Collaborative Efforts for Engaging African-American and Euro-American Clients with Substance Abuse Counselors in Group Dialogue

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Abstract

Fifteen clients and five counselors from a residential substance abuse program, and four researchers from a university engaged in a group dialogue to identify multicultural factors that help or hinder individuals' experiences in substance abuse treatment. Researchers identified three factors from the clients' perspectives (empathy, ethnic identification, and recovery identification), and two factors from the counselors' perspectives (empathy and empathy with cultural sensitivity) that seem to facilitate the client-counselor relationship.

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Counselors trained in programs accredited by the Council of Accreditation for Counseling and Related Programs (CACREP) are trained as professional counselors who will work in community health agencies with culturally-different clients. Although counselors-in-training have a 600-hour agency-based internship, during which they interact with supervisors, clients, and professors, their interaction with culturally-different clients may be minimal. While directors of training report that multicultural coursework has increased in both counseling and clinical psychology programs (Bernal & Castro, 1994; Hills & Strozier, 1992; Sue, D.W. & Sue, D.1999), it is interesting to note that students of graduate programs have a different view. They report few courses offered in multicultural psychology and inadequate coverage of work with diverse populations within required core courses (Allison, Crawford, Echemendia, Robinson, & Knepp, 1994; Mintz, Baretels, & Rideout, 1995).

In addition, some studies indicate that most counseling interventions reflect the values and beliefs of the dominant culture (Cayleff, 1986; Pedersen, 1991). When minority-group experiences are discussed, they
are generally seen and analyzed from the White Euro-American, middle-class perspective. In programs where minority experiences have been discussed, the focus tends to be on their pathological lifestyles and/or maintenance of false stereotypes. The result is twofold: (a) professionals who deal with mental health problems of ethnic minorities lack understanding and knowledge about ethnic values and their consequent interaction with a racist society and (b) mental health practitioners graduate from programs believing minorities are inherently pathological and that therapy involves a simple modification of traditional White models (Sue & Sue, 1999). In fact, certain practices are felt to have done great harm to minorities by ignoring them and distorting their lifestyles (Halleck, 1971; Highlen, 1996; Katz, 1985).

Jones (1985) identified four sets of interactive factors to be considered when working with African American clients. The first factor involves the reaction to racial oppression. Most African Americans have faced racism, and the possibility that this factor might play a role in the present problem (drug abuse) should be examined. Vontress and Epp (1997) describe this factor as "historical hostility," a reaction in response to current and past suffering endured by the group. The second factor is the influence of Afro-American culture on the client's behavior. Clients may vary greatly in their identification with Afro-American traditions. The third factor involves the degree of adoption of majority culture values. The task of the therapist is to help the client understand his or her motivation and make conscious, growth-producing choices. The fourth factor involves the personal experiences of the individual. African Americans differ significantly in their family and individual experiences. For some, this last category may be much more significant than racial identity.

The attitude African Americans have toward mental health clinics does not appear to be highly negative. In a representative sample of African Americans, approximately 50% indicated neutral attitudes toward community mental health centers, 34% had positive attitudes, and less than 20% had negative attitudes (Gary, 1985). Parker and McDavis (1983) also found that most African American respondents were aware of the location of mental health agencies and had realistic views of their function. They believed that help could be obtained at the centers and that "normal" individuals utilize their services. They also felt that counseling could be helpful, that both African American and White counselors could be effective, that one of the goals of therapy is self-understanding, and that therapy involves more than just talking. Slight sex differences were found. African American females were somewhat more comfortable with a White counselor than African American males were, and the latter indicated a slightly greater preference than did African American females for seeing an African
American counselor. Overall, it appears that African Americans view counseling as neutral or positive, but additional etiologic work is needed to identify the specific factors and counseling techniques important for African-Americans.

The current study attempts to identify multicultural factors that help or hinder individuals' experiences in substance abuse treatment. The authors designed collaborative discussion sessions in order to gain knowledge about the interaction of multicultural issues and substance abuse counseling. The authors hoped that these collaborative sessions would answer the following research questions: (1) What counselor traits facilitate recovery as perceived by both clients and counselors? (2) What is the impact of discussing cultural issues on treatment and recovery of the client? (3) Does cultural background affect the ability of the client to obtain help or the ability of the counselor to provide therapy? Three group interviews with clients and counselors at an inpatient substance abuse recovery facility were conducted over a two-day period to seek answers to the above questions.

Methods

The research strategies were based on similar methods utilized by Shoffner and Williamson (2000), who investigated dialogue and collaboration between school counselors and principals. A dearth of literature addresses discussion and collaboration between counselors, clients and researchers regarding multi-cultural issues in counseling. Thus, this format was experimental. Strategies were aimed at investigating the impact of culture on the counseling experience by using a collaborative process. Four researchers acted as facilitators/observers for three discussion sessions.

The director of a regional residential substance abuse program was contacted by one of the researchers to assist in gaining access to clients and counselors. Three separate discussion sessions were scheduled. The director of the substance abuse program solicited volunteers from the counselor and client population by providing them with a brief description of the research project and asking for their attendance on the dates of the scheduled sessions. Each session was 90 minutes in length and involved discussion questions aimed at identifying the impact of ethnicity and cultural experiences on the counseling process. All sessions were audio taped and one researcher made observational notes.

The first meeting was designed to gain participants' informed consent, to collect demographic information, and to form a relationship for open dialogue. Questions were designed to answer the first research question: What counselor traits facilitate recovery as perceived by a diverse client population, and as perceived by counselors? This session
Participants included fifteen clients and five counselors. The initial discussion questions in this session included (1) Describe yourself in relationship to your ethnic background, and (2) Describe an ideal counselor.

Sessions two and three were held on the following day. During the second session, two separate groups were established. The first group included all clients in attendance and two researchers. The second group included all counselors in attendance and two researchers. After 45 minutes of dialogue, the researchers switched groups so that observations could later be compared. Questions were designed to answer the second research question: What is the impact of discussing cultural issues on treatment and recovery of the client? Clients were asked, "Does your counselor encourage you to discuss your cultural heritage?" Counselors were asked, "Do you encourage your clients to discuss their cultural heritage?" Clients were asked, "How has discussion or lack of discussion about your cultural heritage helped/ hindered your recovery?" Clients and counselors were asked, "When you relate to a person of another culture, what are you aware of?" Inconsistent numerical results of the second session reflect the fact that a few clients and one counselor were not present for all questions.

All participating clients, counselors, and researchers assembled together for the third session. Questions were designed to summarize and process sessions one and two and to answer the third research question: Does cultural background affect the ability of the client to obtain help, or the ability of the counselor to provide therapy? Clients were asked, "Does your cultural background affect the way you seek help for substance abuse or the way you interact with counselors?" Counselors were asked, "Does your cultural background affect the way you provide help or interact with clients?" Both groups were asked, "What have you learned about yourself during this process?" The concluding question provided participants the opportunity to write an anonymous response. They were asked, "Is there anything you could not say out loud that you would want to write about?" (during this process)

The four researchers completed a brief formative evaluation immediately after the first session. A summative evaluation was completed for all sessions at the conclusion of session three. Participant responses were recorded from research notes and audiotapes. Then each of the four researchers analyzed the responses for possible categories. The researchers then met to compare their analyses and formalize results.

**Results and Analysis**

Participants included fifteen clients and five counselors. The client population included seven African Americans and eight Caucasians.
There were four females (three Caucasian and one African American), and eleven males (four Caucasian and seven African American). The age range was from 22 to 48 with a median age of 34. The counselor population included three males and two females (four Caucasians and one Black, Native American Indian). The age range was from 25 to 54 with a median age of 34. Three counselors reported having a master's degree, one reported having a bachelor's degree, and one reported 13 years of education. One of the females was absent on the second day of the study.

During the initial meeting participants were cooperative and polite, each taking a turn to answer the questions posed. Both clients and counselors were more engaged in dialogue during the second session as they began more in-depth discussions about cultural issues. In some instances there were disagreements, i.e. whether counselors should discuss racial issues with clients. At other times there were strong statements from clients about mitigating circumstances, i.e. experiences while in prison. The authors observed that during the final session both clients and counselors were very attentive and seemed interested in the other group's responses. In fact, individuals from both groups spoke to the researchers afterward about their appreciation for this collaborative dialogue.

**Session 1**

Fifteen clients responded in writing to the statement, "Describe an ideal counselor." The researchers identified three categories of participant responses. They are (a) Empathy, (b) Ethnicity Identification and (c) Recovery Identification.

Answers which were physical descriptions of prior counselors and that did not contribute directly to the research question were eliminated. For example, "She was short with short hair" was not included in the analysis. Following is a list of the categories, why they were so named, number of respondents placed in the category and examples of statements which fit into the category. Ethnicity is reported when known.

**Empathy**

Seven clients mentioned attributes or traits as descriptors and were linked to empathy by the researchers. Examples of client statements include: "She is my ideal counselor cause she does seem like she understands a lot of what I'm going through." "My ideal counselor is someone who is honest and willing to help me with my problems." "My ideal counselor can relate to me on a personal level, deeper level."

**Ethnic Identification**

Five clients wrote that an ideal counselor would have the same ethnicity as him or herself and answers were linked to ethnic
identification by the researchers. Two African American males, one African American female and two Caucasian females (n=5) indicated that they wanted the counselor to "be like me." Statements included: "My ideal counselor would be a black male who knows about ghetto life." "I think the ideal counselor is one who has been through some of the things I gone through being black." "My ideal counselor would be a white female able to relate to a single parent household and the pressures to be strong, independent and well liked."

**Recovery Identification**

Three clients wrote that an ideal counselor would also be in substance abuse recovery and answers were linked to "recovery identification" by the researchers. "AA (Alcoholics Anonymous) counselor because they know where you are coming from." "My ideal counselor would be someone who was an ex-user who has sobriety, but not grandiose views of themselves or me. Someone still on an earthly plane or level that they can still understand what it is like to detox, to be confused and your understanding is scrambled." "I would prefer a counselor who is a recovering addict also."

Five counselors also responded to the statement, "Describe an ideal counselor." Their responses fit into two categories: (a) Empathy and (b) Empathy with Cultural Sensitivity.

**Empathy**

Three counselors used descriptors of empathy. Examples of counselor responses include: "An ideal counselor for me is one who really tries to understand me." "Finn, consistent, compassionate, responsible, empathetic." "She had the ability to always listen and was non-judgmental."

**Empathy with Cultural Sensitivity**

Two of the counselors responded with empathic descriptors and added cultural sensitivity statements. "A counselor who is educated on cultural diversity. Would have equal parts of school and practical knowledge. They would be kind and caring and firm." "Someone with empathy and motivation to learn how cultural beliefs influence one's thoughts and behaviors; understanding, tolerant and acceptance of client where the client is at, humorous, outgoing and creative, someone who continues to educate themselves on current social practice and cultural issues, someone who is non-discriminatory."

**Session 2**

During the second session, for clients only, fourteen client participants responded to the question, "Does your counselor encourage you to discuss your cultural heritage?" Ten clients said no, two said yes, and two had not yet been assigned a counselor. Of the two who said yes, one...
stated, "I volunteered the information," and the other said, "I feel better talking about it." Of the ten who said that culture was not addressed in counseling, two stated they would like to address it and four stated it didn't matter. The follow-up question for clients was "How has discussion (or lack of) about your cultural heritage helped/hindered your recovery?" Seven clients made statements indicating that culture did not impact their recovery and seven made statements indicating that it did impact their recovery or that it was relevant in some way to their recovery. Examples of such statements are: "It has helped by letting it out, but I didn't feel like I was heard.," "It helps because some things are hereditary.," and "It would help if I talked about it, but I haven't." One client who said yes, responded, "She (my counselor) shared, so I shared about my culture. It has helped my treatment."

During the second session for counselors only, four counselors were present, all Caucasian. They responded to the question, "Do you encourage your clients to discuss their cultural heritage?" Two of them reported that they did not discuss heritage with clients, but said that they would discuss it "if the client brings it up." One counselor stated that it was important to "focus on it (heritage) as little as possible, to focus on addiction. ..don't make race the issue." Another counselor who does not discuss heritage with clients said, "as a result of my own recovery, part of that is getting away from differences." Both of the counselors who do address cultural heritage commented about personal struggles with privilege: "I have struggled with the idea of male privilege," and "Awareness of white privilege makes me want to affect the macro level, to use white privilege to make changes."

Clients were asked to respond to the question, "When you relate to a person of another culture, what are you aware of?" Many mentioned cross-cultural experiences. Some of these experiences were being in prison, moving from South to North and growing up in a mixed culture. Their awareness included: "Interacting is good for all," "The biggest barrier is communication," "Breaking down barriers is hell," "There are a lot of ignorant people." Two clients addressed the possible prejudice of counselors, "Counselors shouldn't counsel if they're prejudiced," and "They should be weeded out before they get their degree. A lot of us have trust issues." One African American client described the interaction with Caucasians, "I give Whites a little bit and see what they talk about. It's easier to give to Blacks. They have been where I have been."

Counselors also responded to the statement noted above. Their dialogue among themselves reinforced their earlier statements about whether to encourage clients to discuss cultural heritage: (Counselor I) "I focus heavily on not making race an issue. Initially, I start looking for differences, but I have to remind myself why we are here together. I
concentrate on finding similarities human being to human being."
(Counselor 2) "I am drawn to Indians and Native American. It is amazing to me the feelings I get when I am around either. I respect diversity."
(Counselor 3) "My first reaction is to look at the differences, but I try not to do that. I've spent years purging that. So, knowing that, when I look at another human being, it is a clean slate. We are all connected." (Counselor 4) "I treat people different even though I don't want to. I approach Latinos different, less direct. I pay attention a lot to nonverbals. I have felt uncomfortable with Middle Eastern cultures."

Session 3

The last session consisted of all participating counselors, clients, and researchers. Clients responded in one of three ways to the question, "Does your cultural background affect the way you seek help for substance abuse or the way you interact with counselors?" Three stated yes, two stated no, four chose not to respond, and five made statements indicating that it depends on the counselor. Two Caucasian females responded yes and made these statements, "My cultural background has a lot to do with it," and "Yes, my culture had a lot to do with it." One African American male stated "I may not like it, but I may benefit from it." Two clients indicated a no answer with the following responses: "No, my culture has nothing to do with asking for help or relating to my Counselor. My addiction does" (African American female). "I don't think culture has anything to do with it" (Caucasian male).

The remaining responses from five of the clients were harder to interpret. These responses seem to indicate that cultural background for these persons was difficult to separate from other factors and may depend on client-counselor interaction: "It could, but if the counselor shows interest, I will do ok with other cultures:" (African American). "It depends on the counselor. If they're interesting, feeling, or cold" (African American). "I can talk to any race if they care and understand" (Caucasian female). "It doesn't matter to me what race they are as long as they relate to me" (African American male). "The counselor doesn't matter as long as they get out what I'm hiding inside" (African American male).

Three counselors responded to the statement, "Does your cultural background affect the way you interact with clients?" (One had been called out of the room). Their responses were: "Because I've been a victim of discrimination, it makes me a better counselor." "All of my experiences good and bad influence me as a counselor." "Not my cultural background, but my self-awareness."

As a closing exercise, participants were asked, "What have you learned about yourself during this process? Answers follow:
"It was interesting to hear others' cultural backgrounds."
"We all have a little something else in us. I'm glad to hear educators are interested in teaching students about us."
"I learned I still have anger about racial slurs. This brought a lot of that back for me."
"I learned thoughts, opinions of other cultures."
"I want to research my racial background."
"I've been hurt by more of my own people than any other culture."
"I learned that we all have our prejudices."
"There are many cultures in my race and they don't all get along."
"Made me think about a lot of stuff I had pushed aside."
"I learned I need to keep learning."

**Discussion**

It appears from the results that one third of the total group would prefer a counselor with similar cultural/ethnic identification. Similarly four of twelve (three African Americans and one Caucasian) responded that it may be beneficial to discuss cultural issues. Several clients made strong statements with regard to counselors becoming culturally sensitive. For example "Counselors shouldn't counsel if they're prejudiced" and "they should be weeded out before they get their degree." These statements seem to indicate that trust may not exist if the cultural issues are ignored.

Nearly half of the clients, (seven out of fifteen) mentioned classic attributes of empathy as being important characteristics for their counselor and while one fifth (three) mentioned preference for a counselor who is also in recovery, it seems that being understood and connected on a deep emotional basis was important to these clients.

The researchers in this study believe collaborative dialogue between counselors and clients was demonstrated. For example, some counselors indicated that race did not matter in drug rehabilitation or a clinical setting and that those clients who refer to racism as a factor for consideration in the recovery process were "using race as an excuse to use drugs again". However, Sue & Sue (1999) state that a counselor taking a "color blindness" stance may argue that an African-American client is the same as any client and possible influences of culture and racism on drug-related problems are then not considered. Solutions then, would likely be based on a White middle-class perspective, when many African Americans have lifestyles very different from those of mainstream Americans. The researchers conclude that, regardless of the reason, when cultural factors are ignored in the counseling process, the client's identity is invalidated and rehabilitation is diminished. In fact, after listening to the clients during the dialogue sessions, one counselor wrote in a summary statement, "...it seems from the reactions of the clients (especially African American males) that race DOES matter."

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Conclusion

It is important to note that this collaboration between researchers, counselors, and clients was an initial effort at identifying cultural factors that might impact substance abuse counseling and treatment. This study involved a small sample that cannot be generalized to the larger population. However, group dialogue seems well suited for this topic and may generate new thoughts and awareness that would be lost with other types of surveys. Collaborative group dialogues as described in this study may easily be replicated and serve as a catalyst for investigating the interaction of culture and substance abuse treatment. It may also prove to be beneficial with other client populations such as sexual abuse, domestic violence, and depression.

References


