Rehabilitation Counseling: Issues Specific to Providing Services to African American Clients

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With primary emphasis on multiculturalism in rehabilitation counseling, this article seeks to promote a greater awareness and future planning among rehabilitation practitioners and educators of the importance of understanding the issues specific to providing services to African American persons with disabilities. Regarding service provisions for African Americans with disabilities, attention is devoted towards issues in multicultural rehabilitation counseling, strategies effective in meeting the needs of multiculturalism, issues confronting counselors, issues clients bring to the rehabilitation counseling relationship, training programs, and implications and recommendations.

A review of the literature suggests that limited information exists regarding how cultural-specific issues such as being an African American client influences the rehabilitation counseling process. African Americans differ from other Americans in a variety of ways such as continued minority status, oppression within the United States, and the unique combination of psychological characteristics combined with socio-political factors (Sue & Sue, 1990). In order to provide effective counseling strategies, these factors must be considered and understood. In addition, because of the nation's changing demographics, and the importance of rehabilitation services, counseling issues specific to African Americans, as well as other ethnic and racial minorities, must be addressed.

In 1985, the U.S. population totaled 238 million; 12 percent were African American, 5.8 percent Hispanic, 1.6 percent Asian, .6 percent American Indian and 80 percent Anglo American (U.S. Bureau of the Census, 1993). In 1990, the U.S. population totaled nearly 249 million (U.S. Bureau of the Census, 1992). By the year 2020 demographers predict that Anglo Americans will still account for 70 percent of the total U.S. population. This percentage will have dropped to 60 percent by the year 2050—a decrease in actual numbers of 36 million from 1980. By 2050, the number of African Americans are expected to increase to 16 percent (Helms, 1989), with concomitant increases among other racial minority groups.

The number of African Americans with disabilities shows an even greater disparity in numbers compared to the population at large. According to the U.S. Bureau of the Census (1992), in 1990 while 8.4 percent of Anglo Americans had health problems or disabilities that prevented them from working or which limited the kind or amount of work they could do, 13.4 percent of African Americans had the same problem. Hence, African Americans with disabilities constitute a substantial portion of the population with disabilities. Marshall (1987) indicated that a disproportion-
ate number of African American adults (14.1%) have some sort of disability compared to Anglo Americans (8.4%). In addition, African American adults with disabilities have been forced to cope with the "double whammy" of racial discrimination as well as physical impairment. Historically, as well as today, membership in either group results in prejudicial feelings that interfere with one's participation in the education, employment, and social structures afforded to non-disabled, non-minority persons (Wright, 1988). According to Herbert and Cheatham (1988), persons with a disability who belong to an ethnic minority group receive additional bias as a rehabilitation client.

Sue and Sue (1990) stated that cross-cultural/multicultural counseling may be defined as a helping relationship in which the counselor and client differ culturally, racially or ethnically. Ridley (1978) operationalized multiculturalism at two very different levels. Broadly construed, it may be viewed as any intervention in which nationality, ethnicity, race, life style, gender, socioeconomic status, among other factors, differentiate the practitioner from a client. For example, an Anglo American heterosexual rehabilitation counselor who provides vocational rehabilitation services to a homosexual client would be engaged in multicultural or cross-cultural rehabilitation counseling. Constrained narrowly, multicultural rehabilitation counseling may be viewed as a relationship that involves a middle-class Anglo American rehabilitation counselor and a racial minority client, i.e., African American, Native American, Hispanic American, or Asian American. Regardless of whether one supports the broad or narrow view, such counseling rests on the assumption that cultural and racial biases can be eliminated or at least minimized during the rehabilitation counseling process.

Atkinson, Morten, and Sue (1979) indicated that multicultural counseling exists under four situations. First, the counselor is in the majority culture and the client is a minority individual. Second, both the counselor and the client are minority individuals, but belong to different minority groups, e.g., African American counselor and an Asian client. Third, the counselor belongs to a minority group and the client belong to the majority group. Fourth, the counselor and client are ethnically similar but belong to different cultural groups because of variables such as age, gender, or socioeconomic level.

The topic of multicultural rehabilitation counseling is especially critical for Anglo American counselors who tend to be poorly or inadequately trained in understanding the cultural dynamics of minority groups. For a rehabilitation practitioner who is not aware of multicultural issues, problems may occur as a direct result of (1) countertransference, (2) lack of awareness or understanding of the African American experience, and (3) lack of empathy. For African American clients, the issues include (1) resistance to the rehabilitation counseling process (e.g., lack of self-disclosure and/or anger. (2) transference, (3) early self-termination, and (4) a general inability to grow during the helping process. Regarding early self-termination of services by the client, Sue and Sue (1990) indicated that the termination rate of African American clients after only one counselor/client contact was 50% as compared to 30% for Anglo American clients. Two primary reasons were identified for early termination or low utilization rates.

First, staff is usually always predominantly Anglo American. This may be viewed by the client as a lack of commitment by the agency as well as staff. In addition, the perception may be that culturally and ethnically different clients are not cared about, that there is a lack of concern and understanding regarding diverse lifestyles and experiences, and that efforts toward encouraging participation are not genuine and sincere. Though perceptions may be wrong, it may be assumed by African American clients that professional staff (i.e., rehabilitation counselors) would not be able to relate to their experiences and, in fact, that the low minority representation is a result of racist policies and practices which discriminated against hiring African American staff. Thus, based on these perceptions, many African American clients are actively discouraged from utilizing rehabilitation services.

Second, the manner in which services are offered is crucial in its ability to relate to culturally diverse clients. According to Atkinson et al. (1983), when clients receive services in the rehabilitation counselor's office, the setting may be less advantageous than meeting the client in a different contextual environment. Rather than demanding that the client adapt to the practitioner's culture, it may be better for the rehabilitation counselor to adjust to and work within the client's culture. In other words, alternative roles involve the rehabilitation counselor becoming more active in the client's life experiences than what we have traditionally been trained to do. African Americans find the one-to-one/in-office type of interaction very formal, removed, and alien. When rehabilitation practitioners move out of their offices into the environments of their clients, it again indicates commitment and interest in the individual.

The premise of this paper is that rehabilitation counselors must not only have self-awareness, but also cultural awareness. Practitioners must be cognizant of experiences specific to African Americans during the rehabilitation process. Such awareness has the potential for increasing the effectiveness of counselors (and others) who work with African American persons with disabilities and/or other culturally and ethnically diverse clients. In the words of Sue and Sue (1990),

...we have a personal responsibility to (a) confront, become aware of, and take actions in dealing with our biases, stereotypes, values, and assumptions about human behavior, (b) become aware of the culturally different client's world view, values, biases, and assumptions about human behavior, and (c) develop appropriate help-giving practices, intervention strategies, and structures that take into account the historical, cultural, and environmental experiences/influences of the culturally different client (p. 6).

It is important to be aware that rehabilitation counseling does not take place in a vacuum isolated from the larger social-political influences of our society. Therefore, the purpose of this paper is to describe the importance of effective rehabilitation counseling regarding African American persons with disabilities as it pertains to multicultural rehabilitation counseling. Second, issues in multicultural rehabilitation counseling shall be discussed, particularly as they relate to providing services to African American clients. Finally, recommendations are provided for enhancing the rehabilitation counseling process for African American clients. These recommendations may also be applicable to counselors regarding other clients that may differ culturally or ethnically from the dominant culture.
Multicultural Rehabilitation Counseling: African Americans with Disabilities

If I am because I am I, and you are because you are you, then I am and you are. But if I am I because you are you, and you are you because I am I, then I am not and you are not (Rabbi Mendal, cited in Bradshaw, 1988, p. 41).

Multicultural rehabilitation counseling has emerged only recently as a category of the cross-cultural counseling discipline (Atkins, 1988; Wright, 1988). Briefly, multicultural rehabilitation counseling takes into consideration the unique ways in which cultural differences affect the counseling process. It emanates from the belief that individuals with different cultural backgrounds respond in different—perhaps unique—ways to the rehabilitation counseling process. Subsequently, rehabilitation tools and techniques are necessary to tap the various responses, and counseling and vocational needs of persons with disabilities who differ from the majority culture. In essence, and perhaps most importantly, multicultural rehabilitation counseling is a recognized subset of rehabilitation counseling that attempts to eliminate cultural and racial biases in rehabilitation counseling, albeit benefits to be derived by the client and the counselor.

Psychologists, anthropologists and sociologists tend to agree that cultural factors play a significant role in the socialization process. Each culture, therefore, has its unique values, beliefs, attitudes, and norms. Similarly, individual and group differences make it difficult—if not impossible—to treat all clients as if they were from a homogeneous group. Some years ago, Colangelo and Exum (1979) and Exum and Colangelo (1981) asserted that most counseling agencies are incomplete relative to meeting the needs of many African American clients because they do not give credence to the meaning of the African American experience (i.e., racism, unfair judicial system, limited employment opportunities, etc.) during the counseling process. While this statement is not specific to the field of rehabilitation counseling, the same holds true despite some progress in the rehabilitation counseling field regarding meeting the needs of underserved clients.

Issues in Multicultural Rehabilitation Counseling

As stated previously, rehabilitation counseling is a reciprocal process; it does not happen in a vacuum. Needless to say, various issues can interfere with the rehabilitation counseling process, and if steps are not taken to address them, the counseling process may be futile. Therefore, multicultural rehabilitation counseling incorporates issues which allow practitioners to fill gaps that may take place when clients differ by race, ethnicity, gender, sexual orientation, or culture. Multicultural rehabilitation counseling borrows from such disciplines as psychology, sociology, social work, anthropology and psychiatry. What is unique about multicultural rehabilitation counseling is the thoroughness and systematic attempt to synthesize the various constructs of a client’s culture into a meaningful perspective (Sue & Sue 1990). By doing so, the rehabilitation counselor maximizes the outcome of service use.

Health and human resources professions have been polarized into two opposing viewpoints relative to service delivery. On the one hand, there is a universal expectation regarding behavioral patterns thought to be on a fixed-maladjustment continuum. Applying this concept to the field of rehabilitation counseling, it would imply that a “standard of normality” cuts across cultural, ethnic, social, or racial lines. The criterion of judging behavior, irrespective of the client and his or her concerns, remains the same. In this situation, then, all clients are provided services in the same manner and with the same techniques.

On the other hand, a cultural perspective of service delivery suggests that ethnicity or cultural context defines its own norms for service use (Draguns, 1981). Pedersen (1973) stated that the lack of this position construes health and human resource utilization as problems as it relate to attitudes, values, norms, and behavior that vary across cultures. Therefore, overt behavioral patterns may mean different things to different people, including the client and rehabilitation counselor. But in the main, rehabilitation counselors must take great care to minimize the degree of dysfunction during the rehabilitation counseling process.

The clinical experience of the authors would suggest that the goals and objectives of rehabilitation counseling primarily dictate the kinds of strategies a practitioner is required to take with a particular client. Multicultural rehabilitation counseling is concerned primarily with helping culturally and ethnically different clients adjust to, accept, survive, understand, or cope with his or her needs and utilize available resources in the process. However, other rehabilitation counseling practitioners believe that the counselor’s role is to help clients manipulate, change, shape or restructure their views or values to suit the personal needs of the practitioner.

Multicultural Rehabilitation Counseling Strategies

Emphasis placed on the rehabilitation counseling relationship versus the process espoused by the rehabilitation agency or facility as the major strategy is an important issue in multicultural rehabilitation counseling. Although not associated with multicultural rehabilitation counseling, Rogers (1951) emphasized the importance of the relationship as a significant strategy in any helping profession. With this person-centered approach, Rogers asserted that such techniques as empathy, unconditional positive regard, congruence, and active listening should be major tools when dealing with another human being. These strategies enhance the relationship and are thought to be extremely effective in multicultural relationships. Herbert and Cheatham (1988) stated that the culturally competent rehabilitation counselor must understand, appreciate, and accept the client’s perceptions of their relationship to nature, persons and institutions. By doing so, the counselors may better comprehend the psychological dynamics of a culturally different client.

Multicultural rehabilitation counseling holds that counselors should employ special interventions and techniques designed for specific cultural groups. Atkins (1988) stated that assessment of the strengths of African Americans must employ a variety of tools and techniques geared toward inclusion, rather than exclusion, of the rehabilitation process. Wrenn (1962) challenged or questioned the concept of a “culturally encapsulated counselor” who disregards cultural differences in favor of applying blindly the same techniques to all clients and across all situations. Essentially, multicultural rehabilitation counseling attends to
universal needs common among all populations while simultaneously attending to cultural specific needs of clients.

Networking clients with those who share the same culture and disability might prove especially effective with African American clients given, many times, their cultural orientation to communal work. According to Atkins (1988), African Americans tend to function best when there is a sense of "community." Community involves family, significant other(s), support systems, white mentors, and African Americans helping African Americans. Networking may also enhance their self-esteem by letting African American clients know that others share their concerns. When clients have the opportunity to speak with other African Americans with disabilities, they may become more comfortable with the rehabilitation counseling process and at the same time, decrease their resistance to working with rehabilitation counselors who may be ethnically and/or culturally different from them.

Some years ago, Frasier (1974) developed the Decision Making Skills for Life Planning, a counseling or guidance instrument that uses group activities to explore identity issues. Clients work together to answer questions such as "Who am I?" and "Where am I going?" Again, the opportunity to dialogue can be potentially therapeutic or cathartic. Similarly, family participation in the rehabilitation counseling process may prove especially important because it is believed to be the primary socialization agent, plays a major role in development, and is an important rehabilitation counseling strategy. Sue and Sue (1990) stated that the well-being of the human species is central to the development of the family. Families are the primary socialization agent and play a major role in development. The premise underlying family participation in the rehabilitation counseling process is that humans are a part of a mutually dependent, reciprocal relationship that significantly influences the behavior of individual members of the family. This is particularly true for African Americans who have extremely strong family ties. In addition, family participation in the rehabilitation counseling process supports the idea that the reciprocal nature of the family determines how the individual will cope with problems and social pressure. With family participation, the focus switches from the individual to family dynamics in order to understand issues specific to racial identity development. In essence, not only does the individual have concerns, but so does the entire family. All members become active members in the rehabilitation counseling process.

In short, to facilitate the rehabilitation counseling process and growth in the client, rehabilitation counselors may assume either a counselor-client approach, in which both partners are active participants in the learning process (as espoused by Rogers); or a counselor-centered approach may be employed as in the case of reality therapy and rational emotive therapy. Irrespective of one’s orientation, just described, several issues may hinder the rehabilitation counseling process. In the following section, these issues are described.

Issues Confronting Rehabilitation Counselors

A general lack of understanding and awareness of what it means to be an African American can interfere with the counselor’s effectiveness to work with clients who are African Americans. Jereb (1982) contends that African American clients may be more resistant to social services due to a lack of counselor understanding regarding the African American perspective. Subsequently, lack of both understanding and empathy on the part of the rehabilitation counselor may result. Consequently, counselors are likely to have difficulty putting themselves in their client’s place. Stated differently, how can a middle-class Anglo American rehabilitation counselor put himself or herself in the place of a low-income African American disabled client who complains about feelings of hopelessness relative to upward mobility, fatalism, lack of employment or education, or being discriminated against? Wright (1988) asserted that as the number of ethnic minorities increases in the United States, it is questionable whether rehabilitation counselors can efficiently and effectively provide appropriate rehabilitation services.

In addition, stereotypes and prejudices may hinder the helping process such that rehabilitation counselors cannot see beyond their own negative stereotypes about African Americans with disabilities or other cultural groups. According to Atkins (1988), despite everything that could be postulated about African Americans, racism underlies much of the negative attention focused on African Americans. To illustrate, such stereotypes may include the belief that African Americans in general are lazy, less intelligent, and that providing rehabilitation counseling services is a worthless endeavor. Irrespective of what is desired or expected by African Americans, the key to successful rehabilitation are the expectations of rehabilitation employees (Atkins, 1988).

Countertransference, defined as the irrational reactions counselors have toward their clients that may interfere with their objectivity (Corey, 1986), can also impede the counseling process. In this situation, for example, the rehabilitation counselor projects her or his own insecurities or issues onto the client (i.e., projection). Needless to say, rehabilitation counselors are less likely to get in touch with their clients’ true feelings and problems.

Finally, cultural conflict, e.g., different values, attitudes, beliefs, and norms on the part of either or both the rehabilitation counselor and client, are potentially deleterious or negative issues for the rehabilitation counseling process. By virtue of holding different orientations, the counseling participants may have difficulty communicating with each other. Clearly, lack of communication carries negative implications for the helping process. To state the obvious, the above mentioned issues prohibit clients from progressing, which is the ultimate goal of the rehabilitation counseling process. Ridley (1978) contends that counselors must openly acknowledge client fears and sociocultural differences, maximize the client’s emotional involvement and self-esteem, and where appropriate self-disclose to ease client anxiety.

Issues Clients Bring to the Rehabilitation Counseling Process

Just as countertransference effects the rehabilitation counselor, transference can affect the client. For instance, clients may have difficulty getting in touch with their goals and desires because the rehabilitation counselor reminds them of negative past experiences. Personal experiences suggest that some African Americans with disabilities resist the rehabilitation coun-
eling process because they themselves hold negative images of Anglo Americans in general—and by extension, Anglo American rehabilitation counselors. While most Anglo Americans view obtaining employment as a matter of ability and effort, the same does not hold true for African Americans. The combined problems of racism and disability most often than not result in discrimination. Helms (1989) stated that race is often ignored in the helping process because few counselors are aware of how being an ethnic minority interferes with the process of self-development.

Forms of resistance other than early termination include defense mechanisms, that is, techniques used to protect oneself from discomfort or pain. These defenses include denial of having a problem, projecting their problems onto others, fewer number of African American persons with disabilities seeking rehabilitation services, rejecting help, and adapting other behaviors to avoid further vocational assistance. These issues result in a general inability of African American persons with disabilities to grow and to overcome the issues for which vocational rehabilitation services are needed. Tucker, Chennault, and Mulkerne (1981) conducted research on barriers to effective counseling with African Americans and therapeutic strategies for overcoming them. It was asserted that many African American clients present five barriers in counseling: (1) a negative attitude towards counseling; (2) the expectation of therapeutic failure; (3) defensiveness and fear of self-disclosure because of identification with societal stereotypes of males being super masculine and females as super strong (i.e., tell one's personal information to a stranger); (4) feelings of discomfort during counseling; and (5) the counselor's own discomfort in working with African American clients. While this information is specific to psychology, it is applicable to rehabilitation counseling and more often than not, the same issues apply.

Despite the aforementioned issues, the rehabilitation counseling process can be enhanced. The following section sets forth important skills that rehabilitation counselors should acquire prior to working with culturally or racially diverse clients. This is not to suggest that middle-class Anglo American rehabilitation counselors cannot work effectively with African American clients. Rather, the point to be made is that certain skills can enhance the rehabilitation counseling process and increase the effectiveness of practitioners which leads to client improvement.

Requisite Skills for Rehabilitation Counselors

Effective provision of rehabilitation counseling services to ethnic minorities with disabilities, requires rehabilitation practitioners to possess fundamental skills. The beginning of any helping relationship consists of developing rapport or a basis for trust. Carl Rogers (1951, 1961) maintained that the first step toward helping any client is to build a trusting relationship. Rogers espoused a theory in which effective counseling is virtually impossible unless a trusting relationship has been established. This means focusing upon Rogers' notion of unconditional positive regard, in which African American clients (in fact, all clients) are looked upon as individuals with unique concerns—irrespective of skin color or cultural orientation.

As conveyed previously, unconditional positive regard is extremely important in assisting African Americans with disabilities. In order to optimize this concept, positive attitudes are required. Atkins (1988) maintained that the most powerful barrier to human rights for African Americans is negative attitudes. The non-minority population tends to view ethnic minorities as a negative deviation from the norm resulting in labeling, stigmatizing, and negative attitudes. Ayers (1977) stated that the predominant attitude of society represents the single greatest factor which impacts on treatment and service program development. Unequivocally, society as well as rehabilitation practitioners must move from negative attitudes regarding ethnic minorities if African Americans with disabilities are to maximize their opportunity for service use.

Rehabilitation practitioners must provide African American persons with disabilities positive, yet realistic, messages regarding their vocational options and potential. Atkins (1988) stated that an asset-orientation approach for working with and viewing African American clients focuses on strengths based upon a realistic appraisal of the impact of limitations. "Asset orientation reflects a belief that positive outcomes originate from shaping strengths and failure results from a concentration on limitations, fears, and negatives" (p. 45).

Another requisite skill for rehabilitation practitioners is multicultural counseling. Existing rehabilitation counseling practitioners must have training in multicultural rehabilitation counseling in order to become both socially and self-aware. Regarding social awareness, Wright (1988) emphasized that understanding the characteristics and needs of ethnic minorities with disabilities is just as important as counseling, job placement, communication, assessment, and characteristics of disabilities.

Self-awareness is an important requisite skill for rehabilitation practitioners. This skill increases the counselors' sensitivity to the myriad of issues that attend being a racial minority, and how such factors affect the well-being of African American clients. Self-awareness is especially critical for Anglo American counselors who, by and large, are trained inadequately to effectively assist multicultural positions in pluralistic America. An increased awareness of cultures may empower rehabilitation counselors in their quest for optimal effectiveness through more appropriate counseling skills development.

Multicultural Rehabilitation Counselor Training Programs

As mentioned earlier, minorities are becoming a majority in this nation. Nonetheless, many rehabilitation counseling programs do not train students in multicultural rehabilitation counseling. Wright (1988) discussed critical issues regarding the preparation of rehabilitation professionals in serving minorities with disabilities. He stated that "Rehabilitation counselor education curricula (e.g., seminars, field experiences, special course topics lectures, and research) must incorporate the characteristics and needs of ethnic minorities with disabilities" (p. 8). In addition to including multicultural issues to course content, each rehabilitation program should have at least one mandatory course on multiculturalism.

The literature suggests that training programs must begin to create courses that teach potential practitioners how to work with
various ethnic groups and in cross-cultural relationships (Atkins, 1988; Ayers, 1988; Wright, 1988). Such programs must be characterized by first, teaching potential rehabilitation counselors about issues confronting African Americans (as well as other ethnic and racial minorities) and how these issues hinder the helping process; and, second, help potential rehabilitation counselors increase their own self-awareness in order to facilitate an understanding of personal biases, prejudices, and stereotypes, and how these factors interrupt the rehabilitation counseling process. Perhaps Corey (1986) stated the importance of training and continuing professional education regarding multiculturalism best when he said that "Counseling of people of culturally diverse backgrounds by counselors who are not trained or competent to work with such groups should be regarded as unethical" (p. 349).

**Culturally Diverse Rehabilitation Counselors to Serve As Role Models**

More minority rehabilitation counselors are needed in the rehabilitation profession to serve as role models. Atkins (1988) asserted that "...rehabilitation [counseling] continues to fall short of having equitable proportions of African Americans in positions which impart positive images" p. 46. The presence of rehabilitation counselors similar to clients in race, gender, and/or experience can be supportive in itself. However, very few African Americans hold positions of authority in the rehabilitation system. Atkins and Wright (1980) stated that African American rehabilitation counselors are under-represented on the professional staff of many state agencies. While this source is rather dated, the low number of African American practitioners in state vocational rehabilitation settings is still apparent. This is not to say that the variables of race, gender, and/or experience alone are the major factors in successful rehabilitation counseling or that only African Americans can effectively assist African American clients; rather, the point is that more minority practitioners are needed as role models and resource persons due principally to the benefits that may result. As educators and practitioners of rehabilitation or mental health services, the authors are aware that both students and clients prefer an environment or setting where race and gender representation exist. Seeing persons who have similar physical features enhance the likelihood of service utilization. It is strongly assumed that the same applies to African American persons with disabilities.

**Implications and Recommendations**

The literature suggests that rehabilitation practitioners must acknowledge their own feelings and biases regarding ethnic minorities during the rehabilitation counseling process, while taking the necessary steps to ameliorate them. Rehabilitation counselors uncomfortable about discussing race, discrimination, poverty, etcetera, may be unproductive in working with culturally diverse clients. Atkins (1988) identified the following recommendation for rehabilitation personnel to be successful in meeting the needs of African American persons with disabilities:

1. Both African Americans and Anglo Americans must be willing to assume such roles as counselor, advocate, consultant, mentor, and/or facilitator-observer when assisting African Americans with disabilities;

2. Employees must be provided with pre-service, in-service, and continuing education courses and practical experience in providing services to African Americans with disabilities;

3. Techniques for utilizing and implementing successful role models must be duplicated and shared; and

4. Competent, qualified, and educated rehabilitation personnel from varied backgrounds must be employed at all levels within the Department of Vocational Rehabilitation as well as other rehabilitation agencies.

In addition, Lindstrom and Van Sant (1986) set forth the following recommendations for working with culturally different clients:

1. permit clients to express their cultural identity,

2. have counselors on staff representative of various minority groups,

3. recognize and accept individual differences, and

4. increase commitment to counselor education programs that teach multicultural counseling.

Parker, Heath and Breda (1988) emphasized five factors that are essential to enhancing the self-concept of minority clients. First, the rehabilitation counseling process must be clearly explained to the client. Second, both the practitioner and client must clarify cultural aspects that are not understood. Third, the client's viewpoint must be respected regardless of his or her outlook on life. Fourth, providing choices is important in empowering clients. Fifth, it is important to validate the clients' choices of services.

Rehabilitation counselors must make an honest appraisal of where they stand relative to assisting minorities, i.e., African American, Hispanic, Asian, or Native American client. In essence, practitioners who feel uncomfortable working with such clients should refer them to other counselors. This seems only ethical and proper. Just as important, rehabilitation counselors must acknowledge that differences which exist between themselves and their clients, become the raison d'être for multicultural engagement. This is at once both compelling and engaging.

**Conclusion**

The multiplicity of cultural values in our society has been neglected. Too often rehabilitation practitioners are culturally biased, and the services they render are more often suited for the dominant culture than for the unique needs of various ethnic groups (Corey, 1986, p. 349). The cultural communities in which people become socialized significantly influence their beliefs, values, personalities, and behaviors. Rehabilitation practitioners must, therefore, become culturally aware themselves and take full advantage of all opportunities to learn the most effective ways of assisting racial minorities. Being culturally sensitive requires an understanding that African American clients, as well as other people
of color, experience not only the difficulties widely documented as affecting individuals from the dominant culture, but also have unique difficulties that accompany being a racial minority group member.

The purpose of this paper was to illustrate the myriad of issues that can interfere with the rehabilitation counseling process and to suggest that more inquiry and professional development is required to better understand the needs of African American clients. Rehabilitation counselors must have skills and experiences necessary to work effectively with racial minorities or those individuals culturally different from the dominant group. This insight, awareness, and sensitivity is especially important for practitioners working in urban areas that may be comprised primarily of minorities.

In the last analysis, multicultural rehabilitation counseling appears to be in its infancy, but is slowly becoming a viable approach to working with clients different from the mainstream. These clients can be different based on race, culture, sexual orientation, or gender. Those rehabilitation counselors desirous of becoming more effective during the helping process must begin to acknowledge and consider more seriously the uniqueness of each client, each rehabilitation counseling situation, and the ultimate viability of multicultural rehabilitation counseling. We can do no less as individuals and professionals. The task is clear.

**References**


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