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Cultural Competency of the Helping Professional: A Self Reflection

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Cultural Competency of the Helping Professional: A Self Reflection

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Abstract

The purpose of this study is to begin a dialogue among helping professionals about the lack of diversity training in the Mental Health Counseling and Social Work fields. The researcher's goal was to evaluate helping professionals' level of cultural competency by the time they completed formal diversity training in their master's program. The literature review reflects the main topic areas of diversity training that should be addressed before a master's student enters the professional world. The research study consisted of eight helping professionals working at the Catholic Family Center in Rochester, New York. The participants completed qualitative surveys, created by the researcher, to gather narratives of their experiences with diversity training. The study concluded that the participants felt culturally competent beginning professional jobs; following graduation of their masters programs. However, the narratives reflected that the diversity training was happening as informal training; outside the classroom and in the real lives of the participants. Based on the limitations of this study future research could include a bigger/ more diverse sample size, and a different method of data collection like interviews with participants.

Keywords: Diversity training, cultural competency, counseling, social work

Cultural Competency of the Helping Professional: A Self Reflection

The following research was performed to investigate on the multicultural education of helping professionals, mental health counselors and social workers. Holcomb-McCoy & Myers (1999) report that their participants believe their master's programs do not have adequate diversity training. It is possible that a majority of graduates from counseling and/ or social work master's programs will never feel culturally competent to work with "even one group different from themselves" (Saunders, Haskins & Vasquez, 2013, pp. 19). If counseling and social work master's students are not able to work with their potential clients in a culturally competent manner; they are not fully prepared to work with them in a professional therapeutic way. This would mean the clients are not getting the best treatment possible. Saunders, et. al (2013) reflects the idea that professionals never reach the point of cultural competency because of a lack of diversity training in their graduate programs. Although master's students are on the path to reach the goal of cultural competency trainers need to make changes in their own mindset before reaching this goal (Saunders, et. al., 2013). These changes could include identifying biases and identifying their openness to talking about cultural issues with their supervisees.

Following the literature review, the research study uses qualitative strategies to fully understand the participants' view of their cultural competency and the changes that could be made in the professional setting to increase cultural competency of developing professionals. The narrative data as completed based on a survey created by the researcher. This is a qualitative survey because participants were able to create personal narratives. These narratives were measure for the quality and not quantity. As a part of their narratives participants were able to make suggestions on future education and training of diversity issues.

Based on the following literature review and study the researcher's purpose is to begin a conversation about the lack of diversity training in masters programs and professional mental health settings. This study is important to the mental health community because there is an increase of diverse clientele. The researcher believes that professionals are not receiving adequate diversity training in order to help clients to the best of their abilities. The goal of this study is to evaluate the level of cultural competency of helping professional beginning a job after graduation of their master's programs. The lack of cultural competency can negatively impact clients because they may not be receiving the best treatment; as compared to those receiving treatment with culture as a factor. The study will reflect personal opinions from professionals about the deficits in their cultural competencies and what they believe will help the future generations. The researcher is unaware of any study that has been done on this topic with this purpose and goal in mind. The researcher's hope is for others will take this study as a base for future research.

Cultural Competency

According to Sperry (2012) there is a lack of a clear definition for cultural competency because it is such a complex term. Sperry's (2012) definition of cultural competency described how someone interacts effectively with people of a different culture than their own using knowledge, awareness, sensitivity and skillful actions. An individual's culture shows their differences compared to the professional they are working with. The professional needs to know how to adapt and work with someone unlike themselves.

Sperry (2012) identified levels of cultural competence professionals may go through as they develop. This may happen during their education or once they get into the workforce.

Sperry (2012) identified five levels of cultural competency as identified by Sperry (2012). The following is a table representation of these levels.

Level One	Very Low Cultural Competence	Lack of awareness and sensitivity. Actions could be harmful at this stage.
Level Two	Minimal Cultural Competence	Limited knowledge, not welcoming or limited knowledge, but very welcoming
Level Three	Moderate Cultural Competence	May or may not have more knowledge but increased respect and acceptance.
Level Four	High Cultural Competence	Actions are appropriate and skillful, high levels of professional/ clinical expertise.
Level Five	Very High Cultural Competence	High on all levels.

The five levels indicate how a professional with low cultural competence and a lack of knowledge could be harmful to a client. As individuals develop the knowledge and sensitivity to other cultures, they increase respect and acceptance. The combination creates the highest level of cultural competence and thus the least amount of harm to the client on a cultural level of understanding.

Cultural Sensitivity

To have cultural sensitivity, a professional needs a deep understanding, respect, welcoming, and acceptance of another's culture. The level of understanding is so deep the individuals are able to predict a cultural issue, and are able to react empathically and effectively. (Sperry, 2012)

When trying to gain cultural sensitivity it is important to look at the theory the professional is using with the client. Some theories create biases; by examining the biases, the professional will be less likely to be imposed those biases on the client. Theories such as

Cognitive Behavioral Theory, are general theories and can be used with diverse populations. However, clinicians always need to be aware of their biases and the diversity of their clients, these biases always have the chance to affect the treatment of the client. (Grothaus, McAuliffe, & Craigen, 2011) Professionals can do this by continuing education on multiculturalism and talking to people of different cultures from themselves. Having conversations with supervisees, if they are a supervisor, to work out any biases they may have. However, if the clinician is closed off to cultural competency this process will not work. They need to be open about hearing other's views of cultural and how it is dealt with in session.

Overall, cultural sensitivity is the base for obtaining cultural competency. There are many levels to cultural competence according to Sperry (2012). However, a professional can accomplish cultural sensitivity with a basic understanding and respect of another individual.

Diversity

Diversity is a term that encompasses many different aspects of someone's life. These are some of the aspects that create a person and their individuality as compared to someone else. The differences in each person could include gender, religion, sexual orientation, socioeconomic status, physical and developmental disabilities and age (Saunders, Hankins, & Vasquez et. al., 2013).

Diversity Training

Diversity Classes

Some master's programs have a greater emphasis on diversity than other programs. When looking at the importance of teaching diversity, one should look at the college as a whole, not just the program (Saunders, et. al., 2013). The importance of diversity to the organization, like the college, could reflect the importance of diversity to a specific program. If the organization

does not push to have diversity as a focus, it may be less likely that the program will have diversity as one of its core values.

Overall a greater focus should be placed on classes to gain knowledge on cultural groups and racial identity (Holcomb-McCoy & Myers, 1999). Saunders (2013) believes some programs have become complacent and have yet to update how they teach diversity and the amount of training the students receive while in the program. According to Holcomb-McCoy and Myers (1999) there should be a range of classes from basic levels of understanding to advance. Instead of having just one class on diversity, students should be taught on multiple levels. Through having classes they can experience diversity and practice their skills to reach cultural competency.

Another beneficial way for the students to learn diversity is to learn more about themselves (Holcomb-McCoy & Myers, 1999). Without self- awareness or an understanding of biases, students would not be open to diversity training. To understand someone else they need to understand themselves.

Self- Awareness

Self- awareness and self- reflection are important topics in relation to cultural competency. According to Tyson (2007), people must have knowledge about different cultures as well as the ability to engage in self- awareness tasks. When both of these areas are addressed, people have a better understanding of power and control imposed by society on another culture (Tyson, 2007).

Self- awareness refers to the understanding of a person's personal thoughts, beliefs, feelings, behaviors and attitudes (Tyson, 2007). Without a complete understanding of the self,

there is a limited chance an individual will be open to learning about another culture or multiple cultures.

Different activities that help develop self-awareness include self-disclosure, self-assessments, and case conceptualizations (Pieterse, Lee, Ritmeeste, & Collins, 2013). These activities help students look at themselves and their biases in different ways. Developing professionals of helping professions can learn more about themselves with a variety of activities. Through participating in different self-awareness activities developing professionals can then begin to see different levels of themselves.

Supervisor Cultural Competency

Counselors may experience some discomfort when talking about their clients with their supervisors. Developing professionals may also feel incompetent as they report about their thoughts in relation to their clients. Supervisees want to be seen positively by their supervisors (Pieterse, et. al., 2013). Supervisees may be concerned about feeling judged by their supervisor if they speak negatively about a client. Fear or feelings of judgment can lead to the trainee not being honest with their supervisors.

Developing professionals move through stages of self-awareness to better understand their own reactions of different situations (Pieterse, et. al., 2013). As developing professionals look into the bigger picture of self-awareness, they can begin to see how much society imposes power and control on some of their identities (Pieterse, et. al., 2013). The power imposed by society can create some resistance to self-awareness. Without an understanding of self, there is little chance that individual will want to participate in diversity training.

A better understanding of an individual's values and biases can expand her world views and increase her ability to create relationships with people from different cultural backgrounds

(Pieterse, et. al., 2013). The individual with a high level of self-awareness is more likely to have openness to diversity training.

In terms of self- awareness of the supervisors, it is the supervisor's responsibility to address their personal level of competence before being able to teach or mentor developing professionals. If supervisors do not address their own knowledge gaps, their supervisee could reflect those gaps. If the supervisors lack knowledge, the only thing they are teaching is biased information. The lack of knowledge leads to conflicts in the supervisor relationship (Saunders, et. al., 2013). If there are conflicts in this relationship, trust issues begin to arise. When supervisees do not trust their supervisors, they will not be open to receiving the information they need to be learning. Lack of trust leads to the possibility of insufficient diversity training. When there is a lack of diversity training, there is a high potential for harm done to clients in the future.

Conclusions

Cultural competency and an understanding of diversity are important to helping professions. The helping professions of counseling and social work are continuously evolving. To keep up with the changing and diverse society, master's programs need to be continually changing and advancing (Holcomb-McCoy & Myers, 1999). To help the client feel empowered, the clinician must guide the session with cultural knowledge that is developed through practice and training (Day-Vines, et. al, 2007). As developing professionals, students not only need to be taught therapy skills, but have their minds enriched with the knowledge that diversity training brings (Holcomb-McCoy & Myers, 1999).

The goal of the following qualitative research is to determine whether clinicians believe they received adequate diversity training as they entered the professional world, in order to work effectively with diverse clients.

Methods

Research Question

The researcher's original research question was: are professional social workers and counselors receiving adequate multicultural training in their master's programs and professional settings? Holcomb-McCoy & Myers' (1999) research found many master's programs are lacking in providing sufficient diversity training. The researcher's main area of concern is the lack of diversity training professionals are receiving in the Rochester, NY area. The lack of diversity training is a concern because of the diverse population in Rochester. The following tables are demographic breakdowns of Rochester versus New York versus the National populations.

Demographics:

Statistic	Rochester	New York	National
Population (2013)	210,967	19,398,125	309,138,711
Population density (sq mi)	5,898	417	90
Median age	31.1	38.0	37.2
Male/Female ratio	0.9:1	0.9:1	1.0:1
Married (15yrs & older)	34%	53%	56%
Speak English	81%	70%	79%
Speak Spanish	12%	15%	13%

(Areavibes, 2012)

Demographics by Race:

Race	Rochester	New York	National
Caucasian	45.54%	66.03%	74.17%
African American	40.99%	15.66%	12.56%
Asian	3.36%	7.45%	4.81%
American Indian	0.54%	0.36%	0.82%
Native Hawaiian	0.02%	0.03%	0.17%
Mixed race	3.89%	2.44%	2.68%

Other race	5.67%	8.03%	4.79%
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(Areavibes, 2012)

Rationale for Qualitative Research Design

By using a qualitative study the participants were able to answer the survey in their own words instead of using a type of scale. By using open ended questions participants are able to reflect and describe their own experiences. I thought by using the participants own words would have a greater impact then turning their experiences into numbers. The use of the qualitative survey provided the participants the space to control how much they explained to the researcher about their experiences with diversity training. The researcher was measuring the quality of the participant's narratives rather than the quantity of data. The researcher's opinion is by providing them a survey instead of conducting face to face interviews the participants would feel more comfortable giving their true opinion and not feel judged by the interviewer. Having the survey also increases the ability for anonymity for the participants. Since the researcher was not there at the time the participants completed and handed in the surveys they could feel comfortable to truthful reflections of themselves, without potential judgments made by the researcher.

Unit of Analysis

The researcher created a 13 question qualitative survey for the participants to complete. Participants had the ability to answer as many or as few questions as they wanted to. The following are the questions

1. Describe your experience with diverse populations prior to your master's program.
2. Describe your diversity training while in your Master's program.
3. How open were you to the diversity training?
4. What was helpful in your diversity training?
5. What was not helpful?
6. Describe your level of comfort with diversity issues at the time of your graduation.

8. How long have been at Catholic Family Center?
9. Did you feel confident working with multiple populations at the time of starting at Catholic Family Center?
10. If yes, what made you feel confident?
11. What would you do to change the diversity training in Master's programs?
12. Describe the diversity training you have received since working at Catholic Family Center.
13. What would you do to change diversity training at Catholic Family Center?

The narratives provided by the participants were the data that was analyze for this research.

Data Analysis

The researcher coded the data once the surveys were transcribed. Coding means to make connections among the data. From those codes the researcher then connected them by themes. These themes connect narratives between all participants and create the results that can be reported on by the researcher. The researcher was able to come up with main codes based on the questions. Sub codes were created by the researcher to create themes based on the narratives.

The researcher kept the themes organized by the questions of the survey. But the codes and sub codes were helpful for connecting the themes of the data.

Research Site

This study was conducted at the Catholic Family Center (CFC). This is a mental health agency in downtown Rochester, NY. The mission of the center is:

"Catholic Family Center partners with people - especially the vulnerable and those facing poverty - to help them achieve their full human potential. A division of Catholic Charities of the Diocese of Rochester. CFC offers compassionate and comprehensive services and comprehensive services to families and individuals in need across all stages of life".
(catholicfamilycenter.org)

A majority of the population is below poverty level. The clients' ages range from three to over the age of eighty. The focus of the site is to improve the mental health of the clients in order to help them live a healthier and more stable life. This can include providing resources or mental health treatment. Professionals at CFC try to provide anything they can for the clients to live more comfortably.

Defining the Researcher Role

The researcher created the qualitative survey, had proper data management and was available to participants when they had questions. When the project was first explained to the potential participants, the research explained her availability to them for any questions or concerns they may have during the process. As the research progressed she would connect with participants through emails. They would also send their questions through email. There was no face to face conversations with the participants about the research. Since all conversations were conducted through email the researcher's role as a counselor was not affected.

Research Participants

At the beginning of the study there were 13 professional staff at CFC. All professional staff were given the opportunity to participate in the study. During the process of completing the survey two professional staff left CFC for different jobs. Eight surveys were completed and turned in to the researcher. Three of the professional staff decided not to complete and return their surveys. Once the deadline passed the researcher did not pressure staff to return their surveys. The researcher is unclear of the outcome of the uncompleted surveys.

The participants were all professional staff at Catholic Family Center (CFC). The professional staff is made up of mental health counselors and social workers. The participants have been employed for a range of 5-10+ years. All the participants in this study are white. Their

ages range from mid- twenties to late fifties. They all live around the Rochester, NY area. The researcher is unaware of any other background demographics. Due to the fact that participants' responses from the surveys were anonymous, it is unclear of the true demographics of the participants. Based on the demographics of all the professional staff that could have participated; there could be up to two men or all participants could women. This ratio is based on the gender and number of all the professional staff in the mental health department. There is no way to tell the true demographics of the participants.

Time Frame for Data Collection and Data Management

At the end of February the researcher and supervisor exchange ideas and developed the plan for the research. She was pleased with my idea and sent an email to the director of the mental health department. The director replied the same day with permission to conduct the research.

The researcher began creating a proposal for Institutional Review Board (IRB) proposal through the College at Brockport after receiving permission from CFC to complete the research. The researcher also began researching for the literature review.

For the IRB proposal, a unit of analysis need to be provided for review. The researcher created a 13 question survey that would be distributed to the professional staff at CFC. Overall, it took a little over seven months to complete this study. Throughout the months of February, March and April the IRB sent my proposal back and forth for edits before gaining approval. During those month the researcher worked on the literature review with her professor.

A Friday in April 2015 the researcher gave a general overview of what the research was going to look like during a weekly staff meeting. The staff was able to ask questions as they felt the need. Without approval from the IRB no more could be done at that time.

By May 2015 the IRB gave their approval and the study could begin. At a weekly staff meeting potential participants were able to sign the informed consent form. All of the staff signed the informed consents. Later that day the researcher sent the qualitative surveys through our professional email to the participants. The email contained directions for completing the survey and where to hand in the survey once completed. The email also contained a deadline for completing the by July 2015. At the beginning of May the literature review was complete and was approved by the professor editing the paper. The researcher did not edit the literature review again until September 2015 when the new professor provided further edits. The literature review is still being edited.

During the month of June the researcher would send out weekly emails to the participants reminding them to complete the survey and asking for any questions they may have.

At the beginning of July, the deadline, eight completed surveys from participants were handed deposited to the researcher's mailbox. The researcher sent a thank you email to all the professional staff because it was unclear who completed the survey and who did not. The surveys stayed in the researcher's, locked, mailbox until August. The data was retrieved by the researcher to begin transcribing them into one document.

By August all data was transcribe. In October the professor taught the researcher how to code the data to reveal themes and results. By December all results and conclusions will be written by the researcher.

At the time of data collection, all surveys were deposited into the researcher's mailbox at CFC. The mailbox would be kept locked and was only accessed by the researcher. Once all of the data was collected the data stayed locked away until the researcher was ready to analyze it.

Currently the data is in a secure location only accessible to the researcher. Once the research study is completed, all the data will be destroyed.

Results

The data for this survey was collected in an anonymous manner. For the purpose of the results section each of the surveys were given a letter representation. Since the gender of the participants is unknown the researcher thought it inappropriate to create names for the narratives. For reporting purposes, the narratives based on the letter representation of the survey.

Background

Informal diversity training. The researcher defines informal diversity training as activity that could improve cultural competency outside a classroom or formal training session. Four out of eight participants relate majority of their informal diversity training to work experience. Survey G describes informal training in a school environment, "I worked previously as a crisis intervention counselor at three different Rochester inner city schools. Primarily with the students and their families."

Three out of eight participants state growing up they had multiple life experiences which improved their cultural competency. Survey C described a lifestyle most people would not experience as a child. "I've lived abroad my entire life. Latin America and Europe, as well as traveled extensively throughout Africa".

Survey E was the only participant who reported volunteer experience as an informal diversity training. "Volunteering in soup kitchens and, under grad placement at a group home".

Cultural Competency at Graduation. Seven out of eight participants reported feeling culturally competent by the time they graduated from their master's programs. Out of those seven surveys, most participants report a combination of both formal and informal diversity training to their

increased cultural competency by graduation of their master's program. Survey D explains their experience:

"Most of my experience came from my parents because they were immigrants. When I graduated I felt more confident with diversity because of my field working with different cultures".

Survey H reports, "at the time of graduation I was comfortable in working to support all cultures, but learned more of the refugee population once employed by CFC".

Cultural Competency at Catholic Family Center. Seven out of eight participants report feeling culturally competent when starting at CFC. Survey A provided an explanation for their lack of comfort at the time of starting at CFC:

"I think that there is more to diversity than what is taught in school. For example, there was little if any discussion about the population we serve that has an extensive legal history. This unfamiliarity with the population made me uncomfortable at first. I also struggle to get used to using interpreter services. At first, I had some struggles with working with clients who were close to my age, because I felt they saw me more as a peer than a formal support system".

Amount of time at Catholic Family Center. Two out of eight participants have been at CFC for less than a year. Survey D reports working at CFC a little less than 10 years.

Diversity Training

Master's Program. Four out of eight participants report taking a formal course in their master's program dedicated to diversity training. Survey A describes their diversity training experience during their master's program:

"My master's program also had a course that focused on diversity. The focus was mainly around religions and how beliefs affect all aspects of daily life. I had hands on experience during my Master's program, since I was an intern at CFC."

The other four participants report not having a formal class for diversity. Survey G explains, "the agency that I worked for while I was in my master's program provided mandatory cultural competency trainings".

Impact on self. Seven out of the eight participants answered this question on the survey. Out of that seven, four participants reported learning about different cultures as the main impact of their diversity training. However, they each took something different away from the cultures. Survey C had a focus on immigrants, "learning about what the different cultures and (unreadable) brought me U.S from the cultures of origin. What norms and customs may be common places for immigrants what are different from me". Survey E focuses on treatment, "learning why some cultures are more likely to use/ avoid treatment".

The remaining three participants had different impacts from just learning about culture. Survey F's biggest impact was developing empathy, "building empathy based on awareness/ education about difficulties and challenges related to being minority (in whatever that may be)." Survey G learned about "stereotypes" and their impact on his views of other cultures. Finally survey H got up to date on "current events" during his/ her diversity training.

Limitations to Formal Diversity Training. These narratives also assessed for what, if anything, the participants found unhelpful during their formal diversity training in their master's programs. Five out of eight participants reported no limitations or problems with their diversity trainings. Three participants reported issues with their diversity training. Survey A had a specific issue with their diversity training:

"in grad school, there was a heavy focus on religion, and while this can be interesting, it is difficult to recall all of the various beliefs of different religions. Unless a client wants to address religion in practice, I find religion irrelevant at times".

Limitations to Formal Diversity Training at Catholic Family Center. One participant states that they have not received any diversity training since being employed at CFC. The other seven participants each identified trainings that have received, "one very weak diversity training, treating bipolar, cultural sensitivity, refugee training, new employee orientations, and a presentation on a peer advocacy for refugee individuals."

Future Developments

Master's Programs. Six out of eight participants explained ideas they had for future master's programs. These six participants had a belief that there could be changes made based on the experiences they had during their education process.

Survey A says "I would want to make it more applicable to the real world and expand diversity training, perhaps by having people from various organizations come in to talk about issues/ concerns they face". Survey B and G had similar ideas. Survey H relates the training more to the diverse population of the Rochester area, "include info on refugee development on Rochester area and of large emphasis on exploring physical health vs. mental health with these populations".

Surveys C and G did not have any thoughts on changing diversity training during the education process.

Catholic Family Center. Six out of eight participants had ideas on how to improve diversity training at CFC. Two participants chose to not complete this question. Survey H had a focus on

specific groups, "include more training of support for refugee, LGBT community, and culture of poverty in Rochester".

Four of the six participants that answered this question reported "wanting annual, organized trainings taught by diverse staff". Survey D would like resources available for professionals on all types of diverse populations.

Discussion

The goal of this study was to evaluate the level of cultural competency of helping professional beginning a job after graduation of their master's programs. Based on this study the researcher's goal was reached. Participants' narratives gave the researcher an understanding of their levels of cultural competency. A majority of participants reported feeling culturally competent by the time they graduated their master's programs. However, half of the participants reported receiving more informal than formal diversity training. Specifically, many of them were having life experiences that led to cultural competency. Specific examples of participants' life experiences included living abroad, community volunteer work, and working in inner city schools. The formal diversity training did somewhat contribute to that competency but many reported not having a formal course in diversity training. There was no literature reflecting informal diversity training being a major form of education for helping professionals. Based on the literature review there is a paucity of research on informal diversity training. To bridge the gap there should be more research done to display the connections between cultural competency and informal diversity training.

The literature suggests that master's programs do not have adequate diversity training (Holcomb-McCoy & Myers, 1999). The research mirrored this idea because four out of eight participants reported not receiving diversity training in their master's program.

Not only are helping professionals receiving inadequate formal diversity training in school, but many reported not receiving training at CFC to improve their skills when working with diverse clients. The helping professionals, working at CFC, work with diverse persons on a daily basis and are not receiving formal training to develop the skills/ mindset they need to help these clients to the best of their abilities. The literature reflects that a better understanding of an individual's values and biases can expand their world views and increase their ability to create relationships with people from different cultural backgrounds (Pieterse, et. al., 2013). Through frequent trainings at CFC professionals may be able to develop their skills/ mindset to create better rapport with their clients. As a result, this training could improve the quality of counseling for diverse clients. The researcher believes if CFC were to provide regularly scheduled trainings they would see an increase in successful discharges.

Since many of the participants had limited formal diversity training both in their master's programs and at CFC, they provided opinions on how to improve in those areas. The participants gave specific ideas on what they would like from formal diversity training at CFC: diversity trainings at least once a year, provide resources specific for different cultures for clients and professionals, arrange for speakers of different cultures or interest groups and more trainings on how to counsel the refugee population. These participants know where they are lacking in knowledge and want to improve for themselves as well as for the future generations of helping professionals.

Limitations

There were several limitations in this study. First, due to the limited time the researcher had to complete the study some information was not collected. If the researcher had more time interviews would have been conducted with the participants to ask questions based on the survey

they completed. If the researcher could have asked follow up questions to better understand the participant as individuals, including more background information.

Due to CFC being a small agency the researcher did not have access to a diverse participant group. All participants were white and the majority were female. There were two male helping professionals who were provided the survey but due to anonymity of the study, it is unclear if they participated.

Future Research

Future researchers should consider a large sample size. The researcher also may want to include multiple agencies. Having a larger group of participants would provide more of a chance for getting diverse participants. Gathering information on the participants' background will also help provide the researcher with specific information about the participants' race, class, gender, etc. By reporting on the diversity of the participants the researcher would be able to show how they made this research diverse. By doing this the researchers would be able to get a more diverse sample that would be able to better reflect the views of Rochester's helping professionals.

Originally the researcher wanted to use a qualitative survey to provide the space for participants to write personal reflections of their views about diversity training and cultural competency. Once the research was complete, the researcher saw gaps in the reflections that could have been filled if the research had completed follow- up interviews with the participants. However, due to time constraints these interviews could not take place.

Future research could use multiple one on one interviews with the participants. By collecting more background information about participants' specific experiences, the researcher may be able to gain a more holistic understanding of the participants. By using multiple

interviews, researchers could obtain a better understanding of what the participants were lacking and what they need in terms of diversity training. Therefore the researchers would have an increased understanding of the lack of diversity training in the Rochester area and ways to develop diversity training.

Conclusion

The diversity training does affect cultural competency. However, the results of this research exhibits that diversity training does not have to be done in a formal setting for it to be effective. According to the research and literature, cultural competency does not happened without proper diversity training. When these participants figured out they were not receiving adequate diversity training they went out into the community to gain the knowledge they were not gaining in formal training. Although it is encouraging to see professionals are taking it upon themselves to train themselves to be prepared for diverse clients. It is off-putting to see that master's programs and agencies are not providing the diversity trainings that they should be, especially in the Rochester, NY area.

Master's programs and agencies should take responsibility in properly training their professionals. Saunders (2013) believes some programs have become complacent and have yet to update how they teach diversity. Saunders (2013) thought is reflected by CFC because the professionals are calling out, through the research survey, for a change. They provided ideas on how to improve trainings at CFC. They want a change so they can, more effectively help their clients.

The researcher's hope is for future researchers to take this data and take it a step further to show the professional world that diversity training needs to change. If it does not change we, as professionals are doing our clients a disservice.

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