Cultural Diversity Curriculum Design: An Art Therapist's Perspective

Cheryl Doby-Copeland, Washington, DC

Abstract

This article represents the culmination of a long-standing goal of the American Art Therapy Association's (AATA) Multicultural Committee to propose multicultural curriculum guidelines for use by art therapy educators. Challenges faced by art therapy educators endeavoring to meet the AATA Educational requirements are discussed with an emphasis on presenting strategies for cultural competence course development. The guidelines are divided into critical content areas: program philosophy, faculty preparedness, curriculum content, cross-cultural supervision, and multicultural resources. Readers are encouraged to use the guidelines as a point of departure in the design of coursework and when evaluating their own individual multicultural competency.

Introduction

The U.S. Census Bureau (2004) projects that by the year 2050, Whites will constitute 72.1%; Blacks 14.6%, Asians 8.0%, Hispanics 24.4%, and American Indian, Alaskan natives, Native Hawaiians and other Pacific Islanders 5.3%, of the United States population. An important implication of these demographics is that art therapists are increasingly challenged to become multicultural treatment experts. Therefore, art therapists must become culturally competent if they are to provide effective services to culturally and linguistically diverse clients. In fact, Calisch (2003) states:

Several issues, however, remain matters of concern in both educational and clinical art therapy settings: a) lack of clearly defined standards or content for multicultural education and cultural competence; b) failure to encourage students to contextualize persons in their cultural settings; c) lack of, or haphazard application of, research information relevant to multicultural therapeutic practice; d) professional practice

that is characterized by an increasing separation between research and practice; e) lack of multicultural training for educators; and f) lack of diversity in regard to both gender and culture within the profession. (p. 12).

As early as 1979, the American Psychological Association issued its resolution encouraging all psychology departments/schools to prepare students to function effectively in a multicultural society (Jackson, 1999). My own interest in developing AATA organizational cultural competence began as early as 1978, when AATA formed the Ad Hoc Committee to Investigate Encouraging Minority Groups to Enter and Study in the Field of Art Therapy (Doby-Copeland, 1998, p. 14). The committee goals included recruitment of culturally diverse students to become art therapists and the development of a multicultural bibliography.

Pederson (1999) characterized multiculturalism as a "fourth force" in explaining human behavior, joining the ranks alongside the three major "forces" of psychoanalytic, behavior modification, and humanistic counseling. Thus, a paradigm shift must occur to foster the needed emphasis on organizational and individual cultural competence development for art therapists. If art therapists fail to adjust their stance of cultural blindness, they are at risk of their art therapy interventions being irrelevant, unethical and culturally insensitive (Acton, 2001; Hocoy, 2002; Talwar, Iyer, & Doby-Copeland, 2004).

In 1994, the AATA Education Standards for art therapy education included "cultural diversity issues relevant to art therapy practice" and by 2002, required that the course content be taught by faculty with art therapy credentials. The 2001 revised AATA Ethics document includes multicultural competencies, which assumes all art therapists can function within these competency guidelines. The AATA vision statement imparts the goal for art therapists to perform at a level of cultural proficiency. In response, Talwar, Iyer, and Doby-Copeland (2004) posed two essential questions of our art therapy colleagues:

(1) If the field [of art therapy] is to impose a standard of cultural proficiency (the highest level of cultural competence) for its practitioners, are the faculty training the practitioners culturally proficient?

(2) Does the curriculum for multicultural training reflect the same measure of proficiency? (p. 44)

Several questions arise when one considers the best approach to meet the AATA Educational and Ethical standards. Is a single course or seminar in multiculturalism

Editor's note: Cheryl Doby-Copeland, MPS, ATR-BC, LPC is a Mental Health Specialist with the DC Government, Department of Mental Health Community Services Agency, and a faculty member of George Washington University. She is completing a doctorate in the urban school psychology program at Howard University. Correspondence concerning this article may be addressed to her at cdc53@verizon.net.

more efficacious than infusing issues of cultural diversity into the entire training program? Often one faculty member may emerge as the "expert" assigned to develop the training program. Are there multicultural training competency requirements for art therapy faculty who teach diversity courses? Because most art therapy faculty members were not trained to become culturally competent, how does each program develop the curriculum? In an effort to assist art therapists in their endeavors to meet these requirements, curricular guidelines are offered for consideration in this article with respect to (a) the philosophy of the training program, (b) faculty preparedness, (c) curriculum design and content, (d) cross-cultural supervision, and (e) resources.

These guidelines are in no way an exhaustive review of the multicultural literature. The material provided here is based on the author's research and years of teaching strategies for developing cultural competence to graduate art therapy students. It must be emphasized that each training institution has its own unique "culture" and will meet the AATA requirements based on its individual philosophy. One guiding principle that undergirds my quest for cultural proficiency is the realization that this training is not static rather it is a continuous process.

The Philosophy of the Program

An invitation in 1997 to teach an elective course on developing cultural competence thrust me into the challenging position of designing a graduate level course where none existed before. Having the freedom to develop a new course was intoxicating; however, the notion of being responsible for the program's cultural competence offerings was very sobering. Fortunately, the program director voiced a commitment to having issues of cultural diversity reflected throughout the core courses, signaling the initial definition of a multicultural training philosophy. Leach and Carlton (1997) describe proceeding without developing a philosophical foundation as "putting the cart before the horse" (p. 185). The value of a multicultural training philosophy lies in the provision of a standard of behavior for the training program. Ridley, Espelage, and Rubenstein (1997) state that the training philosophy sets the foundation from which the program design, course objectives, teaching strategies, and evaluation are created.

It is important to thoroughly explore the effects of a training program's influence on the trainee as well as the effect of the trainees' (and subsequent graduate clinicians') beliefs on the clients they treat. The term "ethnocentric monoculturalism" as defined by Sue and Sue (1999) characterizes many clinicians as "hand maidens of the status quo" and "transmitters of society's values" (p. 32). Many of our art psychotherapy theories are based on Eurocentric values and beliefs, which are steeped in the philosophies of individualism and lack information about differing cultural values and worldviews. Leach and Carlton (1997) point to the misguided notion that training models normed on European examples can be applied universally, and they advocate viewing such models with a multicultural lens for relevancy.

Clarifying terminology is fundamental to developing the program philosophy. Vontress, Johnson, and Epp (1999) posit the relationship of culture to psychotherapy by defining the universal (e.g., biological sameness), ecological (e.g., natural environments), national (e.g., language and religion), regional and racial-ethnic aspects of culture. Pederson (1994) discusses the "visible" elements of culture as objectively defined and the internal aspects of culture as subjectively defined. In my course these aspects of culture are illustrated by an image of an iceberg, which depicts the conscious and unconscious elements of culture. Defining culture broadly or narrowly (Pederson, 1994) needs to be determined early in the course content.

Perhaps due to the political climate in the United States during my art therapy training in the late 1970s, I benefited from a course entitled *Race Relations*. How frequently are art therapists today offered training that explicitly provides an orientation to issues of race and culture in the United States? Carter and Qureshi (1995) emphasize the importance of understanding our assumptions about race and culture because these notions define the knowledge, skills and methods provided in the context of a particular training approach. Carter and Qureshi (1995, pp. 243-257) group the philosophical assumptions undergirding multicultural training programs into five categories:

- **Universal** – The *Etic* approach that assumes all people are basically the same as human beings. Universal constructs are used to affirm human similarities and therapists should transcend the construct of race. Special attention must be paid when using an *Emic* (culture-specific) approach so as not to stereotype or to develop separate standards for particular populations.

- **Ubiquitous** – A liberal position that assumes any human difference can be considered cultural. People can belong to multiple cultures, which are situationally determined.

- **Traditional** – An anthropological approach that assumes culture means country and is determined by birth, upbringing, and environment and is defined by common experience of socialization.

- **Race-Based** – An approach that assumes that the experience of belonging to a racial group transcends/ supersedes all other experiences. Because of the history of racism and racial segregation in the U.S., race remains a measure of social inclusion and exclusion.

- **Pan-National** – This approach allows for the broad and global understanding of race as it relates to oppression, imperialism and colonialism throughout the world and demonstrates how groups are connected by color and common experience.

Clearly, no one of the aforementioned approaches is being advocated over another. It is my hope that the inclusion of this material will serve as a basis for reviewing the definition of culture as it relates to the philosophy of the training program. Training programs must decide whether they will make a commitment to organizational cultural competence, perhaps by including cultural diversity mate-

rial in all relevant course work. Open discussion among the faculty is needed to determine the appropriateness of the training programs for its consumers. The development of mission statements that delineate the value of cultural diversity are an important first step.

Faculty Preparedness

Becoming culturally competent is a continuous process that cannot be achieved by completing one course or seminar. "One cannot memorize cultural competence, but must learn and demonstrate it through a variety of active self-involving strategies and procedures" (Helms & Richardson, 1997, p. 69). It is widely accepted that most contemporary conceptualizations of multicultural competence derive from the original concepts proffered by Sue, Bernier, et al. (1982) and later updated by Sue, Arrendondo and McDavis (1992). In fact, these same competencies are the basis of the multicultural awareness ethical guidelines used by AATA. Sue, et al. (1992) state: "professionals without training or competence working with clients with diverse cultural backgrounds are unethical and potentially harmful" (p. 72). I would offer that art therapists endeavoring to teach cultural diversity courses without having been trained to do so are engaging in unethical practices. But how much training is enough? The answer must come from each educator's individual conscience/integrity and commitment to continuing education.

Important first steps for faculty preparing courses in cultural diversity issues relevant to art therapy practice can be gleaned from implications for clinical practice described by Sue and Sue (2003, pp. 60-62). As a socially responsible art therapist, I questioned the culturally biased assumptions that permeated my art therapy training. My early exposure to the traditional healing practices of the Yoruba (Nigeria), Akan (Ghana) and Ndepp (Senegal) moved me to critically examine and reinterpret my training as to what constitutes "normal" and "abnormal behavior." My research helped me to recognize the need to learn to view client art in cross-cultural ways in terms of color, space usage, and figure depiction.

Like many art therapy faculty, my early art therapy training was steeped in a predominantly White Euro-American and psychodynamic orientation. However, my continuing professional development has helped me to realize the value in adapting other theoretical approaches (e.g., client or person-centered, and cognitive behavioral) to ensure more culturally responsive therapeutic interventions. I encourage art therapy interns to combine minority group experiences and internship placements in urban and rural settings to broaden their nascent theoretical orientation. The focus of my art therapy research has been to counteract the racism of our society, which historically has pathologized the emotional and behavior characteristics of culturally diverse populations. Understanding of the impact of "historical hostility" (Vontress et al., 1999, p. 23) has increased my clarity on the institutionalized racist policies of the United States as evidenced by the residual impact of slavery, discrimination and inferior treatment of persons from visible racial ethnic groups.

Art therapists preparing to teach courses on cultural diversity must demonstrate their own commitment to individual cultural competence. Researchers describe the attainment of cultural competence, whether faculty or student, as evidenced by the individual's successful progression through the domains of self-awareness, knowledge and skills (Pederson, 1994). There are several self-assessment tools/models that can be used to examine one's values, biases, assumptions, and prejudices about persons of diverse racial, ethnic, and cultural backgrounds (Hays, 2001; Moon, 2000; Helms & Cook, 1999; McGrath & Axelson, 1999; Pederson, 1994; Randall-David, 1989, 1994; Ridley, 1995). Faculty who have taught courses in cultural diversity also may tell you of their experiences of extreme reactions on the part of the students. Several students have withdrawn from my classes citing dissonance and others have had emotional reactions to the course content. Reynolds (1995) describes students' responses to course content as ranging from "discomfort, fear, ambivalence and varying degrees of resistance" (p. 315). Jackson (1999) describes the parallel process of the instructor and the student having to manage anxiety-provoking material, given the complexity of the learning process, which requires students to move through the cultural awareness, knowledge and skill stages. Typical resistances found in cultural competence courses are: (a) *character resistance*—a person's defensive style, coping style, and general personality functioning; (b) *resistance to content*—when the course is required, students may feel "trapped" and begin displaying feelings of anger, resentment, avoidance and silence; and (c) *transference resistance*—the positive and negative reactions students have towards faculty that interferes with communication, trust, and learning (Werner,1975, cited in Jackson, 1999 , p. 29).

Jackson (1999) describes the need for faculty to view resistance as a normal reaction of students when confronted with uncomfortable course material. Students from visible racial ethnic groups may feel caught in a "double bind" and feel more vulnerable than other students, due to their possible perception that they must represent their particular race. Faculty from these ethnic groups may also feel a similar reaction if they are assumed to know all of this material and are therefore expected to be able to teach without additional training (Jackson, 1999). Faculty are encouraged to regularly consult with colleagues, in an effort to maintain objectivity and avoid emotional drain, and to obtain institutional support.

Curriculum Design and Content

Multicultural training experts have difficulty identifying one multicultural training model that includes every necessary component. Lefley and Pederson (1986) examined the actual process of designing, implementing, and evaluating curriculum models and include a range of specialized techniques for use with the major racial ethnic groups within the United States. Ridley, Espelage, and Rubinstein (1995) explored how a multicultural course fits into the curriculum, the relative merits of the separate

course model, and the topical areas involved in multicultural course development.

Art therapy educators would agree that there are essential art therapy competencies all students must acquire, and the same is true for multicultural competencies. Pederson (1994) emphasized a three-stage process, discussed below, that includes cultural awareness, knowledge, and skills as essential competency areas of any training model. In fact, Pederson cautioned that students cannot develop cultural competence without having an opportunity to go through all three stages. Pederson (1994) suggests that a needs assessment be completed to determine the students' current level of multicultural competence before designing the training program.

The decision to have a single course approach or to infuse issues related to culture throughout their entire curriculum, or a combination of both, is an important first step (Boston & Creekmore, 1996; Hoshino et al., 2003). Because each AATA approved training program has its own mission, philosophy, history, and approach to training, it is important for faculty planning to teach courses related to art therapy and culture to develop their own training approach according to the program's philosophy.

As previously stated, multicultural curriculum design research emphasizes clarifying terminology as the starting process of any training program (Coseo, 1997; Sue & Sue, 2003; Helms & Cook, 1999; Pederson, 1994). In addition to the numerous definitions of culture, additional critical terms to clarify for students are: race and racism (Bhui, 2002; Ridley, 1995; Thomas & Sillen, 1991); ethnicity, (Pinderhughes, 1989); acculturation and enculturation (Casas & Pytluk, 1995). When considering defining terminology, the logical starting point should be to define cultural competence. Cross, Bazron, Dennis, and Isaacs (1989) provide the seminal definition which appears in variations throughout multicultural literature:

> [A] set of observable, congruent behaviors, attitudes and policies that come together in a system, agency, or amongst professionals and enables that system, agency or those professionals to work effectively in cross-cultural situations. (p. iv).

Cross et al. (1989) identify a six-stage cultural competence continuum in which clinicians and organizations can determine their place within the cultural competence developmental process. The Cross et al. Continuum stages are:

- **Cultural destructiveness** – assumes one culture is superior and actively participates in destruction of other cultures
- **Cultural incapacity** – has lower expectations of some racial/ethnic/cultural groups, ignorance and unrealistic fears of/paternal posture towards minority groups
- **Cultural blindness** – believes that traditional treatment approaches are universally applicable
- **Cultural pre-competence** – realizes weaknesses and attempts to improve service delivery, may feel accomplishment of one goal fulfills the obligation

- **Cultural competence** – has commitment to policy change, continuous self-assessment, and provision of a variety of service model adaptations
- **Cultural proficiency** – advocates continuously for cultural competence throughout systems/agencies, holds cultures in high esteem

Another developmental model of cultural competence consists of six stages moving from ethnocentric stages of *denial, defense* and *minimization* to ethno-relative stages of *acceptance, adaptation,* and *integration* (Bennett, 1993).

Multicultural Awareness Development

In my experience, it has been most beneficial to divide my course into the three stage areas defined by Pederson (1994). Students have explored their own multicultural awareness development with a combination of self-assessment tools/models (Coseo, 1997; Hays, 2001; Helms & Cook, 1999; McGrath & Axelson, 1999; Pederson, 1994; Randall-David, 1989; Ridley, 1995), art-based experiential activities (Pederson, 1994) and other in-class exercises to uncover personal attitudes/beliefs related to persons from culturally diverse populations. Self-assessment exercises beginning with reflections on one's first encounter with someone from a culturally different population and moving towards identifying commonly held stereotypes are useful. Art making activities such as countertransference drawings, and personal cultural symbols graphically increase self-awareness.

In keeping with the necessity to develop multicultural self-awareness, students complete specific course assignments designed to focus on their culturally biased assumptions and their racial ethnic identity development. Clinical case presentations are used to examine cross-cultural art therapy interventions with particular attention to the implications of the intersection of the therapist and client's racial/cultural identity stages. For literature on culture-specific identity development, I refer readers to the *Handbook of Multicultural Counseling* by Ponterotto, Casas, Suzuki, and Alexander (2001) and the Multicultural Committee's extensive *Selected Bibliography and Resource List* on the website of the American Art Therapy Association (Available: http://www.arttherapy.org/pdf/MCCBiblio Topical1105.pdf).

Harris, Blue, and Griffith (1995) focused on the examination of expressions of identity through the creative arts. Two chapters in the Harris et al. text, "Coping with stress through art: A program for urban minority children" (Canino, 1995) and "Images used by African Americans to combat negative stereotypes" (Hudson, 1995), should be of particular interest to art therapists. The texts edited by Hiscox and Calisch (1998) and Campbell et al. (1999), and articles by Cattaneo (1994), Lofgren (1991) and Westrich (1994) are also excellent resources.

Multicultural Knowledge Development

Methods for developing competency in multicultural knowledge relative to specific diverse populations can be

found in these and other sources: Comas-Diaz and Griffith (1988); Koslow and Salett (2001); Ponterotto, Casas, Suzuki, and Alexander (2001); Sue and Sue (2003); and Sue, Ivey, and Pederson (1996). Gaining culturally specific knowledge requires that particular attention be paid to understanding a person's worldview. As defined by Sue and Sue (1990), worldview refers to attitudes, values, opinions, and concepts, as well as "how we think, make decisions, behave, and define events" (p. 137). By implication, art therapists must work to understand and accept the worldview of culturally diverse clients in a non-judgmental manner (Cattaneo, 1994; Richards & Bergin, 2000; Sue & Sue, 1999). Conducting a cultural inventory (cultural biography), for example, is a method of obtaining culture-specific information from the client and is especially useful with immigrant populations (Vontress et al., 1999). The use of culture-brokers, or persons from the specific racial ethnic groups, as guest lecturers provides an invaluable opportunity for students to experience the distinctive qualities of a unique group. Rituals such as the sharing of food, music, and or dance customs have been another well-received addition to my class offerings. Films/videos are another important illustrative device. (See the Multicultural Committee's *Selected Bibliography and Resource List* on the AATA website for contact information and an excellent collection of culture-specific information).

In my recent courses I have combined the "groups" approach (i.e., specific information on individual racial/cultural groups) with a conceptual constructs approach. The groups approach has the potential to foster stereotypes when instructors and students fail to realize that every person within a racial/cultural ethnic group may not "fit" into the mold of the group. Vontress et al. (1999) emphasize a conceptual approach that makes use of theoretical applications to groups of people in general. I specifically caution my students to be aware that the culture-specific characteristics/knowledge does not generalize to each individual group member.

Multicultural Skill Development

Pederson (1994) describes the acquisition of culturally competent skills as the most difficult and important of the three phases of multicultural competence. Pederson's "Triad Training model" utilizes four outcome strategies to measure effective cross-cultural counseling skills: (a) articulating the problem from the client's perspective, (b) recognizing client resistance from a culturally diverse client in specific rather than general terms, (c) diminishing counselor defensiveness in a culturally ambiguous relationship, and (d) learning recovery skills for getting out of trouble when making mistakes while counseling culturally diverse clients (p. 240).

The Triad Training model affords an opportunity to role-play the therapist-client dyad, with the additional roles of a pro-counselor and anti-counselor to illustrate the internal dialogue of the therapist. Critical incidents/case studies (Harper & McFadden, 2003; Sue & Sue, 1990) also have proven effectiveness in skill development. These culture-specific clinical cases provide examples of conflicting values along with clinical implications and insight into the clinician's approach to treatment. Using the small group format, I have had students review the various scenarios and describe how they would respond using art therapy interventions and basic therapy skills, such as active listening, reframing, and so forth.

It goes without saying that art making is central to our profession. Therefore we must consider that all cultures do not view art as psychological projection. As we view the art of diverse cultures we must remember the influences of our own cultural experience in terms of color, symbol identification, organization of space, and figure depiction. Mangan (1978) states: "[V]isual perception, which also includes interpretation of pictures, is learned. What specific mode of interpreting visual images is learned depends on one's culture" (p. 246). Mangan describes visual perception across cultures, culture and the visual image, styles of depiction, attributes of the visual image (scale and color), and implications for education. Mangan recommends specific steps for use prior to introducing images in cross-cultural contexts. His research has important implications for art therapists who use assessment devices, which have pre-drawn images. Mangan stresses increased awareness of the distinct culture-specific methods of representing three-dimensional reality on a two dimensional surface.

In her chapters on assessment and treatment, Pinderhughes (1989) reminds therapists to avoid using their own cultural lens as the basis of determining the problem. During the assessment process consideration should be paid to the cultural norms for dysfunctional or pathological behaviors. Special care must be taken not to interpret cultural differences as weaknesses, or to formulate diagnostic inquiries designed to validate the therapists' false perceptions. Other barriers and/or sources of misinterpretation in therapy have been stated in Sue and Sue (2003, p. 10), including culture-bound values, class-bound values, and the language variable based on differences in communication styles (verbal/non-verbal), use of formal register (standard English), and/or emphasis on verbal communication.

Culture-specific treatment skills require an ability to intentionally use culturally appropriate intervention strategies when working with diverse populations. Art therapists have an advantage of being trained to communicate through verbal and non-verbal methods which open many avenues for therapeutic interventions. I have often suggested a cultural discovery approach, where the art therapist taps into the client's life experiences to aid in the therapeutic process. Learning a client's language, values, practices at home, and acculturation and assimilation issues provides critical diagnostic information (Roysircar, 2003). Structuring (i.e., educating the culturally diverse client) the therapeutic encounter in such a way as to clarify the art therapy/counseling enterprise clarifies the therapist's and the client's roles and treatment expectations.

The practitioner-as-learner or collaborator is another approach wherein the therapist may enlist the assistance of priests, ministers, indigenous healers, or religious experts as consultants. Pinderhughes (1989) suggests that

therapists be prepared to visit their culturally different clients in their community as a means of becoming familiar with the culture.

Cross-cultural Supervision

Research is increasingly examining racial and cultural issues in supervision (Brown & Landrum-Brown, 1995; Calisch, 1998; Helms & Cook, 1999; Pope-Davis & Coleman, 1997). Multicultural and cross-cultural supervision are often used interchangeably to describe the circumstances wherein either the supervisor or the supervisee/client are from different cultural backgrounds. For the purposes of this article I will not use the term multicultural supervision because it can relate to the study and practice of supervision in and for different cultures (Brown & Landrum-Brown, 1995). Cross-cultural supervision refers to the process, content and outcome pertaining to the client-supervisee-supervisor triad in which one or both of the other parties in the triadic relationship is culturally different (Brown & Landrum-Brown, 1995, p. 264). The cultural characteristics of the supervisor directly influence the attitudes, knowledge, and skills of the supervisee, which in turn affect the client's therapy and the content, process, and outcomes of supervision (Brown & Landrum-Brown, 1995). Helms and Cook (1999, pp. 285-286) emphasize the following points for supervisors to make with supervisees:

- Noticing at what point it would be most helpful to acknowledge the client's race/culture

- Encouraging supervisees to use the client's reactions to the therapist's racial appearance as a race-related intervention

- Offering strategies for helping the resistant or reluctant supervisee to become more open to personal exploration, as a supervisor would if any other issues were affecting the supervisee's therapeutic work

All faculty and practicum site supervisors who endeavor to train students must first assess their own fundamental beliefs, values, prejudices, stereotypes and attitudes and the impact of those beliefs on their ability to work objectively with people of different cultures. Talwar, Iyer, and Doby-Copeland (2004) noted that 90% of AATA membership is Caucasian-American and 91% female (Elkins, Stovall, & Malchiodi, 2003), suggesting the prevalence of an ethnocentric mono-cultural perspective. Consequently, we must examine the issue of cross-cultural supervision.

Ridley (1995, pp. 10-13) outlines several factors that contribute to the racist practices of therapists: **good intentions/bad intentions** where therapists assume that their good intentions are automatically helpful; **traditional thinking** that results when therapists assume that existing therapy approaches and techniques are appropriate for all people regardless of their race, ethnicity or culture; **cultural tunnel vision** that results when therapists with limited cross-cultural experiences assume their role is to teach their world view to their clients; **blaming the victim** that occurs when therapists attribute the cause of victimization to the victims themselves while overlooking the real causes; and **either/or thinking** which assumes that racial groups have nothing in common, that separation of the races is logical and assumes that the culture and customs of minority groups are less valuable than those of the majority.

Hardimann (1994) and Helms (1995) discuss stages/statuses wherein white individuals move from a position of unawareness of the impact of race on themselves as racial beings, to a consciousness and appreciation of their own Whiteness, while simultaneously valuing other racial groups and advocating for the elimination of oppression.

McIntosh (1998) posited White privilege as the awareness of the unearned benefits taken for granted by whites everyday. In the supervisory relationship, White privilege can manifest as the assumption that white culture's values are the accepted reference standard and result in ignorance of other cultures' worldview.

Finally, Pinderhughes (1989) emphasizes that the hierarchal quality in the cross-cultural relationship between the supervisor and supervisee should be examined in terms of the history of racism in the United States, the supervisee's internalized racism, and the potential of the power differential being acted out paternalistically.

In cross-cultural supervision, the supervisee must have trust in the supervisor to foster a strong working alliance which allows for honest self-disclosure and the receipt of useful feedback (Fong & Lease, 1997). Exploration of culturally differing communication styles, such as linguistics, use of eye contact, assertiveness, verbal and non-verbal signals will ensure the accuracy of communication (Fong & Lease, 1997).

Although the previous paragraphs describe cross-cultural implications for the white supervisor and the culturally diverse supervisee, my stance is that all clinical encounters are potentially "cross-cultural." Therefore an important consideration in the cross-cultural supervisory relationship is the supervisor and supervisee's understanding of the impact of their racial/ethnic identity development as well as the racial/ethnic identity of the client on the process of treatment.

Conclusion

Clearly, individuals as well as groups of clients differ from one another and the suggestions made here are not meant as absolutes. I agree with Sue and Sue (1999) when they write, "[T]he blind application of techniques to all situations and all populations seems ludicrous" (p. 230). Culturally competent therapists identify appropriate interventions and use them effectively in a timely manner. Sue and Sue (1999) identify several characteristics of culturally competent mental health professionals which are in keeping with the AATA educational requirements for courses in social and cultural diversity and the multicultural standards of practice. Attaining cultural competence is an ongoing process requiring constant self-awareness examination to increase an understanding of how our biases, values and cultural customs affect interactions with culturally diverse populations.

Recognizing the necessity of gaining specific knowledge relative to the practices of culturally diverse clients to ensure the cultural responsiveness of treatment should be a given for all clinicians. The demonstration of an honest admission of the need to learn, and a willingness to tailor treatment to suit the cultural worldview of the client, communicates a flexibility that enhances the cross-cultural treatment relationship. Socially responsible, culturally competent art therapists function as allies demonstrating knowledge of the alloplastic and autoplastic characteristics of institutional policies which prevent culturally diverse populations from accessing services/resources (Vontress et al., 1999).

These curriculum guidelines were written to assist art therapy education programs in developing cultural diversity courses as well as to provide information to art therapy professionals and students who desire to meet the current AATA Educational Standards and Ethics requirements. As Vasquez (1997) stated:

The responsibility of multiculturalism belongs to all of us in the field of education, beginning with the president and his or her administrators, to the deans of departments, to the counseling program chairs, to the program's faculty, and finally to the students. We have the responsibility of teaching students the process of acquiring knowledge, as well as of using that knowledge to promote diversity in human development. Diversity is a gift to be cherished and not a fear to be destroyed because of lack of knowledge (p. 179).

The good news is, since these guidelines were originally conceived and submitted for publication, there has been a proliferation of research published on cultural competence in the field. It is my hope that sharing my experiences in some manner confirms the efforts of other art therapy educators, benefits those endeavoring to teach this material, and that these ideas will be expanded upon.

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Resources:

There are several useful resources and instructional aids available to instructors on multicultural therapy issues. In addition to the AATA Multicultural Committee *Selected Bibliography and Resource List,* the following instructional aids maybe useful:

1. Multicultural Calendars: Global Lead, 7162 Reading Road, Cincinnati, OH 45237, (513) 731-8700

2. Filmakers Library, 124 East 40th Street, New York, NY 10016, (212) 808-4980, info@filmakers.com

3. The APA Office of Minority Affairs, 750 First Street, NE, Washington, DC 20002-4242, (202) 336-6029, pubinterest @apa.org, www.apa.org

4. National Center for Education in Maternal and Child Health, 2000 15th Street, North Suite 701, Arlington, VA 22201-2617, (703) 524-7802, info@ncemch.org, www.ncemch.org

5. Multicultural Training and Research Institute, Temple University School of Social Administration, 13th Street & Columbia Avenue, Ritter Annex – 6th floor, Philadelphia, PA 19122, (215) 787-8773

6. National Multicultural Institute, 3000 Connecticut Avenue, NW, Washington, DC 20008-2556, (202) 483-0700, nmci@nmci.org www.nmci.org

7. Intercultural Press, P.O. Box 700, Yarmouth, ME 04096, (800) 444-7139

8. Association for Multicultural Counseling and Development (AMCD), found on the American Counseling Association website: http://www.counseling.org/

9. International Association for Counselling: http://www.iac-irtac.org/

10. Microtraining and Multicultural Development, 25 Burdette Avenue, Framingham, MA 01702, www.emicrotraining.com

11. *Ancient and Living Cultures Stencils* – Glenview, IL: Good Year Books.

12. Bowers, E. (1996). *Directory of culturally diverse art and play therapy materials for children and adolescents.* (Available from Elaine Bowers, P.O. Box 1954, Orangevale, CA 95662-1954).

13. McGrath, P., & Axelson, J. A. (1999). *Accessing awareness and developing knowledge: Foundations for skill in a multicultural society* (3rd ed.). Pacific Grove, CA: Brooks/Cole.

14. Pederson, P. B. (2004). *110 experiences for multicultural learning.* Washington, DC: American Psychological Association.

15. Schuman, J. M. (1981). *Art from many hands: Multicultural art projects.* Worcester, MA: Davis.

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17. Singelis, T. M. (Ed.). (1998). *Teaching about culture, ethnicity and diversity: Exercises and planned activities.* Thousand Oaks, CA: Sage.

18. Terzian, A. M. (1993). *The kids multicultural art book: Art and craft experiences from around the world.* Charlotte, VT: Williamson.