Addressing Privilege and Oppression in Counselor Training and Practice: A Qualitative Analysis

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This qualitative study explored how 16 counselors conceptualize and address issues of privilege and oppression in the counseling session as well as how they perceive their training with respect to these constructs. In an effort to bridge multicultural training and counselor practice, implications for counselor training are provided based on the clinical and academic experiences counselors reported. Additionally, future research directions are included.

The multicultural counseling competencies and standards proposed by Sue, Arredondo, and McDavis (1992) provide counselors with a foundation for culturally appropriate practice. These standards speak to actions, attitudes, and knowledge that counselors must possess when working in an increasingly diverse society. With regard to issues of cultural power (i.e., degree of privilege received in society based on cultural identity) within the counseling relationship, "culturally skilled counselors [must] possess knowledge and understanding about how oppression, racism, discrimination, and stereotyping affect them personally and in their work . . . [and] have knowledge about sociopolitical influences that impinge on the life of racial and ethnic minorities" (Sue et al., 1992, p. 482). Furthermore, multicultural competence is a requirement for ethical practice (Arredondo, 1999).

Although ethical practice includes an awareness of privilege and oppression, research that specifically addresses counselor training and practices as related to these constructs is lacking. Existing research concentrates on the relationship between privilege and oppression and multicultural counseling competency (e.g., Constantine, 2002; Constantine, Juby, & Liang, 2001; Pope-Davis & Ottavi, 1994), as well as on counselor attitudes and emotional responses to these constructs (e.g., Ancis & Szymanski, 2001; Arminio, 2001; Croteau, Talbot, Lance, & Evans, 2002; D'Andrea & Daniels, 1999; Garcia & Van Soest, 1997; Hays, Chang, & Dean, 2004; Manuppelli, 2000; Swim & Miller, 1999). Hence, the majority of counseling research focuses on reactions to privilege and oppression as well as on the connection between these constructs and multicultural counseling competency. This study is intended to explore counselors' perceptions of how these constructs are addressed in training and how they influence the counseling relationship.

Privilege, Oppression, and Counselor Pedagogy

Although counselor preparation programs have increasingly focused on multiculturalism in counseling, there is a continued need to explore trainees' self-awareness to facilitate multicultural competency (Hill, 2003). Research findings suggest that exploring privilege and oppression within course work facilitates multicultural counseling competency and provides educators with insight into the differential levels of counselor awareness of these constructs (Ancis & Szymanski, 2001; Hays et al., 2004). Previous research also highlights the consequences of not addressing privilege and oppression in counselor education and practice. Specifically, obliviousness or failure to explore these constructs may obstruct the therapeutic process and/or damage the client's identity and result in a misunderstanding or misinterpretation of the client's perspective and actions (Manuppelli, 2000; Reynolds & Pope, 1991). Additionally, failure to address power imbalances in the counseling relationship while focusing only on group-specific diversity may lead to avoidance, distancing, and detachment in professional practice (Vodde, 2001). Counselors who examine their privileged statuses are less likely to succumb to racial stereotypes, more likely to view problems from a systemic perspective, more likely to gain culturally specific knowledge from their clients, and less likely to impose ethnocentric values onto their clients (Neville, Worthington, & Spanierman, 2001). Exploration of these constructs fosters introspection and significant personal and professional growth (Kiselica, 1998). Because counselors and clients bring to the session their personal experiences of privilege and oppression, it is imperative for counselors to address these issues to avoid unethical practice (Arredondo, 1999).

There have been some efforts in the literature to address privilege and oppression in general instruction (e.g., Brinson, 1996; Davidson, Davidson, & Crain, 2000–2001; Sanders, 1999) as well as to suggest training strategies directed at dismantling these constructs (e.g., Ancis & Szymanski, 2001; Arminio, 2001; Bohmer & Briggs, 1991; Constantine, 2002; Garcia & Van Soest, 1997; Katz & Ivey, 1977; Neville et al., 2001; Vodde, 2001). Although there are several conceptual pieces outlining helpful pedagogical and counseling strate-

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gies for increasing awareness of these constructs, to date, no research has examined counselors' perceptions of their training as related to privilege and oppression. Without empirical data, it is difficult to know whether counselor trainees are integrating these strategies. Additionally, the use of qualitative methods to explore in depth privilege and oppression in the counseling relationship and their connection to counselor self-awareness and multicultural knowledge is needed (Richardson & Molinaro, 1996). Further research concerning the relationship of these constructs with current practices and transitions in counselor education and practice is warranted because of the benefit of facilitating multicultural counseling competency as well as avoiding potential consequences previously mentioned. Knowing how trainees conceptualize these terms allows counselor educators more insight into the training needs of counselors.

The purpose of this study was to (a) explore how counselors conceptualize and address issues of privilege and oppression within the counseling session and (b) understand their perceptions of their training with respect to these constructs. Specifically, the following research questions were addressed: (a) How do practitioners see privilege and oppression influencing and interacting in the counseling process? and (b) What changes in training and practice related to these constructs do they see as necessary to better serve clientele?

Method

Participants

Participants were 16 practicing counselors who held at least a master's degree in counseling (14 master's, 2 specialist degrees). Collectively, they represented diverse cultural groups along dimensions of age (range = 25–43 years, $M = 31$ years), race (11 White/Caucasian, 2 African American, 1 biracial, 1 Lebanese American, and 1 West Indian), gender (10 women, 6 men), sexual orientation (13 heterosexuals; 3 gay, lesbian, or bisexual individuals), and religious/spiritual affiliation (5 Christian, 2 Jewish, 1 Sikh, 2 spiritual without religious affiliation, and 6 no religious/spiritual affiliation). They held a variety of certificates and licenses, including licensed professional counselor ($n = 2$), licensed associate professional counselor ($n = 2$), national certified counselor ($n = 10$), certified rehabilitation counselor ($n = 1$), and licensed marriage and family therapist ($n = 1$). Informed consent was obtained from each participant. Participants received gift certificates for their time and extensive involvement in the interviewing and member-checking processes.

Participants took part in either individual ($n = 8$) or focus group interviews ($n = 8$). Participants who took part in individual interviews included 8 White counselors (5 women, 3 men) with an average of 5.6 years of counseling experience working with various populations and client concerns. In order to integrate a racially and ethnically diverse perspective and triangulate data from individual interviews, a focus group composed of 8 individuals (5 women, 3 men) with ethnically and racially diverse backgrounds (3 White, 2 African American, 1 Lebanese American, 1 West Indian, and 1 biracial) was included. Focus group participants had an average of 3.75 years of counseling experience.

Research Team

The research team consisted of two doctoral students (first and second authors) and a faculty member (third author). We each had prior research experience and didactic training in qualitative methods, and we were involved in several qualitative studies. We primarily subscribed to constructivist, narrative, and feminist approaches to conceptualizing attitudes and behaviors. The first two authors are White, and the third author is Asian American; research team members are also heterosexual and female. We hold two primary assumptions related to privilege and oppression issues: (a) awareness of these issues significantly interface with counseling process and outcome and (b) acknowledgment of cultural power in counseling and training may be shaped and perpetuated by current attitudes of trainees and educators.

Data Sources

Participant demographic sheet. Informants completed a demographic sheet containing questions regarding their cultural identity (e.g., race, age, gender, sexual orientation, religious/spiritual affiliation). Additionally, informants provided information regarding their counseling experiences, perceptions of multicultural course work within Council for the Accreditation of Counseling and Related Education Programs course areas, various extracurricular multicultural training experiences, and training suggestions.

Semistructured interviews. The primary author (first author) conducted, audiotaped, and transcribed 13 individual interviews averaging 45 to 60 minutes in length; 5 of the 8 participants were interviewed twice to ensure saturation (i.e., data were fully represented by the themes, and there were no new data to refute the findings). These interviews were conducted in private rooms in a university setting with only the primary author and informant present. During the initial interview, informants responded to eight questions (see Appendix) examining their conceptualization of privilege and oppression (i.e., definitions, group memberships, and personal experiences), the relationship between privilege and oppression and counseling practice, and suggestions for clinical and academic training along these concepts.

Focus group interview. The first two authors conducted a focus group interview 2.5 hours in length with 8 participants; the interview was conducted in one of the informants' home to facilitate a comfortable and thorough interview. The focus group interview was conducted after the 13 individual interviews had been conducted and analyzed in an effort to ensure saturation of the data while including responses from a diverse sample to increase transferability (Lincoln & Guba, 1985) of the results. Questions similar to those used in the

individual interviews were used in the focus group interview; some questions had been altered because of data analysis of the individual interviews.

Analysis

The primary author transcribed all interviews. The 13 individual interviews were conducted and analyzed first. After the primary author conducted the first round of individual interviews, a second interview with 5 informants was conducted individually to expand and clarify the initial interview data. Additional interview questions were developed from preliminary data analysis. All transcripts were reviewed for accuracy by the informants, and many provided feedback for member checking (Lincoln & Guba, 1985). The research team further analyzed the data; interviews were examined independently for preliminary themes related to each informant's conceptualization of privilege and oppression and its connection to clinical and training experiences. Constant comparative methodology, a process by which codes from earlier interviews serve as a framework for conducting and analyzing newer interviews, was used (Strauss & Corbin, 1990). The team reached agreement through a series of meetings on the preliminary themes after each interview was coded and contrasted with previously coded interviews. Each member of the research team independently examined the codes to ensure that the listed themes were comprehensive and saturated. Further restructuring of the themes resulted from this triangulation process (Lincoln & Guba, 1985).

A focus group with racially diverse participants was used to triangulate the individual interview themes. Codes from the individual interviews were used for the focus group interview, and the research team remained open to new codes and themes. The first two authors reached consensus on the focus group interview themes and compared the themes with the individual interview themes, further restructuring the themes. The third author served as an auditor to minimize bias as well as to triangulate the focus group data. A final list of themes addressing the aforementioned research questions was developed after the team concurred that they had reached saturation with the data.

Results

Two primary themes emerged from data analysis: (a) the intersection between counselor process and cultural power issues and (b) transitions in counselor training and practice. With regard to the first theme, analysis revealed a connection between informants' perceptions of clients' degree of cultural power and clients' cultural identities (e.g., race, gender, sexual orientation, socioeconomic status [SES]). Additionally, subthemes highlight that these perceptions, coupled with informants' cultural identities, relate to informant reactions and interventions with various clients. For the second theme, informants reported a general sense of inadequate preparedness for addressing power issues in counseling. Implications call for transitions in the profession via increased integration and processing of privilege and oppression issues in curricula and supervision, attendance to safety issues (i.e., open discussions of privilege and oppression issues) because of current classroom dynamics and composition, and examination of the cycle of privilege that permeates academia and supervision.

How Do Practitioners See Privilege and Oppression Influencing and Interacting in the Counseling Process?

Client characteristics. Informants described their clients in similar ways in relation to client characteristics and issues based on their perception of their clients' power. Informants typically used race, gender, and SES as reference groups when describing clients with privilege and oppression. They generally described clients with privilege as White, male, and belonging to a high SES; SES was the most salient descriptor used by informants to describe clients with privilege. Informants described clients with privilege as having a sense of entitlement, particularly in their relationships, and being unaware of privilege. In general, informants noted that they had difficulty working with these clients and perceived a power differential between them and these clients. Related feelings were anger, tension, annoyance/frustration, insecurity with counseling skills, and a sense of powerlessness within the mental health system. For example, one informant stated, "I have a difficult time working with those kind of people [clients with privilege] because they don't see it, and they don't have any reason to see it." Another informant asserted, "Much to my annoyance, he [client with privilege] made me incredibly insecure and question my competence." In referring to a specific client with privilege, one informant said,

> He had a lot of money, and he came into the system, whirlwinded through the court system, mandated as they usually do. . . . And you know the usual thing: "I really want to change this and that." He was belligerent from the time he came in up until the time he went to court and used my group to say he was getting treatment. . . . It was a feeling of powerlessness. . . . I was disgusted.

Informants described oppressed clients as primarily female, a racial minority, and belonging to a low SES. Informants agreed that clients with oppression have a theme of powerlessness and sense of loss behind their client issues. Primary reactions to working with these clients included sadness, guilt, and a sense of connectedness with the client. One informant described her reaction to clients who are oppressed as follows:

> I am thinking of my general experience of working with females from all cultural backgrounds; I am looking for places where they feel powerless. Like when they come in with depression, I am not thinking, "Well, biochemically you have some stuff going on." Wow! We live in a society where women are socialized to internalize emotions; that's my definition of depression.

In general, informants enjoyed working with these clients and actively discussed each client's oppression. Informants reported that work with oppressed clients was less challenging.

A majority of informants expressed some understanding of how privilege and oppression influence counseling. For example, one informant stated, "I think that is something I was insensitive or guilty to, an awareness to how much these issues can play a part in therapy. I think I was totally naive about that when I first started seeing clients."

Interaction of personal and clinical experiences. Informants' personal experiences were reflected in their reactions to clients of differential power. For instance, one informant stated, "I found him spoiled. I came from a very poor background." Another informant expressed anger as she described her client as "perpetuating White female stereotypes. Her position . . . I knew people like her growing up." When discussing a client who was oppressed, one informant asserted, "I felt like I related to him. Maybe I saw myself in this young Black guy. . . . I went the extra effort for him." Another informant stated, "There's a part of me that says that could be my sister, that could be my family. I want someone that looks like me to benefit from [mental health services]."

Additionally, informants of color admitted that their minority status was helpful when working with clients who were oppressed. There was often the assumption among the informants that having the same race as their clients allowed for increased client understanding and rapport. Informants also agreed that clients who were oppressed increased their own awareness of the ways that they were privileged. One informant acknowledged, "I think working with her taught me a lot about my own privilege as a counselor, my own power to choose interventions."

Client interventions. Informants' reactions to their clients' statuses heavily influenced the type of intervention used. With clients of privilege, informants personally reflected on their reactions yet did not feel comfortable discussing their reactions in sessions. They reported that it was necessary to separate their emotions from the clients' issues. For instance, one informant said, "I think I would be a better counselor if I addressed [privilege]. I could tell you what I did do was I tried to swallow it, and I tried to just kind of put my own emotional reactions away."

With clients who were oppressed, interventions centered on empowering the client (e.g., "Just listen to what people are telling me and validate them") and protecting the client. For example, one informant noted, "There always seems to be some element of loss that we discuss. How do you find power in your life, or how do you get empowered?" Informants reported feeling more comfortable expressing their emotions and discussing issues related to oppression within the sessions. One informant stated, "All I can really do is try to open the door and get out of the way as opposed to just being another roadblock." Informants were more willing to discuss cultural issues and share personal reactions with their oppressed clients than with their privileged clients. A key finding was that informants responded differently based on their perception of the client's power. One informant stated, "Affirmative strategies, which I would not necessarily do with someone from a privileged group. . . . Wow, I do interact differently with clients based on [power]."

Several informants agreed that White clients received everyday privileges in the mental health system. For example, an informant asserted that "people [in mental health] help White people all the time. And that's the natural order." Because informants believed that mental health services were biased toward Whites, some thought that it was important to "do more" for clients who experienced oppression. One informant stated that "part of privilege is having mental health services. People of color have not had that privilege; they're just coming into that." Another informant stated, "I probably did more than I needed to do. . . . I think if it were a White client, someone I felt weren't being oppressed for whatever reason, I don't think I would have done that." Another informant said, "I have more of an affirmative, more consciously empowering strategy with members of oppressed groups." In reflecting on his feelings of the mental health system, another informant stated,

> I think I have had a lot of Black clients that I have done extra for. . . . When I think about how I interact with my clients, I do not feel like my treatment has gone down with any of my White clients.

However, some informants lacked awareness of the multidimensional nature of oppression and reported that "people are people" and believed that it was unnecessary to do more for some clients.

What Changes in Training and Practice Related to These Constructs Do They See as Necessary to Better Serve Clientele?

Informants emphasized that both academic and clinical training that facilitates knowledge and awareness of privilege and oppression is needed. The majority of informants thought that they were underprepared to work with these issues in the counseling relationship. Several themes emerged regarding necessary changes in training and practice. Besides giving examples of negative training and clinical experiences, many reported positive experiences that they believed should continue to promote awareness of privilege and oppression.

Negative Training Experiences

Lack of processing. Most informants thought that multicultural issues were inadequately addressed in academic training; when there was diversity training, informants believed that the training was not applied to practice (e.g., "The word *multicultural*

was flown around like a banner, but there was nothing behind it"). One informant stated, "Diversity training is all about tolerance. That's nice. But if I were a transgender person, I wouldn't want to be just tolerated. I would want to be seen as part of the fabric of what makes diversity great." Another informant stated, "I feel a little frustrated after finishing this practicum. . . . How does this all work?" Informants wanted to see these concepts openly discussed and integrated in course work and clinical training. One informant asserted,

> You are trying to train someone to be a counselor. We're supposed to be trying to understand people. If you leave certain people unmentioned, just the whole idea that if we don't talk about something, it's taboo. It needs to be put out there, and things that are mentioned, you cannot assume that people understand it.

Additionally, informants perceived large class sizes and a lack of safety as other reasons issues of privilege and oppression were not fully addressed. Specifically, there was hesitancy to discuss feelings in the classroom (e.g., "It seems to be very difficult to create a safe environment where people will have a dialogue about this"). One informant stated,

> Sometimes I feel like there are many conversations we don't have. Can we have a conversation about whether Christian counselors can be counseling the LGBT [lesbian, gay, bisexual, and transgender] population? Can we have diversity in religion with sexual identity? I mean, can that happen? I feel like we don't have those more difficult, more controversial discussions in these classes. It's more about stereotypes, learn this list, spit it out. Maybe we will get some definition about White privilege that we will study. So I just think that, I feel like a lot of it's left out.

Some informants believed that counselor training could be improved by acknowledging within-group differences for cultural groups. For instance, one informant said, "I think it would have been helpful . . . there are some Whites in the room. How do you experience privilege? How do you experience oppression? . . . So that we could have an idea within each group what they experienced." Specifically, within the focus group interview, there was debate regarding whether an etic or emic approach was most suitable for multicultural sensitivity.

Most informants believed that multicultural issues were primarily addressed in one class only. For example, one informant stated, "I felt like, to a certain degree, it was alleviating the program's responsibility of having it in all other classes. I think if we just have it in multicultural classes, it really does a disservice." They also reported that there was no discussion about advocacy and privilege and oppression issues in any courses.

Eurocentric pedagogy and traditions. A majority of informants stated that there was privilege in pedagogy and training programs in general. Particularly, many informants believed that there was power in being a professor. One informant said,

> Although the [multicultural counseling] competencies are required for ACA [American Counseling Association], if you still have the old guard teaching these classes, or the old guard not seeing the need for this infusion, it doesn't make a difference. It doesn't do anything.

Another informant perceived that many educators "don't have their feet in the clinical world. . . . If they don't know what's going on in today's world, how can they teach us about today?" A majority agreed that the composition of doctoral students—and hence future educators—was White, that there is privilege in going to graduate school, and that "the type of people you have going into the field dictates who they like, who they talk about."

Furthermore, many informants believed that only Eurocentric theories were taught in counseling programs because they were most valued by instructors. For instance, one informant stated,

> Theory is totally Eurocentric. So I look at a few African American students, and I wonder what they are thinking. I am aware of [privilege in instruction], but it's real difficult to critique it in that class because the White privilege is so thick.

Other examples involved continued instruction of "racist psychologists" and their contributions without attention to their oppressive views. Some informants discussed professors' inaction when discrimination occurred in the classroom. An informant recalled one instance in which sexist remarks were being made in class: "We didn't speak up and say, 'Well, hey, you are really offending us. We really wish you would stop it.' But also I feel that the professor didn't do anything either." In sum, anger and confusion were the informants' primary emotions in relation to this theme.

Supervisor's role. Informants believed that supervisors were in power and should be responsible in clinical training to address issues related to privilege and oppression; however, they reported that these issues were not being addressed in supervision. Some informants felt frustrated that they had to educate their supervisors about their cultural identities. One informant stated,

> [Discussion] was lacking in my supervision. It wasn't addressed as far as power, oppression, privilege, cultural diversity. There was not a whole lot of attention to it from the faculty that were leading it. Being guides, setting examples. My individual supervision, only if I brought it in was it addressed.

> It wasn't brought into our interactions, how it played out in our supervision. And only when I brought in specific clients. And while she could provide good insight on the individuals, it wasn't ever really talked about. It created issues as well.

Positive Training Experiences

Informants cited increased self-awareness and knowledge of types of oppression as benefits of addressing privilege and oppression in training. These benefits are compatible with standards stated in the list of multicultural counseling competencies (Sue et al., 1992). Informants reported that the use of videos, multicultural case vignettes, guest speakers, seminars, reading assignments, and experiential activities were valuable in gaining knowledge and awareness of privilege and oppression. For example, an informant was pleased that a particular video on African American families focused on the strengths and challenges of oppression rather than pathologizing them. One informant stated, "I think part of the positive thing that came out of [that reading assignment] was that I realized that other groups consider me to be privileged . . . [I] had an awareness of what other people think." Another informant stated,

> We watched this video. . . . It was great to see the White guy totally change. Because he was really forced to listen to the Black guy's experience, because the Black guy couldn't pull himself up by his bootstraps anymore because his bootstraps were broken. I remember him saying that. . . . I was able to put myself in his position and listen to the feedback that other people were giving him. And something clicked, and I was able to really listen to this Black guy's experience in that group.

Informants also identified some positive qualities in their instructors and supervisors regarding facilitating these competencies; they saw ways that their power as educators could be beneficial. These included instructors' willingness to have an open dialogue about multicultural issues, especially invisible minority groups (e.g., gay, lesbian, bisexual, and transgender), practical application of teaching material, and having advanced training in facilitating multicultural issues. Additionally, many informants believed that an instructor's minority status was helpful in appreciating the material being taught.

Within the supervisory relationship, informants were pleased when supervisors included focused didactic work and case presentations to highlight multicultural issues, particularly privilege and oppression. Additionally, informants viewed addressing multicultural issues within the supervisory relationship as very important. One informant of color explained,

> I had a White supervisor in the past. We were talking, and she said, "I'm White, you're Black. What?" She kept pushing me and wanted to get to what my stereotypes of her were or what my reactions were to her being my supervisor, and how that was going to affect me working with clients. I thought that that was good. That was a good growth moment. I thought it was good because she brought it up as opposed to it not being addressed.

Training Suggestions

A majority of the informants called for a paradigm shift. For example, one informant stated, "I still walk in class, and my model client is a White male who I am still learning about and theories revolving around him. There needs to be paradigm shift in how we are viewing our training and supervision." Informants also believed that they were responsible for the shift. One informant stated, "If we are not willing to put ourselves in training forums or opportunities that stretch us, we perpetuated the system we have. I agree the system should change, but we all need to stretch too."

Promoting counselor growth in the classroom. Informants thought that instructors should challenge and assess trainees' beliefs within all courses throughout their training. Suggestions included (a) formally assessing multicultural counseling competency, (b) focusing on counselors' worldviews and biases for increased awareness, and (c) having students participate in experiential activities with diverse groups to expose and confront prejudices and privileges.

Promoting counselor growth in supervision. Informants believed that supervisors were responsible for addressing topics in the clinical arena. Suggestions included (a) exploring individual beliefs at all stages of supervision, (b) teaching how to incorporate privilege and oppression issues in a session, (c) discussing the discrepancy in power between counselors and clients, (d) reinforcing a shift in therapy toward a systemic approach with a focus on client advocacy, and (e) increasing the focus on these topics during case conceptualization.

General suggestions in counselor pedagogy. Informants wanted counselor educators and supervisors to create a safe environment in which topics of privilege and oppression could be actively discussed. They also thought that it was beneficial if trainers respected and honored individual perceptions rather than stereotyping groups. Additional suggestions were that educators should (a) be up front about their beliefs, attitudes, and agendas; (b) engage in continued education around these topics; (c) infuse this material in all classes; (d) specifically list multicultural topics in syllabi; and (e) acknowledge other types of diversity beyond race.

Counseling Suggestions

Informants suggested that it is important for counselors to examine personal reactions and clarify their values and to separate their reactions from client issues when working with privileged clients. Informants suggested that it is also important for counselors to empower their clients, actively discuss oppression, honor their clients' experiences, and express their emotions and personal reactions when working with oppressed clients.

They asserted that general counseling skills, such as building relationships and avoiding making assumptions, were important when working with all clients.

Discussion

Results indicate a significant connection between counseling process and cultural power issues that has not been documented in the literature to date. Informants discussed how the counseling relationship can be affected by different levels of cultural power between individuals, how they respond to clients of various cultural backgrounds, as well as how their interactions with clients facilitate their own awareness of privilege and oppression. This key finding is important for training because counselor trainees may be unaware of their reactions to clients based on cultural makeup. Open discussions of reactions to clients can be an important tool in supervision to facilitate multicultural counseling competency.

With clients of privilege, informants struggled to openly discuss with their clients instances in which clients' behaviors or attitudes were discriminatory. Although informants openly expressed their emotions and welcomed discussion of oppression issues with their clients, there was little discussion of social advocacy. Additionally, they reported that social advocacy issues were not addressed in the classroom. In order to be advocates for clients, counselor educators and supervisors need to foster counselor growth. One method they can advocate for clients is by addressing counselor self-efficacy in open and safe classroom discussions. Another method for promoting advocacy may be using a contextual approach during case conceptualization and other areas of trainee development to demonstrate a systemic view of oppression and points of intervention.

Informants reported several positive experiences in their training and related them to increased multicultural counseling competency. This finding further suggests that there is a relationship between multicultural counseling competency and awareness and knowledge of privilege and oppression. Most negative training experiences related to the traditional modality of instruction: large class sizes, Eurocentric thought, and a lack of safety. Counselor educators can dismantle this traditional view by incorporating some of the informants' suggestions. These include discussing invisible minority statuses, infusing non-Western therapies into instruction, using experiential activities and active discussion while incorporating technology and current literature to facilitate awareness of privilege and oppression, and changing the status quo of the profession by actively recruiting faculty and students of various cultural identities. Some of these suggestions are reflected in previous research (e.g., Ancis & Szymanski, 2001; Garcia & Van Soest, 1997).

In sum, there is a bridge between training and practice that counselor educators and supervisors should continue to fortify: What counselor trainees learn in one arena influences the other. In addition, the connection between personal and clinical experiences demonstrates a need to bring these discussions more into the classroom.

Because the purpose of qualitative research is to describe rather than to generalize across groups (Schensul & LeCompte, 1999), the present study should be replicated within other geographical locations and disciplines outside of counseling to explore whether similar attitudes are found. Additional qualitative research exploring internal factors contributing to social advocacy would also be helpful to apply what students are learning in the classroom to community needs. Specifically, studies that explore the internal motivation, feelings, and thought processes of counselors who serve as advocates may influence counselor training in advocacy work. Additional research concerning the supervisory relationship and discussion of cross-cultural issues regarding privilege and oppression could be beneficial, because this study demonstrates that informants are not discussing their reactions to clients in supervision.

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APPENDIX

Sample Questions From Individual and Focus Group Interviews

1. Describe a client of a privileged [and oppressed] status you have worked with recently. What is his/her cultural identity? Reasons for seeking help? What interventions did you use with this client?
2. What are your general experiences with clients of privileged [and oppressed] statuses?
3. What guidelines have you found helpful for working with clients of privileged [and oppressed] statuses?
4. What are your thoughts regarding training and privilege and oppression issues?
5. Describe a positive [and negative] experience regarding how multicultural issues were [and were not] addressed in academic training. Clinical training?
6. Based on your experiences, what are some suggestions for training programs to facilitate discussions about privilege and oppression issues?
7. If relevant, in what ways do privilege and oppression affect counseling practice and/or training?
8. Is there anything else you would like to share about privilege and oppression, personally and/or professionally?