organizing the many different meanings that people attach to the terms religion and spirituality and to understand the importance that spirituality and religion carries for many people” (p. 1). As Kelly pointed out, defining the terms *spirituality* and *religion* is “a complex and thorny issue, full of differences and disputes” (p. 2). However, a close review of the literature related to religion and spirituality reveals a number of similarities and differences in the meanings of these concepts.

In terms of the similarities, Albanese (1992) stated that both refer to “extraordinary” experiences; that is, experiences that go beyond the boundaries of the strictly objective, empirically perceived material world. The terms *religion* and *spirituality* are both “grounded in an affirmation of transcendence or ‘otherness’ that is reflected within the boundaries of everyday culture and manifested in identifiable religious forms pointing beyond the boundaries of the ordinary and tangible” (Kelly, 1995, p. 3). Thus, religion and spirituality generally refer to a person's belief in a reality that transcends physical nature and provides an individual with an “extra-ordinary” meaning of life in general and human existence in particular.

Although both of these terms include the affirmation of a transcendental, meta-empirical dimension of reality, they also hold different meanings as well. In this regard, several scholars have noted that, while the term *spirituality* is often used to refer to a person's belief and affirmation of a transcendent connectedness with the universe, *religion* is frequently used to denote the specific ways in which this belief is manifested institutionally within the creeds and dogma of different religious groups and denominations (Bergin & Jensen, 1990; Kelly, 1995; Shafranske & Malony, 1990). As used in this chapter, the term “religious and/or spiritual identity”, refers to the unique ways that individuals integrate their beliefs about a transcendental, extra-ordinary reality into their worldview and sense of personal identity. This may include but is not limited to a person's beliefs about the “afterlife” and the interconnectedness of all things in

the universe as well as one's views about the meaning of such concepts as "God", "enlightenment", and "grace". For a more detailed discussion of the distinctions between a person's "religious identity" versus one's "spiritual identity", the reader is encouraged to review Kelly's (1995) seminal work in this area.

The Impact of Religious/Spiritual Identity on Individuals' Psychological Development

To describe what we know about the relationship between one's religious and/or spiritual identity and a person's mental health, it would be accurate to state that the research findings in this area are complex and still evolving. The complexity of the research findings are underscored by the contradictory results that have resulted from numerous investigations in this area. While some researchers describe ways in which religion and spirituality negatively impact individuals' psychological development and sense of well-being, other social scientists have noted a host of positive effects of an individual's religious/spiritual identity.

Kelly (1995) provides a comprehensive listing of the results of numerous studies that found negative outcomes in terms of a person's religious/spiritual beliefs and/or affiliation. This includes the following:

1. Several researchers reported a strong relationship between students' level of religiosity and feelings of personal inadequacy (Argyle & Beit-Hallahmi, 1975; Lea, 1982).
2. Dittes (1969) found that a person's religious beliefs were associated with unhealthy levels of dependence and a relatively defensive, constricted personality.
3. Lea (1982) and Sanua (1969) reported finding no compelling evidence to suggest that a person's religion correlates with one's mental health or moral behavior or that it acts to deter deviancy or social pathology.
4. Religion was also found to be negatively related to authoritarianism, self-actualization, and dogmatism/tolerance of ambiguity/rigidity (Gartner, Larson, & Allen, 1991). (Kelly, 1995, pp. 81-82)

To complicate counselors' understanding of the impact that a person's religious/spiritual identity has on an individual's mental health, other findings describe a broad range of positive outcomes that emerge from a person's beliefs in this area. This includes:

1. Investigators who have reported that adults' (and especially elderly persons') religiosity and spiritual beliefs were positively correlated with measures of personal adjustment, appeared to be helpful in times of crisis, and played a role in reducing and controlling compulsive behaviors (Argyle & Beit-Hallahme, 1975; Lea, 1982).
2. Stark's (1971) findings that psychiatric patients were far more likely than so-called normal people to be non-religious and also that persons who scored high in terms of the level of psychological inadequacies were less likely to score high on measures of religiosity and spirituality.
3. Gartner, Larsen, and Allen's (1991) findings that religion and spirituality had a beneficial association with suicide risk, drug use, alcohol abuse, delinquent behavior, divorce and marital satisfaction, psychological well-being, depression, and physical health and longevity.
4. The findings of Batson and Ventis (1982) who reported the positive mental health effects of one's religious/spiritual identity as measured by the absence of pathological symptoms. (Kelly, 1995, p. 81)

Despite the contradictory nature of these findings, the collective body of research that is related to a person's religious/spiritual identity provides compelling evidence that this aspect of an

individual's multidimensionality may indeed significantly impact one's psychological development in many positive or negative ways.

Religion and spirituality not only impact clients' psychological development but numerous studies have shown that a majority of mental health practitioners in the United States have also acknowledged that religious and/or spiritual beliefs and values play an important part in their lives as well. In a recent survey of counselor values that was based on a nationally representative sample of members of the American Counseling Association, Kelly (1995) found that almost 64% of the counselors who responded to the survey indicated that they believed in a personal God while another 25% stated their belief in a transcendent or spiritual reality. Furthermore, approximately 70% of the counselors indicated that they had some affiliation with an organized religion, with 45% of these persons stating that they were highly active or regularly participate in religious activities.

Differences were noted among another group of mental health practitioners in another study conducted by Beit-Hallahmi (1989). This investigation examined the religious/spiritual beliefs and values of clinical psychologists. The results of this study indicated that almost 30% of the clinical psychologists surveyed believed that ideas about God or the divine are illusory notions. This finding contrasts with survey results that were generated from a representative sample of persons living in the United States in which 90% of the respondents stated that they believed in a God and/or adhered to other spiritual beliefs.

Implications for Counseling Practice

There are several important considerations that mental health practitioners should keep in mind when working with clients regarding their religious/spiritual identity. First, as the results of the above mentioned studies suggest, beliefs about religion and spirituality may impact clients' mental health in positive or negative ways. Furthermore, because the vast majority of persons in the United States indicated that they believe in the existence of God and/or adhered to some other form of spiritual belief (Gallup & Castelli, 1989), it is important for counselors and other mental health practitioners to be respectfully aware of the potential impact these beliefs might have in the counseling process.

Unfortunately, the fields of counseling, psychology, and social work have tended to avoid addressing the important role clients' religious/spiritual identity plays in their psychological development. The avoidance of dealing with this important dimension of clients' psychological development is noted in both the way counselors, psychologists, and social workers are trained and the tendency to avoid addressing clients' religious/spiritual beliefs and identity in counseling practice.

Second, it is important for mental health practitioners to become more aware of the ways in which their own religious/spiritual identity might influence the counseling and therapeutic process. It is suggested that the counselor's own predisposition towards religion and spirituality influences the practitioner's ability to demonstrate a high level of empathic understanding and genuine respect for clients whose religious and spiritual beliefs play an important role in their psychological development.

Commenting on the fact that there are substantial number of mental health practitioners who share a nontheistic and nontranscendental view of the world, Beit-Hallahmi (1989) noted that this non-religious/non-spiritual worldview reflects a long-lasting tension and even animosity between religion and the mental health professions. However, given the important role clients' religious/spiritual identity apparently plays in their development, it is vital that practitioners become more aware of the ways in which their own religious/spiritual beliefs and values may

positively or negatively impact their ability to foster the psychological development of clients who manifest strong attachments to their different types of religious/spiritual identities and beliefs.

Third, it is important for counselors to be knowledgeable of the variety of religious and spiritual traditions that exist in the United States. Acquiring this sort of knowledge will require: (a) professional training programs to address this aspect of clients' multidimensionality in their curricula and (b) making a commitment to increase one's own level of understanding in this area by attending workshops and other professional development activities that address issues related to their clients' religious/spiritual beliefs and traditions.

Fourth, mental health practitioners must also be able to effectively assess clients' religious/spiritual identity development. Kelly (1995) describes various models that mental health practitioners may find helpful in developing their assessment skills in this area. This includes the presentation of several specific procedures and instruments that practitioners can use to assess this aspect of their clients' lives.

E- Ethnic/Cultural/Racial Background

Definition of Terms

While many persons have offered numerous definitions of the term *culture*, we have selected the following definitions because they succinctly capture a number of central ideas that have been presented by numerous anthropologists, psychologists, and multicultural counselors regarding the meaning of the term. The first definition comes from Linton (1945) who defined culture as “the configuration of learned behavior and the results of behavior whose components and elements are shared and transmitted by members of a particular society” (p. 32). The components of culture thus include a shared language, set of values, traditions, and worldview. In his address at the 1997 American Psychological Association's annual convention, Parham further expanded our understanding of the term by stating that “culture provides a general design for living and a pattern for interpreting reality”.

Exploring this definition culture further, we have noted that it is possible for individuals from the same racial origin and similar ethnic groups to differ in terms of their cultural background. For instance, although there are racial and ethnic similarities among Italians and Italian Americans, noticeable cultural differences exist among these two groups of persons. These cultural differences are often the result of the changes Italian Americans undergo as a result of being acculturated to the mainstream culture of the United States.

The term *ethnicity* is derived from the Greek word *ethnos* meaning “nation.” Thus, ethnic differences typically refer to those groups of persons who are distinguished by the social-cultural characteristics that emerge within the context of their nation-states. According to Schaefer (1988), the term *ethnicity* refers to individuals who are “set apart from others because of their national origin or distinctive cultural patterns” (p. 9). Atkinson, Morten, and Sue (1993) build further upon this definition by stating that:

ethnic differences involve differences in nationality, customs, language, religion, and other cultural factors; physical characteristics are not necessarily germane to ethnic differences. If one accepts the view that ethnicity is the result of a shared social and cultural heritage, then Jews, for example, are an ethnic group but not a racial group. (p. 8)

The term *race* is more elusive than the terms *culture* and *ethnicity*. Historically, this term has been used to connote both biological and social differences. From a biological perspective, people of different races have been classified into three major groups - Caucasoid, Mongoloid, and Negroid. While these three categories have been used to distinguish individuals according to

race, it has been criticized as being a misleading and superficial classification system. As Atkinson, Morten, and Sue (1993) noted:

When we look beneath the superficial characteristics, we find there are more similarities between [racial] groups than differences (owing to the fact that all humans originate from a single genus species, homo sapiens), and more differences exist within racial groups than between them (Littlefield, Lieberman, & Reynolds, 1982). Race as a biological concept can be questioned on other grounds.... As Schaefer (1988) points out, "given frequent migration, exploration, and invasions, pure gene frequencies have not existed for some time, if they ever did". (p. 6)

The second definition of *race* provides a more meaningful explanation of the term by focusing on the social dimensions of this construct. Cox (1948) was one of the first persons to provide a social perspective of the term *race* by using it to describe "any group of people who are distinguished or consider themselves distinguished, in social relations with other peoples, by their physical characteristics" (p. 402). Thus, while the definition of *race* is considered to be flawed and superficial from strictly a biological perspective, the notion of racial differences clearly exist from a social-political perspective. This is so because the concept of race reflects important social meanings in terms of how "outsiders view members of a 'racial' group and how individuals within the 'racial' group view themselves, members of their own group, and members of other 'racial' groups. In other words, the concept of race has taken on important dimensions in terms of how individuals identify who they are" (Atkinson, Morten, & Sue, 1993, p. 7).

How Does An Individual's Ethnic/Cultural/Racial Background Impact One's Psychological Development

The fields of counseling and psychology have been slow to address the ways in which a person's ethnic/cultural/racial background influences the individual's psychological development. The lack of attention which mental health professionals have directed to this aspect of clients' multidimensionality has had negative consequences for persons who have sought counseling services (Fujino, Okazaki, & Young, 1994; Sue, Arredondo, & McDavis, 1992). The rise of the multicultural movement within the counseling profession has been largely fueled by the increasing recognition that persons from diverse ethnic-cultural-racial backgrounds are adversely impacted by mental health services that operate from what has been referred to as a "monocultural perspective" of mental health and counseling (Daniels & D'Andrea, 1996). As Sue, Ivey, and Pedersen (1996) have noted:

...the traditional theories of counseling and psychotherapy have arisen from a Western cultural milieu, with each emphasizing an important but narrow aspect of the human condition; given that client populations vary in their cultural identity, requiring a more integrated and holistic approach; and given that the majority of people reside outside the Euro-American hemispheres, it is little wonder that current theories of counseling may have limited applicability to culturally different populations. (p. 9)

In attempting to move the mental health professions beyond this monocultural perspective, multicultural counseling researchers and theorists have spent a great deal of time explaining how a person's ethnic, cultural, and racial background influences one's psychological development. These efforts have resulted in discussions about two important dimensions of the psychological differences that exist among persons from diverse ethnic, cultural, and racial backgrounds. First, multicultural researchers and theorists have taken time to discuss the types of "between group differences" that exist among persons from diverse backgrounds. As a result

of this work, mental health practitioners now have a much greater understanding of the ways in which African Americans (Parham, 1996), Asian Americans (Leong, 1996), Euro-Americans (Carter, 1995), Latinos/Latinas (Arredondo, 1996) and Native Americans (LaFromboise, 1996) often differ from one another in terms of their cultural values, attitudes, interpersonal styles, and worldviews.

Second, multicultural experts have more recently begun to describe the types of “with-in group differences” that exist among members of each of these groups. Thus, while a focus on “between-group differences” helps mental health practitioners understand some of the more general differences that are likely to exist among clients who come from diverse backgrounds, the current emphasis on “within-group differences” helps clarify the unique ways in which persons of the same ethnic, cultural, and/or racial background may psychologically differ from one another.

Two theoretical frameworks that are particularly useful in conceptualizing the types of psychological differences that differentiate persons from the same cultural-racial group include the Minority Identity Development (Atkinson, Morten, & Sue, 1993) and the White Identity Development models (Carter, 1995). According to these developmental models, individuals from the same ethnic-racial group may demonstrate different psychological perspectives regarding the way they view their own cultural-racial background as well as manifesting differing attitudes about persons from ethnic-cultural-racial groups. These developmental differences range from a very negative and self-depreciating view of one's own cultural-racial background, to a naive understanding of cultural differences, to a highly defensive disposition in which individuals become immersed in the traditions and history of their cultural-racial group, to a more complex understanding of cultural differences and an increased level of acceptance and respect for persons who come from backgrounds that are different from one's own (Carter, 1995).
Implications for Counseling Practice

The Association for Multicultural Counseling and Development has endorsed a set of multicultural counseling competencies that describe the types of awareness, knowledge, and skills mental health practitioners are expected to acquire before providing counseling and psychotherapeutic services among culturally and racially-diverse client populations (Arredondo et al., 1996; Sue, Arredondo, & McDavis, 1992). Other theorists have emphasized that it is very important for mental health professionals to refer to these competencies in evaluating their own level of multicultural counseling competence prior to working with persons from ethnically-diverse groups (D'Andrea & Daniels, 1997). Acquisition of these competencies is considered to be a necessary prerequisite when providing mental health services in an effective and ethical manner to persons from diverse ethnic-cultural backgrounds (Sue, Arredondo, & McDavis, 1992).

It is important for mental health practitioners to have a working understanding of various issues that are related to the historical background, traditions, attitudes, values, and worldview of persons who come from the five major ethnic-racial groups in the United States. This includes being knowledgeable about the common differences that are noted to exist among African Americans, Asian Americans, European Americans, Latinas/Latinos, and persons from Native American groups.

Besides having an understanding of these between-group differences, it is also important for counselors to understand the types of within-group differences that are often manifested among persons from the same ethnic-racial groups. The Minority Identity (Atkinson, Morten, & Sue, 1993) and White Identity Development (Carter, 1995; Helms, 1990) models that were

mentioned above provide mental health practitioners with a useful way of thinking about some of the common within-group differences that are likely to be manifested by persons who share the same ethnic-racial backgrounds. These models also provide useful suggestions regarding the types of interventions mental health practitioners might use when working with ethnically and racially diverse persons. By using these theoretical frameworks to guide their work, practitioners are better able to implement intervention strategies that reflect greater sensitivity and respect for their clients..

It has also been pointed out that counselors need to go beyond simply assessing their clients' level of racial identity development. In this regard, experts have underscored the importance of practitioners taking the time to evaluate where they themselves are operating in terms of these developmental models. This is an important step to take when working with persons from diverse ethnic-racial backgrounds because counselors, who are operating at various stages of these models, are likely to elicit antagonistic reactions from clients who are operating at stages that are marked by incompatible characteristics. For a more detailed discussion of the types of antagonisms that might result from inappropriate matching of counselors and clients who are operating at different stages of the Minority Identity and the White Identity Development models the reader is encouraged to review our earlier published work in this area (D'Andrea & Daniels, 1997).

S- Sexual Identity

Definition of Terms

One of the most complex though understudied aspects of a person's psychological development involves one's sexual identity. As used in the RESPECTFUL Counseling Model, the term *sexual identity* is a broad construct which includes one's gender identity, gender roles, and sexual orientation. The term, *gender identity*, has been used to refer to an individual's subjective sense of being either male or female. A person's *gender identity* is impacted by the specific roles that men and women are expected to play in a given culture. More specifically, it is influenced by "those behaviors, attitudes, and personality traits that a society designates as masculine or feminine, that is, more 'appropriate' for or typical of the male or female role" (Savin-Williams & Cohen, 1996, p. 72).

Sexual identity can be manifested in a broad range of ways that extend beyond the narrow notion of masculinity and femininity. Transsexuals, for example, are described as individuals who are convinced that they were born the wrong biological sex. Thus, the term *transsexualism* refers to those persons who experience a discordance between their gender identity and their anatomical sex (Bailey, 1997).

The term *androgyny* refers to those individuals who manifest a combination of masculine and feminine traits and behaviors. In conducting an interesting multicultural study on this topic, Williams (1997) discussed how persons with an androgynous sexual identity were viewed in spiritual terms and referred to them as "two-spirit people" by many Native American tribes. More specifically, he noted that:

American Indian religions view androgynous persons - that is, males who are feminine or females who are masculine - as evidence that the person has been blessed with two spirits. Because both the masculine and the feminine are respected, a person who combines them is considered as higher than the average person, who only has one spirit. Therefore, persons who act like the other sex are not condemned as "deviant" but are blessed for their possession of a double dose of spirituality. They are not considered "abnormal" but "exceptional," somewhat similar to the way in which a musically or

intellectually gifted person might be seen in Euro-American culture. (Williams, 1997, p. 418)

Beyond one's gender identity and roles, a person's sexual identity is also influenced by one's sexual orientation. An individual's sexual orientation may fall into one of three categories: *bisexual*, *heterosexual*, or *homosexual*. *Bisexuality* refers to those persons who demonstrate a sexual interest in both males and females. While *heterosexuality* refers to individuals whose sexual orientation involves persons of the opposite sex, the term *homosexuality* has been used to identify individuals whose sexual orientation involves persons of the same sex. However, given the negative stereotypes that have historically been associated with this term in the past, the terms *gay males* and *lesbians* are considered more acceptable words to use to describe persons whose sexual identity includes this dimension.

How Does One's Sexual Identity Impact a Person's Psychological Development

Over the past twenty years there has been a groundswell of interest among social scientists regarding the ways in which the various dimensions of a person's sexual identity (e.g., gender identity, gender roles, and sexual orientation) impacts the individual's psychological development and sense of personal well-being. Research that has been done in this area has identified numerous ways in which a person's gender and sexual orientation correlates with various forms of discrimination that results in differential economic rewards, social acceptance, and/or levels of psychological wellness (Savin-Williams & Cohen, 1997).

Numerous researchers have reported on the unfair discriminatory practices that have been and continue to be perpetuated against women in our society (National Commission on Working Women, 1990). Clearly, gains have been made in terms of moving beyond the barriers that have limited women's ability to realize their economic and psychological potential in the past. In commenting on both the gains that have been made and the challenges that continue to exist in this area, Banks and McGee Banks (1997) stated that:

Social, economic, and political conditions for women have improved substantially since the women's rights movement emerged as part of the civil rights movement of the 1960s and 1970s. However, gender discrimination and inequality still exist in schools and in society at large. In 1992, the median earnings for women who were full-time workers were 71 percent of those for men, up from 70.2 percent in 1988. The status of women in the United States within the past two decades has changed substantially. More women are now working outside the home than ever before, and more women are heads of households. In 1993, 57.9 percent of women worked outside the home, making up 46 percent of the total work force. In 1990, 17 percent of households in the United States were headed by women. However, a growing percentage of women and their dependents continue to constitute the nation's poor. In 1989, almost half of poor families in the United States were headed by women. (Banks & McGee Banks, 1997, p. 129)

Besides receiving differential economic rewards which women receive for doing the same type of work men do, women continue to be subjected to a host of other conditions that seriously compromise their overall health and well-being. This includes the rising numbers of women who are homeless in the United States (Children's Defense Fund, 1991; Solarz, 1992), the unacceptable level of violence and sexual assaults that are reported annually in this country (Worell & Remer, 1992), and the lack of knowledge which many health-care and mental health-care professionals have regarding the unique needs of women. These conditions contribute to the manifestation of high rates of depression, reduced levels of self-esteem, and the inappropriate

and ineffective provision of health-care services by professionals who lack the knowledge of women's health and development (Lewis, Hayes, & Bradley, 1992).

It is important to point out that women are not the only ones to suffer from the discriminatory practices that have accompanied stereotypic views of females. Men also suffer from the adverse affects of perpetuating negative stereotypes because they reinforce distorted views of the potential contributions women can make in society and perpetuate a faulty sense of reality about their own intellectual, social, and psychological superiority.

Gay, lesbian, and bisexual persons also experience a great deal of suffering as a result of the types of discriminatory and stereotypic views society places on individuals whose sexual identity deviates from a heterosexual orientation. When individuals lead a lifestyle that reflects a sexual identity that includes being gay, lesbian, or bisexual, they typically face tremendous challenges in terms of achieving a high level of mental health as a result of living in "a culture that is almost uniformly anti-homosexual" (Savin-Williams & Cohen, 1997, p. 181). Adolescents, who manifest a gay, lesbian, or bisexual orientation as part of their sexual identity, are particularly prone to a host of debilitating psychological stressors.

Some of the more common stressors these adolescents face include being routinely exposed to various forms of verbal abuse (Martin & Hetrick, 1988), peer (D'Augelli, 1991) and adult harassment (Savin-Williams, 1990), and physical and sexual assaults (Hunter, 1990). These stressors commonly lead to a host of problems that include but are not limited to school-related problems (Price & Telljohann, 1991), problems associated with runaway and homeless gay, lesbian, and bisexual youths (National Network of Runaway and Youth Services, 1991), substance abuse problems (Rotheram-Borus et al., 1992), prostitution (Coleman, 1989), and high rates of depression (Rothblum, 1990) and suicide (Rotheram-Borus, Hunter, & Rosario, 1992).

Implications for Counseling Practice

First, mental health practitioners need to be knowledgeable and respectful of the developmental needs of the female clients with whom they work. In 1978, the Division of Counseling Psychology of the American Psychological Association (APA) approved the "Principles Concerning the Counseling and Psychotherapy of Women". It is important that all mental health practitioners familiarize themselves with these principles in order that they might better understand the ethical and professional responsibilities they face when working with female clients. Among the points that are emphasized in this document include the explicitly stated need for counselors to:

- (a) become aware of the ways in which traditional counseling and psychotherapy theories and models limit the potential of women as well as the ways in which they have particular usefulness for female clients;
- (b) continue to learn about the issues that are specifically related to women, including the social problems of female subgroups (e.g., single, female parents, lesbians, etc.) throughout their careers;
- (c) become knowledgeable of the ways in which the power differential impacts women in counseling and psychotherapy; and
- (d) be sensitive to circumstances where it is more desirable for a female client to be seen by a female or male counselor. (Fitzgerald & Nutt, 1995)

Second, to work effectively and ethically with heterosexual, gay, lesbian, and bisexual persons, mental health practitioners need to be knowledgeable of the ways in which the client's sexual identity impacts their psychological development and worldview. This includes acquiring

knowledge about how a client's gender roles and sexual orientation affects one's overall mental health and sense of personal well-being.

In 1991 the American Psychological Association sponsored the Task Force on Heterosexual Bias in Psychotherapy. This task force was, in part, designed to evaluate the quality of mental health services that were provided to gay, lesbian, and bisexual clients. Summarizing their observations in this area, the members of the task force reported that gay, lesbian, and bisexual clients were often subjected to biased, inappropriate, and inadequate mental health treatment (Garnet, Hancock, Cochran, Goodchilds, & Peplau, 1991). Drawing upon the work of the task force as well as from other researchers in the area (Browning, Reynolds, Dworkin, 1991; Falco, 1991; Walsh, 1995), Browning (1996) proposed the following recommendations for mental health practitioners to consider when working with persons whose sexual identity includes a gay, lesbian, or bisexual lifestyle:

1. Practitioners should examine their own biases and values about sexual orientation;
2. Counselors need to learn about the coming out process as well as the types of community resources that are available to support individuals who are in the process of publicly acknowledging their sexual orientation;
3. Mental health professionals need to also explore how the client's sexual orientation is related or unrelated to the presenting concern;
4. Practitioners need to understand how the client's sexual identity is affected by one's religious/spiritual identity and cultural values;
5. Counselors should encourage gay, lesbian, and bisexual clients to participate in support groups that are comprised of persons who are experiencing similar problems that are associated with their sexual identity to help break down the sense of isolation and alienation which these individuals commonly experience in their lives;
6. Practitioners should facilitate contact with other gay, lesbian, and bisexual persons in the community who may serve as role models for successful identity integration;
7. Mental health professionals should assist gay, lesbian, and bisexual clients in overcoming shameful feelings about their sexual identity by increasing their understanding of internalized homophobia and the interconnections between other forms of oppression;
8. Counselors should help clients develop skills to cope with anti-gay discrimination in society; and
9. Practitioners should work with gay, lesbian, and bisexual clients to develop them develop more effective and satisfying dating and relationship skills. (pp. 100-101)

P- Psychological Maturity

Definition of Terms

Mental health practitioners often work with clients who share common demographic characteristics (e.g., age, gender, socio-economic and cultural-racial backgrounds, etc.), but appear to be very different psychologically speaking. In these situations we might refer to one client as being "more psychologically mature" than another client who is the same age and comes from the same cultural-racial group background. Some descriptors that are commonly used by mental health professionals to describe an "immature" client include statements such as "he demonstrates limited impulse control in social interactions" or "she has a low capacity for self-awareness."

In contrast, statements that are often used to describe "more mature" clients include the following: "He is able discuss his or her problems with much insight"; "She is highly self-

aware"; and "She has developed a much broader range of interpersonal and perspective-taking skills than many of the other clients that I am working with".

Over the past three decades, there has been a tremendous increase in our understanding of the developmental stages that individuals pass through as they develop and mature. Much of this knowledge comes from the work of a variety of structural-developmental psychologists who have presented numerous models that help explain the process of psychological maturity. This includes the work of Piaget (1977) (intellectual development), Perry (1970) (ethical development), Kohlberg (1981) and Gilligan (1982) (moral development), Selman (1980) (social/interpersonal development), and Loevinger (1976) (ego development).

Structural-developmental theories view psychological development as process in which individuals move from simple to more complex ways of thinking about themselves and their life experiences. This movement can be traced along a set of invariant, hierarchical stages that reflect qualitatively different ways on thinking, feeling, and acting in the world (D'Andrea & Daniels, 1994). According to Young-Eisendrath (1988) each stage represents a uniquely different frame of reference for meaning-making. She goes on to point out that developmental stages "are not entirely dependent on chronological maturation.... Stages evolve with aging up to a point. However, when further development is not supported by environmental factors, a person may stop developing" (Young-Eisendrath, 1988, p. 71).

What are the characteristics of psychological maturity and how do they impact one's development?

As stated above, the process of psychological maturity is characterized by transformational changes in the way individuals think, feel, and respond to their environment. This process involves the manifestation of a shift from simple to more complex ways of making meaning about oneself and the world in which one lives. Researchers have noted that the acquisition of advanced cognitive skills is extremely important in order for individuals to lead productive and satisfying lives in a highly complex, rapidly changing modern society (D'Andrea, 1988; D'Andrea & Daniels, 1994). This is so, in part, because higher levels of cognitive functioning leads to a more accurate and objective assessment of experiences that individuals experience in their daily lives (Loevinger, 1976).

The process of psychological maturity also involves moving from an egocentric (self-centered) to a more allocentric (other-centered) view of the world. The shift from an egocentric to an allocentric perspective requires the acquisition of a set of interpersonal skills that allows individuals to more accurately understand the perspective of other persons with whom they interact. When individuals do not develop these interpersonal skills, they have been noted to manifest significant interpersonal problems with others during their adolescent and adult years (Selman, 1980).

According to Kohlberg (1981) and Gilligan (1982), advancements in a person's level of psychological maturity includes the manifestation of more sophisticated moral reasoning abilities. These abilities result in adolescents and adults demonstrating a greater sense of responsibility regarding school- and work-related tasks (Kuhmerker, 1991) and an increased sense of caring and responsiveness to others (Gilligan, Ward, Taylor, & Bardige, 1988).

Implications for Counseling Practice

There are several reasons why structural developmental theories have tremendous relevance for counseling practice. First, when using developmental theories to guide their work, counselors focus on the positive dimensions of their clients' psychological disposition. Thus, while many counseling theories direct much attention to clients' deficits and emphasize the need

for remedial interventions, developmental theories encourage counselors to operate from a more proactive perspective by building on clients' psychological strengths as they assist them in realizing their human potential.

Second, besides providing practitioners with frameworks that can be used to assess their clients' personal strengths, structural developmental theories also encourage counselors to consider the ways in which their own level of psychological development may impact the counseling process. This is a very important consideration because, as several researchers have pointed out, clients' personal growth is optimally stimulated when they work with persons who are operating at a half stage to one full stage above their current level of development (Kohlberg, 1981; Sprinthall & Sprinthall, 1990). In building on this notion, D'Andrea (1988) discussed the important role counselors play in "pacing" their clients to higher levels of development by reframing their problems in ways that challenge them to think in more complex terms about their personal dilemmas.

However, as D'Andrea (1988) pointed out, this sort of "developmental pacing" requires the counselor to be operating at a higher stage of psychological development than one's clients. According to this researcher, little developmental change is likely to occur in counseling situations in which the counselor is either operating at the same stage or is functioning at a stage that is below where the client is normally operating. Thus, in striving to promote positive counseling outcomes, it is important to be knowledgeable of both the client's and the counselor's level of psychological development so that decisions about counselor-client matchings can be based, in part, on developmental considerations.

Third, being knowledgeable of structural developmental theories allows mental health practitioners to be more intentional regarding the types of counseling approaches they decide to use with clients who are operating at different stages of development. These theories provide a framework from which counselors and other mental health practitioners can implement an eclectic approach to counseling in a more disciplined and intentional manner. Swensen (1980) was one of the first persons to discuss the ways in which knowledge of structural developmental theories could be used to guide the selection of various counseling approaches when working with clients who are operating at different stages of psychological maturity. Swensen's model has been expanded and tested by other researchers who have reported positive client outcomes when counselors used a "developmental eclectic" approach with their clients (D'Andrea & Daniels, 1994).

Lastly, the developmental theories that have been discussed in this section not only provide mental health practitioners with powerful theoretical models which can help to expand their understanding of human development, but they include assessment strategies as well. Bradley (1988) provides a comprehensive discussion of several types of developmental assessment strategies which counselors can use to assess their clients and their own level of psychological maturity.

E- Economic Class Background

Definition of terms

Social scientists have not always agreed on the definition of the term *economic class standing and background*. Part of the problem in defining this term is that our society continues to undergo significant changes which affect the way individuals conceptualize this term. For instance, as Banks and McGee Banks (1997) have pointed out that:

During the 1950s, social scientists often attributed characteristics to the lower class that are found in the middle class today, such as single-parent and female-headed households,

high divorce rates, and substance abuse. Today, these characteristics are no longer rare among the middle class though their frequency is still higher among lower-class families.” (p. 19)

Although there will always be some disagreement in defining this term, there are a number of characteristics which social scientists commonly agree are important criteria to use in determining an individual’s economic class standing and background. These common criteria include one’s occupation, education, ethnicity, and life style (Banks & McGee Banks, 1997; Coleman, Rainwater, & McClelland, 1978; Vontress, 1988).

Traditionally, researchers have referred to three major classes in the United States - upper, middle, and lower (Berger, 1971; Farb, 1978). However, given the different ways in which a person’s occupation, education, ethnicity, and life style may interface to determine one’s economic class standing, we believe that these traditional broad classifications need to be further differentiated to more accurately define the different types of economic class categories which individuals might be classified.

With this in mind, we have identified six categories that more accurately describe the different positions individuals may be identified in terms of their economic class standing and background. This includes *poor persons* (e.g., unemployed individuals with less than a high school degree who are in need of economic assistance to meet their basic living needs), *the working poor* (e.g., individuals who have a high school or equivalency degree and/or some college experience, are employed as a non-skilled worker, and whose annual incomes fall below the federal poverty guidelines), *working class* (e.g., individuals who have a high school degree, some college experience, and/or have received a certificate or license in a particular trade, and whose annual income falls above the federal poverty guidelines), *middle class non-professionals* (e.g., individuals with at least a high school degree but more likely an advanced degree or specialized training in a given vocational-career whose annual income is above the national average), *middle class professionals* (e.g., individuals with at least a college degree but more likely having an advanced degree in some professional field such as education, law, medicine, etc., whose annual income is above the national average), and persons in *the upper class* (e.g., individuals whose annual income falls within the upper ten percent of the national average).

A person’s economic class standing can be impacted by a variety of factors including the types of policies that are enacted by corporate and government leaders. This can most clearly be seen in the negative ways in which thousands of middle class nonprofessional and professional persons have been affected by changes that occur in the global market. This includes the exporting of many U.S. jobs to Third World countries in order to increase corporate profits by reducing labor costs.

This corporate strategy has led to successful efforts to down-size many U.S. businesses which in turn has resulted in the erosion in the quality of life for thousands of middle and working class people in this country. In contrast to the economic boom which occurred during the post-World War II era, the 1970s, 1980s, and 1990s have been times in which fewer well-paying jobs have been available, prices rose, real income of a large proportion of the general population fell, and where an increasing number of middle-class families experienced some of the hard times that poor families have always lived with (Banks & McGee Banks, 1997; Newman, 1993; Rivlin, 1992).

The Ways in which an Individual’s Economic Class Standing and Background Impact One’s Development

There is a plethora of research which examines the ways in which a person's economic class background impacts the quality of one's life. These research findings consistently indicate that, to a large extent, a person's economic class standing and background determines an individual's life chances. According to Mantsios (1992) these life chances include "such far-reaching factors as life expectancy, level of education, occupational status, exposure to occupational hazards, incidence of crime victimization, rate of incarceration, etc. In short, class position can play a critically important role in determining how long you live, whether you have a healthy life, if you fail in school, or if you succeed at work" (Mantsios, 1992, p. 101).

By reporting the above findings, we do not mean to suggest that there is always a causal relationship between a person's economic class standing and his or her health. We do hope to point out, however, that research that has been conducted in this has demonstrated that there is a negative correlation between individuals economic class standing and their sense of personal well-being. In other words, the incidence of suicides, violence, drug and alcohol abuse, school drop-outs, and dissatisfaction with one's job/career has been noted to be higher among persons in lower economic classes (Newman, 1993).

Mental health professionals have pointed to a host of other factors that are impacted by one's economic class standing which have direct implications for the work they do with their clients. This includes the development of different verbal and non-verbal communication styles, trust, empathy, and a willingness to self-disclose in counseling and psychotherapeutic settings.

It is generally agreed that the effectiveness of counseling is largely determined by the ability of the counselor to communicate effectively with clients. However, individuals often develop different communication styles as a result of their economic class standing and background. Vontress (1988) pointed out that people in different economic classes use a unique argot in their communication style. The term "argot" refers to the specialized vocabulary, idioms, secret jargon, and non-verbal gestures used by individuals of one group to distinguish themselves from members of other groups. Because most counselors fall into the economic class category we have referred to as "middle class professionals", they may experience difficulty verbally interacting with poor adolescents, especially those from non-White, non-European backgrounds, because of their lack of familiarity with these clients' vocabulary and idioms. Vontress (1988) also pointed out that "occasionally, counselors encounter two language systems used simultaneously by the same client. For example, in penal institutions, a black inmate may use the vernacular of the ghetto plus the slang of the multiracial inmate population" (p. 351).

In a study involving poor children and their families, investigators also reported that these individuals consistently had difficulty demonstrating a sense of trust with other persons (Daniels, D'Andrea, Omizo, & Pier, 1997). Vontress (1988) suggested that a heightened level of distrust is a common characteristic which many poor persons use as a defense mechanism to protect themselves against being rejected or unfairly treated by others. We would also add that the combination of their impoverished living conditions and the seemingly general lack of interest which middle and upper class persons manifest towards poor persons in the United States represent additional factors that contribute to the high level of distrust which poor persons commonly manifest toward other people they encounter in their lives.

The level of trust and/or distrust which one manifests towards others is often affected by the degree to which one senses that he or she is being received empathically and respectfully by others. People have an easier time empathizing with individuals who share similar life experiences, values, attitudes, and worldviews as themselves. However, because a person's life experiences, values, attitudes, and worldviews are all influenced by one's economic class

standing, it is often difficult for individuals to manifest true empathy for persons who come from an economic class background that is very different from one's own. Because the challenges individuals experience in life differ, in large part, as a result of their economic class standing; it is difficult for members of one economic class to accurately understand how individuals in other economic classes are impacted by the different stressors that characterize their lives. This empathy gap is particularly noticeable when persons from poor and working poor backgrounds seek services from mental health professional practitioners whose middle class values and attitudes are reflected in the way they dress, talk, and even in the way they decorate their offices. These economic class differences often make it difficult for poor and working class backgrounds to experience a truly empathic connection with many mental health practitioners (Vontress, 1988).

Implications for Counseling Practice

There are several things counselors can do to help overcome some of the barriers that may exist between themselves and clients who come from diverse socioeconomic backgrounds. First, counselors are encouraged to become more knowledgeable and sensitive to the ways in which economic class factors influence the process and outcome of counseling. This can be achieved in part by attending professional development workshops and conferences as well as reading journal articles and books that focus on the ways in which a person's economic class standing influences her or his psychological development. Besides attending professional development training workshops and reading materials that focus on the psychosocial needs of persons from diverse socioeconomic backgrounds, practitioners are encouraged to participate in local community organizations that are specifically designed meet the needs of citizens from different economic class backgrounds. Homeless shelters, labor groups, organizations that provide services for run-away youths, local church groups that provide services for economically-impooverished persons, prison outreach programs, and community organizations that offer services to poor and elderly persons are particularly valuable resources which counselors may find useful in learning about the needs of economically-disadvantaged persons in their own communities.

Second, it is important that mental health professionals evaluate the degree to which economic class differences that exist between themselves and their clients may interfere with the counseling process. Counselors can begin to gather information about their clients' economic class background by asking questions about their education, employment history, current employment status, family income, and general lifestyle.

Third, attention should be directed towards the client's verbal and non-verbal communication style early in the counseling process. Counselors should respectfully ask for clarification regarding words or phrases that a client uses that they are not familiar. It is not advisable for counselors to try to talk like their clients in attempting to create a more effective therapeutic alliance with them especially when they are unfamiliar with the unique dialects clients bring to counseling. Such efforts may be perceived as being disrespectful and not genuine by the client. Besides asking their clients for clarification when they use words or phrases which they are not familiar, mental health practitioners are encouraged to consult with other members of the community who are more knowledgeable of the language styles of clients from different economic classes.

It is also important to assess the ways in which differences in the client's and counselor's economic class backgrounds may represent barriers to successful counseling. We have noticed that mental health practitioners have a tendency to interpret problems that they have with poor

and working class clients to be the result of the client's resistance and lack of trust in the counseling process. While it is indeed important for counselors to evaluate a client's receptivity to counseling, it is equally important to assess the degree to which their own economic class background may foster biases and stereotypes about persons who come from socioeconomic backgrounds that are very different from their own. This is important to do because the problems counselors encounter with clients who come from different economic backgrounds are often rooted in barriers that emerge from both the client's sense of distrust as well as the counselor's own class-based biases and stereotypes (Sue & Sue, 1990).

Other longer-term actions which counselors are encouraged to become involved to address the problems that exist as a result of the tremendous socioeconomic gap between persons from poor, working class, and wealthy backgrounds include:

1. Working politically to increase the quality and availability of educational and mental health services to all persons in the United States, not just those who come from economic backgrounds that allow them the opportunity to afford quality services in these areas.
2. Actively promoting efforts to reduce economic inequities in society. This can be done by supporting income-tax reforms at the national level that benefit poor and working class families, opposing tax cuts for the rich, supporting job programs that assist people in securing jobs at reasonable wages and providing supporting programs that provide economic aid for poor parents who are unable to work.
3. Working to build economically and racially integrated communities. This can be done by choosing to live in an economically and/or racially integrated community oneself, supporting federal subsidies for low-income housing in mixed income areas, and opposing efforts to restrict access to certain communities by members of particular ethnic, racial, or income groups (Banks & McGee Banks, 1997, p. 100).

C- Chronological-Developmental Challenges

Definition of Terms

Besides the types of structural psychological changes that were mentioned under the "psychological maturity" section of this chapter, individuals also undergo systematic changes that are chronologically-based. These developmental changes represent what we refer to as *chronological challenges* that individuals face at different points across the lifespan. Mental health practitioners are familiar with many of these challenges as they represent the characteristics that we normally associate with infancy, childhood, adolescence, and adulthood.

Theorists, who explain human development from a chronological perspective are oftentimes referred to as lifespan development (Craig, 1992; Havighurst, 1953; Shaffer, 1993) or maturational (Erikson, 1968) theorists. Unlike the structural developmental theorists who tend to look at a particular aspect of a person's psychological maturity (e.g., intellectual, moral, social development), lifespan development theorists examine a person's growth from a more holistic perspective which includes taking into account the types of physical, cognitive, and psychological changes that predictably occur at different times in one's life. One notable exception to this statement is Erik Erikson (1968). Although considered to be an maturational developmental theorist because his developmental stages are chronologically-based, his work primarily focuses on a person's psychosocial development.

There is another major difference that distinguishes lifespan or maturational theorists from the structural-developmental theorists that were discussed earlier in this chapter. This important distinction is reflected in the fact that the research that the structural-developmental

theorists (Kohlberg, 1981; Loevinger, 1976; Selman, 1980) have done in the past indicates that most persons do not advance to the highest stages of their models. Thus, from a structural-developmental is theoretical perspective, most persons do not experience the unique psychological challenges that are associated with higher stage functioning. In contrast, lifespan and maturational theorists operate from the premise that everyone undergoes similar developmental changes that predictably occur at specific times (e.g., infancy, childhood, adolescence, adulthood) during one's life.

Impact on Individuals' Psychological Development

The specific changes lifespan researchers have noted individuals normally undergo as they develop from infancy through adulthood include physical growth (e.g., bodily changes and the sequencing of motor skills); the emergence of different cognitive competencies (e.g., the development of perceptual, language, learning, memory, and thinking skills); and the manifestation of a variety of psychological skills (e.g., including the ability to manage one's emotions and increased interpersonal competencies) that occur over time (Shaffer, 1993). The ways in which individuals successfully negotiate the chronological challenges that are commonly associated with infancy, childhood, adolescence, and adulthood largely determine the degree to which they develop a positive sense of self-esteem, lead productive lives, and experience a general sense of personal satisfaction in life.

Implications for Counseling Practice

There has been a tremendous expansion in the knowledge-base related to human development over the past three decades. As a result of this expansive knowledge-base, mental health practitioners are able to more clearly differentiate the unique tasks and chronological challenges that characterize individuals across the lifespan. Where in the past practitioners have had a relatively broad understanding of the challenges that persons faced during their childhood, adolescence, and adulthood; developmental researchers and theorists have worked to help refine our thinking about the specific chronological challenges individuals experience during their lives by differentiating these challenges into sub-categories. Thus, mental health professionals are increasingly able to develop intervention strategies that are intentionally designed to address the specific challenges of early, middle and late childhood; of early, middle, and late adolescence, and of early, middle, and late adulthood.

The refinement in the way many counselors have come to think about the unique challenges individuals face at these more delineated developmental periods (e.g., early/middle/late childhood, adolescence, and adulthood) enhances their ability to implement counseling strategies that more effectively address clients' needs and respectfully support them in meeting the various challenges they face in life. The impact that this advancement in knowledge has had in the mental health professions can be noted in the tremendous proliferation of counseling books and articles that outline various counseling interventions that are specifically designed to address the developmental needs of children (Holmgren, 1996), adolescents (Carlson & Lewis, 1988), and adults (McConkey, 1985). Although it is possible to categorize developmental tasks into general categories, the challenge for mental health practitioners is to become sensitive and knowledgeable of the unique ways in which individuals manifest their chronologically-based challenges. For instance, when working with adults whose ages extend from early adulthood (the 20s and 30s) to middle (the 40s and 50s) and/or late adulthood (age 60 and over), it is important that counselors consider the different chronological challenges they face. From a RESPECTFUL Counseling perspective, this includes assessing the different ways that these clients relate to their changing physical health needs (Schneider & Rowe, 1990; Troll,

1985), their roles and responsibilities in society in general and within their families in particular (Aquilino, 1990), and the different economic and career-related concerns that adults commonly raise in counseling (Coe, 1988).

T-Threats to One's Personal Well-Being

Definition of Terms

Stress is an inevitable part of life. While many mental health professionals have directed much attention to the debilitating effects of stress, it is important to point out that some level of stress is necessary for growth and development to occur. However, when a person experiences stressors that exceed one's ability to effectively deal with them, they can cause both physical and/or psychological harm. We have used the phrase, "*threats to one's personal well-being*", as a way of describing those situations that put a person in imminent psychological danger or harm when the stressors an individual experiences in life exceed one's ability to deal with them in an effective and constructive manner.

Lewis et al. (1998) have used the following equation to conceptualize the delicate balance that exists between a person's personal resources and threatening life circumstances:

$$\text{Psychological Health} = \frac{\text{Organic Factors} + \text{Stress} + \text{Powerlessness}}{\text{Coping Skills} + \text{Self-esteem} + \text{Social Support} + \text{Personal Power}}$$

According to this equation, threats to a person's psychological well-being can be identified when the factors in the numerator are greater than the factors listed in the denominator. For a detailed discussion of the terms that are included in this equation the reader is encouraged to review the work of Lewis et al. (1998) in this area. For the purpose of the present discussion, however, it is important to state that an individual's personal resources (e.g., their coping skills, self-esteem, social support, and personal power) may be taxed when one is subjected to ongoing stressors for extended periods of time.

Impact on Individuals' Psychological Development

When individuals experience a similar kind of stressor for extended periods, they are collectively referred to as a vulnerable population. Counselors commonly work with such vulnerable populations as poor, homeless, and unemployed people; adults and children in families undergoing divorce; pregnant teenagers; individuals with HIV or AIDS; and people victimized by ageism, racism, and sexism. Although these vulnerable populations differ greatly

from each other, they all routinely experience high levels of environmental stress that outweigh their personal resources and coping abilities.

Many studies confirm the widely held belief that people subjected to constant threats to their personal well-being are at high risk for physical and mental health problems (Stokols, 1992; U.S. Department of Health and Human Services, 1990). Lewis et al. (1998) have noted that “this is true whether the origin of the stress is linked to an immediate crisis - such as an unexpected pregnancy during adolescence - or rooted in more subtle but no less destructive forms of chronic stress - such as regular subjection to racism and sexism” (p. 87).

Implications for Counseling Practice

Mental health practitioners need to adopt a multifaceted approach to address the various stressors that threaten a person's well-being. We believe that the ultimate goal of this sort of multifaceted approach should be to promote the empowerment of those persons who seek assistance from professional practitioners. Lewis et al.'s (1998) Community Counseling framework describes the type of multifaceted approach that counselors are encouraged to use when applying the principles associated with the RESPECTFUL Counseling model to foster the empowerment of their clients.

The Community Counseling model emphasizes the important role mental health practitioners can play in helping to reduce the threats to their clients' personal well-being by promoting systemic and individual changes. The multifaceted approach that is reflected in this framework places a high value on preventive intervention strategies that are designed to reduce the incidence of mental health problems that commonly occur among persons whose psychological well-being is regularly threatened by various environmental factors and conditions (Lewis et al., 1998).

This multifaceted counseling model is comprised of four different types of service components. This includes direct client; indirect client; direct community; and indirect community counseling services. The direct client component includes such traditional services as individual and small group counseling as well as outreach efforts to persons in vulnerable populations who are noted to be at particularly high risk for mental health problems as a result of the stressors they routinely experience in their lives. Indirect counseling services are reflected in environmental interventions that are designed to promote the psychological health of persons who are currently experiencing various threats to the personal well-being. Mental health practitioners have traditionally used client advocacy and consultation services to help promote individual and systemic changes that are designed to reduce the types of threats many persons experience regarding their sense of personal well-being.

Direct community services include community-wide educational programs that provide direct experiences and opportunities that foster the development of a host of stress management and life skills among larger numbers of persons. Preventive education programs and services are the most commonly used strategies in this component of the Community Counseling framework. Indirect community services include those efforts that are designed to make the social environment more responsive to the needs of the population as a whole. Counseling strategies that are intentionally designed to promote systemic changes and influence public policies are included in this component of the model (Lewis et al., 1998).

Recognizing the broad range of factors that represent real threats to clients' personal well-being, RESPECTFUL counseling requires practitioners to broaden their understanding of their role and responsibility in promoting mental health among the persons with whom they work. In this regard, it is important to emphasize that, while the use of individual and group counseling

services are important aspects of the RESPECTFUL Counseling model, they are in and of themselves insufficient to help reduce the types of threats clients regularly experience in their lives. As a result, the RESPECTFUL Counseling model embraces a comprehensive approach to mental health which is dedicated to the empowerment of all clients (McWhirter, 1994) and particularly those groups of persons are predisposed to multiple threats to their psychological health because of their religious/spiritual identity, ethnic/cultural/racial background, economic class background, sexual identity, location of residence, and/or family history.

F-Family History and Dynamics

Definition of Terms

One of the major challenges professional counselors face in the 21st Century relates to their ability to develop the knowledge and skills that are necessary to meet the mental health needs of an increasingly pluralistic society. The diversification of our national pluralism includes the increasing number of families that are different from the more traditional definition of the term. In this past, the traditional notion of the *nuclear family* was used by many mental health professionals as a standard to which all other forms of families were compared. The term *nuclear family* refers to those families where the male is the sole breadwinner, the female is the full-time homemaker, wife, and mother, and where the children generally defer to their parents' authority until adolescence when they commonly manifest an expressed need for greater independence.

However, there is an increasing rise in the number of other types of families that millions of persons live and grow. This includes single parent families, divorced families (families in which one or both parents were previously divorced), blended families (families comprised of children and youth who are from a divorced family), extended families (there is an especially

important types of family for persons from different ethnic-racial groups), and families headed by gay and lesbian parents to name a few.

Goldenberg and Goldenberg (1994) comment on the different variations of what the term *family* means to many people by noting that:

The family, no less than other institutions, is undergoing rapid and dramatic changes in form, composition, and structure. Nontraditional families (led by single parents, for example) are becoming more commonplace and the traditional nuclear family...less and less the American norm. Skyrocketing divorce rates (which doubled between 1965 and 1985), the surge of women into the work force, the need to have two or more incomes in order to make ends meet, marriage postponement, the greater prevalence of step families, children living in poverty, single people living alone or with a partner of the same or opposite sex, childless families, mothers with out-of-wedlock children-these are just some of the contemporary realities in what Skolnick (1991) calls an “age of uncertainty” for the American family. (p. 3)

Impact on Individuals' Development

Regardless of the different types of families that exist in the United States, there is little doubt about the tremendous impact a person's family history has on one's psychological development. This includes the ways in which an individual's family influences one's : religious/spiritual identity (Giblin, 1996); drug and alcohol use/abuse (Andrews, Hops, & Duncan, 1997), propensity for juvenile delinquency (Gorman-Smith, Tolan, Zelli, & Huesmann, 1996), relationships with other siblings during adulthood (Stocker, Lanthier, & Furman, 1997), social cognition and psychological maturity (Goodnow, 1996), and sexual identity (Katz, 1987). Given the important impact that a person's family history plays in terms of his or her

psychological development, it is very important that mental health practitioners address this aspect of the RESPECTFUL Counseling model when working with clients.

Implications for Counseling Practice

We have outlined several recommendations that counselors are encouraged to keep in mind when addressing clients' family history. First, given the tremendous impact each of our family histories have on the types of attitudes, values, and worldview we develop, it is important for mental health practitioners take time to consider the ways in which their own family backgrounds affect the way they view clients who come from families that are very different from their own. This is an important consideration because individuals may develop and maintain positive or negative stereotypes about family structures that are different from their own. These stereotypes, when left unexamined, may lead counselors to make misinterpretations and inaccurate assessments of clients' development, current level of mental health, and the availability of persons who may play a supportive role in promoting their sense of personal well-being.

Second, it is important that counselors develop the knowledge and skills they will need to effectively conduct an appraisal of a client's family functioning. Building on the work of other family theorists (Reiss, 1980), Goldenberg and Goldenberg (1994) discuss a number of routes that practitioners can take in conducting family appraisals. This includes deciding whether to: (a) adopt a cross-sectional or developmental view of families; (b) conducting a family-based or an environmental-based inquiry, (c) adopting a crisis or character orientation in the appraisal process, (d) focusing on family pathology or family competence, and/or (e) emphasizing underlying family themes or observable behavioral events (Goldenberg & Goldenberg, 1994, pp. 61-62). To this list we would emphasize the importance of having a good knowledge of the

different roles individuals are expected to play in families comprised of persons from diverse ethnic-racial groups and backgrounds.

Third, counselors must acquire the skills that are necessary to effectively evaluate a broad range of families including but not limited to single-parent families, remarried families, cohabitating heterosexual families, and gay and lesbian couples (Goldenberg & Goldenberg, 1994). This is important in order that practitioners might be able to design counseling strategies that (a) take into account a client's relationship with his or her family and (b) include specific family members in the overall intervention when such action is thought to be of potential benefit to the persons with whom counselors work.

Fourth, when counselors identify shortcomings in their ability to accurately appraise the structure, composition, and impact that different types of families have on their clients' development and healthy functioning, they have an ethical responsibility to seek professional training fosters the development of these sort of appraisal skills in the future.

U-Unique Physical Characteristics

Definition of Terms

McWhirter (1994) notes that "one of the most disheartening and frightening phenomena in our society is the relentless and all-consuming desire for physical beauty" (p. 203). Typically, this obsession is rooted in an idealistic image of persons who are thin and muscular. In reality, few persons match up to this idealistic image and many experience a sense of reduced self-esteem and increased feelings of personal inadequacy as a result of not living up to this socially-constructed view of a "beautiful person" (McWhirter, 1994). In other instances, persons who possess certain unique physical characteristics that have traditionally been referred to as "physical disabilities" have also suffered from various forms of discrimination and stigmatization

whose genesis is rooted in misperceptions and stereotypes about physical beauty and health. The RESPECTFUL Counseling model emphasizes the importance of being sensitive to the various ways in which society's idealized image of physical beauty negatively impacts the psychological development of those persons whose physical nature does not fit the narrow and distorted views which are promoted by our modern culture.

As used in the RESPECTFUL model, the term *unique physical characteristics* is a broad construct that refers to individuals whose physical traits may include but are not limited to such obvious characteristics as being overweight or underweight and/or having a visual physical disability. It also includes other physical characteristics that may negatively affect a person's sense of self-esteem such as balding, aging, and the having a physical disfigurement or even a birthmark that is visually noticeable to others.

Impact on Individuals' Psychological Development

The current societal image of physical beauty is highlighted by the slogan that "thin is in." This image is accompanied by the prevalent myth that weight loss is a simple matter of will power and discipline. The inaccurate view exists despite an abundance of medical evidence that indicates that safe and permanent weight loss is not possible for most obese people (Rothblum, Brand, Miller, & Oetjen, 1990). McWhirter (1994) adds that "for lower socioeconomic status (SES) women of color, who have higher proportions of obesity than other segments of the population, this myth adds to their experience of oppression" (p. 206). Oftentimes this myth and oppression leads to a diminishment in these women's self-esteem and sense of personal empowerment. The increasing numbers of women who are diagnosed with eating disorders and undergo cosmetic surgery further attest to the ways in which individuals are psychologically affected by the myth of the perfect body in our modern society.

The psychological impact of one's physical characteristics affects men as well as women. McWhirter (1994) describes the society's view of the ideal body type for men as being characterized by "a mesomorphic body or the muscleman physique" (p. 208). This idealized view greatly contributes to the frequency with which men express dissatisfaction with their chest, weight, and waist (Mishkind, Rodin, Silberstein, & Striegel-Moore, 1986). Also, in summarizing the work of several social scientists, McWhirter (1994) reported that: research reviewed by Shim, Kotsiopoulos, and Knoll (1990) suggests that short men are less positive about their bodies than their average-height or tall peers (Martel, 1985) and that short men are much more dissatisfied with their height, and evidence more psychological distress than average-height men or tall men" (p. 208).

Implications for Counseling Practice

When working with clients whose unique physical characteristics may be a source of stress and dissatisfaction, it is important for counselors to first reflect on the ways in which the idealized myth of physical beauty may have led them to internalize negative views and stereotypes about persons who do not fit this myth. This is important because when these sort of internalized views go unchecked, they may lead to inaccurate assessments and misinterpretations of our clients' personal strengths.

Second, when working with women and/or whose psychological development has been negatively impacted by some aspect of their own unique physical nature, counselors need to be able to assist them in understanding the ways in which gender role socialization contributes to irrational thinking about their own sense of self-worth. Good, Gilbert, and Scher (1990) outline an intervention model which they refer to as Gender Aware Therapy (GAT). This model provides practitioners with strategies that are useful in helping women and men to become more

aware of the ways in which they may be negatively impacted by gender role socialization and expectations.

Third, mental health practitioners would do well to work with teachers and administrators in the public schools and universities to develop and implement preventive strategies that address many of the negative stereotypes, misconceptions, and insensitivities children, adolescents, and adults develop about persons who have unique physical characteristics. This sort of consultative-preventive intervention strategy has much potential in terms of eradicating the various forms of discrimination and disrespect that many persons who have unique physical characteristics commonly experience in their lives.

Fourth, counselors are ethically responsible for familiarizing themselves with the American Disabilities Act of 1990. This important legislation is designed to safeguard the rights of persons who have various types of physical disabilities and to ameliorate the different forms of discrimination which they have been subjected in the past.

L-Location of Residence

Definition of Terms

The *location of one's residence* refers to the geographical region and the type of setting where one resides. We have identified five major areas that persons refer to when talking about the major regions in the United States. Generally speaking, these major geographical areas include: the Northeast, Southeast, Midwestern, Southwestern, and Northwestern regions of our nation. These geographical areas are distinguished by the types of persons who reside in these areas as well as differing in terms of climate patterns, geological terrain, and to some degree types of occupations and industry which are available to workers who reside in these areas. We would also add that these different geographical locations are often characterized by their own

unique “sub-cultures” that reflect the types of values, attitudes, and language accents which are commonly manifested by many of the individuals who reside in these areas.

The *location of one’s residence* also includes the type of setting in which a person resides. Mental health practitioners are most likely familiar with three major types of residential settings in which clients live. This includes *rural*, *suburban*, and *urban* settings. As defined by the U.S. Bureau of the Census, rural populations consist of people who live in places or towns of less than 2,500 inhabitants and in open country outside the closely settled suburbs of metropolitan cities. By contrast, urban areas consist of cities with 50,000 or more inhabitants (U.S. Bureau of the Census, 1978).

Population experts also make the distinction between *metropolitan* and *nonmetropolitan* areas. Since 1993, the definition of these terms has been based on the designation of what is referred to as *metropolitan statistical areas* (MSAs). MSAs are defined as those areas which have a total population of at least 100,000 inhabitants, comprise one or more central cities with at least 50,000 inhabitants, and include adjoining areas that are socially and economically related to a central city (U.S. Bureau of the Census, 1988).

It is important to point out that these sort of definitions are arbitrary and that many important variables are not taken into account when distinguishing the meaning of the terms rural, suburban, and urban. In writing specifically about the mental health needs of persons in rural settings, Murray and Keller (1991) noted that:

Most relevant studies that define *rural* (and many do not) rely on some use of population criteria. Very few use multidimensional definitions and even fewer use multiple quantitative criteria. It is important to emphasize, however, that rural areas of the North

America contain a rich diversity of land and people that cannot be fairly characterized in any brief description. (p. 221)

Impact on Individuals' Psychological Development

A person's location of residence represents an important part of an individual's total ecological system which has a tremendous impact on one's psychological development. Bronfenbrenner's (1979, 1988) has dedicated most of his career to describing how ecological factors impact human development. According to his theory of human ecology, a person's psychological development is significantly impacted by four major systems which comprise one's total ecology. This includes an individual's microsystems (e.g., those immediate settings, such as one's family, school, work place, etc., which the individual is directly a part); mesosystems (which refers to the dynamic interactions or linkages that occur among microsystems such as the case when members of one's family and school interact on behalf of the individual); exosystems (which include those major societal institutions and settings that directly and indirectly impact persons in their microsystems); and macrosystems (which refer to those overarching societal and cultural institutions that directly and indirectly impact the way individuals develop and behave) (Bronfenbrenner, 1988; Lewis, Lewis, Daniels, & D'Andrea, 1998). According to Merrick (1995), the macrosystem differs from the preceding systems in that it "refers not to specific contexts affecting the life of a particular person but to general prototypes that set the pattern for the way society is structured" (p. 291).

According to these definitions, the individual's location of residence comprises one's exosystem and thus, has tremendous implications for the way individuals in different residential settings develop. For instance, it has been noted that the combination of overcrowded living conditions, economic disadvantage, and limited opportunities for positive career and/or

educational opportunities causes many urban youths to develop a host of anti-social behaviors that result in violent acts, crime, high rates of teenage pregnancies, and drug and alcohol abuse problems (Lewis et al., 1998).

Persons living in rural settings experience a variety of different stressors that, although unique to their particular location of residence, have a significant impact on their overall psychological health and sense of personal well-being. This includes stress that results from a heightened sense of social isolation (Murray & Keller, 1991) as well as the recent social and industrial changes that have affected persons in many rural communities across the United States. Several social scientists have described how the restructuring of numerous rural communities in the nation has impacted the persons who have been used to a different way of life. The structural changes that have occurred in many rural parts of the United States have resulted from technological and mechanization advancements that have been made in the farming industry, industrial development projects, and an increased reliance on automobiles among persons living in rural parts of the country (Ford, 1978; Murray & Keller, 1991; Wilkerson, 1982). These changes have resulted in the erosion of rural persons' dependence on many traditional social and community structures that traditionally provided a sense of meaning and support during times of personal stress and crisis. As Murray and Keller (1991) pointed out:

Needs that were formerly met by the small, local community are now met by distant and more formal agencies, employers, and commercial enterprises. In addition, the subtle urban transformation of many rural areas and the decline of local community service structures has also created a decline in the natural support systems that have traditionally been present in rural communities (Murray & Kupinsky, 1982). For example, fewer rural Americans participate in the cooperative problem solving granges, churches, and other

civic groups. Changes in communication patterns and the geographic dispersal of extended families away from the family farm have also strained traditional sources of natural support (Murray & Kupinsky, 1982). (p. 225)

Implications for Counseling Practice

When counseling persons who come from a different geographic region or residential setting seek mental health services, it is important that the practitioner consider the ways in which her or his own experiences and biases about a person's location of residence may come into play in the counseling process. As is the case with the other aspects of the RESPECTFUL counseling model, this sort of self-reflection and assessment is a very important starting point because mental health practitioners are prone to develop prejudices or stereotypes about individuals who come from residential settings that are very different from their own. When left unexamined, these biases and stereotypes to inaccurate and/or negative clinical interpretations in counseling and psychotherapeutic situations.

Second, counselors need to develop the knowledge and skills that are necessary to effectively conduct an ecological assessment of their clients. Lewis et al. (1998) provide specific examples of the ways in which counselors can assess the strengths and weakness of a client's microsystem, mesosystem, exosystem, and macrosystem as well as providing suggestions for the types of counseling strategies that might be employed to address specific needs at each level of a client's ecological system.

Third, practitioners should be particularly sensitive to the ecological barriers that prevent individuals from using traditional mental health services and develop alternative ways of helping to meet their mental health needs. Landis, Trevor, Futch, and Plaut (1995) describe an innovative and comprehensive approach to providing health services to elderly persons and

adolescents who reportedly experienced numerous barriers which impeded them from securing quality health services in a timely manner. The intervention, which was developed in a rural part of North Carolina included: (a) assessing the needs of the persons in the community who were considered to be at-risk for a variety of physical and mental health problems, (b) prioritizing the health-care needs of the community members, (c) designing and implementing health-promotion interventions using the input of the area residents as an important part of the planning process, and (d) evaluating the effectiveness of the health-promotion programs to enable their on-going improvement (Lewis et al., 1998).

Conclusion

In presenting the RESPECTFUL Counseling model we have tried to outline

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