Exploring Adolescent Experiences of Race, Ethnicity, and Socioeconomic Status in Counseling Relationships: A Qualitative Approach

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EXPLORING ADOLESCENT EXPERIENCES OF RACE, ETHNICITY, AND SOCIOECONOMIC STATUS IN COUNSELING RELATIONSHIPS: A QUALITATIVE APPROACH

by

Christina Crans

A dissertation submitted to the Graduate College in partial fulfillment of the requirements for the degree of Doctor of Philosophy Counselor Education and Counseling Psychology Western Michigan University August 2013

Doctoral Committee:

Suzanne Hedstrom, Ed.D., Chair
Stephen Craig, Ph.D.
Douglas Davidson, Ph.D
The ACA Code of Ethics (2005) states the expectation that counselors must understand the diverse backgrounds of their clients. In addition, counselors are called to understand how their personal cultural identity informs and affects the counseling process. Yet there is paucity in the literature regarding the multicultural client experience within a counseling relationship. Of the few multicultural counseling studies that attempt to address multicultural client concerns, the approach has been quantitative or reliant on counselor self-report. In addition, the lived counseling experiences of adolescents and individuals from lower socioeconomic status (SES) is absent in present literature. This qualitative study examined the counseling experiences of eight adolescents, four participants from Michigan and four from Alaska. The participants ranged from age 16-20 and must have self-identified as being a member of a racial/ethnic minority group. Participants were interviewed about their experiences in a counseling or therapy lasting four or more sessions. Through analyzing narrative using an Interpretive Phenomenological Approach, this study explored how adolescents respond, think, and process their own racial/ethnic, SES, and age identity within and during the counseling relationship. Analysis of the participant transcripts resulted in three main themes:
(1) factors of counselor/therapist alliance, (2) control of counseling/therapy, and
(3) recognizing identity. Exploration of the main themes resulted in the identification of
several subordinate themes: disengagement through perceived judgment, feeling
understood and known, issues of privacy and confidentiality, counselor exerting force,
response to the counselor/therapist process, self-identity, and identity in relation to my
counselor. The study’s finding revealed that counselors heavily utilize personal and self-
involving disclosure. Analysis of the data supports the presence of a third type of
unintended counselor self-disclosure identified as client perceived disclosure. Clients
gather information about counselor beliefs, cognitions, and financial status to evaluate the
counselor, counselor status in relation to themselves, counseling efficacy, and beliefs
about their own identity. This study gives voice to a population underrepresented in
counseling literature by examining adolescent participants from a racial/ethnic minority
who are from lower SES backgrounds. The study’s findings may assist counselors in
greater self-awareness in their own multicultural counseling approaches.

Recommendations for future research are provided.
ACKNOWLEDGMENTS

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CHAPTER I
INTRODUCTION TO THE STUDY

Background

*Culture is a tool that defines reality for those who belong to the culture.*

(Chung & Bemak, 2002, p. 156)

At the most basic level, counseling is an interpersonal relationship between two people (Corey, 2001). When entering the counseling relationship, each individual holds an identity shaped, built, and maintained by experiences and perceptions (Sue & Sue, 2003). Life experiences establish both a baseline of knowledge for the individual and frame perceptions of self and others that contribute to the formation of personal identity (Rivera, 2005; Sue & Sue, 2003). Together, knowledge and personal identity constitute the lens of judgment and frame how an individual interprets new events and life experiences. In essence, all individuals are unique and two individuals who even share the same experiential event may have differing experiences and perceptions.

For example, a person who witnessed Captain “Sully” Sullenberger land the plane on the Hudson River holds unique memories of the event. Yet the factual knowledge of the event is neither the totality of an individual’s experience nor the impact of the experience. One individual may focus on the irregularity of the flight, feel increased fear of flying, and vow to never again travel by air. Another witness to the same event may interpret the event as evidence of well-trained pilots, focusing on the ability of the pilot to exercise skill in a time of crisis. A third individual may focus on the visual exhibition of
the event with awe at the spectacular image of the floating plane. The same incident may provoke endless individual responses.

The unique and varied responses of an individual are products of individual experience and cultural background. As noted, cultural frameworks inform and frame the individual’s perception of all experiences. Culture influences social interaction and every interpersonal exchange. The ideas, thoughts, and emotions that transmit between two individuals engaged in conversation are steeped in cultural references (Pope-Davis et al., 2002).

Consider another example I witnessed early in my career as a residential therapist in a non-profit agency. The agency required several annual diversity trainings, but the content heavily emphasizes principles of understanding racism and failed to address aspects of other diverse populations such as socioeconomic status (SES). Outside of individual counseling appointments, day-to-day interactions are spent in milieu therapy serviced by entry level “helping professionals.” In the milieu, an adolescent female sat on a dining table and passed gas, an action that was followed by giggling within seconds. A staff member responded to her outburst with a look of disdain and a verbal correction followed. The girl retorted, “What’s the big deal?” The verbal exchange about social mores continued. Finally, in frustration, the staff drawing a breath in, sharply stated, “Would you do that at home on your table?” The client looked the staff in the eyes and, without missing a beat, countered with, “Are you kidding, we don’t even have a table, we eat on the couch.”

The staff acted with the intention of correcting undesirable social behavior but made a fundamental assumption that the girl’s construct of a home dining room would
support the intervention. However, unlike training a young child who has not learned any social expectations, this young lady has learned social expectations. A two-year-old may have never thought about what is or is not proper “sitting etiquette” and such an intervention would shape future behavior. In contrast, this young lady had a structure to evaluate her behavior, but her evaluation of the situation had a different outcome than the helping professional. This situation exemplifies how cultural perspectives frame and influence the interactions in counseling relationships.

Both client and counselor bring individual knowledge, experiences, and responses into the counseling relationship (Helms, 1995). Counselors and clients sometimes experience difficulty in the counseling relationship due to value-laden belief systems within specific cultures (Moore-Thomas & Day-Vines, 2008). These identity factors include but are not limited to race/ethnicity, socioeconomic class, gender, sexual orientation, ability level, and age. Multicultural identity is contextualized in experiences and affects how a client perceives counselors (Townes, Chavez-Korell, & Cunningham, 2009) and affects how counselors respond to clients (Munley, Lidderdale, Thiagarajan, & Null, 2004). Therefore, both client and counselor interactions are important when understanding the nature of the therapeutic relationship.

**Statement of the Problem**

Although society and multicultural influences frame and contextualize the nature of therapy and its participants, multicultural issues were largely ignored in counseling literature until the 1990s (Arredondo & Toporek, 2004; Bean & Titus, 2009). Today within the profession of counseling, consensus exists in recognizing the importance of understanding the cultural dimensions of clients (Arredondo & Toporek, 2004; Chung &
Recent multicultural models define individuals as embodying multiple cultural identities (Munley et al., 2002; Yeh & Hwang, 2000). These identities present as complex and do not exist as linear, strictly developmental, or “either/or” constructs (Lee, 1997); they overlap in the domains of race, ethnicity, gender, spiritual or religious beliefs, sexual orientation, gender, and class (Arredondo, 2003; Fuertes, Mueller, Chauhan, Walker, & Ladany, 2002; Sue & Sue, 2003) and ability statuses (Munley et al., 2004; Sue & Sue, 2003).

While recent multicultural counseling approaches are holistic and appreciate the diverse identities of clients, much of the current literature regarding multicultural counseling, while growing in volume, remains limited in nature. A first major limitation of multicultural literature is its heavy reliance on counselor self-report. Literature with a multicultural focus frequently relates to counselor performance with diverse clients or the multicultural competence of counselors (Arredondo, Tovar-Blank, & Parham, 2008; Cartwright, Daniels, & Zhang, 2008; Corey, 2001; Munley et al., 2004; Smith, Foley, & Chaney, 2008). These studies depend on counselor self-report for data collection.

This reliance on self-report to understand counselor behavior in a multicultural counseling role is extremely problematic; research suggests that self-evaluation scores regarding cultural competence are significantly inflated (Cartwright et al., 2008; Middleton et al., 2005; Roysircar, 2003). Inflated scores may suggest that, at best, counselors lack self-awareness when they assess themselves (Cartwright et al., 2008). At worst, counselors may choose politically correct answers that are inaccurate reflections of their beliefs (Cartwright et al., 2008). Regardless of the cause, inflated self-assessment
scores suggest that the true narrative or understanding of multicultural counseling competence is not captured in current literature (Middleton et al., 2005; Roysircar, 2003).

A second limitation of current multicultural counseling research is the methodology of data collection. Existing multicultural counseling research often employs quantitative methodology (Arredondo et al., 2008; Munley et al., 2004; Pope-Davis, Liu, Toporek, & Brittan-Powell, 2001). Current counseling literature still fails to capture the full narrative of the client (Bean & Titus, 2009; Pope-Davis et al., 2002). In a 40-year review of multicultural counseling research, D’Andrea and Heckman (2008) noted that multicultural literature lacks significant use of qualitative research strategies. The reliance on quantitative research to explore cultural phenomena and individual identity seems paradoxical. By design, quantitative research seeks out only significant differences across many individuals. Those unique to the sample are described as outliers and usually dismissed. In addition, quantitative research frequently seeks to demonstrate a predetermined set of answers. Consider a quantitative research study that uses a Likert scale survey. The results of a survey are in a way predetermined by the researcher as the answers are given in the survey, “1–5” or “strongly agree” and “strongly disagree.” It allows no ability for the subject to comment on the meaning of the “3.” Similarly, when subjects are presented with a set of predetermined answers in a survey, they have no choice but to pick a best fit regardless if any of the answers accurately match their response. In contrast to quantitative study, qualitative research does not discount outliers or analyze results in a binary measure of statistical significance. As stated by Merchant and Dupuy (1996):
Making meaning out of often large amounts of sometimes contradictory data in qualitative research studies involves the ability to hold conflicting ideas in mind at the same time, a high tolerance for ambiguity, and a faith in the process of relating with and learning about differences. These abilities are at the core of both multicultural counseling and qualitative investigation. (p. 540)

Even in the few qualitative studies devoted to diverse clients, attention is directed at understanding the client as an individual member of a subgroup such as “African American males” or “Hispanic adolescent females” (Bean & Titus, 2009), not reflective of the client’s actual counseling experiences. While the studies do provide information and knowledge about a particular cultural identifier, the literature is similar to ethnographic study and fails to directly connect the experiences of member status in a particular cultural group with a counseling experience.

Existing literature relies on counselor interpretation of cultural counseling experience (Pope-Davis et al., 2002). There is paucity in the literature in examining the influences of cross-cultural intersection as occurring in the counseling relationship with actual clients (Pope-Davis et al., 2001). In reference to the lack of quantitative research focusing on the competence of multicultural counseling, “it is disconcerting to note that no multicultural counseling outcomes studies have included this factor as an independent variable” (D’Andrea & Heckman, 2008, p. 361). More research needs to address the actual process of multicultural counseling and specifically address the therapeutic alliance in cross-cultural dyads (Vasques, 2007).

Curiously, studies discuss the experience and perceptions of multicultural counseling scholars (Constantine, Melinoff, Barakett, Torino, & Warren, 2004). There is clear paucity in addressing the client experience through qualitative methodology
(Fuertes, Bartolomeo, & Nichols, 2001). Counseling literature contains few qualitative studies about cultural issues. In addition, the few existing qualitative studies address individuals and their culture, not ethnically diverse individuals as counseling clients (Constantine et al., 2004). Little research or literature about cultural exchange in the counseling relationship exists (Fuertes et al., 2002), and literature still lacks information and guidance about working with ethnically diverse clients (Bean & Titus, 2009).

A third limitation of multicultural research is a fundamental lack of literature on the influence of culture in counseling relationships (Pope-Davis et al., 2002) and specifically with adolescents (Yu, Adams, Burns, Brindis, & Irwin, 2008). Literature about adolescents follows the same trends as noted in multicultural counseling literature as a whole. Counselor literature about adolescent clients does not focus on client experience in counseling, but tends to merely prescribe particular strategies for subgroups without presenting actual experiences of those clients in counseling (Day-Vines & Day-Hairston, 2005).

Literature about the cultural issues of adolescents is additionally limited because it generally focuses on three areas. First, multicultural counseling literature about adolescents often centers on membership of a subgroups (Coleman, Casali, & Wampold, 2001; Day-Vines, Patton, & Baytops, 2003). This subgroup-focused literature highlights adolescents of a specific ethnicity or racial background. Literature with this ethnic focus often describes cultural nuances providing a fund of information specific to ethnic or racial membership. Articles may be titled “African American high school girls who . . .” or “Asian American first generation students . . .” While this type of literature is rich in information, it reads more like ethnography. Its purpose seems to be to provide
information about a group of individuals to increase awareness about different populations.

A second area of adolescent-based literature focuses on school-based issues (Day-Vines et al., 2003). Because the majority of adolescents’ lives are spent in school, this is not surprising. However, much of the school-based literature tends to blend concepts of minority status membership with areas of school performance or education intervention (Akos & Ellis, 2008; Rowell & Benshoff, 2008). Therefore, membership of various ethnic, racial, or socioeconomic status are perceived as “risk” factors to educational success (Akos & Ellis, 2008; Rowell & Benshoff, 2008; Suh, Suh, & Houston, 2007). Because of its focus on demographics and “risk status,” this type of counseling literature seems to highlight minority status as a potential barrier to educational success.

The third area of focus is on the nature of adolescence as a developmental period. Like the school-based literature about adolescents, multicultural counseling literature about the developmental nature of adolescents centers on identity formation and cultural factors (Bennett, 2006; Northrup & Bean, 2007). Again, the literature seems intent on providing description of adolescent status or minority adolescent status. This literature seems to focus on providing a directive or “template” for counseling or therapy of the adolescent client of a particular subgroup (Northrup & Bean, 2007).

There is paucity in counseling literature that addresses the intersection of the cultural dimensions of adolescents, the counseling process, and the narrative of being a client. The importance of understanding different cultures is emphasized in current literature. However, there are still gaps in the counseling narrative; the counseling experience of the client is not well documented (D’Andrea & Heckman, 2008). This
The proposed research will explore the influence of race, ethnicity, and socioeconomic status on adolescent counseling experiences. The desire of this researcher is to better inform counselors about the perceptions and experiences of adolescents who have engaged in counseling.

In summation, multicultural counseling experiences are recognized, but are difficult to define and even more difficult to evaluate. With most of the literature evaluating multicultural experiences with the focus on counselor competence from the counselor perspective (Pope-Davis et al., 2002), counseling literature still lacks adequate representation of the client narrative.

**Purpose of the Study**

This research explores the dynamics of the cultural identity of adolescents. Specifically, using a qualitative methodology, this study examines how race, ethnicity, and socioeconomic status influenced the experiences of adolescent clients in counseling relationships. Current literature does not adequately address issues of cultural identity and its influence on adolescents engaged in counseling relationships. This study explores how racial, ethnic, and socioeconomic identity influences adolescent counseling relationships through addressing the following research questions:

1. How do adolescents make meaning of the cultural factors of race/ethnicity, SES status, and age in therapy relationships?
   A. How do clients process race/ethnicity identity differences or similarities between self and counselor/therapist in counseling?
   B. How do clients process socioeconomic identity differences or similarities between self and counselor/therapist in counseling?
C. How do clients process age differences or similarities between self and counselor/therapist in counseling?

2. How do adolescent clients make meaning of their cultural identity after counseling experiences?
   A. How does counseling affect the racial/ethnic identity of clients?
   B. How does counseling affect the SES identity of clients?
   C. How does counseling affect the adolescent identity of clients?

Significance

Cultural competence is an expectation of ethical counseling practice. The American Counseling Association (ACA) 2005 Code of Ethics for professional counselors and counseling literature demonstrate the importance of understanding multicultural dimensions and how they relate in counseling practice (Farrell, 2009; Roysircar, 2003; Sue & Sue, 2003).

ACA Code of Ethics

The ACA Code of Ethics (2005) requires that counselors be culturally sensitive and also culturally competent. The first statement of the Code of Ethics demonstrates the importance of culture in the field of counseling. The Introduction of Section A states that “Counselors actively attempt to understand the diverse cultural backgrounds of the clients they serve. Counselors also explore their own cultural identities and how these affect their values and beliefs about the counseling process” (ACA, 2005). The ACA Code of Ethics clearly expects counselors to demonstrate cultural competence in all areas of counseling: informed consent practices (Section A.2.c., Section A.4.b.), assessment (Section E.3.a., Section E.8.), diagnosis (Section E.5.b., Section E.6.a.), counseling
supervision (F.2.b., F.4.d.), counselor education (F.6.b., F.11.a-c.), and counseling research (G.1.f-g.).

In relation to the practice of counseling, “Counselors are expected to not discriminate based on age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital status/partnership, language preferences, socioeconomic status, or any basis proscribed by law” (ACA, 2005, Section C.5.). The ethics code also addresses relationship boundaries that could be challenged by cultural factors, noting that “counselors understand the challenges of accepting gifts from clients and recognize that in some cultures, small gifts are a token of respect and showing gratitude” (ACA, 2005, Section A.10.e.).

**Definition of Terms**

**Multicultural/Cultural**

Pope and Arthur (2009) define *culture* as “a broad range of factors that inform a person’s identity such as SES, gender, age, language, ethnicity, sexual orientation, and mental and physical ability” (p. 55). While this definition has been critiqued as too encompassing, it is agreed that the term *multicultural* is complex and continues to be explored (Constantine et al., 2004). For the purposes of this research, *multicultural* and *cultural* will be interchangeable terms that express the many aspects of culture as defined by Pope and Arthur.

**Race/Ethnicity**

Yeh and Hwang (2000) note that *ethnicity* is difficult to define and it is a “multidimensional construct with many definitions across disciplines, theoretical approaches, and research methods” (p. 420). In response, counseling literature often
presents race and ethnicity as synonymous (Rowell & Benshoff, 2008), while the
Merriam-Webster’s dictionary (2010) defines race as “a family, tribe, people, or nation
belonging to the same stock,” and ethnicity as “ethnic quality or affiliation” and ethnic as
“of or relating to large groups of people classed according to common racial, national,
tribal, religious, linguistic, or cultural origin or background.”

Counselors define race to be “an archaic anthropological/biological classification
of human difference that historically carries negative political implications” (Lee, 1997,
p. 17). Counselors understand that “race is a biological concept, referring to common
genetic origin and physical characteristics, while ethnicity refers more to the belonging of
a common culture or group of people linked by a common national, linguistic and/or
religious background” (Northrup & Bean, 2007, p. 252). Throughout this study, unless
specified as one of the above categories, ethnicity and race may be used interchangeably
with heavy emphasis on ethnicity as defined by Northrup and Bean. However, when
describing racial identity in this study, specific references to race, unless constructed by
the participants, will follow the standard racial categories used by the most recent U.S.
census (U.S. Census Bureau, 2011): White, Black, American Indian/Alaskan Native,
Asian, Native Hawaiian and other Pacific Islander, persons of Hispanic or Latino origin.

**Socioeconomic Status and Socioeconomic Class**

Counselors and psychologists have had difficulty defining the construct of social
class (Liu, Ali, Soleck, Hopps, Dunston, & Pickett, 2004). Socioeconomic status is
expressed through a combination of factors: income, education, and occupation. Yet
most research studies operationalize only one of the factors such as income (Adler et al.,
1994). In contrast, social class is influenced by even more factors such as race, sexual
orientation, nation of origin, among others (McDowell, Brown, Cullen, & Duyn, 2013). For the purposes of the study, income will be the measure used to operationalize socioeconomic status with sensitivity that more factors contribute to SES and social class.

**Adolescence**

In the United States the period of adolescence has been defined as taking place between ages 10–19 years (Dixon, Scheidegger, & McWhirter, 2009). However, Erik Erikson (1963) defined adolescence as the period in which an individual is neither a child nor an adult, but is in a transitional stage between ages 12–18. Erikson noted that adolescence is a crucial time of differentiation from parents and development of self and one’s own identity. For the purpose of the study, and in support of most U.S. laws that recognize a legal difference between an 11- and a 12-year-old, individuals will be considered adolescents based on their age being from 12–18.

**Counselor/Therapist**

For the purpose of this study, counselor or therapist will be defined as a master’s level trained helping professional who is licensed to provide mental health counseling or therapy.

**Alaskan Native**

For the purpose of this study, Alaskan Native refers to indigenous peoples of Alaska, including Inupiaq, Yupik, Aleut, Eyak, Tlingit, Haida, Tsmishian, and some Athabaskan cultures such as Dena’ina. While in the lower 48 the construct of Native American refers to indigenous populations of North America, it would seem that in Alaska, the parallel construction would result in the term *Native Alaskan*. Native Alaskan is a term used in Alaska, but it refers to people born in Alaska; therefore, Native
Alaskan is a construct referring to place of birth and does not imply any racial/ethnic reference. Alaskan Native will be the term utilized in this study, as this study is focused on understanding racial/ethnic identity and not place of birth.

**Overview of the Study**

In summation, counseling literature supports the importance of understanding multicultural elements of the counseling process. Current literature fails to capture the client’s multicultural counseling experience and specifically fails to address adolescent experiences in counseling relationships. This study is a phenomenological study that will examine the intertwining cultural factors of race/ethnicity, socioeconomic status, and age. This study addresses the influences of the above factors in both the meaning of the therapy process and the identity development of the adolescent client. Chapter II will present a brief history of multicultural counseling, underlying assumptions about racial/ethnic identity development, the nature of adolescents, and the counseling relationship. Chapter III will outline the phenomenological methodology of Interpretative Phenomenological Analysis and procedures of this study. Chapter IV will briefly introduce each participant and then outline the results and the development of three emergent themes and corresponding subordinate themes. Chapter V will present a discussion of the overarching theme of counselor/therapist self-disclosure, implications and limitations of the research, and future research suggestions.
CHAPTER II
LITERATURE REVIEW

This chapter will present the current counseling literature that informs this research. The chapter will first outline a brief history of multicultural counseling and the development and critiques of the multicultural counseling competencies (MCC). Following the overview of multicultural counseling, this chapter will explore racial/ethnic identity development through the following models: Cross-Cultural Awareness Development, Identity Salience Model, and the Constructivist Narrative Model. The chapter concludes with addressing underlying assumptions about the counseling relationship and client/counselor experience with race/ethnicity in counseling.

History of Multicultural Counseling

Until the 1980s, multicultural issues were largely absent from counseling literature (Arrendondo & Toporek, 2004; Bean & Titus, 2009; Harley, Jolivette, McCormick, & Tice, 2002). Due to segregation and other social practices, racial minority groups were largely ignored until the 1970s (Harley et al., 2002). Multicultural counseling literature rapidly evolved since the introduction of multicultural counseling competencies (MCC) was published in 1992 by Sue, Arrendondo, and McDavis (Ridley & Shaw-Ridley, 2011; Worthington, Soth-McNett, & Moreno, 2007).

As the profession of counseling began to focus on multiculturalism, attention first focused on diversity issues. Articles categorized the specialness of various populations. As multiculturalism became a recognized area of counseling, the next wave of literature
focused on counselor self-awareness and then counselor interventions (Arrendondo, 2003). More recently, Sue and Sue (2003) outline the comprehensive construct of racial/cultural identity model that understands an individual as holding multiple overlapping cultural identities in the domains of race, ethnicity, gender, spiritual or religious beliefs, sexual orientation, and class (Fuertes et al., 2002). Harley et al. (2002) describe “positionalities” such as race, class, and gender and assert that none of the three can be understood independently of each other.

Although much is written regarding multicultural issues, gaps still exist in the literature, and “discussions of SES seem conspicuous by their omission in the literature on privilege” (Black & Stone, 2005, p. 249). With the exception of some special journal issues, attention to classism continues to fall short (Harley et al., 2002; Liu, Soleck, Hopps, Dunston, & Pickett, 2004; Smith et al., 2008). Even literature that focuses on multicultural interventions centers on issues of race/ethnicity, and gives little attention to the dynamics of socioeconomic status coupled with race/ethnicity. In a review of empirical research contained in in APA journals, Munley et al. (2002) found less than 15% \((N = 402)\) of research studies contained demographic information about social class \((N = 402)\) and less than 15% \((n = 331)\) of research studies contained information about participant incomes. In contrast, participant age was specified 88–89\% \((N = 402)\) and ethnicity was specified in 60\% \((N = 402)\) of published research.

In addition, the little research that is available that does address or relate to SES suggests that previous assumptions about the impact of SES may be inaccurate. For example, the research of Duncan and Johnson (2007) suggested that Black students with higher social status were less likely to have positive perceptions about using a counseling
center. This outcome contrasted previous beliefs that Black students of higher social status would view counseling centers as positive.

**Multicultural Counseling Competencies**

Current counseling literature identifies MCC as comprised of three major domains for education and practice: counselor awareness of self, counselor awareness of client worldview, and the use of culturally appropriate interventions. These are measured through attitudes and beliefs, knowledge, and skills (Arrendondo, 2003; Pope-Davis et al., 2002; Sue & Sue, 2003).

The first domain of MCC is counselor self-awareness. Counselor self-awareness is the ability of a counselor to recognize the impact or influence of one’s own cultural values and biases (Sue & Sue, 2003). Although considered a major component towards cultural competence, it can be difficult to ascertain. Counselor self-awareness is often measured by self-report in which scores can be inflated because the items are transparent (Cartwright et al., 2008; Roysircar, 2003).

The second domain identified in the MCC standards is counselor awareness of client worldview (Arredondo, 2003). Often this domain is met through inundation of knowledge. Previously, training programs have addressed this domain through ethnography (Sue & Sue, 2003). This can present as difficult because even if a counselor is armed with knowledge of a particular culture, clients from similar backgrounds may have greatly varied perceptions and behaviors.

The third domain of MCC is the use of culturally appropriate intervention strategies. This domain presents as the most challenging for several reasons. First, current literature rarely captures client assessment of the interventions (Fuertes et al.,
2002). In addition, as noted previously, counseling success in multicultural counseling does not necessarily follow a prescriptive course. Often intervention is thought of in terms of diagnosis and treatment planning. While cultural consideration is viewed as important in assessment of mental health and therapy goals (Bojuwoye, 2001), depending on the client’s worldview and presenting problem, specific attention to culture may be a less essential part of the counseling process. Furthermore, it is difficult to determine if a specific counseling intervention promotes counseling outcomes or if it is interdependent on the counseling relationship. Literature suggests that the counseling relationship itself is more predictive of success than the intervention technique (Bachelor & Horvath, 1999).

**Critique of Multicultural Counseling Competencies**

Since 1982, Sue’s MCC model has been expanded and continues to be recognized as a seminal work in multicultural counseling literature (Worthington et al., 2007). However, not all scholars supported the integration of MCC into the landscape of counseling literature (Ponterotto, Fuertes, & Chen; 2000; Weinrach & Thomas, 2004) and some argue that the MCC are at times irrelevant, if not unethical (Weinrach & Thomas, 2004), citing the work of Patterson (2004), and agree that “humans are more similar than dissimilar and that cultural differences cannot possibly justify differential treatment for clients” (Weinrach & Thomas, 2004, p. 81). In 2004, the *Journal of Mental Health Counseling* published a special section that highlighted the developments and criticisms of the MCC. In an introduction to the issue, Thomas and Weinrach (2004) went as far as to suggest that implementation of the MCC actually could have “potentially adverse consequences” (p. 41). They then continued to outline five major critiques.
The first critique is the concern that any “set of competencies, multicultural or otherwise should be imposed” (Thomas & Weinrach, 2004, p. 42). Thomas and Weinrach state that “competency-based education” has little evidenced merit. The second major critique states that research for the competencies is weak. The authors express concerns that current research does not demonstrate the MCC activities impact counseling outcome. The third critique is that the MCC activities do not contribute to learning about other cultural perspectives, and worse, “can give professionals a false sense of effectiveness” (p. 42). The fourth critique is that the competencies stress racial differences and do not adequately address other areas of diversity. The last critique relates to the third; Thomas and Weinrach express concern that MCC can potentially create ethical issues because of individuals practicing outside of their scope of practice based on a false sense of competency with a specific population.

The criticism of MCC cannot be easily dismissed, but neither can it be easily supported. Discussion about culture and counseling competency rarely produces any absolutes. Rather, it is a continually evolving process of understanding that is evidenced by the continually developing body of counseling literature. However, counseling literature demonstrates two crucial resolves. First, understanding, defining, and measuring cultural competence remains a daunting challenge to counselors. Second, counselors recognize the importance of continuing to understand the dimensions of multicultural counseling (Arrendondo et al., 2008; Day-Vines et al., 2003, Sue, Nadal, Capodilupo, Lin, & Torino, 2008; Sue & Sue, 2003).
Cultural Identity Development

While this research will not focus on Helm’s (1984) White racial identity model, Helm’s work was seminal to the field of counseling and future racial identity models (Pope-Davis, Vandiver, & Stone, 1999). Because this research looks at race/ethnicity and adolescents, two key models of models of ethnic identity development will be addressed as well as a model of personal identity: Cross-Cultural Awareness Development (Christensen, 1989), Constructivist Narrative Model (Yi & Shorter-Gooden, 1999), and the Identity Salience Model proposed by Yakushko, Davidson, and Williams (2009), respectively.

Cross-Cultural Awareness Development

Because the proposed study will address the impact of the counseling relationship on cultural identity, two models of developmental cultural identity will be discussed. Christensen’s (1989) model of Cross-Cultural Awareness Development incorporates both majority and minority ethnic development. In defining each of the five stages, Christensen’s model also notes behavioral indicators of both majority and minority individuals. This model can be applied to majority and minority groups of race, ethnicity, gender, spiritual or religious beliefs, sexual orientation, and class.

Unawareness. The first stage in Christensen’s (1989) model is Unawareness. Individuals of a majority group largely exhibit ignorance of people different than themselves. They may demonstrate little curiosity in those dissimilar and may hold the notion that racial differences are largely irrelevant. Counselors in this mode of operation may believe in the motto of “I just see people—I do not recognize color.” Unfortunately, in the counseling relationship this perspective dismisses the experience of the ethnic
minority individual who may experience racism, or even subtle micro-aggressions. Similar to those of Caucasian racial identity, individuals in the stage of Unawareness who are members of a minority ethnic group may have little insight into the difference of themselves. They often believe they are “just like any other (majority group) individual” (Christensen, 1989, p. 277).

**Beginning Awareness.** The second stage of Cross-Cultural awareness (Christensen, 1989) is Beginning Awareness. In this stage the individual begins to become aware of different groups of people. Counselors of a majority ethnic group grow uneasy with racial/ethnically based jokes, myths, and stereotypes. Christensen asserts that helping professionals in this stage of development are resistant to cross-cultural or diversity trainings. Individuals of minority status operating in Beginning Awareness are also becoming ambivalent about treating minority clients. In addition, these individuals grow more uncomfortable with being a social advocate regarding minority issues.

**Conscious Awareness.** Conscious Awareness, the third stage of Christensen’s (1989) model, is an action phase. Individuals of both minority and majority ethnic groups frequently demonstrate interest in the reality of racism, social injustice, and oppression. This is a deeply emotional stage for all ethnic groups as the pain and reality of how critical race is in our socially constructed society. Much like the grieving process, individuals can vacillate between six affective states during this stage of ethnic identity development. Majority individuals may feel curiosity, denial, guilt, fear, powerlessness, and anger. Minority individuals may feel excitement, denial, rejection, sadness, powerlessness, and anger.
**Consolidated Awareness.** As counselors process their feelings, they move through towards stage four, Consolidated Awareness. In this stage individuals of a majority background have a restored sense of self in relationship to oppressed minorities. Minority individuals have now identified with their own group and appreciate differing views. Both groups have a commitment towards societal change.

**Transcendent Awareness.** The final stage in Christensen’s (1989) model is Transcendent Awareness. This stage is identified by the individual being able see differences and commonalities between racial/ethnic groups. Individuals perceive humanness as the ultimate common ground. At first glance it seems this may be the same as stage one. However, in stage one, such as statement would be made to eliminate the discomfort of race/ethnicity and majority/minority status. In stage five, individuals recognize the humanity in all individuals without marginalizing or ignoring differences of majority or minority members. In the Transcendent Awareness stage, a similar statement might be made, but the individual would be simultaneously embracing the understanding of majority and minority positions.

**Identity Salience Model**

The Identity Salience Model is one model that may allow counselors to conceptualize clients from a more holistic perspective as opposed to several pieces of an individual’s diverse aspects (e.g., race/ethnicity, SES, age). Yakushko et al. (2009) suggest that current counseling literature and research either focuses on one aspect of client diversity or attempts to combine current existing theories. They suggest rather than combining existing models (e.g., race, ethnicity, gender), counselors should utilize a more comprehensive paradigm that expands on the Ecological Model proposed by
Brofenbrenner and Ceci (1979), who conceptualized an ecological model in which an individual has multiple expanding layers of ecological influences outside self—such as nuclear family, work, society (Figure 1).

Figure 1. The identity salience model.¹ The two large overlapping circles represent the ecological systems of the client and the counselor. Within these circles, smaller circles represent varied aspects of the client’s and counselor’s identities. Thicker lines and forward position in relation to other circles represent greater salience of these aspects of identity. The large circle represents the ecological systems that govern the entire therapeutic process.

Yakushko et al. (2009) expanded this model to place the spheres and multiple identities of both client and counselor into one shared ecological system. In the larger circle of environment, two circles represent the client and the counselor. This model

identifies the two distinct separate and overlapping identity constellations that both the client and counselor bring into the counseling relationship.

The Identity Salience Model brings two important concepts to the forefront. First, it accounts for the larger ecological system that both counselor and client occupy and demonstrates that neither can effect major change on the larger ecological system. This acknowledges the institutional “isms” of the larger world or ecological environment. Second, the model identifies “salient” identities that may shift with time and context; the authors describe this ever-changing salience as a kaleidoscope of identities. Clients may find race/ethnicity salient in one session or relating to one situation, but another aspect of identity such as socioeconomic status may become a more salient aspect of identity when relating to issues such as housing.

Because of significant focus on race/ethnicity, counseling literature supports that racial identity development is “an important layer to the development of the self” (Akos & Ellis, 2008, p. 26). In addition, counseling studies have suggested that racial minority students encounter more barriers to healthy racial identity development than their racial majority counterparts (Akos & Ellis, 2008). In one study, college students demonstrate that racial identity was significantly related to healthy psychosocial development and the developmental tasks of developing mature interpersonal relationships and academic autonomy (Pope, 2000). The connection between healthy racial identity and development is not limited to young college adults. Research also suggests that adolescents who exhibit strong ethnic identity exhibit overall wellness in spirituality, self-direction, schoolwork, leisure, love, and friendship (Rayle & Myers, 2004). Likewise,
this research may demonstrate that other types of cultural identity development contribute to development of the self and influence the counseling process.

Healthy identity development is influenced by many factors: family, school, and neighborhood (Bennett, 2006). Ethnic identity may be understood at the intersection of multiple ethnic cultures or identities; Coleman, Casali, and Wampold (2001) suggest that cultural identity of adolescents is shaped by second culture contact. Second culture contact is often noted in the literature as being acculturation, which includes strategies for coping and the process of coping with a culture outside of the culture of origin. Through the use of the Coping with Cultural Diversity Scale (CCDS), Coleman et al. found that adolescents use different strategies of response contingent on the social context (e.g., school, home, work). They found that African Americans use Separation strategy more than European Americans. In addition, strategies of Acculturation were used most by Asians, and Integration more by Asians than Europeans. No one group showed ethnic differences in response to Alternation, Assimilation, or Fusion. Asians had a higher total score than European Americans, and women generally had a higher total than men. The higher scores suggest the use of more strategies over all social landscapes.

**Constructivist Narrative Model**

Another approach to understanding of racial identity development is the Constructivist Narrative Model (Yi & Shorter-Gooden, 1999). In contrast to a traditional stage model or the Identity Salience model, a constructive narrative perspective defines the process of ethnic identity as a co-constructed narrative. Like the Identity Salience model, the Constructivist Narrative Model understands ethnic identity to be more fluid and less linear in nature and development. The narrative approach as outlined by Yi and
Shorter-Gooden offers criteria for assessment and therapy through the use of three constructs: coherence, internal pragmatic value, and external pragmatic value.

Coherence describes the cohesiveness of an individual’s story. It describes the consistency of experiences and congruency of a person’s narrative as shaped by “a result of countless exchanges with one’s family, friends, institutions, and the broader culture” (Yi & Shorter-Gooden, 1999, p. 24). A narrative found to be coherent “provides order and unity to the data of the person’s life” (p. 19). Coherent narrative incorporates the individual’s life experiences and perspective. For a narrative to be considered coherent, it will exhibit internal congruency and consistency.

Pragmatic value of narrative is evaluated both on its internal and external value. Internal pragmatic value is the degree with which the narrative itself aids in the process of therapy. Narrative with high internal pragmatic value furthers counseling/therapy because it allows for client receptivity to the therapy process; it contributes to the therapy process and “deepens therapeutic exploration” (Yi & Shorter-Gooden, 1999, p. 19). In contrast, external pragmatic value is describing the degree that narrative relates to the outcome and “contributes to client improvement” (p. 19).

Yi and Shorter-Gooden (1999) also outline the concept of “nuclear-scene” (p. 20). Nuclear scenes are affect-laden experiences that have contributed to the framework of ethnic identity and self-understanding. A nuclear scene is a “pictorial imagery that encapsulates experiences representative of salient conscious and unconscious themes in the person’s life” (p. 20). These affect-laden scenes or experiences become the framework or schema that the individual utilizes to interpret future experiences and thus understand his or her own ethnic identity.
From a narrative perspective of ethnic identity, it is believed that problems arise from a constricted narrative. Clients may require exploration of a full identity and, unlike stage theory, narrative therapy allows for understanding clients as an intersection of factors such as race and gender (Yi & Shorter-Gooden, 1999). This approach does not hold the assumption that a client enters counseling/therapy with a preformed narrative nor is the therapist neutral in the process. Rather, in the Constructivist Narrative Model, the underlying assumption is that the client and the clinician hold two distinct and unique sets of experiences, beliefs, and perceptions. Through the process of therapy, both client and clinician bring their individual experiences, beliefs, and perceptions in the creation of the client narrative. Therefore, those engaging in narrative constructivist approach understand the therapy process to be a co-constructed narrative shared between clinician and client.

The Cross-Cultural Awareness Development Model and the Salient Identity Model of racial/ethnic identity development presented will inform this study in understanding both a linear type approach to identity development and a more holistic, fluid perspective of identity development, respectively. The Constructivist Narrative Model further enhances understanding of the racial/ethnic identity by acknowledging the therapist in the narrative process. While participants in this study may not have constructed a narrative in their therapy, this study will be examining the influence of therapist in the racial/identity development process.

Counseling Relationship

Some studies have attempted to look at counselor disparities across race/ethnic demographics to ascertain a measurement of cultural competency. Recently Imel et al.
(2011) found that individual therapists can vary greatly across cultural demographics and some appear at prima facie value “more culturally competent.” Imel et al. concluded that it is difficult to specifically attribute positive client outcomes to culturally competent practices. Again, these results suggest further explanation is necessary and quantitative methodology alone may be insufficient to understand these differences.

**Adolescents and Racial Identity in Counseling**

Ethnic identity matters in counseling. Nghe and Mahalik (2001) studied African American college students and identified that racial identity development predicted how African Americans managed painful affective states in counseling. They found different identity development states led to some Black students viewing ethnic issues as a product of self (i.e., Blacks don’t try hard enough). African American students also demonstrated predictable patterns of minimization and denial or projection toward others and externalization patterns based on racial identity (Nghe & Mahalik, 2001). One critique of this research is the population studied was a college student population, which lends to experiences that are college specific, social class specific, and suggests income specific. In addition, the study used a survey of defense mechanisms to correlate defense mechanisms with racial identity. Therefore, the results seem to suggest that negative patterns of psychological response are based on racial/ethnic identity. Similar results may occur with adolescents, as Rayle and Myers (2004) suggested that ethnic identity can predict matters of wellness for minority adolescents, though Rayle and Myers did note that when compared to White counterparts, minority adolescents report themselves as mattering less than their non-minority counterparts.
Race and the Counselor Experience

The therapeutic alliance is a cornerstone foundation to counselor work (Munley et al., 2004). Rogerian and Adlerian therapies identify the counseling relationship as pivotal to effect change. In fact, some individuals suggest that the “therapy relationship itself can represent a therapeutic intervention” (Bachelor & Horvath, 1999, p. 162). In support of the fundamental nature of the counseling relationship, common factors theory postulates that change is more influenced by the counseling relationship than by counselor skill, counselor experience, or counselor technique. The only factor more predictive of outcome is extra therapeutic factors such as employment, divorce, or other life factors independent of the therapy process (Ahn & Wampold, 2001; Bachelor & Horvath, 1999). Therefore, understanding the counseling relationship is paramount to effecting change in work with clients as research has demonstrated that, like adult clients, adolescents who do not have a positive relationship terminate counseling prematurely (Garcia & Weisz, 2002).

Strategies to increase therapeutic alliance should be examined in cultural context. If cultural context is not recognized when working with a minority client, cultural misunderstandings result in a higher frequency of early termination (Vasquez, 2007). Self-disclosure often helps clients maintain trust in the therapist (Yalom, 2003). In a qualitative study, Fuertes et al. (2002) found that when race was dealt with directly and openly, client comfort and trust increased. Therapist-initiated discussions of race/ethnicity can reduce impasse in the counseling relationship through facilitation of a strong working alliance (Chung & Bemak, 2002).
Race and the Counseling Experience

While the literature lacks information about the explicit experiences of clients who are low SES (Liu, Soleck, Hopps et al., 2004), it does provide some information about race/ethnicity. Many studies have examined the outcomes of counselors and clients when matched based on race/ethnicity. Townes, Chavez-Korell, and Cunningham (2009) found that Black clients preferred counselors with similar racial backgrounds based on high cultural mistrust of White people. Studies have demonstrated that race is a recognized factor in counseling, but simple racial matching does not increase retention of clients (Shin et al., 2005). Therefore, while race is demonstrated to be a factor in the counseling experience, it is not exclusive to other factors such as ethnicity or socioeconomic status.

Adolescent development as a whole is affected by the social environment (Akos & Ellis, 2008; Coleman et al., 2001). The social environment is comprised of multiple layers of influence: race, ethnicity, class, gender, sexual orientation, and spiritual beliefs. It is impossible to separate out one individual layer. Each layer contextualizes an individual. Aside from racial/ethnicity issues, literature remains sparse in the other domains, particularly religion and socioeconomic status (Auwarter & Aruguete, 2008; Diemer & Hsieh, 2008).

Conclusion

Culturally competent counseling is difficult to define and even more difficult to evaluate. With most of the literature evaluating competence from the counselor perspective (Pope-Davis et al., 2002), counseling literature still lacks adequate description and understanding of the client experience. This study hoped to provide some
illumination when counseling adolescents and minorities. This study will contribute to the research by further examining cross-cultural factors and influence on the relationship and experiences between counselor and client as experienced by the client. This study explored the client experiences of racial/ethnic minority adolescents from lower SES backgrounds and explored the impact of the counselor/therapist relationship on cultural identity.
CHAPTER III

METHODOLOGY

Overview

This is a sociological, phenomenological study of adolescent client experiences in counseling relationships. In a phenomenological study, it is important to obtain personal experience from subjects who have experienced the phenomenon (Denzin, 2002). The purpose is to better understand how client perceptions about race/ethnicity, socioeconomic status, and age inform the counseling process through the use of semi-structured interviews.

Design

Phenomenology

Phenomenology is the study of a phenomenon. The phenomenological philosophy attempts to find the “essence” of an experience (Willig, 2008). Phenomenological study contains “three distinct phases of contemplation: epoche, phenomenological reduction and imaginative variation” (Willig, p. 53). Epoche was a term created by Edmund Husserl (1859-1938). The epoche phase of phenomenological study is the bracketing of previous experiences and approaching the situation with fresh eyes (Creswell, 1998; Smith, Flowers, & Larkin, 2009). This stage allows for the researcher to fully engage with the information and data collected.

Phenomenological reduction is the phase in which the phenomenon is broken down into parts through a methodology of reduction and described in detail. In this
phase, the researcher focuses on understanding the details of the phenomena such as physical descriptions, statements, and feelings. Through this process of reduction “we identify the constituents of our experience” (Willig, 2008, p. 54). Finally, through the process of imaginative variation, exploration of the phenomena centers on understanding “how” the phenomenon occurs and sustains.

Phenomenology holds four underlying premises. First, phenomenological inquiry is rooted in the “traditional tasks of philosophy” (Creswell, 1998, p. 52). Phenomenology was developed in an environment that approached philosophy and empirical science as diametrically opposed (Smith et al., 2009). As defined earlier, epoche is a second foundational tenet of the phenomenological approach. Phenomenological inquiry is dependent on the researcher “suspending all judgments about what is real” (Creswell, 1998, p. 52). A third premise of phenomenology, “the intentionality of consciousness” (Creswell, 1998, p. 52), is that the reality of an object is related to awareness and consciousness of it and it is not distinctive from it. Husserl postulated that reality is not dichotomous in terms of subjective and objective. The last theme follows the third in that “the reality of an object is only perceived within the meaning of the experience of an individual” (Creswell, 1998, p. 53) and therefore experienced through thought and intentionality.

**Interpretive Phenomenological Analysis**

Interpretative Phenomenological Analysis (IPA) draws from the philosophical foundations of Husserl and Martin Heidegger (1889-1976). IPA developed out of phenomenology, but follows Heidegger’s philosophical view (Smith et al., 2009) that thought and intentionality is so momentary that reality cannot be dependent on it.
According to Heidegger, an individual cannot merely construct a reality through choice (Larkin, Watts, & Clifton, 2006). Heidegger uses the terms of Dasein, meaning “there being” (Larkin et al., 2006, p. 106). The concept of Dasein defines individuals as always “amidst and involved with some kind of meaningful context” (Larkin et al., 2006, p. 106).

IPA recognizes the nature of interpretation and context of living in a meaningful world in all description. The focus of IPA is the “emphasis on the experiential claims and concerns of the persons taking part in the study” (Larkin et al., 2006, p. 104). The first step of IPA uses bracketing of the researcher (Larkin et al., 2006) during the data collection process in an attempt to “facilitate the participant uncovering his/her experience” (Smith et al., 2009, p. 35). This process of creating thick and rich descriptive about the participants’ experiences has been referred to in much of the IPA literature since 1996 as forming the “insider’s perspective” (Larkin et al., 2006, p. 103).

The second level of IPA analysis diverts from phenomenology through use of an interpretative analysis. In this stage, the researcher uses larger context to frame the description of the phenomena. Social, cultural, or theoretical constructs may be used by the researcher to understand the participants’ meaning of the phenomena. Unlike grounded theory, IPA researchers may utilize existing theoretical constructs to ascribe meaning. In addition, the analysis does not occur separate from the context of the participant. Data are interpreted within context.

IPA offers a dialectical approach as a double hermeneutic. IPA offers both a “hermeneutics of empathy, and a hermeneutics of suspicion” (Smith et al., 2009, p. 36). With an IPA approach, the researcher is engaged as an empathic listener who is trying to
understand the participant’s experience. In addition, the researcher is also engaged as a researcher who “asks[s] questions and puzzle[s] over things” (Smith et al., 2009, p. 36). In this manner, the IPA researcher approaches analysis through interpretation. After providing thick, rich qualitative description of the experience studied, IPA researchers do not bracket themselves from the data but begin to interpret meaning based on known theoretical constructs (Larkin et al., 2006).

IPA researchers are charged to balance “representation against interpretation and contextualization” (Larkin et al., 2006, p. 113). Simply stated, the finished product of interpretative phenomenological analysis is an interpretative account of participant meaning of a particular event or situation. While phenomenology is reductionistic and breaks all data in the smallest bits of information in order to construct meaning, an IPA approach allows the researcher the tools of theoretical frameworks that may be inaccessible to participants. IPA provides a path that can allow researchers to make “cautious inferences about discursive, affective and cognitive phenomena” (Larkin et al., 2006, p. 114). IPA analysis addresses each case within context and then explores the larger framework of shared experiences (Smith et al., 2009).

IPA differs from other qualitative analyses by its commitment to the individual and analysis from “within the text itself” (Smith et al., 2009, p. 37). The foundation of IPA analysis originates from the text of the participant rather than the importing of theory from the researcher. Through the use of IPA, this study explored the deeper meaning that clients drew from experiences during multicultural counseling experiences. In this manner, IPA provides the appropriate level of analysis as it allows for closer examination of the “personal meaning and sense-making in a particular context” (Smith et al., 2009,
IPA’s interpretative approach allows individuals to be understood within their cultural and physical environments (Larkin et al., 2006). This is significant, as IPA specifically seeks to preserve individuality of each case, while deeply understanding a phenomenological experience. Due to the nature of the study, IPA offers a respectful approach to each individual case while also exploring the understanding of the phenomena across many individuals.

**Critique of Qualitative Approaches and IPA**

Qualitative research approaches are sometimes accused of being less rigorous than quantitative studies for “the space they afford the subjectivity of the researcher” (Madill, Jordan, & Shirley, 2000, p. 1). IPA researches utilize a hermeneutic process that is clearly dependent on the researcher. Like all qualitative research, IPA can be critiqued for researcher bias and issues of subjectivity contributing to the analysis (Madill et al., 2000). However, IPA researchers respond through providing an analysis firmly rooted in the participant voice. Quality IPA studies demonstrate participant voice in order to establish a “reasonableness” in the findings (Smith et al., 2009). In addition, IPA recognizes the hermeneutic process will inevitably seem subjective; to minimize researcher bias, IPA researchers advocate for an audit trail that demonstrates transparency in the analysis process. IPA is different than quantitative or other qualitative methods because the goal is “that the account produced is a credible one, not that it is the only credible one” (Smith et al., 2009, p. 183).

Madill, Jordan, and Shirley (2000) note that trustworthiness or reliability can be achieved by triangulation of the data and having two researchers code the same data. While this researcher did not triangulate data with another researcher, I did create an
audit trail. I reflected on my thoughts, beliefs, and experiences throughout the data collection process and during data analysis. To assist in the research process, I used a reflective writing process. I journaled thoughts, ideas, and reflections during all processes of data collection: before, during, after, and throughout the entirety of the research process. I did not transcribe or formally analyze my personal journaling and notes, but I utilized them to evaluate my own process, primarily during but not limited to data analysis. I used the notes to become aware of my own state of mind and decision-making process.

Participants

Criterion sampling and a purposive sample were utilized. Purposive sampling is an important part of IPA as the purpose of an IPA study is to understand the nature of a common experience (Smith et al., 2009). The completed study consisted of two different regional groups. Participants were recruited in Kenai/Soldotna, Alaska, and in West Michigan. The original participant minimum was set at six with a maximum of 10 participants. After six interviews occurred, two more participants were added to ensure a robust study because two of the interviews were completed in less than 30 minutes.

Participants had to meet the following criteria for inclusion in the study:
(a) identify as a racial/ethnic minority, (b) have received four or more professional counseling/therapy sessions from the same professional, (c) the qualifying counseling/therapy experience must have occurred within the past three years, (d) not currently be engaged in a counseling or therapy relationship, (e) be 16–20 years old at the time of research, and (f) provided consent of a parent or guardian if the participant was still of minor status.
Because the study explored the counseling relationship, the number of sessions with one counselor/therapist was a selection criterion. Data were gathered about counseling that spans beyond the intake assessment. Specifically, this researcher sought to gather information about the relationship between client and counselor/therapist over time and sessions. Intake assessments and even the first two sessions can often be one-sided and procedural in nature, as funding sources frequently require specific information to be gathered to authorize billing for future counseling/therapy sessions. Therefore, a participant must have had a history of four or more counseling/therapy sessions with one clinician.

In addition to requiring a set minimum requirement of four sessions, participants were eligible for the study only if four or more sessions occurred with the same counselor or therapist. For instance, two participants reported having only one session with one counselor, but both participants had also received four or more counseling/therapy sessions with a second clinician. The participants were included in the study and were instructed that they could answer questions about experiences pertaining to either counselor. The purpose of the study is to ensure the client experienced more than an assessment, but the participant may have insight into counseling/therapy experiences that occurred at less than four sessions. Participants were able to compare, discuss, and reflect on all past counseling experiences during this research study.

The rationale for counseling/therapy needing to have occurred over the past two years was to capture the participant’s counseling/therapy experience during adolescence. A participant was ineligible if the counseling/therapy containing four sessions occurred when the participant was a child. For example, if the most recent experience occurred
when the participant was 8 years old, the participant would be removed from the study. While the actual counseling experience of each participant was discussed in retrospective, the age group of 16–20 was selected in order to capture the adolescent perspective closest to when the counseling had occurred.

The final inclusion criterion is that participants could not be currently in a counseling relationship. Because the nature of the research was focused on participant insight and reflection on the counseling relationship, potential negative feelings or conclusions about a current clinician could disrupt a current counseling/therapy relationship. Therefore, participants could not currently be in counseling/therapy.

Participants were paid $10 per hour for their interview time, in increments of 30 minutes, rounding up to the nearest 30-minute block. For example, a participant whose interview started at 1:00 p.m. and concluded at 2:12 p.m. would be paid $15. Participants were paid in cash immediately following the face-to-face interview. This was to compensate adolescents who may not be motivated to participate solely based on intrinsic merit of the study. However, most participants stated that they would have completed the study for free. Only one participant took payment without completing the interview. One participant misunderstood the script and at the time of the interview offered to pay the researcher in order to tell his story. Each participant completed a single interview that was expected to range from 1½–2 hours. However, interviews ranged in length from 12 minutes to 75 minutes. This researcher made a summative statement at the conclusion of each interview with the participant.
Process and Procedure

Recruitment

An advertisement (Appendix A) outlining the inclusion criterion was posted on Facebook in June 2012. It was available as an advertisement in two geographical locations on the peripheral screen of Facebook. Facebook marketed the advertisements to the following demographic group: adolescents age 16–20 years old in and within 10 miles of the Michigan communities of Grand Rapids, Wyoming, and Grandville, and in and within 25 miles of Kenai and Soldotna, Alaska. When adolescents clicked on the advertisement, they were redirected to a webpage that contains the “flyer” with information about the study and contact information about the researcher (Appendix B). Considering this targeted geographical region and age group, Facebook reports that 107,620 people would have access to this ad (Appendix A) in Michigan, of whom 5,040 alone identify as Hispanic, and 4,780 people with 80 as Hispanic in Kenai/Soldotna (Hispanic is the only breakdown of ethnicity available on Facebook). According to the most recent U.S. census (U.S. Census Bureau, 2011), 15% or approximately 29,300 people from Grand Rapids, Michigan, alone self-identified as Hispanic; therefore, if being Hispanic is roughly distributed through all demographics, about 17% of Hispanics in Grand Rapids are self-identified on Facebook. It is curious that on the most recent U.S. census (2010), 163 individuals report as Hispanic in the Soldotna area alone. Therefore, more than half are represented on Facebook. Unfortunately, these numbers do not represent who has a history of counseling or therapy. After two weeks, the recruitment flyer (Appendix B) was posted in local grocery stores, malls, and college campuses in Grand Rapids, Wyoming, Grandville, Kenai, and Soldotna. The Facebook
campaign yielded 2,149,415 impressions and 299 individuals clicked through to my research webpage. Yet after spending $281.64 in advertising, not one individual followed through with a screening phone call. Additional protocols were designed and advertising was placed on Craigslist. This resulted in two adult clients contacting the researcher; one did not qualify for the study.

When a potential participant contacted me, I used a script (Appendix C) to verify that the potential participant understood the inclusion criteria. One person did not meet the criteria for age and was dismissed, one individual left before the interview concluded, two people met all criteria but never showed during their scheduled interviews, one woman did not meet the race/ethnicity requirement, one young man did not meet the selection criteria for counseling requirement because he received only residential treatment. All participants conveyed that they did not want to meet twice and documents were forwarded to them or they met with me prior to the interview to review the consent agreement. Two were adults and six participants were minors and came with their parent or guardian.

The parent/guardian script (Appendix D) detailed the purpose and nature of the study, described the involvement of the participant, and requested parent/guardian permission for the potential participant to be involved. When meeting participants, I reviewed the parent/guardian permission form (Appendix E) and the assent form (Appendix F) that was discussed in the script, and reviewed the counseling release form (Appendix H), which verifies counseling/therapy in at least four sessions with a counselor/therapist via email, mail, or fax. Interviews took place after the participant and parent/guardian agreed and signed the informed consent and release of information form.
For the two adults, I reviewed the adult informed consent form (Appendix G) that was outlined in the script and counseling release form (Appendix H), which verifies counseling/therapy in at least four sessions with a counselor/therapist in person. Interviews took place after the participant agreed and signed the informed consent and release of information form.

After the appropriate consent and release forms were signed, I conducted a brief demographic survey (Appendix I) with all participants, explaining to the participants that if counseling experience cannot be verified, their story will not be included. Upon receiving a signed release form, I faxed the release form to the identified agency or past counselor/therapist of the potential participant to verify the potential participant’s previous counseling attendance, number of sessions, and background of the counselor/therapist provider, using a script and form (Appendix J). If the counseling history of the potential participant could not be verified, the participant would be removed from the study. One participant was removed because of inability to confirm counseling.

Recruitment was a difficult process. Four more individuals were interviewed over the course of this project, but could not be included in the study due to various reasons such as unsubstantiated counseling experience, leaving halfway through the interview, and not meeting appropriate criteria, even though a phone screen using the protocol screening script did occur prior to the scheduled interview.

Data Collection

Individual interviews initially were scheduled to be conducted over a period of 1–2 weeks. However, due to extreme low participant response, data were collected over
a 7-month period from June 2012 until March 2013. Data were collected through in-person individual interviews that were digitally recorded. Interviews have the purpose as “a means for exploring and gathering experiential narrative material that may serve as a resource for developing richer and deeper understanding” (Van Manen, 1990, p. 26).

The semi-structured interviews ranged from 12 minutes to almost 90 minutes. These interviews were guided by a set of questions (Appendix K). The interviewer attempted to elicit descriptions that help understand how the client perceptions of race/ethnicity, socioeconomic status, and age influence the counseling process. Therefore, questions centered on client recall of commonalities and differences between themselves and their clinician. The interviewer also inquired about what and how race/ethnicity, socioeconomic status, and age issues occurred or were discussed in counseling.

The purpose of the interview was to gain understanding about how cultural values and beliefs regarding race/ethnicity, socioeconomic status, and age influence the counseling relationship. In addition, the researcher hoped to collect data that further informs if and how an adolescent’s cultural identity may be influenced by counseling.

Each individual participated in one face-to-face interview. At the request of participants in Michigan, all but one interview was held at the participant’s house. The remaining Michigan interview took place at the participant’s school per his request. In Alaska, one interview was held at a home, and the remaining interviews were held at a counseling office in Kenai Peninsula College. None of the sites in Alaska are accessible by public transportation as no public transportation exists on the Kenai Peninsula.
Journaling

Throughout the process of this study, I journaled my thoughts, feelings, and beliefs about the questions I explored with participants. This journal served as an informal mechanism to document my thought processes and demonstrated my decision-making process throughout the study. In addition, prior to any interviews, I wrote the answers to the informal interview questions in the way that I would have answered as an adolescent (though I did not actually receive counseling as an adolescent) and documented what I anticipated adolescents would disclose. My responses helped increase self-awareness in the process of analysis. My responses reflected my previous experiences with low-income minority underage clients.

Using this journal enabled me to be more aware of personal biases and experiences, and to reflect on my own perspectives and approaches to multicultural counseling. I documented thoughts and experiences as a clinician but also as a counselor who has experiences working with diverse clients and diverse clinicians. I know my personal and professional counseling beliefs are influenced by past relationships with clients, colleagues, mentors, and professors. I used the content of this journal to ground the process of data analysis to ensure that I did not merely infuse my own values, perceptions, and cultural background into the data analysis.

Data Analysis

The beginning of a typical IPA study is similar to most qualitative approaches. Data were transcribed by this researcher into Dedoose and into Word. IPA analysis contains several processes, but IPA is not a rigidly structured approach, so each of the steps outlined may not be in every IPA study. However, the following six steps
referenced in this methodology section were considered to be a “suggested set of steps” (Smith et al., 2009, p. 81).

**Step One.** Data were read and re-read for understanding of the meaning of the individual participant’s narrative.

**Step Two.** Following the reading of the data, I made initial notation on the transcript. These exploratory comments were descriptive, linguistic, and conceptual (Smith et al., 2009). Descriptive comments focus on summative content of the data. Linguistic comments center on the language use and word choice of the participant; this process began to look at meaning presented through language choice. Subtle inferences through word choice, pauses, and affect began to take shape during this phase of initial notation. Last, conceptual comments were noted; they are questioning in nature and reflect the researcher’s initial questions to the data (Smith et al., 2009). The conceptual comments began the interpretative process as questions arise from my paradigm of understanding.

**Step Three.** The next step of IPA analysis required the generation of categorical themes that convey participants’ meaning. During this process, as an IPA researcher, I made notes about developing interpretations as the data were conceptualized. After making exploratory comments on the text, I analyzed the exploratory comments for emergent themes and then looked for connections across themes. I repeated this process for each participant’s transcript and then began the process of looking for patterns across cases. I looked to assign themes and meanings to each interview. During this step, Smith et al. (2009) caution against forgetting the “importance of both the I and the P in IPA” (p. 91). They note that the data collection and initial comments are the distinct products
of the participants, but the analysis “includes more of you” (p. 92). Therefore it is important to follow the “hermeneutic circle where the part is interpreted in relation to the whole; the whole is interpreted in relation to the part” (p. 92).

**Step Four.** Step four has the most processes and possible analysis steps, though a researcher may not utilize all strategies. After the categorical themes were identified, this researcher looked for connections across the themes that have emerged during analysis to this point. These connections were categorized or named with “super-ordinate” themes (Smith et al., 2009, p. 96). This process of forming “super-ordinate” themes is called abstraction. This was done in Dedoose through merging themes together. Following abstraction, whenever possible, subsumption will occur. Subsumption is similar to abstraction, but it brings together related themes and describes the process when an emergent theme becomes its own “super-ordinate” theme. Polarization is another possible point of analysis during step four. Unlike other steps described thus far, polarization is the process of addressing oppositional relationships between emergent themes. Another IPA strategy during this step is the process of contextualization. This is contextualizing the data within a particular participant analysis. Numeration, or the identification of the frequency of a theme within a narrative, is another strategy. Function is another possible approach to data analysis in which the researcher addresses the emergent themes as functional in the participant’s life. Smith et al. (2009) note that not all strategies noted in step four are helpful; the strategies employed are dependent on the data set, and Smith et al. suggest a research diary to keep notes of the analysis process. Step four concludes with the creation of a graphic representation. The information may be placed in a table with main themes and relative subordinate themes.
Step Five. The next suggested step of IPA is “moving to the next case” (Smith et al., 2009, p. 100). The researcher moved from participant account through participant account repeating step one through four. At this step it was important to conscientiously and purposefully address each case individually and analyze the case within itself. During step five, the researcher attempts to bracket the ideas of previously analyzed cases. Smith et al. (2009) admit that it is impossible to bracket completely from one case to the next as “you will inevitably be influenced by what you have already found . . . therefore your ‘fore-structures’ have changed” (p. 100).

Step Six. The final step is to look for patterns. It is at this point that the researcher identifies patterns across all the products of analysis. During this step, the researcher looks at connections and patterns between cases and may involve using the analysis from one case to assist in interpreting or understanding another case. Step six also involved the researcher looking from the analysis of the whole and back to the individual parts of the data. The researcher took the understanding of the whole interview and re-read the parts to discover any deeper, more interpretive meaning.

Implications

This study constructed the meaning and influence of racial/ethnic, socioeconomic, and age-related identities of adolescents in the counseling relationship and process. This researcher sought to articulate how the identity of adolescent clients is shaped through navigation of counseling experiences based on cultural factors of race, ethnicity, and socioeconomic status. This research may assist counselors in better understanding the implications of their own cultural presentation and cultural effectiveness in regard to race, ethnicity, and socioeconomic status when working with adolescent clients. In
addition, this research captures the narrative of adolescent clients that is not present in current counseling literature.

This research is based on the assumption that all clients and counselors/therapists bring cultural beliefs into counseling relationships and that these beliefs inform the client and the counselor in the therapeutic relationship. In addition, this research explored the impact of multicultural or cross-cultural counseling on the identity development of adolescent clients. In a parallel process, I was aware that, as a researcher, my own thoughts, beliefs, and experiences influenced this study.

**Considerations**

I am an Asian American heterosexual female from a middle-class socioeconomic status. I have always been interested in racial identity. I was adopted by a Caucasian family and know that my cross-cultural adoption and conversations with friends from school deeply impacted my own sense of self during adolescence. My high school of 711 students had only four obvious racial/ethnic minorities, all female. Three were adopted (myself, another Korean American, and an African American) and one was first generational Japanese; I believe she returned to Japan her senior year. We had no students with the name “Martinez,” “Rodriguez,” or “Lopez.” No teachers in my school identified themselves as being a racial/ethnic minority.

I also carry with me the understanding of what it means to be a racial/ethnic minority that I have developed over the years and am still discovering new things. I recall a professor in my undergraduate study stating to me, “I can tell you this because you are not White.” I have a bi-racial friend who disclosed that when teaching her son how to drive she instructed him, “Whenever you are stopped by a cop, keep your hands
on the wheel at 10 and 2 until the cop reaches the window. When he gets there, you tell him you are going into the glove box to get your registration; you are a black young man, never forget that.” In contrast, I remember my mother telling me, “If you get pulled over, always get out your registration and insurance from the glove box to have them ready when the police get to you.” I remember reflecting on two salient points. The first point was my friend telling her son, “when you get pulled over” as opposed to “if . . . ” My second point of reflection was realizing that understanding how others perceived racial/ethnic identity was a part of her driving instruction process to her son. This lesson was absent in my driver’s training because my mother is Caucasian.

Because of the nature of the topic of study, I believe that my cultural identifiers worked as an advantage. For the participants who were individuals who were visible minorities, I believe that participants felt more comfortable and more engaged because we shared non-White status. I also believe that my training and 10 years of experience providing adolescent mental health and substance abuse assessments and counseling provided an advantage toward building quick connection and facilitating openness. My personal cultural identifiers may also be an advantage or disadvantage; participants may feel more closed or suspicious based on my minority status, gender, or counseling background.

Because the interview process was semi-structured, I had to use additional probing questions, and my follow-up questions were influenced by own myriad of cultural self. I am an individual who has preconceived notions and past experiences with racism, cultural bias, socioeconomic class, and adolescence. Through the process of counselor education and graduate study, I have grown more self-aware and more open in
my understanding of race, culture, socioeconomic class, and age. However, to believe that I am unaffected or completely resistant to social constructs would be naïve and inaccurate.

Throughout the process, I worked diligently to recognize the influence of my own values as best as possible and through thorough examination of the transcripts and reflective writing, gained awareness of my effect on this study. In order to capture an understanding of my own visceral responses, I was mindful of my written reflections. Although my personal reflections were not formally analyzed, they were informally analyzed throughout this research process by me and in discussions with my advisor.

Through an extensive recruitment process, 15 potential participants contacted this researcher over the course of one year; five interviews were conducted in Western Michigan, and six interviews were conducted in South Central Alaska. However, only eight participants fully participated in the study.
CHAPTER IV

RESULTS

The purpose of this study was to better understand how multiple identities of race/ethnicity, socioeconomic status, and adolescent status inform the counseling process and contribute to adolescent identity. This chapter begins with brief participant profiles describing nuances and observations that contextualized the interview process and provides content that may not be adequately reflected in the textual analysis of the interviews. Following the participant profiles, an analysis of master and subordinate themes found across participant interviews will be presented. The words of each participant will be utilized verbatim to best capture the individual’s world in his or her own language (Willig, 2008); however, for readability, some of the repeated words have been removed if this improved clarity of the narrative. Most diffluent speech excerpts, such as restarts, remain in the narrative.

Participants

Participants were eligible for this research if they met all specified criteria. Participants were recruited and screened and were required to meet the following criteria for inclusion in the study: (a) self-identify as a racial/ethnic minority, (b) have received four or more professional counseling/therapy sessions from the same professional, (c) the qualifying counseling/therapy experience must have occurred within the past three years, (d) not currently be engaged in a counseling or therapy relationship, (e) be 16–20 years old, and (f) have parent/guardian consent to be included in this research if the participant
was not currently 18 years old or an emancipated minor. The participants varied in age from age 16–20. One participant had a history of counseling with only one clinician. Seven participants had at least two clinicians. One participant spoke about the experience across four different counselors. Of the four participants interviewed in the state of Alaska, one discussed counseling/therapy that occurred in another state and one participant discussed experiences both in and out of Alaska. All of the Michigan participants reflected on counseling/therapy experiences that occurred only in Michigan.

All participants are referred to by a pseudonym. However, the pseudonyms reflect the outward appearance of the participants. The rationale for utilizing more ethnic-sounding names is to best capture the ethnic name and appearance of the participants so as to not lose that value when reading a flat two-dimensional narrative. If all participants were given names like “John” and “Mary,” a contextualization in identity dimension that was present during the research collection would be dismissed. Sarah, George, and Jill noted that most people think they are Caucasian. George responded that he is 1/16th Cherokee, but when asked what it means to him, he responded with, “I am essentially White, I don’t really hold any specific like denomination towards culture or anything, I am kinda open to everything.” Jill noted that her mother took pride that people assume she is “White,” and Sarah noted that people are surprised to know she is from a “very traditional Hispanic family.”

The basic demographic overview of the participants is shown in Table 1. Initially, age was part of the overview; however, the ages of individual participants were removed to protect anonymity due to the small Alaskan population of the Kenai/Soldotna area (less than 15,000). Six of the participants reported going to counseling within the
past year, one participant had counseling more than one year ago, and one participant completed counseling more than two years ago.

Table 1

An Overview of the Participant Demographics

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>M/F</th>
<th>State</th>
<th>Ethnic identity</th>
<th># Counselor/Therapists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sarah</td>
<td>F</td>
<td>AK</td>
<td>Mexican-American</td>
<td>2</td>
</tr>
<tr>
<td>George</td>
<td>M</td>
<td>AK</td>
<td>Native American, White</td>
<td>4</td>
</tr>
<tr>
<td>Amara</td>
<td>F</td>
<td>MI</td>
<td>African</td>
<td>2</td>
</tr>
<tr>
<td>Alejandro</td>
<td>M</td>
<td>MI</td>
<td>Mexican-American, Puerto Rican-American</td>
<td>2</td>
</tr>
<tr>
<td>Tiana</td>
<td>F</td>
<td>MI</td>
<td>African American</td>
<td>3</td>
</tr>
<tr>
<td>Juan</td>
<td>M</td>
<td>MI</td>
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<td>Patuk</td>
<td>M</td>
<td>AK</td>
<td>Alaskan Native, White</td>
<td>2</td>
</tr>
<tr>
<td>Jill</td>
<td>F</td>
<td>AK</td>
<td>Native American, Mexican American, Spanish, White</td>
<td>2</td>
</tr>
</tbody>
</table>

Participant Profiles

This next section will briefly illustrate some of the background information of each individual participant. Contextual information and presenting themes regarding each individual participant will be presented, followed by a brief summation of the common background elements of each individual.
Sarah

Sarah is a young adult woman who identifies as Mexican American who is living in Alaska. Her racial/ethnic background was not visually identifiable to me. She classified herself as being from both a low and middle class SES background. Sarah stated that her parents had divorced and one parent was wealthy and the other parent had a significantly lower SES. She found out about the research after seeing a Craigslist ad. The interview took place at my counseling office at Kenai Peninsula College. Sarah brought her toddler daughter.

Sarah had participated in counseling with two Caucasian counselors. Sarah’s family referred her to counseling because of family conflict. She attended one session with one male counselor, but it was deemed so unhelpful she never returned. Sarah characterized the experience as emotionally unsafe, and described testing the counselor:

I mentioned that I cut my hair and he made a face like [she scowls]. He shook his head and made a face and I didn’t quite understand that, I, I just, I didn’t feel like, that was an unnecessary reaction to what I was saying and felt like I couldn’t go on. I couldn’t tell him more about what was going on in my life because that was a haircut—that was a very minor thing [laughs].

She reasoned that if his response was so judgmental to a haircut, he would not be able to handle the weight of real counseling issues. Sarah contrasted this experience with her female counselor who she evaluated as useful. Sarah indicated that after she completed counseling, she periodically returned to the second counselor by her own volition.

Sarah’s interview was just short of an hour and she took her time to carefully consider her responses. She seemed open and engaged; she seemed to take this process very seriously and wanted to provide thoughtful responses. Sarah indicated that she liked
talking about the experience and was still upset about the experiences with her male
counselor.

**George**

George is a young adult man who identifies as part Native American and mostly
Caucasian who is living in Alaska. His racial/ethnic background was not visually
identifiable to me. He classified himself as being from a low SES background. Initially I
was contacted by a mental health advocate who was interested in the research and passed
on the information to George. George contacted me for an interview; because he had no
transportation, the interview was scheduled at his home in a more rural area of
Kenai/Soldotna. The temperature that day was 17 degrees F. I reference this because we
interviewed in his bedroom, which was an unheated part of the house. We could see our
breath during the entire process of the interview. The temperature did not seem to affect
George; he was very responsive. He delivered full answers to each question, filling the
hour quickly with his verbose responses. Prior to and after the interview, George talked
about feeling this was an important topic. George misunderstood that he was being paid
a stipend and when we reviewed the information, he stated, “I can’t pay you for another
week.” George thought he was paying me for the opportunity to report on his
experiences in counseling/therapy. He was committed to telling his story and felt it was
important people could learn from his perspective.

George spoke about four experiences with four counselors. He noted that he had
more counselors, but he could really remember only enough to speak to the most recent
counseling/therapy experiences. His experiences in counseling/therapy varied from
inpatient to outpatient, and geographically spanned across both Alaska and the
continental United States. George was court-referred to counseling/therapy because of family and mental health issues.

**Amara**

Amara is a young adult woman of visible African descent who is living in Michigan. She classified herself as poverty level, but when I went to her parents’ house, it appeared her family of origin is middle class. She recently had a baby and asked that her six-week-old infant be present through the duration of the interview. The interview was held at the house of Amara’s parents, where she is currently residing. The house was located in a middle class neighborhood one street over from a much lower socioeconomic urban area. Amara heard about the research through her mother, who worked at a Community Agency in which a receptionist had passed on the information. Amara immediately scheduled an interview.

Amara noted that she was sent to counseling by her parents and had two different counselors, a male and female. The male counselor was Hispanic and the female counselor identified herself as White. Amara talked about both of these experiences in an interview, just short of an hour. Overall, she articulated that the therapists referenced their own children a lot during session, leaving her to feel disconnected. She laughed and was cheerful and giggled nervously throughout the interview process. Amara stated that she was happy to help and thought this was an important project.

Amara identified herself as African. She stated that she was adopted by two Caucasian parents but believes strongly in her African culture and roots and found it important to “try to remember where you came from. Basically and try to eat as much culture foods and you know, not try to get too American, because we are in America.”
She did not further elaborate on her ethnic identity other than making a notation about foods. She was prompted, but laughed and reported not really knowing. In contrast, when asked about her counseling/therapy experiences, Amara expressed greater depth and breadth in her responses. Amara expressed ambivalence about the relationship with her counselors. She stated that she did not like either counselor because she never really felt comfortable. After reflecting on all her counseling experiences Amara was asked, “How will you approach counseling or therapy in the future?” She responded:

I won’t go, I just, I don’t know. I just feel like I have to make better decisions and just think before I do things and just so I don’t have to go and waste time with someone you know, I just, I just think it is for some people and not for everybody. So I don’t think I would go.

**Alejandro**

Alejandro is an adolescent male of visible Hispanic descent. He identified that he was low SES. He found out about the process through my friend at a community center where I had distributed flyers. The friend encouraged Alejandro to participate. At his request, the interview occurred at his school library. He did not want to meet at the community center or at his home. Alejandro lives in a suburb of Grand Rapids in an older area of the city. Alejandro was late to the interview. After the screening, we went through a series of text messages to confirm date and time. The last confirmation occurred the morning prior to our arranged meeting. However, 10 minutes before our appointment, he texted to state that he was hungry and would be late because he left school to get food. Alejandro arrived 30 minutes past the arranged interview time and had his mother sign the release and consent in the parking lot while remaining in her minivan after handing off his remaining food from lunch.
Alejandro spoke about two different counseling/therapy experiences with two different female counselors/therapists. He identified that they were both Caucasian. He stated that he had counseling out of state with a school counselor and in addition had more than four sessions with a community agency counselor locally. Alejandro had school counseling because of anger problems, and his most recent counseling at a local community agency occurred after his current school referred him to counseling. The interview with Alejandro was extremely short at around 15 minutes. Alejandro was a tall, thin, Hispanic-looking male. While he was more reserved than Amara, he did not appear to be uncomfortable. He simply talked quickly and made little effort to reflect before answering. The use of pauses did not increase or seem to affect his verbal responses.

When asked, “How would you describe yourself as a person?” Alejandro said, “I’m just laid back.” When prompted to think of cultural events, customs, he identified that he has specific foods like, “Mexican rice, Puerto Rican rice, enchiladas, a lot of Mexican food.” However, he had no other statements, insights, or further comments about his ethnic or racial identity.

Prior to counseling/therapy Alejandro believed the process to be one-sided and prescriptive. In addition, he entered counseling with negative feelings. When asked about the feelings he had, he responded:

**Alejandro**: um, bad feelings, I had really bad feelings.

**Interviewer**: like happy, sad, angry?

**Alejandro**: kinda angry. You know, I didn’t want to, but my mom made me . . .
Alejandro noted that his counselor probably thought he was a “bad kid or something because I used to come in there with a bad attitude all the time, so . . . I thought I was a pretty bad city kid or something.” When asked to describe what that would look like, Alejandro described that “I would just have a mean mug on my face [scowls] you know this always biting on my jaw, you know making my jaw move, I don’t know, and not talking at all.”

Tiana

Tiana is an adolescent female of visible African descent who is living in Michigan. Her mother classified Tiana and the family as being lower SES. Tiana heard about the research through my friend who works at a school where I had distributed flyers. Tiana requested that the interview take place at her house, which was located in a more urban low-income area. The day of the interview she reported that she did not go to school because she was ill, but she still wanted to participate in the research interview.

Tiana has a history of mental health counseling/therapy with three different counselors that she identified as Caucasian. She had been referred to counseling through probation. She stated that she would speak to all experiences, but the most recent counselor she had for only one session. Her mother was very interested in the purpose of the study. Tiana’s mother made several comments about counseling services and concerns about prejudice against her family based on family income and ethnicity. Tiana was an engaging individual who seemed to have no reservations throughout the interview process.

The interview was to take place in her house, but upon arrival, and though Tiana stated, “my dog is friendly,” the pitbull chained to the four-poster bed in the middle of the dining room charged and appeared less than friendly. In the end, the interview took place
in the back of the house in the vehicle belonging to Tiana’s mother. In order for the interview to take place, her mother and her mother’s friend had to first be displaced from the vehicle. The interview was less than 45 minutes. Tiana seemed to enjoy talking about herself and participating in the process.

When Tiana was asked, “How do you describe yourself as a person?” She responded, “I like hip-hop, R & B, rap, um, black African American, and I’m like, I’m nice, I’m but I don’t like to be picked on or I don’t like people like mess with, pick-on same thing.” She also described dressing according to the weather. She later identified that she liked, “chicken. Chicken, rice, cornbread [giggles], corn, greens.” Tiana explained that because of her large family, they have to eat chicken frequently, “. . . we eat chicken a lot because our family is so big we can’t afford other foods, like going out to eat all the time because our family’s too big.”

Tiana expressed that she had a positive relationship with [name of first counselor] and that “it felt like we was friends and she was like, she was close friend that I could tell everything to.” Tiana explained that she believed this relationship did not start out as strong; “I think when she [Counselor One] first met me I don’t think she liked me.” Tiana stated that she was “really really out of control” and was “yelling at my mom” and through the help of the counselor “me and my mom finally got along.”

Though she had a close relationship with her first counselor/therapist, Tiana expressed that they were clearly from different socioeconomic backgrounds. However, Tiana was quick to balance that statement with a comment that her family’s financial state is due to too many children in her family. In addition, Tiana noted that her counselor/therapist gave her gifts and paid for outings. She was not entirely comfortable
with the money spent on her. Tiana described that she would say, “like we don’t have to
go out anywhere we could just talk in my room or we could talk um on the porch or
something and she always want to go out somewhere.” When further prompted to why
her relationship with her first counselor/therapist was better, Tiana answered, “she liked
me.” Throughout the interview, Tiana continued to reference the positive relationship
with her first counselor/therapist and noted that she would like to re-establish that
connection. However, she demonstrated ambivalence when a referral was suggested at
the end of the interview.

Juan

Juan is a young adolescent male of visible mixed ethnicity who is living in
Michigan. He self-identified as Native American, Puerto Rican, and White. Juan and his
father classified themselves as being from lower SES. Juan heard about the research
through my friend who works at a school where I had distributed flyers. The interview
was held at Juan’s apartment. He lives at a large apartment complex in a suburb of Grand
Rapids. The interview was scheduled for a Wednesday, but when this researcher arrived,
Juan was not present. His father stated that Juan would be home within a half-hour.

Juan’s apartment had no conventional furniture in the main living area. The
apartment did not have a kitchen table or chairs. The center of the living room held a
mattress from a double bed sans boxspring. The only other visible furniture items were
the cabinet that held the 40-inch plus plasma television and a very worn, slightly broken
small club chair on a swivel base. Juan’s father asked me to take the chair, but I refused
and reviewed the documents on my knees with him in the chair. After more than 30
minutes of waiting in his apartment, his father called Juan and found that Juan had
community service and would not be able to meet until the following day. On Thursday at 3:30 p.m., Juan’s father again answered the door. Juan’s older sister was lying on the mattress when I entered the apartment. Juan was not present and his father called him. Juan had decided to take a different bus home and would be 30–45 minutes late. This time Juan’s father was insistent on providing me the chair, which left him to sit on the mattress. This arrangement seemed a bit uncomfortable for both of us, but I could not refuse the chair the second time. In addition, I was inherently aware of the power dynamic of myself sitting in the chair in relation to Juan’s father sitting on the mattress on the floor.

When Juan arrived 45 minutes later, he wanted to interview in the bedroom. Juan’s father looked unhappy with this proposal and cited that both bedrooms were not respectable. As a solution, I suggested we interview outside. Juan and his father were comfortable with this alternative and the interview was conducted in the parking lot of Juan’s apartment complex in my parents’ 2003 Toyota Camry. The interview was brief and did not span more than 20 minutes. Juan had counseling with a home-based clinician from a local agency for one to two sessions per week for almost eight months. It was noted that when the agency was called and the script read to verify the counseling experience, the administrative assistant was asked, “What SES level did the client report?” She huffed, “Well, they are on Medicaid—so they’re poor” with great emphasis on the last word. Juan was a tall and lanky African American/Hispanic looking soft-spoken individual.

Juan was asked, “How do you describe yourself as a person?” He responded, “I would just describe myself as outgoing and like independent, respectful.” When further
prompted about his cultural identity, he responded with only one word, “multiracial.”

Juan said that means, “a lot of races.”

When he was asked, “Do you have any other things that led you to believe that he [the counselor/therapist] is in a different financial way than you are?” Juan replied, “Yeah, ’cause he always wore a suit when he came, or nice dress shoes and I think he made more money than me and my dad,” though he stated that he didn’t think it affected his counseling because “I really didn’t even pay attention to that stuff.” However, Juan demonstrated some ambivalence about counselor/therapist dress and appearance. When later asked, “How would you make someone feel comfortable?” He referenced dress:

I would just like, I wouldn’t come in no suit. I would just dress like how I do like, regularly. Make them know, not to think that I’m, over powering them or not, don’t let them know that I had more money than them. I just be like, just would make them feel comfortable.

Juan did express confusion with his counselor’s/therapist’s behavior. Juan expressed that he thought the counselor did not respect his father:

When he came he did not address my father with the respect that he is supposed to. He would just come in and sit down and start to asking questions and my dad would just be sitting there and he wouldn’t say hello or nothing or shake his hand. That’s how I thought that way, that’s why I thought that.

When asked, “What do you think made him disrespect or dismiss your father?” Juan responded that he had “no idea.” However, Juan did further elaborate in the ways he felt his father was slighted and concluded that it was due to the counselor/therapist feelings toward his father:

I don’t know, I don’t think he liked my dad or something, he never really did it. I think he did it the first time he met my dad he shook my dad’s hand, but that is the only time he shook my dad’s hand.
Juan was quick to point out that his father seemed unconcerned with the counselor/therapist interactions:

I didn’t think my dad really paid attention to stuff like that—like I think I did because I would be standing there and I would see him come in the kitchen and just sit down and I’ll be like . . . And my dad will just be sitting in the chair by the door and he wouldn’t address my dad or nothing and when I answered the door he would just come right in and just start talking to me and I don’t know if my dad really seen that or anything, but I know I seen that.

Regardless of these negative observations and assumptions, surprisingly, Juan was one of the few individuals who noted that counseling was an overall helpful experience:

I think it boosted my self-esteem. Like—It made me think that I can do more like with my life, like I can accomplish more, like if I stay straight and be safe and don’t hang out with the wrong people because if I get caught up with stuff I, that can really mess my life up.

When asked, “What do you think counselors need to know about race/ethnicity, socioeconomic status, being rich being poor, or being middle class or being an adolescent in relation to counseling?” Juan articulated that cultural values and personhood need to be respected:

I think that the race, our ethnic, they should think about that because some parents are like they’re strict and they want to be shown respect and some races want to be shown respect and like our social, our poorness or richness, they should respect that even if you are poor or not. Even if you are poor you should not treat them like they don’t mean anything.

**Patuk**

Patuk is a young adolescent male of visible Alaskan Native descent who is living in Alaska. He indicated that he is Alaskan Native and White. He identified as currently being from a low SES, but throughout the interview referenced the extreme financial instability of his family. Patuk heard about the research through a student worker who works at the college where I had distributed flyers. The interview took place at my office
at Kenai Peninsula College and was just short of an hour. Patuk described experiences with two different female counselors that he identified as Caucasian. The counselors represented two different facilities. He stated that he was referred to counseling because of court issues. He identified one counselor as helpful and one as unhelpful, but concluded that he would not return to counseling in the future because it is unhelpful.

Patuk’s guardian talked about the importance of this study and ethnicity. He conveyed an impassioned response to the importance of Alaskan Native identity and racial/minority implications in counseling. Patuk’s guardian talked about the divide between non-native and rural native culture and concerns with diminishing cultural values in rural Alaska village life. In sharp contrast, Patuk initially minimizes his ethnic identity as Alaskan Native, and throughout the interview detaches himself from his Alaskan Native identity. However, his final statement talks about the lack of a formed identity and some insight into his current cultural identity. Patuk references his guardian’s perspective in the following excerpt:

It’s complicating. How they really ask about your background, how you grew up, if you grew up in the Native culture, if you didn’t grow up in the Native culture, why you didn’t grow up in the Native culture, why you grew up in the Native culture because there are some many different varieties they could ask about the Native culture but some are very nervous to ask because they don’t want to offend the person. Like some people are offended, like “why didn’t you grow up in the Native culture” like I’ve met people who have gotten very offended about that.

He distances himself from being one of those offended people as he continues, “I could tell it’s also not really offensive; it is just a simplistic question.” Patuk then goes on to report feeling that he has an eclectic identity:

I just say my family didn’t really believe in the cultures of what we are, they didn’t grow up in it really so they didn’t know how it is really so we can’t really, I can’t really grow up in the culture. I didn’t even know what kind of Native I was
until I was like 13 . . . so, and I am still finding out that, I just found out that I am
Tlingit as well so. So, I am Tlingit, Aleut and Aleutic. You know I sometimes
make jokes and say, oh my blood fights each other because the Tlingit’s fought
Aleuts, and the Tlingit’s fought the Russians.

Patuk enjoyed the process of the interview. He said he would have done it for free and
concluded with, “this was a pretty good discussion.”

**Jill**

Jill is a young adolescent female who identifies as Native American, Mexican
American, Spanish, and White. She is living in Alaska. Her racial/ethnic background
was not visually identifiable to me. Jill identified as being from a very low SES
background. She heard about the research through a student worker who works at a
school where I had distributed flyers. The interview occurred in my counseling office at
Kenai Peninsula College. She discussed two different counseling experiences. Jill
received counseling/therapy from a female and male counselor. She did not evaluate her
counseling experiences as positive. Ethnic identity was very important to her. She noted
that she was “raised a bunch of different ways.” She identified that she was part
Cherokee and Choctaw and the family would celebrate Osceola in the Everglades by “All
our friends and family would have a big ole’ barbecue in the middle of the swamp, and
like my family would come and they would dress up and we would have like a big party
or whatever.” Her ethnic identity was not always valued, she noted that, “I guess with
Cinco de Mayo my dad’s mom tried to get us into but my mom wasn’t really comfortable
with it.”
Jill’s ethnic identity was something that she had direct conversations about with her mother. Jill recalled a time she was put in a Native American support group after her father died:

She [Jill’s mother] said, “Jill, these people are more Native than you are they are more prone to I guess you could call, their cultural side.” I said, “well what do you mean” and she said, “well I haven’t raised you the way that I wanted to, I sort of molded you to what everybody else would accept.”

Jill gave an example of this “molding” behavior. “Like at school they did a Native American day, I wasn’t allowed to participate. She wanted me to say I was White.” Jill’s mother wanted her to deny her Native American ethnicity. Jill reflected on why this was so important to her mother in the following statement:

When she grew up part Native and when she went to school they gave her hell. And I was a prickly pear for a while and she didn’t want me to so she just said she was doing that not to understand, because I was native and I should be proud of, but she was doing what she was doing to keep me from making stupid mistakes and to getting into trouble . . . . So, like she felt bad about it, but she felt in her own mind she was doing it to keep me from trouble, keep me from a bad situation.

In this manner, Jill interpreted her racial/ethnic identity to be associated with “bad situations” and she developed feelings of shame regarding her personal identity.

**Thematic Overview**

The IPA analysis resulted in the identification and emergence of three main themes: (1) factors of counselor/therapist alliance, (2) control of counseling/therapy, and (3) recognizing identity. Each main theme contains subordinate themes as outlined in Table 2. None of the themes are completely independent of each other and may overlap. For example, “feeling understood and known” is a subordinate theme to “factors of
counselor/therapist alliance” but has some overlapping connection to the subordinate theme of “self-identity,” which is part of the main theme, “recognizing identity.”

Table 2

*Main Themes and Related Subordinate Themes*

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<th>Main themes</th>
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**Factors of Counselor/Therapist Alliance**

The most commonly occurring main theme within and across each individual participant account relates to factors of the counselor/therapist alliance. Counselor alliance describes the nature client/counselor relationship paying close attention to the idea of the feeling of being understood, listened to, and accepted. Three overlapping subordinate themes emerged: (1) disengagement through perceived judgment, (2) feeling understood and known, and (3) issues of privacy and confidentiality. The subordinate themes are not distinctly separate from each other. For example, excerpts regarding the
nonjudgmental stance of a therapist also evidence participant beliefs and values about feeling safe in the counseling/therapy session.

**Disengagement Through Perceived Judgment**

*Disengagement through perceived judgment* was the most prominent subordinate theme with over 100 codes/tags over the eight participant interviews. This construct represents both physical cues from the counselor and an intuitive response of clients/participants anticipating or sensing that they are being negatively judged by their actions or counseling/therapy issues. This theme is primarily experienced by participant internal sense of being judged, or feeling judged and then unaccepted; it represents a sense of lack of emotional safety in session.

The most prominent physical cue given by the counselor/therapist was facial expression. The facial expressions of the counselor/therapist emerged as a critical part in setting the tone of counseling/therapy. While not all participants felt specifically judged, six participants explicitly noted the “making of faces.” Alejandro stated that one of his counselors “made herself look boring.” When asked what that looks like:

**Interviewer:** so the boring lady was more

**Alejandro:** just [makes a face] you know what I mean

**Interviewer:** so uh

**Alejandro:** just [makes a face]

**Interviewer:** so as we’re taping, I will have to um, make a note that that was a solemn face, because it can’t be recorded that way, okay so kinda a blank look

**Alejandro:** Yeah

Juan and Patuk also noted the impassive face as experienced in counseling/therapy:
Juan: Like he would go like this. [Struck a pose like a thinking man] and like listen to me with his hand on his knee or on the table, or just look at me like this [shows impassive look], like he really didn’t care.

Patuk: It’s a mindfucking thing, experience, because you don’t know what they’re doing because they’ll be like this [pulls a blank face] but they’re really trying to get into, is trying to see, what you’re, what’s really behind it rather than just asking you the straightforward question.

Alejandro, Juan, and Patuk seem uncomfortable with the lack of facial expression. With Alejandro calling the clinician a “boring lady,”” his interpretation assigns the impassive look to be a reflection of the clinician’s personality characteristics. Therefore, Alejandro’s response is neutral. In contrast, Juan attributes the blank face as a negative response to the counseling session with the assigned value of “not caring” but does not necessarily identify the lack of care as a direct response to him. Perhaps the counselor did not care about his job, or maybe Juan is suggesting that the counselor does not care about him. Patuk fully understands the blank face as a direct response to the clinician’s interaction with him specifically. Patuk demonstrates feelings of suspicion and vulnerability as the blank face seems to purpose the hiding of a secret agenda. His interpretation of the blank face posits that it is a technique of counselor deceitfulness.

The experiences of Sarah and Jill seem to indicate feeling that the counselor was distinctly expressing a judgment. Sarah and Jill found facial expressions to be outwardly negative:

Sarah: . . . that made him make a face at me and I didn’t see that that was uh very polite way to go about that, I kinda thought that was rude, but um, he just made it obvious how he felt about that.

Jill: But when I walked in, and just the look on her face, like, it was just a look of disdain, like “oh, this is going to be this kind of session, I don’t even want to get into it” —like she didn’t really want to waste her time.
Sarah felt the facial expression was a judgment of disapproval to the content of the session and demonstrated the transparency of the counselor’s internal response to her disclosures. Jill takes this one step further and internalizes the facial expression to be a value judgment about Jill as a person.

Clients often anticipate judgment before counseling/therapy even begins. Juan entered counseling/therapy with the preconceived notion of being judged:

When I first met him I thought he was going to tell me about stuff I didn’t want to hear like because I already knew what I was doing wrong, and I really didn’t want to hear somebody else tell me what I was doing wrong, that’s all.

Jill anticipated judgment during the first session with one of her counselors/therapists:

I didn’t even make it the whole session, I guess I was so jumpy and jittery and like insecure about what the other person was thinking that I couldn’t even finish the whole session. I was so worried about what he was thinking, I just leave, we cut it short and we never went back.

Sarah also experienced an intense response to her counselor/therapist during her first session of counseling/therapy. Sarah illustrates feeling unsafe, “I think he spent a lot of time saying things that were very presumptuous about me and my family and I didn’t feel like that was a very safe environment for my feelings and thoughts to be expressed.” She noted that feelings of judgment and safety led to discontinuing therapy after only one session.

Patuk noted that when he felt judged he was less engaged in the therapy process, resulting in deceitful behaviors:

I got tired of counseling so I quit going overall, I got tired of being judged, like—they may not be judging verbally, but most counselors are judging internally somehow, it’s like, most will not, but most that I’ve been to, I know they will judge internally.
Patuk states that even though counselors may not be directly communicating judgments as evidenced through the words spoken in the counseling session, he does believe that counselors/therapists are internally processing information about clients. He notes that responding to this intuitive feeling of being judged is draining.

George drives this point one step further by stating that counselor/therapist judgment can be expressed through case conceptualization and accuses counselors/therapists in the following statement:

I mean they’d be looking at is it THIS ISSUE or THAT ISSUE whereas I don’t feel comfortable enough to actually open up. They take any DENIAL or ACT of not wanting to be open up because maybe of lack of comfortability or the lack of—they don’t approach it the right way. You’re shutting down, you’re copping out. You’re not doing this because YOU don’t want to work on THIS.

George ascribes the feeling of withholding from counseling as a feeling of being uncomfortable and feeling judged, but also accuses counselors/therapists of constricting this process through assigning blame to the client rather than demonstrating awareness that the counseling relationship does not allow for greater client openness.

Even though it was never directly communicated to him, Juan believed his therapist had many negative judgments about him:

I think he was um disappointed in me for acting up at this age already and um some grown people don’t even be acting the way I be acting. That’s what I think he thought about my age. Man, this kid’s like messing up already.

Amara also stated that both of her counselors/therapists never gave her direct negative feedback but she believed that her counselors/therapists demonstrated incongruence, withholding their true emotions.

They’d always be like, “uh,” they wouldn’t be like “wow, oh my gosh” ya know, but they’d be like “mmm.” so they wouldn’t be like “oh wow” but they’d just be like “okay” like, but I know they were like, “dang, really.”
Even though Amara’s counselors never provided any direct negative feedback, she clearly indicated that she believed that they constructed negative judgments about her behavior.

Overall most transcripts highlight the feelings of judgment. Only Sarah and George indicated that they felt a sense of unconditional acceptance from a counselor. Sarah described that she knew her counselor had different familial values but she still felt comfortable talking to her.

She was definitely shocked to hear about um my family’s tradition of marriage and uh the expectation of uh, of our family, but she didn’t she didn’t let it, she didn’t let it affect uh, she just mostly expressed interest in what I had to say, it didn’t seem like she was um, disapproving.

**Feeling Understood and Known**

All participants discussed the importance of being understood and known. This construct represents an intuitive response of clients/participants in sensing that their story is both heard and most importantly understood. Similar to the previous subordinate theme, this theme of *feeling understood and known* is primarily identified by the participants’ internal sense or judgment of their connection to the therapist. Sarah stated the following about one of her counselors/therapists:

She could catch on to that really quickly and could try to catch on to that feeling of inadequacy I guess, or uh, disappointment maybe, but she could kinda catch on when I explained what my family expected.

Sarah noted her personal feelings of vulnerability and inadequacy but also exhibited faith that the counselor/therapist’s abilities to “catch on to that really quickly.” There is a sense that the therapist will be held responsible to fill the gaps between what Sarah
discloses in session and what she withheld. This is further illustrated in the following text:

So I felt that her ability to see what I wasn’t saying actually benefit-helped our therapy sessions because, uh sometimes I have trouble expressing myself . . . so her ability to sometimes understand what I was not saying as well as what I was saying, it made our sessions a lot um, more beneficial for me.

Although Jill’s first session with her counselor was poor, she said they moved through the impasse and

she started to understand. Like she realized that she was saying could be callous so she like thought more about her words and chose more words that fit the situation. Like more understanding, but sincere, but not fake, not full of BS.

George describes that, “there’s people who can sense like the whole vibes and intuition with people; there are some people that can just pick up on it and it’s the empathy.” He articulates it is a feeling, implying that this is a talent that some people have but not all people. Patuk was the only participant who identified the client as having shared responsibility in counselor understanding. However, he noted that often anxiety prevents clear communication, “most patients that really go in the first time they don’t know how to really voice it or word it that the counselor will understand because they are so nervous or whatever.” Most participants could not identify any concrete actions that helped define or pinpoint understanding except for Sarah.

Sarah indicated that asking questions was a reflection of sincerity and positive regard. Sarah was the only participant to identify a specific counselor behavior that contributed to feeling understood. She acknowledged that the questioning behavior of her clinician set a tone that helped her evaluate “knowing” with the following statement:

Also, she had a way of asking me, if uh, she was understanding me properly and that made me feel like she wasn’t making guesses or she wasn’t judging me, she
was trying to understand me better. She would ask if she was on the right track and she would ask that several times during a session and I felt that that was helpful, I really enjoyed hearing that.

Sarah interpreted the counselor’s question asking behavior to mean that her counselor/therapist was motivated to better understand her. Sarah identifies that her counselor/therapist was asking questions, but framed the behavior as a tool to better understand Sarah, not to unnecessarily probe, coerce, or deceive. Because the questions were motivated to elicit better understanding, Sarah felt supported and encouraged. She was reassured by her counselor’s display of understanding.

Not all questions are equal. Sarah also noted an encounter with a different therapist that produced the exact opposite feelings as reported in the following statement:

I guess it was more the way he asked me, he asked questions, the way he tried to get to know me was less than, was less welcoming. It sounded as if I was to tell him about myself he was going to be judging me.

Sarah responds differently to this clinician. She expressed feelings of being unwelcome. She distinctly feels judged. Sarah reacted with defensiveness to being questioned by this other therapist and is not the only participant who responded adversely. Juan also expressed that counselors/therapists should refrain from reliance on question-driven techniques. He noted that counselors/therapists who ask repetitive questions may find it difficult to build relationships with adolescents and suggested that counselors/therapists should “ask questions that make you [the client] feel comfortable and, like know that just like, asking the same question over and over again—Some kids get irritated by that.”

When questions are supportive, they are not perceived as invasive, but when questions seem interrogative, counselors are met with resistance.
Issues of Privacy and Confidentiality

Five participants noted the importance of feeling like information was confidential and private. Participants carefully assessed the behavior of their counselors/therapists for trustworthiness. Amara started out with positive expectations that quickly shifted:

For some reason like I was . . . like the guy counselor, I told him something and then my parents met with him too and he told my parents, and like in the first session, like and I talked to him about this, cuz I am a very open person and I was like, “okay when we first met you said that everything that’s gonna stay in this room will stay in this room” and then he like told my parents something. And then my parents told me, well my parents brought it up, and I was like, “really like, why would he say that,” so then I would be like, I would tell the story but I wouldn’t tell the whole thing cuz I was scared that they were going to tell somebody even though they weren’t supposed to. But he did so that kinda lost alotta trust.

A counselor has the obligation of non-maleficence. Through disclosing Amara’s issue, the counselor not only broke confidentiality, which is law in Michigan, but also produced a situation in which Amara was ambushed with this information by her parents. When confronted, Amara chose to lie to her parents and provide an ambiguous deceitful response, potentially damaging her familial relationship. In addition, Amara reported that she discontinued therapy shortly after that incident. Initially she had believed that counseling would be helpful yet noted that after feeling her trust had been misplaced she was no longer open and honest when talking to her counselor/therapist. Amara determined that confidentiality was violated and the relationship was over.

Although Tiana did not report any specific negative incidents with her counselor/therapist, she stated that she became hypervigilant and apprehensive after observing her counselor/therapist’s copious approach to documentation. Tiana noted that
she did not trust one of her therapists because “she was jaying [put it out there, broadcasting] everything down, like as soon as she left our house she was going to go straight to wherever she was going to go and look at this information.” Tiana was not unreasonable; she understood that counseling information needs to be documented and she noted that eventually it will have to get to your bosses or whoever ya’ll working for, but you ought to let the person, the person you’re counseling with know all of that. You should just make them think, it’s weird. I don’t know how to say it.

Tiana noted that the counselor/therapist’s incessant writing provoked anxiety and suspicion. “I don’t know she she says she, she’s um, she needed, she I don’t know what she needed the information for she just be axing me and she just be writin them down, like she recording my life. So weird.” Ironically, I was recording Tiana using two tape recorders and a phone for this research, so I mentioned it:

**Interviewer**: well I am recording your life right now . . .

**Tiana**: Well yeah, I know I’m recording, like, this is okay [laughter] because you came before we did this and we talked a lot and this is what you is gonna do like she’d come. She be having her phone out. She’d Like, I’m not saying she did this before, but like she’d come, have her notebook ready. Like So, da-da-da-da-da. She, she she didn’t come like, I thought she would come pick me up and we was gonna go like out to McDonalds and get a pop or something and sit down and talk. She come to my house go straight to my room, get her print out so what’s new today? Da-da-da-da-da, I don’t know, it felt weird, that’s why I told them I don’t want it no more and I quit counseling because I didn’t like her, but I liked the new [Counselor One].

The difference between the two counselors did not lie simply in the recording or note taking behavior itself. She was describing the process of being informed in the counseling/therapy session. Tiana was describing the process of trust. So the question
remains, if it is not about the recording of information, from where does the wariness originate? Tiana continued her thoughts:

Yeah, I thought she was like making the story of my life, or a book or something, like like, like [Counselor One] she be writing stuff down to, but this lady [Counselor Two] I’ll talk and she, she would sit there and write every word that I say and write it. Like I’m looking at the paper as I’m talking to her and I’m like she’s taking everything out of my mouth. Say I be like “we went out to eat and we had this and we had that” she would put all that down. She would put it all down. She wouldn’t put “we went out to eat” she would put “we went out to eat, we had cake, we had that,” she’d put everything! I was like no, I don’t want nobody that’s tape recording my life like that! That’s weird, that creeps me out. Gonna get rich off my life.

Tiana articulates clear concern about the motivations of her counselor as her counselor attempts to capture seemingly non-therapy related information. The counselor/therapist behavior seems to lack transparency and face validity lending to further mistrust and therapeutic disengagement. Tiana’s concludes that the counselor behaved incongruent with expected counselor/therapist behavior. This results in Tiana being “creeped out.” In her final statement, she expresses a small joke about how her counselor is “gonna get rich off my life.” At first pass, the statement seems overly dramatic and a bit humorous, but a darker meaning may be present. Tiana expressed suspicion of her counselor/therapist and her final declaration could reflect a fear about potentially being exploited by her counselor.

Control of Counseling/Therapy

All participants discussed the dynamics and feelings about who directs or ought to direct the counseling/therapy session. Through analysis of the interviews, two subordinate themes arose: (1) counselor exerting force, and (2) response to counselor/therapist directed process. Participants discussed both specific and general
examples of counselor/therapist domination during their counseling/therapy experiences. In retelling examples of counselor/therapist directed counseling/therapy, all but one participant identified negative reactions to counselor domination. Most participants described a decrease in therapeutic investment.

**Counselor Exerting Force**

All participants noted that they had experienced sessions in which they felt a lack of control in counseling/therapy. The level to which participants experienced a lack of control varied from participant to participant. The loss of control stemmed from a variety of counselor/therapist attitudes and actions. Most participants struggled with both the feeling that the counselor/therapist imposed his or her own values during the session and that the counselor/therapist approached counseling/therapy as an expert. In addition, half of the participants reflected on feeling “rushed” during the counseling/therapy process.

Most of the participants indicated that the counselor asserted his or her personal values into their sessions. Jill recalled a statement that once her counselor/therapist had stated to her: “Well he’s the head of house, he married your mother and assuming the role of father; you are supposed to listen to him and you should give him your undivided devotion and what not.” Jill reported that her counselor was always talking about her own family, the activities they participated in, and the religious activities of the family. Jill concluded that her counselor was attempting to create a daughter in Jill:

It was like she was trying to get me to fit a mold in her mind about how a daughter should be in a family. And when it came to the conversation about how I should treat my stepfather she was trying to enforce, not force, but put into my mind the way she wants her daughters to act.
Jill’s thoughts seem to indicate a case of countertransference as she clearly articulates feeling that her counselor/therapist would like Jill to adopt similar beliefs about how she should act.

Jill was not the only one who felt the impact of personal values of the counselor inserted into the therapeutic process. Sarah felt religious undertones during her counseling/therapy, stating, “I wasn’t raised with a very religious background so, being pushed in a religious direction by that person, kind of made counseling seem like a terrible idea.” Not all participants experienced countertransference in the session. Some seemed to experience “in loca parentis” advising.

Tiana noted that her therapist spent a lot of counseling/therapy time providing advisement:

Yeah, she told me like try your best to get off weed and stuff cuz it’s not good for you and stuff and yer a girl and girls don’t want to be like that, they want, girls want to be successful and stuff like that.

She continued to relay the anti-drug message her therapist brought to the counseling sessions:

She just like if you keep smoking stuff then how you gonna get a job if you want to keep going and get tattoos and stuff how you gonna get a job like that, then how you gonna pay for your bills and how you gonna live?

This counselor/therapist statement demonstrates many implied values about females who use drugs and implied potential for success. Juan also received a direction about his drug use:

Like he was like “you have to fix up and stop smoking weed” and all this stuff and I know I had to do that because I was on probation and he would be like, “You have to stop hanging out with those friends,” stuff like that and I already knew I had to stop doing it.
Even though Juan reported less ambiguity about changing his drug use patterns, Tiana was more accepting of the anti-drug focus.

Juan identified that he did want to change his behavior and reduce his drug use. However, he struggled with the manner in which his counselor/therapist approached the topic: “He looked like a nice guy, he looked like I would get along with him, but then like, when I first met him I didn’t really like how he was telling me stuff, like what I had to do.” Juan eventually relented, reframing his views about his counselor, “like I realized that after a while he was trying to get it into my head so I knew what I had to do and he was right.” Juan articulates his counseling relationship as an execution of programming in which over time he was “trained” to think differently.

The aforementioned counselor-directed counseling/therapy experiences of Jill, Tiana, and Juan pale in comparison to the level of counselor directedness experienced by Patuk. He recalls his counselor/therapist directly stating to him, “I’m gonna be messing with your head.” Patuk’s counselor/therapist directly articulates a medical model of therapy that involves counselor action “I’m gonna . . .” and Patuk is left to be the passive recipient of the “messing.” Patuk is just the head, the object of the verb, a passive player. He expressed the lack of transparency and face validity of counseling/therapy resulted in being a clueless participant in his own counseling/therapy. He sums up the experience with the statement, “It was never the same subject every session, it was always sporadic, always different, we didn’t stick on one thing really so it was really hard to pay attention to what we really needed to work on.” Patuk felt both uninformed and unrecognized as a key stakeholder in his own therapy. In this way, Patuk’s presence seemed practically irrelevant to the counseling process.
George experienced the sense of being “fixed.” He expressed the following thoughts, “I mean when you got something come at you like you are problematic and this and that and you have these issues and this is the only way to FIX it.” He later continued with, “So it makes you look down on yourself, I mean when—when you try to say something and then you are instantly shut down.” George’s experience illustrates a counselor’s use of the medical model and assuming the role of an expert. George is the problem and the counselor is the solution. Sarah also expressed a heightened sense of being identified as a problem for the clinician to solve as an expert. She described one of her counselors as having a “very know-it-all attitude and told me in the first session that it was his job to change my personality.” Sarah reflected that as a teenager, she certainly was not looking to relinquish her sense of self and continued to reflect, “I felt like a project, like I was going to be fixed err . . . like I was broken or something and I really didn’t want to do that, I just wanted to talk to someone.”

Tiana shared a similar experience when a counselor/therapist noted that she has “solved” Tiana’s issues with the following statement: “She said that she solved some problems that were wrong with me.” In this manner, the counselor/therapist took credit for Tiana’s current successes and effectively dismissed Tiana’s personal efforts towards better health. Through her statement of self-promotion the counselor/therapist also missed the opportunity to build client self-efficacy.

The pace that counseling occurred was also a common theme across participants. Most participants referenced the importance of pace during counseling sessions and the development of the counseling/therapeutic relationship. Some commented on the positive experiences of following the client pace. George articulated the following belief:
“I think counseling works better if you don’t PRY the information but you slowly try to
get them to open up.” Patuk had two counseling experiences, one he deemed as positive
and reported that “It was nice that I could just really go at my own pace and work on
what we could work on.”

In contrast, Patuk’s experience with the counselor who wanted to “mess with his
head” actually explained her rationale for her methodology to him:

That is just how she works, it’s like, it’s easier for her to do that rather than going
through a really, really long process cuz she wants to help you in the fastest way
possible, and I don’t see how that’s gonna help though.

Through this explanation, Patuk’s clinician unintentionally communicates three things:
(1) that she is working from her “style” without consideration to him as an individual and
unique client, (2) her approach is clinician focused and is grounded in what method is
easiest for her, and (3) she is willing to sacrifice transparency and client engagement for
an anticipated speedy outcome.

Tiana also articulated the feeling of being rushed, illustrated by her experience
with a counselor/therapist with the following remarks:

Like she wanted to know a lot and we only met each other one day like she
wanted to know my whole life story in one day, she didn’t wanna take time and
stuff to come like and see me on some days and stuff—she just wants to know
everything in one day, one hour, she wanted to know everything. I didn’t like that
it seemed like she was rushing me.

Tiana articulates that the counselor is communicating a value of worth, or rather
worthlessness. The counselor/therapist just wanted to read the crib notes without
consideration for the richness of the total narrative. The counselor shortcut the process of
building a counseling relationship, thus setting an inappropriate pace for the counseling
relationship. In turn, this pace increased Tiana’s discomfort and decreased her
therapeutic alliance. Jill echoed the same sentiment alluding to the commitment required to start and end the counseling/process with her, “not all problems are clear cut, that it’s a multi layered problem, that it takes a long time to fix. I guess. It made me put my guards up big time.”

When talking about accelerated pace, George stated, “Because they feel pressured and forced, if you know what I mean, it’s like you’re cornering an animal, they feel cornered and trapped cornered and trapped.” George’s simile leads to an image of a client responding with fear and anxiety.

**Response to Counselor/Therapist Directed Process**

Half of the participants noted their own fight or flight response to heavy counselor/therapist directed counseling/therapy. Participants discussed the impact of a bad fit with a counselor or feeling loss of control in the counseling/therapy process. Jill described her fight response when describing the argumentative nature of counseling/therapy when the counselor/therapist imposed her values on Jill, “like we couldn’t make it mesh, had one set way and I had one set way and we could never make it mesh, so we couldn’t, it’d end up getting hot and tension in that room.” Sarah described her thoughts, “I didn’t feel like I was, I didn’t feel like I was really there for uh debating. I didn’t really want to have my views debated by my counselor.” Sarah embodies not only the fight response but also a flight response. During the first family session, Sarah related the following major incident while in family counseling/therapy with her stepmother:

He uh mentioned that my stepmother, if she had the choice to save one child from a burning building would choose her own child over me because I have a younger sister and whether that’s true or not, whether that’s something he learned in
psychology class or something, it was a very terrible thing to hear, I didn’t want to hear that.

Sarah indicated that her stepmother left the session during that point. Sarah wrestled with trying to understand the therapeutic value of such a hurtful statement. This statement did not seem to forward counseling/therapy and certainly it did not improve the immediate relationship between stepmother and stepchild. After her stepmother prematurely left the session, Sarah was left with a difficult choice. She could leave in support of her stepparent or to stay in support of counseling/therapy but potentially risk damage to the strained relationship between herself and her stepmother, the very relationship that she sought counseling to improve. Sarah failed to find purpose in continuing in a counseling relationship with a dominating counselor/therapist and terminated the relationship after that first session.

Patuk also responded with a fight and flight response. He expressed frustration with his clinician who insisted that he was depressed:

She said, “I don’t know if you’re really depressed right now or not” and I’m like, if I’m living a good life right now with my grandparents, working a job, being happy and being stressed to come to counseling because my days are too full. That I don’t want to go to counseling, automatically your head goes to he’s severely depressed? Yes I’ve had depression before but stress is totally different from depression. I can say that much.

Patuk’s thoughts and abilities to self-assess were dismissed as invalid. He had self-assessed his level of need and felt that he was on the right track. Patuk communicated this to the counselor/therapist. Because he had a history in residential treatment and had a difficult childhood, he felt that he knew enough about himself to determine if he required further counseling/therapy. He reported that she continued to call him several
times a day for two weeks. He strongly believed that he was not depressed and felt positive about his work situation:

**Patuk:** But she is determined to get me into that evaluation and make me pay for it and I’m like, “I’m not going.”

**Interviewer:** How do you know she is determined to get you in the evaluation?

**Patuk:** Because like the only way you can quit this counseling and my sessions is so, and quit seeing me and to quit me bugging you is you have to get evaluated.

Patuk is challenged by the counselor/therapist who seems to imply that continuing counseling is mandatory. The counselor pressures him into returning to counseling and he responds in full fight/flight mode. During the interview he retorts in a make-believe dialogue with the clinician he retorts, “Yeah, I’m like, watch me, you can’t do anything, I’m leaving. [becomes softer in tone] I didn’t say that. That’s what, that’s how it came out to be after I quit going, quit answering her calls and everything . . . but basically that is how that one was.” So Patuk terminated counseling through evading dozens of phone calls and non-attendance.

George reinforced a similar attitude of having enough self-awareness and knowledge to determine counseling/therapy direction if he were to ever return to counseling:

Yeah, I mean, normally the therapist does this and that and no I’d straight up going be like if you are going to try and piss me off for this I am telling you right now, I know how I have, I can state the issues, on a persona, I can state my issues, I can say this and that but working on them is a different story I recognize the problems but I tend to act out epiphanies and realize everything in a greater aspect and I mean if I went into therapy being well aware enough of myself I would set ground rules and I’d be like this is what will best help me. If you are going to second guess me this, this isn’t worth the time then. I mean, now that I am over the age of 18, I am—IT’S ME.
George demonstrates the need for control in session, the need to be recognized as being self-determined. He acknowledges that he has issues, but has the capacity to solution build and will engage in future counseling/therapy only with someone who can recognize and support his self-efficacy. George also notes that he has power and control; now that he over 18, he is no longer a child and has the capacity to make decisions in his own life.

**Recognizing Identity**

The third main theme that emerged during analysis of the data was the theme of identity recognition. This theme expressed itself through the development and process of self-identification of the client and in relation to the counselor. Identity could be understood across the sometimes overlapping domains of race/ethnicity, SES, and age. Because specific questions addressed these domains, it is reasonable to expect the data would reflect these domains.

**Self-Identity**

Self-identity encompasses how participants viewed themselves. Because some questions directly solicited this information, all participants referenced ideas of race/ethnicity and SES. No participant talked about his or her age independent of the counseling relationship.

**Race/Ethnicity.** When asked, most participants dismissed the significance of their identity as a minority. Alejandro and Amara both noted cultural foods in relation to cultural identity, but had other thoughts on their respective ethnic groups or background. Juan noted that he was “multiracial” but when asked to describe that he simply stated, it means I am “a lot of races [laughing] not just one.” When prompted a second time, he
mentioned his absence of religion with the reply, “Well I am don’t do the Jehovah’s witness stuff or nothing.”

Three individuals focused on their Caucasian identity. George focused on identifying himself, stating, “I am essentially White, I don’t really hold any specific like denomination towards culture or anything.” This was interesting because he spent more time discussing White subculture, like being Irish and regional Canadian status than discussing his Native American identity. Similarly, Patuk, though clearly visually presenting as non-White, attended to his mixed identity, then Caucasian before mentioning his minority status. When asked to define himself, he stated, “I just call myself a mutt. I’m everything you can think of, I’m . . . from Irish, to Italian to Spanish, to Russian, to Italian to three kinds of natives.” Patuk names four Caucasian subgroups and even names Italian twice, but does not take the time or energy to identify his “three kind of natives.”

Although Sarah has “passed for White” as noted by her in the interview, Sarah did not identify herself as White first. When asked about her identity, she states:

I was raised a bunch of different ways: On my dad’s side has Indian and Spanish and then on and also White, because that’s what my dad’s mother was. And then on my mom’s side I had Irish and also Mexican and Indian. So I got like hit from all different corners I guess you could say. One day I could be learning about the Indian culture and the next day be making Irish Rum.

Sarah’s interview seems to match her developed sense of self. She discussed what it meant to be Cherokee and Choctaw and how her family celebrated both Osceola and Cinco de Mayo.

When asked about her cultural identifiers, Tiana described herself as “hip-hop” discussing her clothing style of wearing shorts, neglecting direct references to ethnicity
entirely, but at the conclusion of the interview, she discussed the impact of race/ethnicity on counseling. Her advisement to counselors was:

If ya’ll go counseling to a Black person, the first thing ya’ll don’t want to do is get the going to details about their life. First ya’ll want to start out like asking questions about them. Don’t try to go all, cause Black people don’t play that. I don’t know [laughing] they just weird, they don’t . . . they like . . . White people if you go to a White person house and talk, they. I don’t know it’s just weird . . . I don’t, like I don’t know how to say it.

This seems to be a reflection of her earlier self-reflections about her White therapist, who created an atmosphere of discomfort through asking a barrage of questions. She continues:

Like a Black person, like a Black person is just different, well we’re not different then a white person but we just, like our ways is different. Like Black people like to . . . put it, Let me put it like this, Black people are more secretive, White people are more like wow, like I don’t know. I don’t know how put it, I don’t know how to put it. Like we Black people don’t really like to . . . Well, me, my Black me, the Black me really don’t . . . I’m, I’m more of, like, like I’m more a quiet, like, like, I’m not quiet, cuz like I’m outgoing, but like, it’s just like stuff, stuff that probably can hurt me, or stuff that I’ve been through, like I don’t like to talk about it. I just keep it in myself and take it to the grave. Like when I’m die nobody will know but me. Like I’ve got a lot of stuff, I’ve been needing, I’ve been wanting to tell my counselor and stuff but like I don’t want to tell my counselor I don’t want to talk to my counselor about stuff, bout the stuff that I want to talk about. I don’t want to talk to nobody about. Well like I do, but I be wanting to get it out, but I don’t . . .

Tiana was quite responsive throughout the entire research interview, but it was only during one of the final responses that she attributes most of her responses, her concerns for confidentiality, her behaviors in counseling, and her dislike for her second therapist to her Blackness. Yet she is tentative because in the middle of her dialogue she clarifies that she does not speak for all Black people with the emphasized statement, me, my Black me.

Black me, the Black me. Yet she is filled with contradictions about wanting to talk but then responds to her own dialogue with “taking it to the grave.”
Sarah’s perspective on her own racial identity was the most developed. Being 19 and having a young child, she reported that counseling helped reconcile her beliefs about herself and her cultural identity:

I think it strengthened my cultural identity because it gave me the option to have more than just um the traditional beliefs I was brought up with. I was made to feel like I am still a member of my family even if I don’t follow the guidelines that were set down for my family that all the rest of my family is following—um, that I’m still a member of my family, that they still care for me and that I’m still the same person, I suppose? And uh, that our traditions and our culture are not necessarily the same thing. I’m still Mexican, even if I didn’t do exactly what the traditions would uh, suggest, I suppose. And uh, I can still teach my daughter to be, uh, to have cultural values without expecting her to get married when she’s sixteen.

Not only does Sarah now feel reconciled between her family and herself as an individual, she is prepared to transmit those values to her daughter.

**SES.** Family socioeconomic status was another subordinate theme that influenced counseling/therapy of many of the clients. Jill noted that although the counselor asked about her racial status and identity, the counselor seemed oblivious to the impact of her Jill’s financial status:

Yeah she wanted to know, asked where I grew up, like she didn’t like if I grew up like how like my race every became a problem. Well yeah, there’s a lot of times I couldn’t have friends over because our house was just not suitable for having other people’s kids over. Um and everytime I would go to other places if I ever went to a friend’s house I was in awe because they all had like these big massive monster houses and they all had their own bedrooms and what not and so it was weird being in a situation I wasn’t used to.

Jill noted that her counselor simply did not understand her economic background with the following statement:

And then when it comes to money . . . that’s, that’s a big problem. That’s where a lot of my problems were coming from because my stepfather was not contributing. I was taking care of my sister, my mom and my older sister and I was working for him and he wasn’t paying me a dime. But I was working hard—
I was working 8 hours a day and I would come home and I would work till 2 or 3 o’clock in the morning just to help him get done so he could get his jobs done and I never saw a dime of it. They need to understand that money is a big contributing factor for problems for kids.

Jill illustrates that her counselor lacks the understanding about how financial resources impact all aspects of her life. Patuk also has lived in extreme poverty:

I’ve lived where I asked for something, I get it, compared to where I have to scrape pennies off the ground to go buy something to eat, er, ask people for money that I don’t even know so I can have a meal for the day.

Jill and George both made references to Walmart during their interview. Jill noted that she bought clothing from Walmart and her counselor took notice, increasing her insecurities. George used Walmart in a metaphor about privately funded insurance treatment versus Denali Kid Care (Alaska Medicaid). He stated:

I mean you pay—a price for something at Walmart—it’s cheaper yeah you buy something at like some expensive store, a more expensive store is going to have higher quality but it is going to cost more. Walmart can have the same item but it’s going to be cheaper made, for the lesser cost, I mean it’s the same as treatment. It seems like if you are not paying for it then you are not worth the 100%.

George used the Walmart reference as a metaphor for counseling. He asserted that individuals with less money receive less quality services. A deeper implication of the statement is that the poorer quality services results because you are less worthy.

Age. No participants discussed age as an expression of their individuality.

In Relation to My Counselor/Therapist

This subordinate theme encompasses how participants viewed themselves in relative status to their counselor/therapist. Because some questions directly solicited this information, all participants referenced ideas of race/ethnicity, SES, and age. They noted that age functioned as an immediate barrier between counselor/therapist and client.
Race/Ethnicity. Three participants noted the presence of race/ethnicity in counseling. Jill noted the following first contact with her counselor/therapist:

I was dressed kinda western style that day because I just got out from mud-balling and we were sort of running late and my mom was sorta like . . . she she doesn’t look Native, but if you notice, know what to look for you can tell. Cuz like she tries to hide it or whatever but she’s [the counselor] just like me, “Oh, how’s life—did you come from the reservation?” “What—who did you come off the reservation?”

Jill recalled that the first session of counseling/therapy was spent responding to the statement after being emotionally activated by her counselor/therapist. Jill felt judged by her appearance. She was muddy and the counselor implied that being unkempt and dirty equated being from a reservation. Furthermore, Jill was most disturbed by her counselor/therapist making the comment because Jill is Native American.

Jill felt disrespected by the therapist personally, but also felt that her identity as a Native American had been judged negatively and that was an important part of Jill’s identity. In addition she felt it demonstrated disrespect to her mother:

Yeah, after she made the comment, she said, “oh did I offend you?” and I said, “yeah you did because my mother’s standing there.” Cuz my mom went through a lot And I kinda like stood up for her when I could, so that’s how I took control of that situation, but, like, so I said, “yeah you shouldn’t have said that cuz that was really insulting,” “oh, I’m sorry, it was just meant to be a joke to lighten the situation” Well you went about it the wrong way. So, I didn’t like her very much. I had a very low [under breath] opinion of her.

After this conversation, Jill reported being angry with the counselor/therapist and “we had an hour and a half session on me trying to not get mad at her.” She noted that in the counselor/therapist’s office “she had a poster on her wall, which was kind of irritating me, because what she said didn’t go along with the poster, it said, ‘be open minded.’” Jill understood that this conflict was incongruent with the intended message of the poster.
SES. Issues of SES were highly recognized as a factor in the counseling session. Discrepancy between counselor/client resources were noted directly and indirectly. Directly, adolescents noticed the counselor’s/therapist’s appearances, behaviors, and responses to financial resources. Adolescents focused on the dress and appearance of the clinician. Juan simply noted that his counselor “always wore a suit when he came, or nice dress shoes and I think he made more money than me and my dad.” Considering that Juan lived in a two-bedroom apartment that lacked living room furniture, wearing a suit to a home-based appointment seems to communicate something. In vivid detail, Tiana recalled the appearance during the first meeting one of her counselors:

She wore, well the first time I met her she had uh, a sweater, a normal sweater, and normal jeans and little uh slip on shoes but [Counselor One] used to come, she used to come always had jewelry on and this perfume, I don’t know what it was called but it smelled good and she would always wear heels and little like skirts, the long skirts though, she never came in with a short skirt. She came in with long skirts with the little stockings.

She felt that her first counselor was “loaded, she was a good wealthy woman.” This seemed to communicate the ability and potential to be helpful to Tiana. They continued to have a positive relationship. Compare this to her impressions of her second counselor/therapist to whom she demonstrated a more cautious response when engaging:

When I first saw her, when I first saw her she looked mean cuz like she wears this makeup pink stuff right here [indicates cheek area] and then she already got a pointy nose and a little head and her hair [giggle] her hair, I dunno if she put sprinkle in it but her hair but it was thick, no offense but White girls have hair that fly, like it be moving but her hair . . . she put, I dunno what she put in it but it stick and it just stay there and when she turn this way her whole hair turned that way, it don’t swing.

In addition, ethnicity/race was mentioned in the reconstruction of the first impression of the second counselor/therapist. While both of Tiana’s counselors/therapists were
Caucasian, it is with the feeling of uncertainty of the counselor/therapist that race is highlighted.

In addition, participants noted how the counselor/therapist responds to the appearance of others. George identified himself as lower class. George stated that he always noted the personal dress of the counselor/therapist, but in the waiting room also observed counselor/therapist responses to others:

The way they dress, the way they look and the way the families look. You can just . . . say there’s a single mother and an only child, the mother is heavyset and the kid’s younger and is this and that and they might look at it different than if a mother and a father come in with their kid and they’re all dressed all in nice name brand clothing. You generally get looked at different, whether you want to believe it or not, whether you think it’s relevant or not you ARE.

In essence, George is communicating the feeling of inequity between himself, a product of a single mother of limited financial resources, and a someone with two parents.

Client observations about counselor/therapist resources were observed in addition to the physical appearance of the counselor/therapist. The physical space of the counseling/therapy office also communicated financial status. Participants made assumptions about their counselors/therapists based on the places where counseling/therapy occurred. Alejandro attended counseling/therapy at a well-known non-profit in Grand Rapids, Michigan where the average counselor/therapist salary according to a program supervisor in 2013 is $32,000. When asked about his counselor’s financial status in relation to himself, Alejandro judged her to be wealthier than him. When asked “What maybe gave you an indication, how would you know that?” He articulated that her physical dress was one indicator, but also, “it seemed like it, she had an afghan and all the way the pictures were set up.” Alejandro continued with, “She
seemed very happy and rich. I’m not trying to sound in a bad way, but she was set for life.” Aside from the low probability that the non-profit clinician was “set for life,” based on her salary, Alejandro’s impressions demonstrate two salient assumptions. First, he errantly connects the non-profit counseling office as a direct relationship to the personal resources of the clinician, making the assumption that the environment is directly linked to her personal financial status. Second, he correlates happiness to financial resources, equating the pictures and happiness to being or having wealth:

Interviewer: How would you carry yourself if you were pretty rich?

Alejandro: Always happy, that’s for sure, stress free pretty much—um, I’ve never really seen her in a bad mood and um, I don’t know I always thought she was rich.

Interviewer: Do you think people who are poorer would be in a more bad mood all the time?

Alejandro: Yeah, stressed out, you know, always on the verge of snapping, all that, you know.

In addition to the counselor and the counseling office, participants noted the appearance of the office environment and associated it with the counselor’s status. Amara thought that her therapist was “way better off than me” as evidenced by “when I walked in her room was very nice. She had like a brand new laptop, she like had a brand new phone.” She further reflected that this must be a result of the counseling profession:

I was like, wow she got a good paying job [giggle]. No, I was just like, I just like would look around her room and she just got her new office painted and everything I think and the building was new, I don’t know I was just kinda like “it’s good that she is trying to do something.”

Both Amara and Alejandro identified perceived financial differences between themselves and their counselor/therapist, but neither expressed negative feelings about the disparity.
In addition to dress and visual cues from the counseling office, counselors/therapists communicate financial status through their vehicles. When asked how they identified their counselor/therapist’s financial status, half of the participants referenced the vehicles of the helping professionals:

**George:** My counselor in [state A] drove a classic car but it was in really good condition. I mean my therapist in [state B] drove a sports bike in the summer . . . the therapist I had in [Alaska] I think she drove a Lexus or a Mercedes.

**Alejandro:** I saw her car and her car was really nice and um, the way she carried herself also, she seemed like she was pretty rich.

**Tiana:** She had a nice car, well she had two cars well she had a truck and a car and both of them were nice real nice.

**Jill:** We were on totally different ends of the scale. She was driving a Mercedes.

While some commented on the perceived wealth of the counselor/therapist, Jill noted that she and the therapist were on a “scale” but were at opposite ends of the scale. She also made observations about the financial status of the counselor based on housing.

Oh, we were on totally different ends of the scale. She was driving a Mercedes and living in a 25,000 square foot house and had a big in ground pool and I was living in a little bitty, we was renting a house at the time out in the country—we lived in the middle of a field. We just moved out of a trailer, this was our first house, I guess you could call it so for us that was like, we were living good, but compared to her we were living crap.

Jill may have misspoken when she said the counselor/therapist’s home was 25,000 square feet, but her words demonstrate that it was well beyond her family income level. Jill’s comparison of self-to-therapist results in an evaluative statement that her standard of living was “living crap.”

George asserted that financial status directly impacts the quality of counseling/therapy services provided. When reflecting on his residential treatment, George noted that he experienced counselors/therapists provide a different level of care
based on SES, “the fact that I’ve had different therapists treat me differently.” He
continued on to say that he also observed it in counselor/therapist behavior “I mean you
can just see the way they talk to people differently, the way they carry themselves is
different and it’s, it’s [sigh of exasperation].”

Tiana wanted to know where her therapist lived and really wanted to visit her
therapist’s house. She recalled:

I wanted to see her house but she said that that’s uh against—against something—
she can’t do that. She can’t take her kids that she talk to, to her house. And I was
like, “oh” But she showed me pictures and stuff. It was pretty and stuff, she told
me about her kids and stuff and how they were doing. She—Her house is pretty.
She showed me some pictures, it’s pretty [sigh].

When Tiana expressed this statement, she sighed like she was in a dream. She was
communicating the perceived “dreamy” idyllic beliefs about her counselor/therapist. To
understand Tiana’s world in contrast to the “dreamy” world of her therapist, the interview
with Tiana took place in a vehicle behind her house because an aggressive pitbull chained
to a bed in the living room made entry into the home unsafe. In addition, two people had
to vacate the vehicle for us to take occupancy. When the interview concluded, Tiana had
to let me out of the vehicle because the door handle was broken.

This financial disparity between Tiana and her counselor/therapist was also
recognized by the helping professional. Tiana communicated that her counselor also
gave her a futon, two lamps, decorations, pictures, Bath & Body Works products, and
some Victoria’s Secret products. Tiana remarked, “so by the stuff she gave me it seemed
like she had a lot of money because she took me out a lot too.” Disregarding the
inappropriateness of gifting, the bestowing of so many material gifts to an adolescent
client reinforced to Tiana the role of counselor/therapist as benefactor.
Age. Two individuals discussed how age affected counseling/therapy. Amara addressed how counseling/therapy needs to acknowledge the age of the participant, “They should know how to approach a teen, like how to help them out and reel them in to get them to talk to you. Some teens are selfish and who don’t really want to talk, that’s how I was at first.” Amara states that she was “selfish” but she continues her dialogue shifting to description of a different construct, describing the following: “Like he just go to asking me a lot of questions and then I just started to get comfortable with him asking me questions and get the teen to start to feel comfortable when you are around.”

Amara observed the feeling of discomfort and attributed it to age differences between herself and the therapist. Amara reported that her therapist would “open the door and say, ‘Hi Amara and how are you doing [sing songy tone]?’” Amara reported this voice as being the pitch of a pre-school teacher. While Amara is smaller in stature, she is currently an adult and was very close to 18 at the time of counseling/therapy. In this manner Amara was infantilized. Alejandro played games with his therapist. While he stated that he will play any board game, when asked what specific games they played, he stated that they played Sorry and Chutes and Ladders. These games seem a bit out of the age range of an upper adolescent. The choice of games seems developmentally inappropriate in recognizing the age of the client.

Observations About Counselor/Therapist Self-Disclosure Practices

One observation that becomes apparent when looking at the ways in which participants framed their experiences was the amount of counselor self-disclosure. Counselor/therapist self-disclosure is an overarching theme that overlaps all of the main themes recognized in the IPA analysis. All participants experienced some form of
counselor/therapist disclosure during counseling/therapy. Many of the participant evaluations were framed by information that counselors/therapists disclosed. Counselor/therapist self-disclosure occurs in three ways: (1) personal self-disclosure, (2) self-involving disclosure, and (3) client perceived counselor/therapist disclosure.

**Personal Self-Disclosure**

Personal self-disclosure describes the practices of counselors/therapists providing information about their own lives or past. This does not imply that the disclosure was helpful or therapeutic. The definition expresses only that counselors/therapists have disclosed personal information about self. Counselor/therapist disclosure about personal information was present in four interviews. Clients had gathered information about the counselor directly from the counselor. The following excerpts demonstrate the personal information regarding their own lives that counselors shared with their clients:

- **George:** Me and her would talk about computers sometimes because she built her own computers.
- **Amara:** They would like talk about like their sons or their daughters.
- **Tiana:** She told me about her kids and stuff and how they were doing.
- **Jill:** Her and her husband had been married for thirty years I think at the time and they were going good and their family all got along together and they went to church every Sunday and Wednesday nights and they did the revivals and everything and so like she was big on family.

Clients were provided personal details of their counselors’ lives by the counselor/therapist. Yet self-disclosure did not seem to consistently enhance the relationships between counselors/therapists and their clients. Two of the participants distinctly noted that the counselor personal self-disclosure negatively impacted the counseling/therapy relationship.
Amara stated that she would not return to counseling. She also indicated that the disclosure really distanced her from her therapist because her internal response was, “no that’s not me.” When they gave her examples of their own kids solving problems, she stated, “you know that’s not me, ya know that’s not going to help me, it helped them, but it didn’t help me.” The self-disclosing statements of her therapists failed to draw Amara closer. Rather, her beliefs in counseling efficacy had decreased as she concludes the advisement in counseling would not be relatable to her own life.

Jill viewed the personal disclosure as an accentuation of the difference between herself and the counselor/therapist. She concluded that her counselor’s/therapist’s values would prevent her counselor from being an effective helper: “To be honest, I thought she was full of it. Like, ‘my whole family’s perfect,’ that whole perfect persona.” Because their lives were too contrasting, the family activities and personal relationships described by Jill’s therapist prevented her from feeling confident in her therapist’s ability to relate with and assist her in counseling/therapy.

In contrast, personal self-disclosure did seem to increase feelings of intimacy with Tiana. Following therapist personal disclosure, Tiana did not react with negative feelings. Tiana seemed to interpret that the information made them more “friendlike” as she requested to visit her counselor/therapist’s house, resulting in her therapist bringing pictures of her home and children for Tiana to view. Tiana even stated, “it didn’t feel like she was my counselor, it felt like we was friends and like she was like, she was close friend I could tell everything to.”
Self-Involving Disclosure Practices

A second type of disclosure practice that was recognized in the transcripts was the presence of self-involving disclosure. Self-involved disclosure has previously been recognized as counselor/therapist attending behavior; it references the present disclosure of the counselor’s feelings and/or thoughts in relation to what is happening in the counseling session. If a client is upset, a counselor/therapist may state, “it really upsets me to see you this way.” However, for the purposes of this study, self-involving disclosure is expanded to be defined as all the clinician’s direct verbal responses to content presented in the counseling/therapy session. This type of disclosure transmits the values, beliefs, or emotions of the counselor/therapist. This self-disclosure practice seems to correlate with how control and therapeutic direction were achieved in counseling.

As noted earlier, Sarah reported an incident of counselor self-involved disclosure. Her counselor/therapist explained that she needed to better understand her family dynamics because her stepmother would never save her from a burning building first. Not only did the statement hurt and anger Sarah, it insinuated that in her family she was less than her stepsister. Through such a harsh statement the counselor/therapist communicated his own values, at seemingly little therapeutic gain. In contrast, Amara did not feel hurt and angry, but did feel like she was treated like a child. Amara’s counselors/therapists were always welcoming but she demonstrated that her clinicians greeted her with a pre-school sing-song welcome. This seemed to imply she was young child and not a young woman.
Tiana noted that her therapist would direct what she needed to do to change: “She like ‘try your best to get off weed and stuff cuz it’s not good for you and stuff.’” Like Tiana, Juan found that his therapist also just directed him: “I didn’t really like how he was telling me stuff, like what I had to do, that’s all.” Patuk was told that his therapist would “mess with his head” and therefore was removed from any responsibility of his own counseling/therapy. Similarly, Jill experienced the counselor/therapist prescribing her own values onto Jill:

**Jill:** She was a big religious person and she believed that the father was head of household. And her thoughts, her thoughts started to spill into the conversation. Like, um . . .

**Interviewer:** Can you give me an example?

**Jill:** Me and my stepfather never get along. Because in his eyes, I am just a [Jill’s surname], which is, he believes that my whole family, on my dad’s side or whatnot is crap but, and he believes his if he would have raised me none of this stuff would have ever happened and if he would let me embrace my heritage and if he wouldn’t let me understand that I wasn’t just White, I was mix—I am part of everything. I am made of everything. And I told her, I don’t agree with him, I am glad I got to experience that and she was like, “you know the father is supposed to know what’s best for his children.” And I’m like “he’s not my father—he is like, he just assumed the role, he doesn’t understand the role and she said . . . .

**Interviewer:** Are you talking about a stepfather now?

**Jill:** Yeah my stepfather and she’s said “well he’s the head of house, he married your mother and assuming the role of father you are supposed to listen to him and you should give him your undivided devotion and what not. I am like, “that’s not what the bible said, you are supposed to respect those who respect you.”

This excerpt demonstrates that the therapist’s values about family clearly were inserted and dominated the direction of counseling/therapy. However, more concerning to this research, by prioritizing her own agenda about parental/child relationships, the
counselor/therapist completely dismissed a real and specific presenting concern about Jill’s ethnic identity.

**Client Perceived Counselor/Therapist Disclosures**

The introduction of client perceived counselor/therapist disclosures encapsulates both the perceived non-verbal messages of the counselor/therapist and other environmental factors observed by the client to be associated with the counselor/therapist. The non-verbal messages of the counselor/therapist may be associated with general attending behaviors. However, the previous focus has been centered on counselor performance. This analysis emphasizes the client perception following the application of a counselor/therapist non-verbal behavior regardless of the counselor/therapist intent. The environmental factors that contribute to the client perceived counselor/therapist disclosures are material related items: office environment, clothing, and vehicles.

The non-verbal messages include what participants thought about *how* the counselor/therapist was receiving their story, thoughts, or emotions. While some participants discussed general body language, more than half of the participants cite facial expressions as a counselor/therapist response. While a blank facial expression was interpreted by some participants as an indication of counselor/therapist personality, two participants believed it was a judgmental response to them. Jill expressed that it was “just the look on her face, like, it was just a look of disdain.”

The second aspect of client perceived counselor/therapist disclosure encompasses the physical counseling environment. This study found that clients also draw inferences from the physical counseling space. Three individuals specifically noted the counseling space. I believe more would have commented, but three of the participants received
counseling in their own home. Sarah noted that her counselor had a warm space that was “like I was being welcomed into her living room for tea.” She contrasted this with her other counselor whose office she expressed discomfort because it was “very business, very professional.” She “felt like I was at school.” Sara was clear to state that being in a living room was similar to being with her grandmother. The space communicated warmth to her. Amara noted the laptop and cell phone of her counselor and assumed it was a reflection of her counselor/therapists’ success and wealth. For Alejandro, the aesthetics of the office coupled with personal family photographs, and an afghan clearly represented the difference between himself and the counselor/therapist as he stated wistfully, “I wish I had that.”

**Conclusion**

All participants shared unique stories of their counseling experiences. These stories can be understood in the context of three main themes: (1) factors of counselor/therapist alliance, (2) control of counseling/therapy, and (3) recognizing identity. Throughout all the themes, participants discussed the influence of judgment and appearances, but it is through how they experienced their counselor that provides context for their counseling/therapy. The client understanding of the counselor is not limited to the counselor/therapist behavior within the counseling/therapy session; participants also noted things that counselors disclosed both directly and indirectly. Participants garnished information through many different observations and developed a constellation of ideas that translated to beliefs about themselves and efficacy in counseling.
CHAPTER V
DISCUSSION

This chapter provides an overview of the results detailing the conclusions of the findings. This chapter includes discussion explaining the contributions of this study to existent counseling literature and the implications for counselors who work with adolescent populations. Recommendations for future research are suggested.

Overview of Results

This study explored how clients process differences or similarities between themselves and their counselors during the process of counseling. More specifically, this study explored the manifestation of the following constructs: race/ethnicity, socioeconomic status, and age through addressing the following research questions:

1. How do adolescents make meaning of the cultural factors of race/ethnicity, SES status, and age in therapy relationships?
   A. How do clients process race/ethnicity identity differences or similarities between self and counselor/therapist in counseling?
   B. How do clients process socioeconomic identity differences or similarities between self and counselor/therapist in counseling?
   C. How do clients process age differences or similarities between self and counselor/therapist in counseling?

2. How do adolescent clients make meaning of their cultural identity after counseling experiences?
A. How does counseling affect the racial/ethnic identity of clients?

B. How does counseling affect the SES identity of clients?

C. How does counseling affect the adolescent identity of clients?

Eight individuals were interviewed after meeting the criteria of identifying as a racial/ethnic minority and having participated in at least four sessions of counseling as an adolescent. Five of the participants were still minors during the interview process. Interpretative Phenomenology Analysis was used to analyze the data. The analysis demonstrated that interactions with counselors/therapists lead to impactful, meaningful experiences. In turn, through these interactions adolescents construct meaning about themselves, counseling efficacy, and beliefs about future counseling processes.

This study supports that when adolescents are in counseling/therapy, they are affected by race/ethnicity, SES, and age. However, these factors are mitigated based on the individual’s developmental and salient identity. The study’s findings demonstrated the types of information clients gather to interpret the value of the counselor/clinician. The findings highlight how adolescent clients may utilize the gathered information to extrapolate expectations and understandings of themselves, the counseling/therapy relationship, and general beliefs about counseling/therapy.

**Discussion of Results**

The study’s findings will be discussed in context of current research and theoretical constructs presented in Chapter II. In addition, this section reviews the manner that race/ethnic identity, SES, and age manifest in counseling/therapy relationships with adolescent clients. Discussion of identity development models and the
use of counselor disclosure practices will be addressed in context with counseling literature.

**Support of Current Client Identity Models**

The findings of this study support the use of a cross-cultural developmental approach to understanding identity development. Christensen’s (1989) Cross-Cultural Awareness Development Model demonstrates that individuals develop in awareness to other cultures. Through experiences, individuals become more aware of the differences between majority ethnic and minority ethnic groups. This gained awareness occurs through experiences with other groups. Of the five underage participants, each had to review permission and disclosure prior to the study and obtain parent/guardian permission. Four parents/guardians indicated the importance of the study and made statements about the nature of being a racial/ethnic minority in their respective community. Three made intense personal statements about racial/ethnic and SES identity in regard to mental health counseling/therapy. The participant’s parent/guardian who did not make such statements was not an ethnic minority. The vocal tones and verbalizations of the parent/guardian were supportive of the project and seemed to want to tell their own story about discrimination or prejudice. However, the intensity and concern regarding racial/ethnic undertones was not mirrored by the participants.

The findings of the study demonstrate the use of a salient identity (Yakushko et al., 2009). Participants demonstrated different identities regarding their race/ethnicity, socioeconomic status, and age, but different identities seemed more important depending on the situation or experiences described. All but Sarah responded in a vague manner when asked about their racial/ethnic identity. When directly asked “What cultural
identifiers do you hold? Alejandro responded, “I’m just laid back.” When asked specifically, “Well, you identified yourself as Hispanic; what does it mean to be part of Hispanic culture?” he responded, “Um, I just, it’s part of who I am, I don’t know how to put it in words.” When asked directly, six participants responded with varying answers, none relating directly to racial/ethnic identity. After being given extra prompts, two talked about food associations. One dismissed race/ethnicity altogether; one talked about personality factors that were seemingly unrelated to cultural issues. Throughout the interviews, clients presented different aspects of their identity depending on what best contextualized the story or information being presented. Most interviews highlighted financial differences between counselor and client. So although the clients identified as racial/ethnic minorities, race/ethnicity was not a dominating theme. However, all participants noted the financial resources of their counselors/therapists and drew inferences about the counselor/therapist.

Counselor Self-Disclosure Practices

The analysis of the participants’ transcripts revealed that counselors/therapists utilize self-disclosure consistently in their practices. Previous literature has reported that over 80% of licensed psychiatrists, psychologists, and social workers reported intentionally using self-disclosure as a therapeutic technique (Mathews, 1989) and that counselors/therapists indicate that the top reasons for providing self-disclosing information are to build hope, promote relationship, and provide alternative solutions (Simone, McCarthy, & Skay, 1998). While it is unclear if self-disclosure was applied as an intentional therapeutic practice, the results of this present study demonstrate that counselor/therapist disclosure practices remain common in the therapeutic environment.
While the topic of counselor/therapist self-disclosure has been addressed in counseling and psychological literature since the 1960s (Edwards & Murdock, 1994), the effectiveness of self-disclosure has been debated (Roberts, 2005; Simone et al., 1998). Some authors have asserted that self-disclosure practices can even be harmful (Donley, Horan, & DeShong, 1989). Previously McCarthy and Betz (1978) characterized counselor personal disclosures as both self-disclosing (about personal life) and self-involving (about feelings/thoughts when in session). This present study also supports that, 35 years later, personal self-disclosure and self-involving disclosure practices still occur in session.

Cashwell, Shcherbakova, and Cashwell (2003) suggested that cross-cultural relationships require more counselor disclosure to increase comfort. In contrast, the findings of this study do not seem to support the correlation between increased self-disclosure and increased client comfort or engagement. In fact, the study’s findings seem to again suggest self-disclosure elicited a neutral or negative response from clients when working with clients with different SES backgrounds. Jill saw the personal disclosure as confirmation of an acrimonious divide and corroboration that her counselor’s values will prevent effective counseling/therapy because their lives were too different. The family activities and personal relationships described by Jill’s therapist prevented her from feeling confident in her therapist: “To be honest, I thought she was full of it. Like, ‘my whole family’s perfect,’ that whole perfect persona.”

Counseling literature has previously discussed counselor self-disclosure as described by George, Amara, and Tiana. Like previous studies, the findings of this study demonstrate different client responses to therapist disclosure. However, the study’s
findings may support the need to think more carefully about counselor/therapist
disclosure practice. Counselors/therapists may consider how self-disclosure transmits an
invisible mixed with the semantics. Counselors may utilize small talk before session,
opening with “how was your weekend?” Such an opening statement may generate a
reciprocal, “and how was your weekend?” Amara’s counselor/therapist talked about
travel plans:

**Amara:** She took trips a lot and she went to go see her daughter in Ohio or
something I don’t know, I don’t know. I don’t think she was trying to brag, but
she told me that stuff.

**Interviewer:** It is interesting you stated that you didn’t think she was trying to
brag, yet you had impressions based on these conversations.

**Amara:** Right, ya, like if you saw . . . okay that’s my first impression . . . I mean
that’s a human thing, we have impressions of each other. [giggle]. Yeah.

More than half of the participants drew conclusions about the financial resources of their
counselor partially based on counselor/therapist verbal disclosures. Tiana saw a picture
of her therapist’s house and Jill’s therapist had a “big in-ground” pool. These disclosures
led to assumptions about the financial resources of the counselors and beliefs about
themselves. Amara noted that one of her counselors/therapists, “lived in a high-top area.”
In addition to direct personal disclosures, counselors/therapists also provided clients with
self-involving statements of disclosure.

**Self-involving disclosure practices.** McCarthy and Betz (1978) defined
counselor self-involving disclosure statements as statements that the counselor/therapist
makes in response to the client, client’s statements, behaviors, or thoughts (McCarthy &
Betz, 1978), such as “I am sorry to hear . . .” or “I am sensing that you are upset” or
[responses to the client] “I am disappointed you did not show up.” This is different than
personal self-disclosure, which is directly related to the clinician’s own life outside of the counseling environment.

As explained previously, because this research did not directly study counselor/therapist intentions, I expanded the McCarthy and Betz (1978) definition of self-involving disclosure. In this study, self-involving disclosure is expanded to include all clinician’s verbalizations, verbal tones, and non-verbal responses to the client within session that may transmit counselor/therapist beliefs and ideas in response to the content of the counseling session. Sarah reported tensions with her stepparent. At intake her counselor/therapist stated that her stepmother would rescue her only after rescuing her natural child. This is a clear example of a statement that fits this expanded definition. His response reflects a value of natural children over stepchildren. Sarah’s example demonstrates self-involving counselor disclosure about his belief about how parents treat children. Jill was met with an aggressive stance on how children should treat adults and how she is not meeting standards and falling in line with her father.

Sometimes the counselor/therapist self-involving disclosures were directed to motivate adolescent clients to action. I identify the statements as “self-involving” when the counselor/therapist seemed to be inserting their own values into controlling counseling/therapy direction. Tiana and Juan were told that they had to change. This transmits a value external to the client’s beliefs at the time; therefore, it is a self-involving practice. Worse, Patuk was told he had to change, but he would not know how it was going to happen. I suggest that it is even more subtle. Collectively, these experiences may suggest that counselors demonstrate a process of countertransference.
Counselors/therapists may be treating adolescents like children who need the instillation of a moral framework and require a parental response.

**Client perceived counselor/therapist disclosures.** The study’s findings seem to indicate a new type of counselor disclosure. This construct is defined as value-laden information that the counselor transmits through environmental factors or words not directly related to the task of counseling. The “client-perceived” feature describes that the client ascribes meaning to the word or environment regardless of counselor intent. Participants know a lot about their counselor. Participants remembered what type of vehicle clinicians drove. It may be natural for Tiana and Juan to remember their counselor’s vehicle because they received home-based therapy. However, more than half of the participants could identify the vehicle of the counselor. Even if they could not determine make and model, the participants still evaluated the vehicles as demonstrating wealth in relation to their own status regardless of the actual worth of the vehicle. Clients watched how counselors/clinicians dressed and noted dress in relation to financial status. Tiana gave a long description about counselor/therapist dress. The findings support previous claims of the importance of casual dress related to counselor attractiveness (Gass, 1984). Juan discussed how his therapist wore a suit and probably had more money but noted that counselors should not wear suits, but “just dress like how I do like, regularly, make them know, not to think that I’m over powering them or not, don’t let them know that I had more money than them.” In addition, the findings of this study suggest that attractiveness may be influenced by how the style/dress communicates cultural or financial dissimilarities.
In addition, this finding of this study seem to further the discussion with a richer understanding of other meanings clients attribute to the counseling environment. Participants believed the counseling space communicated not only success in one’s profession, but also wealth. Clients translated the cues of the office aesthetics into meaning related to their own life contextualized by assumptions about the financial status of the counselors.

Sarah articulates feelings that continue to validate previous research about the importance of the physical environment where counseling is provided. Comfort and physical environment has been documented in the literature (Miwa & Hanyu, 2006; Pressly & Heesacker, 2001). However, the earlier studies focused on color, warmth, layout of space, and generalized statements about comfort rather than understanding what meaning the client ascribes to all this rich visual data.

**Researcher-Perceived Client Disclosures**

I want to take this opportunity to recognize the interpretative process both of myself as a researcher in the hermeneutic process of IPA and also in the parallel process that I reflect on the participants in the way they reflected on counselors. During data collection, I heard stories about how clients received information presented by counselors. In this research project, I became aware of how I was looking back in the mirror. Throughout my analysis I was applying the same constructs I have just identified between participants and counselors.

Through the interview process and IPA I asked for self-involved disclosures, and as a researcher I applied researcher-perceived client disclosures: I noted the houses, cars, and appearance of the participants. With Amara I noted that she said she was lower SES,
but her house made me question her assessment. I noted who looked “ethnic,” I noted the living environment, I noted the clothing, I realize that the story has no meaning without context. So this lends to the question of “What is context?” and then the more important “Why is it context?”

Because the physical context of these environments is different from my life (e.g., no furniture in a house), I include it to help illustrate what informs my interpretations because it is notable to me. It is vastly different than my own experience and it transmits a value of difference that I tried to note. So it follows that when counseling between different racial/ethnic groups, age, or especially SES, what is context becomes salient, and the greater difference, the more disorienting the experience. When I enter a counseling office in a non-profit environment, I do not interpret a nice-looking afghan, a computer, or a nice paint job as a measure of the counselor’s/therapist’s wealth or value. Those items are in my daily life, and unless it is an exceptionally great or bad paint job, I will not think twice of that environment. I will not think about the Ford Taurus or Chrysler Minivan that the counselor/therapist drives. It is far easier to take note of things that are unique, unusual, or not in my frame of reference. This study’s findings suggest that when clients of varying backgrounds enter counseling, they are gathering information and assigning value to things that they do not have an experiential paradigm for. This study’s findings suggest it may have an impact on the counseling relationship.

**Implications**

The findings of this study provide several implications to our work as counselors. First, this research demonstrates that counselors need to increase self-awareness about counselor direct and indirect disclosures. Counselors frequently disclosed unnecessary
personal information, perhaps with the goal of building intimacy or fueling a therapeutic alliance. However, this study demonstrates that the information was utilized to construct ideas about the counselor’s identity and belief systems and suggests this may have negatively impacted clients’ beliefs about the counselor/therapist or the efficacy of counseling/therapy with the counselor/therapist. Jill experienced the counselor/therapist prescribing her own values onto Jill, and Jill determined that her counselor/therapist was “full of it.” Rather than instilling a greater sense of intimacy or increasing Jill’s level of self-disclosure, Jill concludes:

She seemed like one of those women that would bend over backwards to make her husband happy. Like she didn’t have a backbone for herself, she wasn’t independent but and I’d get to thinking that and I just lost trust, like lost my faith in like her abilities because if she can’t stand up for herself in her own marriage there is no way she can provide advice to a girl who can’t stand up to her own stepfather.

Counselors need to be aware of what physical cues they bring into counseling. Juan thought the counselor was being presumptuous by wearing a suit because the counselor/therapist was “dress like how he do.” These cues seem to prompt client assumptions about the values counselors/therapists adhere to. The findings of this study demonstrate that clients pay attention to their counselor’s vehicle to determine the success of the clinician, the relative economic power in relation to themselves. Similarly, the counseling office is viewed as an extension of counselor resources. Alejandro thought the local non-profit counselor on a salary of less than $32,000 was “set for life” based on the décor in her office. Sarah, Alejandro, and Juan described the physical environment as a cornerstone framework to providing counseling/therapy.
For myself as a middle class individual, I would not share Sarah’s feelings of comfort in receiving counseling in a space “like a living room.” I would like the “school” environment that Sarah disliked. To me professionalism, professional dress, and a “medical” physical office environment (even at the risk of being emotionally cold) instill in me a sense of confidentiality. And if I am honest, I would have a difficult time attending counseling with someone whose car was worse than mine. My own reflections, coupled with the study findings, do suggest that the interpretations of physical surroundings are greatly impacted by socioeconomic status and class values. While previous authors (Miwa & Hanyu, 2006; Pressly & Heesacke, 2001) offered awareness in suggesting how to create aesthetical value in the counseling office, the findings in this study offer a deeper meaning to the value in the appearance in the counseling space. The study’s findings suggest that counselors need to be aware of how clients perceive their counseling space. It also may suggest that counseling offices reflect a value of classism that is subtly transmitted into the therapy.

The findings of this study illuminate that client beliefs about clinicians and counseling are not determined solely on the content or words of the session. The study may suggest that counseling/therapy is heavily contextualized by the counselor/therapist response to the client. This includes counselor/therapist self-disclosure and the visual cues from the therapist and therapeutic environment.

The findings of this study suggest we need to further examine the experiences of our clients. For the past 30 years, counseling literature has promoted the value and importance of addressing multicultural issues in counseling (Chung & Bemak, 2002; Day-Vines & Day-Hairston, 2005; Farrell, 2009; Guidon & Sobhany, 2001). However,
the multicultural counseling experience is not truly present in our literature (Middleton et al., 2005) and even less represented is the stratified population of the adolescent client (Day-Vines & Day-Hairston, 2005). Furthermore SES is practically invisible in our current literature (Black & Stone, 2005). Instead, current literature offers quantitative methodological results (Arredondo et al., 2008; D’Andrea & Heckman, 2008; Fuertes et al., 2001; Pope-Davis et al., 2001) based on counselor self-reported measures (Roysircar, 2003) about self-perceived multicultural competency. Therefore, more research efforts should be directed at better understanding the experiences of minority clients, adolescent clients, and clients from lower SES backgrounds.

**Limitations**

Several factors should be considered when reviewing the findings of this study. First, this study utilized narrow participant criteria. All participants were minors at the time and mandated to counseling; five were mandated to counseling by court or mental health processes, and three were mandated by their parents. Participants had to meet demographic criteria that were limited by race/ethnicity, age, and geographical location. Therefore, there is limited generalizability outside of the scope of these factors.

All but one participant noted that their counselor was Caucasian. Only one of Amara’s counselors was identified as a racial/ethnic minority counselor. No participants identified having a racial/ethnic match to their counselor. Therefore, counselors were not only cross-cultural in identity, most were of majority ethnic group, Caucasian. Third, the participants all identified as lower SES and dissimilar to the socioeconomic status of their counselor/therapist. The last limitation related to participant demographic is the age of the participant. As it was previously noted, the development of racial/ethnic identity
vastly differed between guardians and adolescent participants. Parents and guardians frequently responded with strong emotion to the significance of the study and articulated their belief in the importance of the study, hinting that it is racial/ethnic issues that are an important factor in counseling/therapy. Yet, with the exception of ethnicity being raised directly as a counseling/therapy issue or as the gaffe about “coming off the reservation,” participants voiced little concern or articulation about the value of race/ethnicity. However, it may be that the participants may have different views about race and ethnic identity as they encounter and process more life experiences.

A potential limitation is the interviewer and researcher bias. This is present in all parts of the research. As a researcher who was conducting the interviews, I was aware of my apparent racial/ethnic identification. I do look Asian or Alaskan Native. Patuk’s guardian asked, “Where are you from?” but I know that he was meaning, “What type of [Alaskan] Native are you?” because many people in Alaska believe I am Athabascan. Having a visible non-White appearance may have promoted a higher level of participant self-disclosure. This may have been indicated when Tiana discussed her dislike of therapist documentation and “recording her life” yet having no concerns that I had two tape recorders and a phone literally recording her life after only talking to me during a brief participant screening interview. I believe that race/ethnicity is still a salient part of identity and that my status as a non-White woman influenced Tiana’s response of determining me as more trustworthy, even though I far surpassed the behaviors she described as making her uncomfortable.

As an ethnic minority adopted by two Caucasian individuals, I am bound to my own sense of self, and as a counselor I am influenced by feelings and thoughts of social
justice. Interpretative Phenomenological Analysis utilizes a process in which the researchers draw conclusions and are a recognized part of the process. However, the goal is to establish reasonableness to the conclusions drawn. In an effort to create an audit trail to ensure the integrity of the study, I have jotted down answers to the research questions imagining if I was answering them from my own counseling experience. I also wrote what I thought participants may answer (Appendix L), and recorded my thoughts and emotions and notes after each interview (Appendix M). I also kept a personal journal for reference as race/ethnicity was a salient point in my own identity during this process and have included a sample of my personal notes. Last, to demonstrate transparency and an effective audit trail, I have included a portion of IPA analysis to demonstrate the process of theme identification and interpretation (Appendix N). These efforts ensure the minimization of researcher bias. Regardless of the awareness that the audit trail provides, I acknowledge that I am inherently biased by my own experiences, values, and sense of self.

**Recommendations for Future Research**

Currently there is paucity in the literature regarding lived experiences of adolescents in counseling/therapy. This study included eight participants. Two participants attended only one session and sought out other counseling professionals. Most were unable to do so because of court-mandated processes. One area of study for future consideration should be directed at both mandated and voluntary clients. Perhaps mandated adolescent clients were more likely to rate counseling experiences poorly because of mandated status. While this may not seem to be consistent as evidenced by change theory (Miller & Rollnick, 2013; Prochaska, Norcross, & DiClemente, 1994),
perhaps the nature of adolescence combined with mandated counseling/therapy presents a unique aspect not understood in adult counseling/therapy.

Current literature about self-disclosure practices is extensive, but further research is needed. Most current literature is demographically limited and utilizes participants who are college populations (Cashwell et al., 2003; Hendrick, 1988), and the methodology is often survey-based or has student participants, or counselors simply evaluate vignettes (Nyman & Daugherty, 2001; Simone et al., 1998). A recent dissertation titled *Therapist Self-Disclosure with Adolescents: A Consensual Qualitative Research Study* (Smith, 2010) used qualitative research to examine doctoral and master’s therapists. More research is needed that addresses how clients experience counselor self-disclosure; more research is needed to understand client perceived counselor/therapist disclosure and its impact on counseling/therapy.

Further research focusing on adolescent clients with considerations to economic factors is needed. Further research could determine how financial similarities or dissimilarities affect the counseling process. This study noted that clients recognize financial similarities or dissimilarities between client and clinician, but more research is required to understand to what degree economic disparity contributes to counseling outcome.

Finally, future research could continue to examine age as it relates to counseling/therapy. All participants described feeling negatively influenced by a counselor’s use of directive behavior in therapy. Future research should examine if adults of different ethnicities with varying SES have similar experiences. Is counselor
directedness a product of countertransference [of parental values], or does an SES discrepancy between counselor and client lend to a more directive therapy process?

**Conclusions**

This research was a qualitative study utilizing an Interpretative Phenomenological Analysis approach to examine the experiences of eight individuals who received counseling as adolescents. This study considers the intersection of race/ethnicity, SES, and age as variables in counseling. The study’s findings identified three main themes: (1) factors of counselor/therapist alliance, (2) control of counseling/therapy, (3) and recognizing identity. The study also suggests that self-disclosure practices heavily influence client beliefs about counseling/therapy. The findings may also suggest that through unintentional counselor/therapist self-disclosure and the process of counseling, clients may feel devalued. Also, this study provides insight into the ways in which clients gather information about counselors and assign value across SES. Clients receive more information than the verbal information provided in session. Last, the use of counselor authority in session suggests counselors may not attend or respect the client’s autonomy.

For the past 30 years, counseling literature has recognized the value of client diversity and established a multicultural counseling framework. We have institutionalized competency in multicultural counseling as a core value in our professional training (Council for Accreditation of Counseling and Related Educational Program [CACREP], 2009). We have institutionalized multicultural competency as a value in our professional practice (ACA, 2005). However, we research about progress in multicultural counseling but in the absence of the client’s voice. We evaluate the
counseling field’s progress in multicultural counseling approaches, but in the absence of the client’s voice. We evaluate our effectiveness, but in the absence of the client’s voice. We are counselors; we are advocates of social change. We must be change agents. We must stop talking, filling out our own surveys, and begin to listen to our clients.
REFERENCES


Appendix A

Facebook Recruitment Ad
Review Ad
Please review your ad for accuracy. Your ad's audience includes users under the age of 18. It will be reviewed prior to being published.

Ad Preview:
Willing to talk?

Have counseling or mental health therapy in the past two years? Are you willing to talk about it for a small cash payment?

Ad Name:
Willing to talk?

Audience:
This ad targets users:
- who live in the United States
- who live within 10 miles of Grand Rapids, MI, Wyoming, MI or Grandville, MI
- between the ages of 16 and 20 inclusive
- who are in high school

Campaign:
My Ads (New Campaign)

Bid Type:
CPC

Bid:
$0.28 USD per click

Lifetime Budget:
$50.00 USD

Duration:
TBD
Recruitment Information

Teens and Young Adults Who Had Counseling in the Past and Want to Share Opinions and Experiences

Who?  Adolescents and Young Adults currently between the ages of 16-20.
Racial/Ethnic Minorities
Teens and young adults who have been in mental health counseling/therapy for at least four sessions with the same counselor/therapist.
Counseling occurred within the past three years
Teens cannot currently be in counseling.
If under age 18, must have parent/guardian consent before participation.

What?  Counseling Research
Participate in one face-to face interview and possibly one follow-up phone interview about your counseling experiences.
Each interview will last 1½-2 hours.
You will be asked questions about your counseling experience, questions about race/ethnicity, socioeconomic status, and the relationship (good or bad) between you and your counselor/therapist.

Payment? You will be paid for your time.
You are paid $10/hour for your time.
Average payment will total between $15-35.

When?  Interviews will take place during Summer 2012

In Michigan-Interviews will take place at Wyoming Public Library, private counseling office, or your home if you prefer.
In Alaska- Interviews will take place at Kenai Peninsula College or at your home if you prefer.

Contact:  Christina Stuive, Counselor Education Doctoral student (WMU) and researcher at (907) 690-3298 (text is fine) or email at cjstuive@kpc.alaska.edu
Appendix C

Initial Participant Screening Script
Initial Participant Screening Script

Is (name of potential participant) available? My name is Christina Stuive. Are you 18 or older?

(if affirmative response)
Skip to adult screening section

(if negative response the script will continue)
Thank you for contacting me regarding the research study about adolescents and their counseling experiences. Should you participate I will be interviewing you about your past counseling experiences and I will be asking questions about your race, ethnicity, socioeconomic status, and your age. I am a counselor education doctoral student who is completing this research for my dissertation study at Western Michigan University. I am going to review the criteria for you to be involved in the study. Please do not respond at this time as I am only reviewing the criteria and need to be sure you understand what participation in this study requires. Do you understand?

(if negative response)
What I am trying to make clear is that I am not allowed to ask you any questions about your specific eligibility until I have a parent/guardian’s permission. This is only an informative screening allowing you to better understand the criteria of this study. You must meet all of the criteria to qualify for the study. Do you understand?

(after an affirmative response the script will continue)
Here are the criteria. I remind you do not answer at this time. If you do not meet all of the criteria you will not be eligible for this study.
You must currently be age 16-20.
You must be a racial/ethnic minority.
You must have been in counseling/therapy for at least four sessions being with the same counselor/therapist. So if you had more than one counselor, you still may participate as long as you have seen one counselor at least four times.
The four sessions must have occurred within the past two years.
You may not currently be in counseling.
If you are under 18, your parent/guardian must consent in your participation in this research study.
You would need to be available and willing to participate in one face-to-face interview during June-July 2012 and potentially a one follow-up phone interview to take place between June-July 2012.

(if negative response)
Thank you for your time, I am sorry but you cannot participate in this study.

(after an affirmative response the script will continue)
In order for you to participate, I will need a signature of permission from you and your parent/guardian and I must have a release to the counseling/therapy agency to verify four sessions of treatment. Only information for verification of four sessions and collecting the counselor’s information will be solicited from the agency. For example, asking for specific information about your counseling will be prohibited, but asking if your therapist was a social worker, counselor, or psychologist would be permissible. In addition, you
will be paid $10 an hour for participation. Most participants will receive $15-35. Do you understand what I have explained and are you still willing to proceed?

(if negative response)
Thank you for your time, I am sorry but you cannot participate in this study.

(after an affirmative response the script will continue)
What is the best way to contact your parent/guardian in order to discuss your participation in this research? (Continue to “Participant Name”)

Adult Screening Script
(if affirmative response the script will continue)
Thank you for contacting me regarding the research study about adolescents and their counseling experiences. Should you choose to participate I will be interviewing you about your past counseling experiences and I will be asking questions about your race, ethnicity, socioeconomic status, and your age. I am a counselor education doctoral student who is completing this research for my dissertation study at Western Michigan University. I am going to review the criteria for you to be involved in the study. Please do not respond at this time as I am only reviewing the criteria and need to be sure you understand what participation in this study requires. Do you understand?

(if negative response)
(Answer any questions) Do you understand?

(after an affirmative response the script will continue)
Here are the criteria.
You must currently be age 16-20.
You must have been in counseling/therapy for at least four sessions being with the same counselor/therapist. So if you had more than one counselor, you still may participate as long as you have seen one counselor at least four times.
The four sessions must have occurred within the past two years.
You may not currently be in counseling.
You would need to be available and willing to participate in one face-to-face interview during June-July 2012 and potentially a follow-up phone interview.
Do you meet these criteria?

(if negative response)
Thank you for your time, I am sorry but you cannot participate in this study.

(after affirmative response)
In order for you to participate, I will need a signature of permission from you and I must have a release to the counseling/therapy agency to verify four sessions of treatment. Only information for verification of four sessions and collecting the counselor’s information will be solicited from the agency. For example, asking for specific information about your counseling will be prohibited, but asking if your therapist was a social worker, counselor, or psychologist would be permissible. In addition, you will be paid $10 an hour for participation. Most participants will receive $15-35. Do you understand what I have explained and are you still willing to proceed?
Participant Name:

Participant Contact Information:

Parent/Guardian Name (if participant is under 18):

Parent/Guardian Contact information (if participant is under 18):

Date/Time of Screening of participant:

Tentative Interview Time/Date:

Notes/concerns about potential participant (continue on back):
Appendix D

Parent/Guardian Screening Script
Parent/Guardian Child Screening Script

Is (name of parent/guardian of potential participant) available? My name is Christina Stuive. Your child (name of potential participant) contacted me regarding my research study about adolescents and their counseling experiences. This is research conducted for my dissertation study at Western Michigan University. The participation of your child to be in the study would require them to be interviewed by me on one occasion in person and potentially a second occasion by phone. Your son/daughter will be paid $10/hour. Most interviews will last 1½ - 2 hours and your child can expect to be paid $15-35 total. Were you aware that your child has contacted me and may I review the eligibility for this research?

(if negative response)
Please be aware that I have not gathered any data from your child, but I did review the eligibility to be involved in the study. Can I review what makes them eligible for the study?

(after an affirmative response the script will continue)
I will read the following criteria. If you believe that your child does not meet one of these criteria, please stop me.
Must currently be age 16-20.
Must have been in counseling/therapy for at least four sessions being with the same counselor/therapist. So if your child had more than one counselor, your child may still participate as long as your child has seen one counselor at least four times. The four sessions must have occurred within the past two years.
Must not currently be in a counseling relationship/therapy.
Must have parent/guardian consent.

Do you believe that your child meets all the criteria?

(if negative response)
Thank you for your time, I am sorry but your child cannot participate in this study. Will you please let child know he/she cannot participate.

(after an affirmative response the script will continue)
In order for your child to participate, I will need a signature of permission from you and I must have a release to the counseling/therapy agency to verify four sessions of treatment. Only verification of four sessions and type of provider license will be collected from the agency. For example, asking for specific information about the nature of your child’s counseling will be prohibited, but asking to verify that your child had four sessions with one counselor/therapist and the profession of the helper, such as social worker, counselor, or psychologist, will be asked. In addition, your child will be paid $10 an hour for participation. Most participants will receive $15-35. Do you understand what I have explained and are you still willing to proceed?

(if negative response)
Thank you for your time, I am sorry but your child cannot participate in this study. Will you please let your child know he/she cannot participate?
(after an affirmative response the script will continue)
What is the best way to deliver these forms to you?
Fax? Email? Mail? Text the link?

(if the parent/guardian picks email)
I am more than willing to email the links and documents, but please know that I cannot guarantee the privacy of email or text as a confidential method of delivery.

What time can we set up for a review of the informed consent documents?

Parent/Guardian Contact information:
Date/Time:
Notes for self about potential participant (on back if necessary):
Appendix E

Parent/Guardian Permission Slip
Parent/Guardian Permission Slip

WESTERN MICHIGAN UNIVERSITY
Department of Counselor Education and Counseling Psychology

Principal Investigator: Suzanne Hedstrom, EdD, LPC
Student Investigator: Christina Stuive, M.A., LPC

Your child has been invited to participate in a research project titled "Exploring adolescent experiences of race, ethnicity, and socioeconomic status in counseling relationships: A qualitative study." This consent document will explain the purpose of this research project and will go over all of the time commitments, the procedures used in the study, and the risks, and benefits of participating in this research project. Please read this consent form carefully and completely and please ask any questions if you need more clarification. This project will serve as Christina Stuive’s dissertation for the requirements of the PhD.

Your permission for your child to participate in this project means that your child will participate in one face-to-face interview and one possible phone chat. The initial face-to-face interview will take place during June/July 2012. Your child may be contacted in August/September 2012 for a follow-up phone interview. Your child will be contacted for a brief five minute phone consultation after the researcher has summarized the data collected in the interview. Your child will be free at any time—even during the interview—to choose not to participate. If your child refuses or quits, there will be no negative effect. Although there may be no immediate benefits to your child for participating, there may eventually be benefits to your child telling their story and your child may gain a sense of empowerment your child’s reflections.

Your child will receive $10 per hour for his or her participation in the study, with maximum earnings of $40/participant. The initial interview will be paid in cash and any phone interviews will be paid via Visa Gift card. Your child will not be paid for the five minute phone consultation. The expected income for the entire process ranges from $15-40.

The interviews will be recorded and transcribed (written). All data and information collected will remain confidential. That means that your child’s name will be omitted from all forms and a code number or pseudonym will be attached. The principal investigator will keep a separate master list with the names of the children and the corresponding code numbers. Once the data are collected and analyzed, the master list will be destroyed and the recordings will be destroyed. All other forms will be retained for at least three years in a locked file in the principal investigator's office. No names will be used if the results are published or reported at a professional meeting.
The only risks anticipated are minor discomforts typically experienced by talking with an unfamiliar person. As in all research, there may be unforeseen risks to your child. If an accidental injury occurs, appropriate emergency measures will be taken; however, no compensation or treatment will be made available to you or your child except as otherwise specified in this permission form.

You or your child may withdraw from this study at any time without prejudice, or penalty he/she would otherwise have. If you have any questions or concerns about this study, you may contact either Suzanne Hedstrom at (616) 742.5069 or Christina Stuive at (907) 690.3298. You may also contact the chair of the Human Subjects Institutional Review Board at (269)387-8293 or the vice president for research (269)387-9298 with any concerns that you have.

This permission document has been approved for use for one year by the Human Subjects Institutional Review Board as indicated by the stamped date and signature of the board chair in the upper right corner. Do not permit your child to participate if the stamped date is more than one year old.

Your signature below indicates that you, as parent or guardian, can and do give your permission for ______________________ (child's name) to participate in interviews for the purpose of research to maybe participate in an interview via telephone.

I have read this informed consent document. The risks and benefits have been explained to me. I agree to take part in this study.

Please Print Your Name

Parent/Guardian Signature  Date

Consent obtained by:____________________________________________________
Initials of researcher  Date
Appendix F

Assent Form
WESTERN MICHIGAN UNIVERSITY
Department of Counselor Education and Counseling Psychology

Principal Investigator: Suzanne Hedstrom, EdD, LPC
Student Investigator: Christina Stuive, M.A., LPC

You are invited to be in a research project entitled “Exploring adolescent experiences of race, ethnicity, and socioeconomic status in counseling relationships: A qualitative study.” The purpose of the study is to better understand how the racial/ethnic identity of minority adolescents is shaped or influenced through the process of counseling.

You will participate in one face-to-face interview in June/July 2012 and may participate in one follow-up telephone interview in August/September 2012. You will be contacted for a brief five minute phone consultation after the researcher has summarized your information. Even if you agree today to participate by signing this form, you can change your mind at any time before or at any time during interviewing.

You will receive $10 per hour for your participation in the study, with maximum compensation at $40/participant. The initial interview will be paid in cash and any phone interviews will be paid via Visa Gift card. You will not be paid for the five minute phone consultation. The expected income for the entire process ranges from $15-40.

Your name will not be on any of the research. The researchers will use a pseudonym (fake name) instead.

If you have any questions or concerns about this study, you may contact either Suzanne Hedstrom at (616)742.5069 or Christina Stuive at (907)690.3298.

This consent document has been approved for use for one year by the Human Subjects Institutional Review Board as indicated by the stamped date and signature of the board chair in the upper right corner. You should not participate if the stamped date is more than one year old.
Your signature below indicates that you agree

To provide a release of information to verify counseling/therapy services.
To participate in one face-to-face interview
To possibly participate in a follow-up interview
To participate in a clarification phone call

__________________________________________________________
Please Print Your Name

Witness Date

Consent obtained by:____________________________________________________

_____________________________________________________________________
Initials of researcher Date
Appendix G

Adult Consent Form
You have been invited to participate in a research project titled "Exploring adolescent experiences of race, ethnicity, and socioeconomic status in counseling relationships: A qualitative study." This consent document will explain the purpose of this research project and will go over all of the time commitments, the procedures used in the study, and the risks, and benefits of participating in this research project. Please read this consent form carefully and completely and please ask any questions if you need more clarification. This project will serve as Christina Stuive’s dissertation for the requirements of the PhD.

Your participation in this project means that you will participate in one face-to-face interview and one possible phone chat. The initial face-to-face interview will take place during June or July. You may be contacted in August or September for a follow-up phone interview. You will be contacted for a brief five minute phone consultation after the researcher has summarized the data from the interview. You will be free at any time—even during the interview—to choose not to participate. If you refuse or quit, there will be no negative consequences imposed by the researcher. Although there may be no immediate benefits to you for participating, there may eventually be benefits to you telling their story and you may gain a sense of empowerment from your reflections.

You will receive $10 per hour for your participation in the study, with maximum compensation at $40/participant. The initial interview will be paid in cash and any phone interviews will be paid via Visa Gift card. You will not be paid for the five minute phone consultation. The expected income for the entire process ranges from $15-40.

The interviews will be recorded and transcribed (written). All data and information collected will remain confidential. That means that your name will be omitted from all forms and a code number or pseudonym will be attached. The principal investigator will keep a separate master list with your name and the corresponding code number. Once the data are collected and analyzed, the master list will be destroyed and the recordings will be destroyed. All other forms will be retained for at least three years in a locked file in the principal investigator's office. No names will be used if the results are published or reported at a professional meeting.

The only risks anticipated are minor discomorts typically experienced by talking with an unfamiliar person. As in all research, there may be unforeseen risks to you. If an accidental injury occurs, appropriate emergency measures will be taken; however, no
compensation or treatment will be made available to you except as otherwise specified in this permission form.

You may withdraw from this study at any time without prejudice, penalty, or risk of any loss of service you would otherwise have. If you have any questions or concerns about this study, you may contact either Suzanne Hedstrom at (616.742.5069) or Christina Stuive, (907.690.3298). You may also contact the chair of the Human Subjects Institutional Review Board at 269-387-8293 or the vice president for research 269-387-9298 with any concerns that you have.

This permission document has been approved for use for one year by the Human Subjects Institutional Review Board as indicated by the stamped date and signature of the board chair in the upper right corner. Do not permit your child to participate if the stamped date is more than one year old.

to participate in interviews for the purpose of research
to maybe participate in an interview via telephone.

I have read this informed consent document. The risks and benefits have been explained to me. I agree to take part in this study.

Please Print Your Name

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

Consent obtained by:____________________________________________________

Initials of researcher                Date
Appendix H

Counseling Release Form
Counseling Release Form
Authorization for Release of Information

Information About the Use or Disclosure
I hereby authorize the use or disclosure of my individually identifiable health information as described below. I understand that this authorization is voluntary and that I may revoke it at any time by submitting a revocation in writing to the entity providing the information.

Persons/organizations authorized to provide information:
Name: ___________________________ Organization __________________________
Address: ____________________________________________________________
Fax: ___________________________ Phone: ___________________________

Persons/organizations authorized to receive the information:
Christina Stuive, M. A., LPC (In AK), NCC
Kenai Peninsula College
156 College Rd
Soldotna, AK 99669
(907) 262-0322 email: cjstuive@kpc.alaska.edu

Information can be disclosed in the following ways:_x__verbal   _x___written

Specific Information to be disclosed:
Confirm dates of counseling services
Demographic Information given to the counselor (race/ethnicity, socioeconomic status)
What type of licensure did the counselor/helping professional hold

Purpose of Disclosure:
To confirm client as demonstrating participation in counseling activities
To gather data for a research study

This authorization will automatically expire 3 months from the signed date.

Participant Signature ___________________________________________ Date ______

Parent or Guardian Signature ______________________________________ Date ______
Appendix I

Demographic Script and Questionnaire
Demographic Script and Questionnaire

Based on our conversation, it seems like you are a good candidate for my study. I would like to gather some information about you and your treatment at this time.

Did you have a Length of Treatment ≥ than 4 sessions? yes  no

Was it a mandated treatment (Were you court ordered)? yes  no

Are you currently in treatment? yes  no

When were you most recently in treatment? _________________

Name:______________________________________________________________

Phone:______________________________________________________________

Email:______________________________________________________________

Current Age:__________________________________________________________

Ethnicity:________________________________________________________________

(What Race/Ethnicity groups do you consider yourself?)

☐ White  ☐ Asian, Native Hawaiian and other Pacific Islander

☐ Black  ☐ American Indian/Alaskan Native  ☐ Hispanic or Latino origin.

Socioeconomic Status:

☐ Low  ☐ Middle  ☐ Upper

☐ Other______________________________________________________________

When are good times to meet in June?____________________________________

Can we set a tentative interview time?

Please understand that if I cannot verify that you have been in counseling or therapy, I will have to cancel the appointment. I will also be reminding you of your appointment one week prior to the appointment and again one day before the appointment.
Appendix J

Treatment Provider Script
Hello, I have a release of information for (name of participant). I am calling to verify counseling treatment. Where and to whom can I fax this release of information? I need to verify a few pieces of information.

<table>
<thead>
<tr>
<th>Date of treatment:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of sessions:</td>
<td></td>
</tr>
<tr>
<td>Were all sessions completed with the same clinician?</td>
<td>Yes  No</td>
</tr>
<tr>
<td>If not, how many sessions by each clinician</td>
<td></td>
</tr>
<tr>
<td>What was the client’s age at the time of treatment?</td>
<td></td>
</tr>
<tr>
<td>What was the client’s reported race/ethnicity?</td>
<td></td>
</tr>
<tr>
<td>What was the client’s reported socioeconomic status?</td>
<td></td>
</tr>
<tr>
<td>If you have this information, what is/was the licensure of the clinician serving the client?</td>
<td></td>
</tr>
<tr>
<td>Did a bi-lingual counselor provide four or more sessions?</td>
<td></td>
</tr>
<tr>
<td>What ethnicity is/was the counselor who provided four or more sessions?</td>
<td></td>
</tr>
</tbody>
</table>

Thank you for your time.
Appendix K

Semi-Structured Interview Questions
Answers to Interview Questions

While it was important that you had four or more sessions with one clinician, you may speak to any counseling experiences you have.

This study focuses on cultural and ethnic influences in counseling. How would you describe yourself as a person? Possible prompt: What cultural identifiers do you hold (e.g.: I am Asian American Female)? What does it mean to be part of these cultures?

Before you started counseling, what did you expect the process of counseling to be like? Possible prompts: Can you tell me what you thought happens in counseling? What feelings did you have before meeting with your therapist?

Can you tell me what were your first impressions of your counselor/therapist? Possible prompts: How did you feel? What did you think when you first met your counselor/therapist? What gave you this impression? How did this change over time, if at all?

What did you believe the counselor/therapist first thought about you in relation to who you are? Possible prompts: How did they welcome or address you? How did you feel or think about this? How did this change over time, if at all?

What belief do you have about the financial resources of you compared to your counselor/therapist? Possible prompts: How did your counselor/therapist compare to your social class? How did you feel or think about this? How did this affect your counseling relationship, if at all?

What beliefs do you think your counselor/therapist held about your race, ethnicity, or socioeconomic background? Possible prompt: What assumptions do you think your therapist had about you during your time in counseling? How did you feel or think about this? How did this affect your counseling relationship, if at all?

How did your counselor/therapist(s) or counseling/therapy experience affect your beliefs about yourself? Possible prompts: How did it strengthen or weaken your cultural identity?

What do you think therapists/counselors need to know about race, ethnicity, and socioeconomic status, or being an adolescent in relation to therapy or counseling?

How will you approach therapy/counseling in the future?
Appendix L

Interview Predictions
Interview Predictions

1. I expect that clients will talk about being an ethnic minority, racism, experiences with teachers that were racist, or discussions with family about diversity, pride in ethnic identity.

2. Counseling would be invasive, horrible, not fun. I’m being forced, this is stupid.

3. Beliefs that the counselor would be unable to help, out of touch, too old. Beliefs that the counselor would be nice, kind, always say, “why”

4. Went over a bunch of paperwork. Asked me too many questions.

5. I think they will report the counselor being the same, or slightly above, even if it is not true.

6. I think some may have answers about racist counselors, or counselors who thought they were on drugs or in a gang.

7. Counseling made me feel worse about myself. Counseling made me feel better. Counseling did not change me much. Counseling ignored my race/ethnicity and did not account for it even though I told my counselor that it was important.

8. I think respondents will feel devalued. I don’t know why, but as a counselor in the past who has counseled clients with previous counselors, this is what they indicated.

9. Recognize me, recognize my resources. I know that my agency in Michigan used to have “leisure development” but took kids on canoe trips and other things that wouldn’t help them develop useable “leisure” activities that they could use in their own community.

10. I wouldn’t go.
Appendix M

Post-Interview Notes
Post-Interview Notes

Post First Interview: Concerns and insecurities about asking questions, about leading, about wanting to elicit what I think she may be saying. Concerns about letting her come with her child about her being at the college and rethinking whether interviews at the college are community enough? She definitely wanted to talk, she definitely has a lot of information and she demonstrated that I may have wrote my parameters wrong as she noted if counseling is really bad, you would not return after one session. Craigslist

Post Second Interview: The house definitely does not look low SES. However, this individual considers herself low SES, but stated that her parents are more middle class. She definitely did not understand the cultural question. Yet, race did seem to be part of her process. She noted age as a factor. She had an overall negative experience and had her confidentiality violated. Friend at community agency

Post Third Interview: He was less developed. This was the shortest interview. He was late. He wanted the interview done at his school though initially it was to be at his house. He wanted to interview at the school library. He had his mother drive up to the school to sign the papers. SES seemed to be a factor. Noted the extreme speed of interview. Friend at community agency

Post Fourth: She was very verbal. Her mother, when reviewing the consent seemed very interested in the results of the study. She verbalized that lower SES and being black affects both the quality and effectiveness of treatment. We entered the house; I was almost attacked by a large pitbull after she assured me that he was nice. He jumped off the four poster bed that was in the living room, but thankfully was chained to a wall. We walked outside on an alley where I passed a couch with missing cushions and underwear underneath it. We found her mother who was in a vehicle talking to someone. Her mother did not want us in the house because of “sox” the dog and the girl offered to go up the road. The mother felt more comfortable with us being in her vehicle. We met in the vehicle behind the house. Her mother and friend went into the home. The vehicle was a worn black Cadillac escalade with tears in the seats. When the interview was concluded, the girl had to let me out of the car because the passenger door was broken. Concerns internally about the gifts and poor boundaries of this therapist. Therapist seemed to drive treatment and activities. Friend at school

Post Fifth: I had been on a different day and the young man forgot he had a previous commitment. I reviewed information with his father. The house had a tv, and cabinet, one chair- a very small covered swivel chair, one full sized mattress on the ground, with a young adult sleeping in it. No other furniture was apparent in the general living area. The day I returned to interview the young man, he was late. His father insisted I take the only chair and he sat next to his daughter on the full sized mattress after picking up his house. However, he had little place to put things, so straightening up involved moving a jacket, folding it over once, and placing it against the wall neatly. We watched Steve Wilkos until the young man arrived. When he arrived he suggested we meet in his room, his father was clearly embarrassed and stated that the rooms were too messy for guests.
and we could interview in the living room. The young man did not want to interview with his dad and sister. So I offered my car, an older Ford Taurus (thankfully) and that seemed an appropriate option for all involved. The young man sat in the passenger side. Friend at school

Post Six: Interview took place in a non-heated room bedroom and it was 17 degrees. Had some anxiety about my tape recorder not working correctly. No vehicles in driveway. He thought I needed to be paid, not the other way around. He was very excited to tell his story, does not look NA. Friend at school

Post Seven: Came with guardian who talked extensively about the value of racial relations and values. Discussed how education is viewed as suspicious because it draws people away from their home and culture. The interview was good, but it seemed he was posturing a few times to demonstrate how much he knew about counseling, counseling process and seemed that he was challenging/testing me a bit. Interview was at KPC. Referred by KPC worker

Post Eight: Very verbal. She really seemed like she wanted to get her stories “off her chest” She was very open, not hesitant, but still very thoughtful in responses. Really demonstrated maturity in her communication, communication style and attitude. She seemed like she really wanted to help counselors have a better understanding. Interview was at KPC. Referred by KPC worker.
Appendix N

Interpretative Phenomenological Analysis Sample
| Identity is multiplicitous | I: So the study focuses on culture and ethnicity. How do you define yourself as a person, ethnically or racially?  
P: Really, I just call myself a mutt. I’m everything you can think of. I’m.. from Irish, to Italian to Spanish to Russian to Italian to three different kinds of Natives.  
I: That’s quite mixed up.  
P: Yeah…  
I: So the study focuses on culture and ethnicity. How do you define yourself as a person, ethnically or racially?  
P: Uh really, I: native groups..laughing, a walking continent.  
P: yeah-basically, cuz in technicalities, by calling me Russian I can also be Asian, cuz people don’t realize that Russia is in Asia’s, in Asian’s continent. I’m like, “go back to history” but…I don’t know I just call myself whatever I feel like it. Whatever- I just stick |
| --- | --- |
| Caucasian Identity promoted | Claims multiple ethnicities, but *compares self to dog a mutt is not very prestigious, unpedigreed*. Claims Caucasian sub identities first, but does not delineate Alaskan Native identities. Does not provide subidentities.  
Multiple ethnicities with contrasting and at times opposing histories. Attempt to impress with historical/geographical facts, *who is calling him Russian? He would not be mistaken or assumed to be “Russian*  
I know more than others when it comes to my historical identity  
I define myself, *no one else does*  
Apathy and lack of commitment to identity, defined |
| Who is defining me? |  
Self-defined ethnicity |  
Identity is fluid |
Appendix O

Human Subjects Institutional Review Board
Approval Letter
To: Suzanne Hedstrom, Principal Investigator  
Christina Crans, Student Investigator for dissertation

From: Amy Naugle, Ph.D., Chair

Re: HSIRB Project Number 12-06-11

This letter will serve as confirmation that your research project titled “Exploring Adolescent Experiences of Race, Ethnicity, and Socioeconomic Status in Counseling Relationships: A Qualitative Approach” has been **approved** under the **expedited** category of review by the Human Subjects Institutional Review Board. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the application.

Please note: This research may **only** be conducted exactly in the form it was approved. You must seek specific board approval for any changes in this project (e.g., you must request a post approval change to enroll subjects beyond the number stated in your application under “Number of subjects you want to complete the study.”) Failure to obtain approval for changes will result in a protocol deviation. In addition, if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the HSIRB for consultation.

**Reapproval of the project is required if it extends beyond the termination date stated below.**

The Board wishes you success in the pursuit of your research goals.

**Approval Termination:** June 19, 2013