Multicultural and Social Justice Counseling Competencies: Guidelines for the Counseling Profession

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In 2014, the Association for Multicultural Counseling and Development (AMCD) appointed a committee to revise the Multicultural Counseling Competencies developed by Sue, Arredondo, and McDavis in 1992 and operationalized by Arredondo et al. in 1996. This article reflects the updated competencies, titled the Multicultural and Social Justice Counseling Competencies (MSJCC; Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2015a), which were endorsed by AMCD on June 29, 2015, and by the American Counseling Association on July 20, 2015. A conceptual framework of the MSJCC visually depicts the relationships among the competencies' key constructs: multicultural and social justice praxis, quadrants, domains, and competencies. Implications are discussed.

Keywords: multicultural, social justice, competencies, counseling, advocacy

En 2014, la Asociación para la Consejería y el Desarrollo Multicultural (AMCD, en sus siglas en inglés) formó un comité para revisar las Competencias en Consejería Multicultural desarrolladas por Sue, Arredondo y McDavis en 1992 y operacionalizadas por Arredondo et al. en 1996. Este artículo refleja las competencias actualizadas, denominadas Competencias en Consejería Multicultural y de Justicia Social (MSJCC, en sus siglas en inglés; Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2015a), que fueron avaladas por la AMCD el 29 de junio de 2015 y por la Asociación Americana de Consejería el 20 de julio de 2015. Un marco conceptual de las MSJCC muestra visualmente las relaciones entre los constructos principales de las competencias: la praxis multicultural y en justicia social, los cuadrantes, dominios y competencias. Se discuten las implicaciones.

Palabras clave: multicultural, justicia social, competencias, consejería, defensoría

The Multicultural Counseling Competencies (MCC) developed by Sue, Arredondo, and McDavis (1992) have been instrumental in helping counselors, psychologists, and other mental health professionals address the needs of culturally diverse clients, groups, and communities. Since their emergence and recognition, multicultural perspectives have become embedded into many aspects of the counseling profession (Erickson Cornish, Schreier, Nadkarni, Henderson Metzger, & Rodolfa, 2010; Hays & Iwamasa, 2006; Ponterotto, Casas, Suzuki, & Alexander, 2010). The MCC have influ-

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enced the shaping of the ACA Code of Ethics (American Counseling Association [ACA], 2014) as well as other ethical codes within ACA divisions, such as those of the Association for Specialists in Group Work (Singh, Merchant, Skudrzyk, & Ingene, 2012) and Counselors for Social Justice (Ibrahim, Dinsmore, Estrada, & D’Andrea, 2011). In addition, the MCC may arguably be viewed as the catalyst to encourage the development of additional competencies for specific populations (e.g., the Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling [ALGBTIC] Competencies for Counseling With Transgender Clients [Burnes et al., 2009]; the ALGBTIC Competencies for Counseling With Lesbian, Gay, Bisexual, Queer, Questioning, Intersex, and Ally Individuals [Harper et al., 2012]). The integration of the MCC and these subsequent competencies into the counseling profession has led to viewing the experiences of historically marginalized groups more holistically, and to philosophical and paradigmatic shifts toward integrating multicultural constructs in counseling practice.

Since the initial development of the MCC, there have been numerous changes in the multicultural and recently emergent, but corresponding, social justice scholarship base, and in the world at large. For example, research has asserted that the intersections of racial, ethnic, gender, sexual, socioeconomic, age, religious, spiritual, and disability identities have important influences on mental health outcomes and health disparities (Conron, Mimiaga, & Landers, 2010; Hankivsky et al., 2010; Institute of Medicine, 2011). In addition, counselors have realized the need to take a more contextual approach to working with clients and communities, recognizing that individuals are part of a larger ecosystem. Therefore, understanding these contexts is becoming increasingly important, especially for individuals from historically marginalized backgrounds. Within these contexts, individuals not only have multiple identities (e.g., African American gay man) but also have intersecting privileged and marginalized statuses (e.g., male privilege with racial and sexual minority marginalized statuses). As society evolves, multicultural competence among counselors must also evolve if the counseling profession is to continue to address the needs of culturally diverse clients and the social justice concerns that both shape and contextualize mental health and overall well-being.

To address the growing need to update the MCC, Carlos P. Hipolito-Delgado, as part of his 2014–2015 presidential initiative for the Association for Multicultural Counseling and Development (AMCD), commissioned a committee (Manivong J. Ratts–chair, Anneliese A. Singh, Sylvia Nassar-McMillan, S. Kent Butler, and Julian Rafferty McCullough) to revise the MCC developed by Sue et al. (1992). The AMCD MCC Revision Committee’s charge was to update the MCC (a) to reflect a more inclusive and broader understanding of culture and diversity that encompasses the intersection of identities and (b) to better address the expanding role of professional counselors to include individual counseling and social justice advocacy. The revision process involved review-
ing relevant multicultural competency literature in counseling and other professions, engaging in discussions with other professions regarding their multicultural competency documents, identifying strengths and gaps within the original MCC document, and obtaining feedback from ACA and AMCD members and leaders through professional electronic mailing lists and focus groups conducted at the ACA national conference (Ratts, Singh, Nassar-McMillan, Butler, & McCullough 2015b). This process culminated in the development of the Multicultural and Social Justice Counseling Competencies (MSJCC; Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2015a), which were endorsed by the AMCD Executive Council on June 29, 2015, and by the ACA Governing Council on July 20, 2015. The MSJCC, which replace the original MCC document, can be found on the ACA and AMCD websites.

The term social justice is incorporated into the title of the revised competencies to reflect the growing changes in the profession and society at large. Moreover, this change reflects the increasing body of literature on the interactive nature of multicultural and social justice competence (Nassar-McMillan, 2014; Singh & Salazar, 2010). The MSJCC are also intended to be aspirational, reflecting the belief that counselors are all in a constant state of “being-in-becoming” (Ratts, D’Andrea, & Arredondo, 2004, p. 29) relative to developing multicultural and social justice competence. Therefore, the development of multicultural and social justice competence must be regarded as a lifelong process, in which counselors aspire to continuously further their understanding and commitment to multicultural and social justice competence and practice cultural humility in their work (Hook, Davis, Owen, Worthington, & Utsey, 2013).

The purpose of the MSJCC is threefold. First, the MSJCC revise and update the MCC to address current practices and future needs of the counseling profession and related fields. Second, the MSJCC describe guidelines for developing multicultural and social justice competence for the counseling profession as it relates to accreditation, education, training, supervision, consultation, research, theory, and counseling practice. Finally, the MSJCC merge the multicultural and social justice counseling constructs and literature (e.g., cultural worldviews, privilege and oppression experiences) to better address the complexities of counselor–client interactions.

theoretical and empirical foundations

The theoretical and philosophical perspectives that undergird the MSJCC give context to developing multicultural and social justice competence. The MSJCC acknowledge the following as important aspects of counseling practice for both counselors and clients: (a) understanding the complexities of diversity and multiculturalism on the counseling relationship, (b) recognizing the negative influence of oppression on mental health and well-being, (c) understanding individuals in the context of their social environment, and (d)
integrating social justice advocacy into the various modalities of counseling (e.g., individual, family, partners, group). Grounding the MSJCC with relevant multicultural and social justice scholarship is important to creating a document that will be applicable across populations, settings, and client issues.

THE INTERSECTION OF IDENTITIES: UNDERSTANDING THE COMPLEXITIES OF IDENTITY

The social construction of identity is a more dynamic and complex social phenomenon than had been originally conceptualized by the nascent multicultural counseling literature. Much has changed in the world since the inception of the MCC. What was relevant and germane at the time is not applicable in today’s multicultural world. For example, early in the evolution of the multicultural counseling movement, scholars argued that the term multicultural related to historically marginalized cultural groups, specifically African Americans, Asian Americans, American Indians, and Latina/o Americans (Jackson, 1995). Other related marginalized cultural groups, such as lesbians and gay men, were not included in this early definition. It was not until later that the definition of multicultural was expanded to include other marginalized groups, such as lesbian, gay, bisexual, and transgender individuals (Pope, 1995). Pope’s (1995) recognition of the complexity of identity has been important in advancing the counseling profession’s understanding of the various identities that contribute to the human experience.

Relatedly, early discourse on identity development explained identity as discrete single variables rather than interconnected parts of human identity (Jones & McEwen, 2000; Wijeyesinghe, 2012). For example, initial racial identity (Atkinson, 2004; Hardiman, 1982; Helms & Cook, 1999) and sexual identity (Cass, 1979) development models conceptualized race and sex, respectively, as solitary aspects of social identity without consideration for other identities. This single-lens perspective on identity is also reflected in the MCC document in which race, ethnicity, and culture are emphasized. A single-lens perspective on multicultural competence ignores the constellation of identities that contributes to human identity.

A wide-angle lens approach requires a commitment to expanding multicultural competence to include the intersection of identities. Acknowledging the existence of multiple intersecting identities is an important precursor to understanding the complexities of health experiences for individuals from marginalized groups (Bowleg, 2012). The origins of the term intersectionality have been attributed to the work of Kimberlé Crenshaw in the field of gender studies (McCall, 2005). The dominant discourse on intersectionality is that race, ethnicity, gender, sexual orientation, economic status, religion, spirituality, and disability status are social constructions that collectively encompass human identity (Robinson, 1999). Socially constructed aspects of identity intersect fluidly at various points in a person’s life and contribute to one’s position and status in society (Harley, Jolivette, McCormick, & Tice,
2002). Social identity group membership also shapes how people understand the world and the ways that privilege and oppression are experienced (Crozeau, Talbot, Lance, & Evans, 2002). This perspective is reflected in Jones and McEwen’s (2000) research on identity development, which touched on the complexity of identity development processes. In their research, Jones and McEwen concluded that the collection of identities that make up each individual could not be understood in isolation. Furthermore, a person’s environment influences which aspects of identity are salient for an individual at a given moment in time.

**OPPRESSION AND MENTAL HEALTH: THE INFLUENCE OF OPPRESSION ON WELL-BEING**

It is difficult to talk about social group identity without inevitably discussing issues of oppression. Oppression exists in the form of racism, sexism, heterosexism, classism, ageism, ableism, and religious oppression, among others (Adams, Bell, & Griffin, 2007), and it manifests on an individual and systems-wide scale (Adams et al., 2007; Hardiman & Jackson, 1982). At the individual level, oppression can be based on dehumanizing interpersonal interactions with others that occur over time (MacLeod, 2013; Turner & Pope, 2009). Pierce (1970) referred to these experiences as microaggressions, which are brief daily assaults experienced by marginalized individuals that can take the form of verbal or nonverbal forms of behavior. At the systems level, oppression manifests itself in the form of rules, policies, laws, and institutions that create inequities for marginalized individuals (Adams et al., 2007; Young, 2004). Whether intentional or unintentional, oppression has a devastating influence on the mental health of historically marginalized individuals and communities (Banks, Kohn-Wood, & Spencer, 2006; Williams & Mohammed, 2009).

Oppression is harmful to the well-being of both privileged and oppressed individuals. With respect to privileged groups, Corrigan and Miller (2004) contended that those who associate with stigmatized individuals also experience stigma themselves. Goffman (1963) coined this phenomenon as courtesy stigma. Courtesy stigma can lead those who associate with stigmatized individuals to develop low self-esteem (Markowitz, 1998; Tsang, Tam, Chan, Cheung, & Chang, 2003), to withdraw from social interactions to avoid rejection (Phillips, Pearson, Li, Xu, & Yang, 2002; Stengler-Wenzke, Trosbach, Dietrich, & Angermeyer, 2004), and to develop psychological distress (Martens & Addington, 2001; Mickelson, 2001).

Scholars have used the term minority stress (Meyer, 1995, 2003) to refer to the process of how societal oppression and stigma that members of historically marginalized groups experience lead to negative health outcomes (Diaz, Ayala, & Bein, 2004). For example, because of homophobia and heterosexism, sexual minority adolescents have been identified as having a greater risk for suicidal behaviors compared with their heterosexual peers (Kann et al., 2011).
Similarly, as a result of racial and sexual discrimination, transgender people of color have been found to be at a high risk for suicide, as well as substance abuse, HIV/AIDS, and hate crimes (Xavier, Bobbin, Singer, & Budd, 2005). In addition, researchers have suggested that the stressors associated with living in poverty impair cognitive functioning (Mani, Mullainathan, Shafir, & Zhao, 2013). Furthermore, sexism has been attributed to creating gender disparities in depression, anxiety, somatization, and low self-esteem between men and women (Klonoff, Landrine, & Campbell, 2000). In addition, the combination of racism and the belief that unfair treatment was inevitable correlated with higher levels of blood pressure among young African American men (Krieger & Sidney, 1996). These findings aptly support the biopsychosocial influence of oppression.

**THE SOCIOECOLOGICAL PERSPECTIVE: UNDERSTANDING INDIVIDUALS IN THE CONTEXT OF THEIR ENVIRONMENT**

An understanding of intersectionalities and the influence of oppression on mental health and well-being requires a commitment to exploring individuals and their social environment. When a contextual lens is applied to human development issues, counselors begin to realize that a multilevel approach is necessary (Lewis, Arnold, House, & Toporek, 2003; Ratts, Toporek, & Lewis, 2010). A multilevel approach that uses a combination of individual counseling and social justice advocacy is needed to address the prevalence of oppression on mental health (Lewis, Lewis, Daniels, & D’Andrea, 2011). Individual counseling involves working directly with clients within the structure of an office setting. In contrast, social justice advocacy entails working in the community setting to address a systemic barrier.

Bronfenbrenner’s (1979) seminal work provided a multilevel framework for understanding how individuals shape—and are reciprocally shaped by—their environment. His work led to the development of socioecological models to understand the interactive relationship between individuals and their environment (Golden & Earp, 2012). The socioecological model has become popular in health promotions because it focuses on the individual and the social environment as targets for health interventions (Stokols, 1992). A socioecological approach provides counselors a framework for understanding the extent to which individuals and their social environment influence each other (Cook, 2012; McMahon, Mason, Daluga-Guenther, & Ruiz, 2014). Moreover, counselors and related helping professionals can explore the degree to which oppressive environmental factors influence the health and well-being of individuals. For example, a socioecological perspective can be helpful in determining whether problems are entrenched in the individual or in the environment (Conyne & Cook, 2004).

McLeroy, Bibeau, Steckler, and Glanz’s (1988) socioecological model discusses five levels of influence contributing to health behavior that have
become popularized in health promotions: (a) intrapersonal (i.e., individual characteristics of a person, such as attitudes, knowledge, behaviors, and skills), (b) interpersonal (i.e., an individual’s social network and support systems, such as family, friends, and work peers), (c) institutional (i.e., social institutions, such as schools, church, businesses, and community organizations), (d) community (i.e., the norms and values of a community), and (e) public policy (i.e., local, state, and federal policies and laws). The authors added to this sphere of influence by incorporating the international/global level. International/global politics and affairs are having an increased influence on human growth and development as well as on psychological well-being. As a society, we are becoming more globalized as evidenced by more globally interdependent economies, which involve not only the outsourcing of various products and services, but also the use of migrant workers in the domestic labor forces, both legal and illegal immigration, and trauma and refugee crises, to name a few.

By using the socioecological model as a framework, counselors can determine in partnership with clients whether interventions should occur at the intrapersonal, interpersonal, institutional, community, public policy, and/or international/global levels. Intrapersonal interventions involve working directly with the individual. Interpersonal interventions require working with an individual’s social network, such as family, friends, and colleagues. Institutional interventions entail addressing systemic issues influencing individual health. Community interventions involve attending to the spoken and unspoken norms and values embedded in society that influence individuals. Public policy interventions require addressing local, state, and federal policies and laws that affect the well-being of individuals. Finally, international/global interventions involve addressing world affairs that obstruct the health and well-being of clients.

BALANCING INDIVIDUAL COUNSELING AND SOCIAL JUSTICE ADVOCACY

Effectively balancing individual counseling with social justice advocacy is key to addressing the problems that individuals from marginalized populations bring to counseling. Certain situations will call for individual counseling. Other situations may require interventions that take place in the community. The challenge, therefore, is knowing when to work in the office setting and when to work in the community realm. Being able to balance individual counseling with social justice advocacy is important to avoiding burnout and to developing clear boundaries.

Determining whether to provide individual counseling or social justice advocacy begins with the client (Lewis et al., 2011). Starting with the client allows counselors to be attuned to the multicultural and social justice issues that clients bring to therapy. This approach provides counselors with insight into whether intervening on an individual or community-wide scale is appropriate.
The tenets upon which the MSJCC are built are depicted in a conceptual framework that has, at its core, multiculturalism and social justice (see Figure 1). Specifically, quadrants are used to illustrate intersections of identities and the various ways that power, privilege, and oppression come to life in the counseling relationship. Developmental domains, which are represented by the concentric circles overlapping each quadrant, represent the belief that multicultural and social justice competence begins with counselor self-awareness. This self-awareness then extends to clients, to the counseling relationship, and to counseling and advocacy interventions and strategies.

**FIGURE 1**

Multicultural and Social Justice Counseling Competencies

Within the first three domains are developmental competencies: attitudes and beliefs, knowledge, skills, and action (AKSA).

MULTICULTURAL AND SOCIAL JUSTICE PRAXIS

At the heart of the MSJCC is multicultural and social justice praxis. The MSJCC reflect a charge to counselors and other helping professionals to integrate multiculturalism and social justice into their counseling practice. Ethically, counselors must consider both multiculturalism and social justice in their work with clients (ACA, 2014; Durham & Glossoff, 2010). This connection arises in part because of the intersection between multicultural competence and social justice in counseling (Nassar-McMillan, 2014; Singh & Salazar, 2010). Multiculturalism helps counselors gain insight into the inequities experienced by clients from marginalized groups as well as the privileges bestowed to clients from privileged groups (Arredondo & Perez, 2003; Crethar, Torres Rivera, & Nash, 2008; Ponterotto et al., 2010). Multicultural insights into these inequities can help counselors identify and engage in social justice initiatives that require individual- and systems-level work (Lewis & Arnold, 1998).

QUADRANTS: PRIVILEGED AND MARGINALIZED STATUSES

Quadrants are used to illustrate the intersection of identities and the ways that power, privilege, and oppression play out between counselors and clients with regard to their privileged and marginalized statuses. The assumption is that power, privilege, and oppression influence the counseling relationship to varying degrees contingent on counselors’ and clients’ privileged and marginalized statuses (Ratts & Pedersen, 2014). Privileged group members are those who hold power and privilege in society (Adams et al., 2013; McIntosh, 1986; Roysircar, 2008). In contrast, marginalized group members are those who are oppressed in society and lack the systemic advantages bestowed on privileged groups. These privileged and marginalized statuses are categorized into four quadrants reflecting the different types of interactions that occur between counselor and client:

Privileged counselor–marginalized client quadrant. This quadrant reflects the relationship that exists when clients from marginalized groups are recipients of counseling from counselors who are members of privileged groups. In such a relationship, counselors hold social power and privilege over clients by virtue of their privileged status. A White counselor working with a client of color; a male counselor working with a female client; and a heterosexual counselor providing counseling to a lesbian, gay, or bisexual client are a few examples.

Privileged counselor–privileged client quadrant. This quadrant characterizes the interaction between counselors and clients who share a privileged status. In such a relationship, counselors and clients share social power and privilege in society. Examples include a White counselor working with a White client and a male counselor working with a male client.

Marginalized counselor–privileged client quadrant. The relationship between privileged clients and counselors from marginalized groups is reflected in this quadrant. Within this relationship, clients hold social power and privilege. This relationship may involve a
White client who seeks counseling from a counselor of color, a temporarily able-bodied client interacting with a counselor who has a disability, or a male client who receives counseling from a female counselor.

Marginalized counselor–marginalized client quadrant. This quadrant represents the interactions that occur between counselors and clients who share the same marginalized group identity. Examples include a counselor of color working with a client of color or when the counselor and client both identify as transgender.

The quadrants reflect a snapshot of a particular moment in time between the client and counselor. Identities that may be prevalent at one moment in time may not be prevalent at another moment because of the fluidity of identity (Jones & McEwen, 2000). It is also possible that counselors and clients will identify simultaneously with being in more than one quadrant because of their status as members of both privileged and marginalized groups. Similarly, it is conceivable that counselors and clients may perceive their interaction being on entirely different quadrants. However, counselors and clients may identify more prominently with a particular quadrant depending on the scenario.

DEVELOPMENTAL DOMAINS

Within each quadrant are domains that contribute to multicultural and social justice practice: (a) counselor self-awareness, (b) client worldview, (c) the counseling relationship, and (d) counseling and advocacy interventions. This sequence is based on the belief that multicultural and social justice competence must first begin internally, within the counselor (Roysircar, Arredondo, Fuertes, Ponterotto, & Toporek, 2003; Sue et al., 1992; Sue & Sue, 2013). Counselors must strive to become aware of their cultural values, beliefs, and biases. This internal awareness then extends to counselors’ understanding of clients’ worldviews and, subsequently, the ways in which culture, power, privilege, and oppression influence the counseling relationship. In turn, this process allows for counselors to determine, in collaboration with clients, interventions and strategies that are multiculturally responsive and that promote social justice through advocacy. The socioecological perspective is integrated within the counseling and advocacy interventions domain to address person and environment interactions, and the need for counselors to consider intrapersonal, interpersonal, institutional, community, public policy, and international/global interventions. Moreover, the multilevel framework offered by the socioecological model can be a starting point to determine whether individual counseling or social justice advocacy is needed.

COMPETENCIES:

ATTITUDES AND BELIEFS → KNOWLEDGE → SKILLS → ACTION

The MSJCC are further organized into four aspirational and developmental competencies, each of which is embedded within the first three domains described previously: (a) attitudes and beliefs, (b) knowledge, (c) skills, and
(d) action. First, counselors must possess certain attitudes and beliefs to commit to practicing counseling and advocacy from a multicultural and social justice framework. Second, possessing knowledge of relevant multicultural and social justice theories and constructs is necessary to guide multicultural and social justice competence. Third, multicultural and social justice–informed attitudes, beliefs, and knowledge provide the background for counselors to develop cultural and change-fostering, skill-based interventions. Finally, taking action by operationalizing attitudes and beliefs, knowledge, and skills (AKS) is critical to achieving multicultural and social justice outcomes.

The developmental sequence of AKS was maintained from the original MCC. A fourth developmental competency—action—was added to the original AKS sequence to emphasize the need to operationalize AKS. Many scholars have suggested incorporating action as a way to operationalize the competencies (Arredondo et al., 1996; Ivey, Ivey, & Zalaquett, 2010; Nassar-McMillan, 2014). Thus, although a counselor might possess the adequate AKS, the action phase is what creates the maximum influence of the counseling intervention by operationalizing the MSJCC-based AKS.

Counselor self-awareness. Developing multicultural and social justice competence begins with knowing oneself. Becoming aware of one’s attitudes and beliefs is an important precursor to understanding social group identities, marginalized and privileged group statuses, power and privilege, limitations, strengths, assumptions, values, and biases. This self-awareness requires marginalized and privileged counselors to first take inventory of their values, beliefs, and biases. Developing self-awareness is a lifelong process involving a combination of professional development, self-reflection, critical analysis, readings, and immersion in one’s own community. Self-awareness can assist both marginalized and privileged counselors to better understand how social power and privilege, or lack thereof, influence lived experiences. Moreover, it can shed light into how socialization as members of a marginalized or privileged social group contributes to personal values, beliefs, and biases. To this end, the AKSA competencies developed in this area serve as a guide for marginalized and privileged counselors to develop awareness of themselves as members of marginalized and privileged groups.

With regard to attitudes and beliefs, multicultural and social justice competent counselors are aware of the values, beliefs, biases, and the different statuses they hold as members of marginalized and privileged groups. Such counselors are also conscious of the privilege they possess or lack in society and how this status influences their worldviews and life experiences. Counselors also seek opportunities to learn more about themselves. This awareness allows counselors to be cognizant of their strengths and limitations in working with clients from marginalized and privileged groups.

With regard to knowledge, multicultural and social justice competent counselors are knowledgeable of how their assumptions, values, beliefs, and biases contribute to their worldviews. Counselors also understand the ways in which privilege and oppression influence their experiences. Such counselors are knowledgeable of relevant resources that will help them become further
aware of their values, beliefs, biases, and social group statuses. Counselors possess knowledge of how their communication style is influenced by their various marginalized and privileged group statuses.

With regard to skills, multicultural and social justice competent counselors possess reflective and critical thinking skills that allow them to gain insight into their assumptions, values, beliefs, and biases as members of marginalized and privileged groups. Counselors also possess comprehension skills that allow them to explain how their social group identities and marginalized and privileged group statuses influence their worldviews and experiences. Counselors are also able to apply knowledge of themselves in personal and professional settings. Counselors who are multicultural and social justice competent professionals also possess analytical skills that allow them to compare and contrast their marginalized and privileged group statuses and experiences to those of other individuals. In turn, this ability allows counselors to evaluate the degree to which their marginalized and privileged group statuses may influence their personal and professional experiences.

With regard to action, multicultural and social justice competent counselors are proactive in learning about their assumptions, values, beliefs, biases, culture, and social group identities. Counselors seek out professional development opportunities to learn more about themselves as members of privileged and marginalized groups. Counselors immerse themselves in their communities to learn how power, privilege, and oppression influence their experiences. These actions help counselors take initiative to learn more about how their communication style is influenced by their marginalized and privileged group statuses.

*Client worldview.* When counselors are aware of their values, beliefs, and biases, it allows them to be more attuned to clients’ worldviews and experiences. The AKSA competencies developed for this area highlight the ways in which marginalized and privileged counselors can gain insight into the worldviews of marginalized and privileged clients. Being able to understand how power and privilege hinder the growth and development of marginalized and privileged clients can help in understanding how marginalized and privileged clients have been socialized to hold certain beliefs, values, and biases. This understanding can also help marginalized and privileged counselors determine how clients’ concerns are connected to their social group statuses in society.

With regard to attitudes and beliefs, multicultural and social justice competent counselors possess a curiosity for learning about the worldviews and experiences of marginalized and privileged clients. Counselors are aware of how clients’ identity development influences their worldviews and experiences. Such counselors understand that learning about marginalized and privileged clients may sometimes be unfamiliar and uncomfortable experiences. Counselors understand that learning about clients’ marginalized and privileged statuses is a lifelong endeavor. They are also aware of the attitudes, beliefs, prejudices, and biases they hold about marginalized and privileged clients. Counselors understand that there are as many within-group differences among marginalized clients as there are between-group differences. This awareness helps counselors understand their limitations and areas of growth when working with various client populations.
With regard to knowledge, multicultural and social justice competent counselors are knowledgeable of relevant theories and concepts related to marginalized and privileged clients’ worldviews and experiences. Counselors possess knowledge of relevant research and data relevant to the experiences of marginalized and privileged clients. This knowledge allows them to understand the issues of the communities where marginalized and privileged clients reside. Multicultural and social justice competent counselors are also knowledgeable of how the dynamics of stereotypes, discrimination, power, privilege, and oppression affect marginalized and privileged clients. Counselors understand that their culture influences communication styles among marginalized and privileged clients.

With regard to skills, multicultural and social justice competent counselors possess reflective and critical thinking skills that allow them to gain insight into the values, beliefs, and biases of privileged and marginalized clients. Such counselors possess comprehension skills that help them to explain how marginalized and privileged identities and statuses influence clients’ worldviews and life experiences. Counselors are able to apply their knowledge of marginalized and privileged clients’ experiences into the counseling relationship. Counselors also possess necessary analytical skills to interpret how marginalized and privileged clients’ experiences are connected to presenting problems. Such skills allow counselors to evaluate and assess the degree to which stereotypes, prejudice, discrimination, power, privilege, and oppression influence the worldviews and life experiences of marginalized and privileged clients.

With regard to action, multicultural and social justice competent counselors seek out opportunities to learn about marginalized and privileged clients’ worldviews and lived experiences. Counselors attend professional development trainings and conferences in an effort to learn more about the experiences of marginalized and privileged clients. Such counselors also understand that there are limits to how much they can learn by attending formal trainings and reading about other cultures. Counselors recognize that immersing themselves in the communities of their marginalized and privileged clients can be invaluable experiences. It allows counselors to better understand how power, privilege, and oppression influence the worldviews and experiences of clients. Moreover, multicultural and social justice competent counselors recognize that didactic types of professional development experiences may not provide this level of understanding.

The counseling relationship. When counselors possess self-awareness and when they are cognizant of clients’ worldviews, it allows them to better understand how counselors’ and clients’ privileged and marginalized statuses have an influence on the counseling relationship. Moreover, such awareness leads to greater insight about the different ways that power, privilege, and oppression can benefit and/or hinder the counseling relationship.

With regard to attitudes and beliefs, multicultural and social justice competent counselors understand how counselors’ and clients’ cultural values, beliefs, and biases, as well as their marginalized and privileged group statuses, influence the counseling relationship. Counselors are cognizant of how counselors’ and clients’ identity development shapes the relationship they have with clients.
Counselors recognize how their strengths and limitations differ depending on whether they are working with privileged or marginalized clients. Multicultural and social justice competent counselors are aware of when their privileged and marginalized statuses are present in the counseling relationship with marginalized and privileged clients. They also recognize how the dynamics of power, privilege, and oppression influence the counseling relationship differently depending on the counselors’ and clients’ marginalized and privileged statuses.

With regard to knowledge, multicultural and social justice competent counselors are knowledgeable of theories and concepts that explain how counselors’ and clients’ privileged and marginalized statuses differentially influence the counseling relationship depending on the marginalized and privileged statuses of counselors and clients. Counselors are knowledgeable of how issues of culture, power, privilege, oppression, and identity development strengthen and hinder the counselor–client relationship. Counselors are also knowledgeable of how counselors’ and clients’ attitudes, beliefs, and prejudices have a differential influence on the counseling relationship depending on the counselors’ and clients’ marginalized and privileged statuses.

With regard to skills, multicultural and social justice competent counselors are comfortable discussing with clients how stereotypes, prejudice, discrimination, power, privilege, and oppression influence the counselor–client relationship. Counselors know when to initiate discussions with regard to the influences of identity development, power, privilege, and oppression within the counseling relationship. Counselors possess cross-cultural communication skills that allow for discussions of power, privilege, and oppression and their influence on the counseling relationship with marginalized and privileged clients. Counselors are able to apply knowledge of marginalized and privileged clients’ worldviews and lived experiences to the counseling relationship. Such counselors possess analytical skills that allow them to interpret how privileged and marginalized clients’ worldviews and lived experiences shape the counselor–client relationship. Multicultural and social justice competent counselors also possess evaluation skills to assess the degree to which stereotypes, prejudice, discrimination, power, privilege, and oppression influence the worldviews and experiences of marginalized and privileged clients.

With regard to action, multicultural and social justice competent counselors participate in professional development opportunities to better understand how to create a safe, welcoming, and culturally affirming counseling relationship and environment for all clients. Counselors understand that the counseling relationship extends beyond the traditional office setting. This understanding leads counselors to address issues of power, privilege, and oppression in the community because they know that it can strengthen the counselor–client relationship. Counselors seek to partner and collaborate with prospective community (counseling and noncounseling) allies to learn more about effective counseling strategies and models, as well as to gain a deeper understanding of the ways in which issues of power, privilege, and oppression may manifest...
in the counseling relationships within their specific communities. Counselors actively seek to learn about nontraditional helping models relevant to their respective communities, potential noncounselor allies relevant to their client populations, and the like. Counselors are also able to apply the ethical codes in culturally relevant ways as a guide to negotiate culturally appropriate boundaries with clients both inside and outside of the office setting.

**Counseling and advocacy interventions.** When counselors are attuned to their values and beliefs; when they are sensitive to the worldviews and cultural experiences of clients; and when they understand the different ways that power, privilege, oppression, and social group statuses shape the counseling relationship, they gain insight into what multicultural and social justice approaches are necessary. Multicultural and social justice competent counselors use interventions and strategies that are culturally relevant and address individual- and community-level change. Such counselors understand that when culturally responsive counseling is integrated with social justice advocacy, they become better equipped to address clients’ concerns. For example, counselors might guide their clients in reflecting on the ways in which internalized oppression may have helped or hindered their own actions; the ways that family and friends influence client well-being; the ways in which relevant systemic policies (e.g., in their children’s schools, at their workplaces) personally influence them; the people and resources within their communities that provide or potentially provide support; the connections between local, state, and federal legislation in their everyday lives; the ways that community values and norms influence well-being; and the ways in which their specific ethnicity or country or region of origin may play a part in their circumstances and the actions that can be taken to change them. These examples highlight how counseling and advocacy interventions occur at the intrapersonal, interpersonal, institutional, community, public policy, and international/global levels.

**Conclusion**

The MSJCC are intended to provide counseling professionals with a framework to deliver multicultural and social justice competent counseling practice, supervision and training, research, and advocacy. Counselors may use the MSJCC to integrate multiculturalism and social justice in their work with clients at the individual and systems level. In this regard, counselors strive to be attuned to how local, regional, national, and international concerns influence clients’ well-being. Counselors may focus on developing their AKSA based on the privileged or marginalized identities they possess and through their work with clients who bring their own identities to the counseling interaction. Practicing counselors seek professional development and continuing education on the MSJCC, with special emphasis on the new competency domain of action. This competency specifically guides counselors to operationalize the AKS inherent within each domain of the MSJCC.
Counselor educators and supervisors may use the MSJCC as a framework for providing multicultural and social justice competent counselor training and supervision, with a heightened focus on supervision practice that encourages counselors-in-training to establish a safe, supportive, and affirming counseling relationship with culturally diverse clients and communities. Whereas the previous MCC provided little guidance on how counselors from marginalized groups should work with clients with privileged identities, the MSJCC set an expectation that counselor educators and supervisors are competent in providing this training. This shift in expectation will support counselor education and supervision programs in developing training that is more inclusive of the needs of trainees from all groups, and that prepares them for working with all groups. This shift reflects the notion that marginalized and privileged statuses are complex; intersectional; and, moreover, fluid. There will be gaps in MSJCC training, given that new counseling trainees and supervisees trained under the MSJCC will be working in settings where counselors were trained under the previous MCC. Therefore, counselor educators and supervisors play an instrumental role in disseminating the MSJCC. Dissemination of the MSJCC can be accomplished in a myriad of ways. Counselor educators and supervisors could conduct research on the MSJCC to explore their efficacy. The MSJCC can also be introduced at training sites and to supervisors. Initiating professional development and continuing education opportunities can help practitioners understand how to apply the MSJCC in their practices. Encouraging ongoing interaction with the community is another way the MSJCC can become widespread.

Counseling professionals may use the MSJCC as a guide to their research. A rich body of multicultural counseling scholarship over the past 3 decades exists (Gallardo & McNeill, 2009). Much of this scholarship has examined the previous MCC in various areas of counselor practice. Scholarship on the role of social justice in counseling has increased over the past decade (Chen, Kakkad, & Balzano, 2008; Pieterse, Evans, Risner-Butner, Collins, & Mason, 2009; Worthington, Soth-McNett, & Moreno, 2007). Because the current MSJCC more explicitly denote the connection between multiculturalism and social justice, future counseling research can seek to further bridge multicultural and social justice competence scholarship.

In addition, the MSJCC now provide a strong link between multicultural and social justice competence, which has implications for counselor advocacy. Although the current MSJCC are not intended to replace the ACA Advocacy Competencies (Lewis et al., 2003), the MSJCC integrate advocacy as a necessary aspect of multicultural and social justice competence. Therefore, counselors should seek to refine their understanding of social justice and advocacy related to working with culturally diverse clients and communities.

A major aspect of understanding the role of social justice and advocacy in the MSJCC includes integrating systemic-level change efforts into microlevel counseling practice. Counselors may engage in consultation and supervision groups to increase their access to necessary community resources supporting their clients and themselves in these systemic-level efforts. Prevention becomes
a major focus of counseling practice with the integration of multicultural and social justice competence, along with clients’ resilience, wellness, and strength-based counseling approaches.

**references**


