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## Counselors' Experience Implementing the Multicultural Orientation Framework With Interpersonal Trauma Clients

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# Walden University

College of Counselor Education & Supervision

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Dalad Srisuppak

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Walden University

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Abstract

Counselors' Experience Implementing the Multicultural Orientation Framework With  
Interpersonal Trauma Clients

by

Dalad Srisuppak

MS, Palm Beach Atlantic University, 2013

BA, Ramkhamhaeng University, 2011

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counselor Education and Supervision

Walden University

February 2021

## Abstract

Counselors are integrating the Multicultural Orientation (MCO) framework and cultural humility practices to address limitations of cultural competency models for cross-cultural counseling. This hermeneutic phenomenological qualitative study explored the lived experiences of counselors using the MCO framework with clients with interpersonal trauma. The MCO conceptual framework guided the study. Seven licensed mental health counselors from community-based agencies in South Florida shared their experience through individual videoconference semi-structured interviews. Data were collected, transcribed, and analyzed using the hermeneutic circle to identify seven themes: (a) counselors' identity as a guide, (b) counselors' culture and background influence whether White or minority/multicultural, (c) being competent to implement the MCO framework, (d) a positive experience implementing the MCO framework to support interpersonal trauma processing with clients who have the same cultural background and with clients who have a different cultural background, (e) challenges of using the MCO framework based on counselors having minimal or no knowledge of the clients' culture and background and language barriers, (f) perceived positive effects of MCO application on the therapeutic relationship and trauma processing, and (g) supporting the use of MCO with diverse populations. All participants positively perceived the MCO as improving the therapeutic relationship and trauma processing. Findings suggest the use of the MCO framework could promote social change through improvements to counselor cultural humility, cross-cultural counseling methodology, and acknowledgment in counseling of cultural differences in relation to interpersonal trauma.



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## Dedication

This dissertation is dedicated to my parents, who always believe in me. My daughter Sarah inspired me to become a better version of myself as a mom showing her that I could accomplish anything, and learning is a lifelong journey. To my grandmother, who always showed me never to give up. Lastly, to everyone who believes that you can accomplish anything by little steps forward each day, have patience toward your dream.

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## Chapter 1: Introduction to the Study

Counselors emphasize an individual's growth based on knowledge, ethical guidelines, and awareness of individuals' differences, especially culture (Gerstein et al., 2009). The role of a counselor is critical in promoting the client's mental health and recovery from trauma. A counselor needs to form a genuine therapeutic alliance with clients who experience trauma, especially interpersonal trauma, for positive therapeutic outcomes due to previous abuse by someone clients trusted (Gerstein et al., 2009). Based on the clients' diverse cultures and backgrounds, counselors must recognize and implement the best practice to suit clients' needs by considering culturally sensitive interventions (Sommer, 2018).

Multiculturalism is considered the fourth force in the counseling field and emerged with increasingly diverse populations in the United States (Davis et al., 2018). Sue et al. (1992) developed the multicultural counseling competencies (MCC) as a framework to promote counselors' cultural competencies when providing therapy with diverse populations. The MCC framework has been an effective way for a counselor to integrate clients' cultures in all aspects of counseling work (Owen, 2013). There has emerged a social justice aspect in addition to cultural competencies, especially with marginalized populations (Ratts et al., 2016). The multicultural and social justice counseling competencies (MSJCC) reflect and include both of these movements leading to an even better understanding of the relationship and needed interaction between counselors and clients (Ratts et al., 2016). The multicultural orientation framework (MCO) was later implemented from the MCC, promoting counselors to explore their

worldview and their clients' worldview because these experiences and beliefs contribute to how clients interact with counselors in the sessions (Owen, 2013).

In this study, I explored a gap in the literature focusing on the experience of counselors implementing the MCO framework with clients who experience interpersonal trauma. In this chapter, I provide a brief background on trauma counseling and multicultural counseling and provide a problem statement, purpose for this study, research question, conceptual framework, and nature of the study. I also define key terms and phrases, assumptions, delimitations, possible limitations, and the study's significance that addressed the research gap in understanding the lived experience of counselors working with clients who had a history of interpersonal trauma through the MCO framework.

### **Background**

Multiculturalism has been an interesting and well-discussed topic for the past years regarding multicultural competencies because it was a new aspect in the counseling field (Davis et al., 2018). To encourage multicultural competencies in counseling practice, Sue et al. (1992) developed the MCC as a guideline and framework providing strategies for counselors to become competent with diverse populations. This effort was the start of the inquiry, and the more challenging task is implementing and applying these principles in the counseling setting.

To provide support and clarify uncertainty regarding the MCC approach, Ratts et al. (2016) developed the MSJCC providing strategies to address cross-cultural worldviews, privilege, and oppression of counselors and clients. Multiple studies were

conducted to evaluate the effectiveness and implementation of the MSJCC as a theoretical framework (Cook et al., 2015). Nevertheless, the multicultural competencies question is still unanswered.

Following the development of the MSJCC, the MCO was developed to promote counselors' cultural competencies based on their cultural orientations, cultural comforts, and cultural opportunities (Davis et al., 2018). Owen et al. (2014) examined one of the three main MCO domains, cultural humility, relating to positive therapy outcomes. The results of this quantitative study indicated that counselors with high cultural humility promote positive therapeutic outcomes. The results were similar to Owen et al. (2018), which addressed microaggression and therapists' multicultural orientation in psychotherapy. The results clarified that counselors who did not demonstrate multicultural orientation or become less sensitive and less comfortable discussing culture during therapy received less positive therapeutic outcomes.

The field of counseling is still in the preliminary stages of research on the efficacious treatment for interpersonal childhood trauma. Because childhood trauma has a long-term impact on adulthood, most of the research focused on general interventions without addressing cultural differences or how counselors could become competent when addressing trauma with diverse populations (Dugal et al., 2016). Dugal et al. suggested that further studies should emphasize the appropriate interventions, which consider the history and the importance of cultural influence in trauma processing.

Several studies suggested the importance of counselors' cultural competencies when providing therapy, especially with clients who have endured traumatic experiences.



However, fewer than 20 studies signified a deficit in the literature relating to the MCO framework in counseling. I did not find research addressing counselors' experiences using the MCO framework with clients in counseling for interpersonal trauma. The current study filled the literature gap by addressing the counselors' experience with clients with interpersonal trauma backgrounds based on the MCO framework.

### **Problem Statement**

A counselor's primary role is to foster clients' growth and welfare (American Counseling Association [ACA], 2014). Counselors must develop clinical skills and personal levels of awareness of an individual's uniqueness (ACA, 2014). Clients seek counseling services for various reasons, and many of these reasons are associated with the client's cultural background. Counselors must recognize individual needs and foster an environment that promotes clients' autonomy while also responding to their cultural background (ACA, 2014). Counselors find it challenging to meet the individual needs of people from diverse backgrounds when working with them on interpersonal trauma (Jhaveri-Mehta, 2011).

Culture influences an individual's personality and development, including how individuals respond to any given situation (Levers, 2012). Individuals react and respond differently to situations they encounter, and some of these differences are related to their cultural beliefs and worldview (Levers, 2012). Understanding clients' culture, beliefs, and personal meanings are essential in promoting trust while working together to heal trauma through a therapeutic process (Levers, 2012). When counselors establish a positive therapeutic relationship and show empathy by understanding a client's culture,

these positive working alliances increase the level of trust needed throughout the process (Chung & Bemak, 2002; Jhaveri-Mehta, 2011).

The MCC model was developed as a framework to enhance cross-cultural counseling (Comas-Diaz, 2012). Based on the MCC, competent counselors develop sensitivity and awareness of their beliefs and attitudes, obtain specific knowledge, and utilize appropriate skill sets regarding cultural diversity (Sue et al., 1992). The MSJCC is a revision of the MCC, emphasizing cultural competencies and social justice competency components (Ratts et al., 2015). The MSJCC involves four domains as guidance for privileged and oppressed counselors and clients (Ratts et al., 2015). Nonetheless, several counselors encounter challenges incorporating the MCC and the MSJCC.

Unlike the MCC or the MSJCC, the MCO was developed as a framework to influence how counselors integrate and enhance their own cultures in the therapeutic relationship and the clients' cultures, including cultural attitudes toward therapeutic and healing processes (Comas-Diaz, 2012). Differing from the MCC and the MSJCC, which are focused on competent action, the MCO framework emphasizes how counselors attend to culture as a way of being rather than doing with the clients during the therapeutic process, which enhances and promotes therapeutic outcomes (Owen, 2013).

Due to the diversity of cultures between counselors and clients, the counseling field has engaged in research related to cross-cultural counseling, including applying the MCC and MSJCC (Das, 1995; Rogers-Sirin et al., 2015; Sue & Sue, 1977). Nevertheless, there is limited research addressing counselors' experiences implementing the MCO framework to enhance the therapeutic process and outcomes with clients seeking

counseling for interpersonal trauma. Several researchers examined the MCO framework in supervision and group work (Adams & Kivlighan, 2019; Owen et al., 2014; Owen et al., 2018). However, none of the studies addressed how counselors utilize the MCO framework with interpersonal trauma counseling.

### **Purpose of The Study**

The purpose of this hermeneutic phenomenological qualitative study was to explore the experiences of counselors implementing the MCO with clients who had encountered interpersonal trauma. I used a hermeneutic approach with seven licensed clinicians who had a minimum of 1 year of experience working with diverse clients who experienced interpersonal trauma. I employed a semistructured interview guide to elicit in-depth responses from each participant (see Miller et al., 2016).

Based on the results and emergent themes from participant experiences, I further investigated how these experiences influence counselors' multicultural awareness, sensitivity, and cultural orientation to benefit clients' trauma healing process. The study provided needed qualitative data on the strategies, challenges, and implementation of the MCO for counselors to incorporate cultural aspects promoting the positive interpersonal trauma healing process, clients' autonomy based on their cultures, and positive therapeutic outcomes by reducing the number of clients dropping out of counseling.

### **Research Question**

What are the lived experiences of counselors implementing the multicultural orientation framework (MCO) with clients who had encountered interpersonal trauma?

## **Framework**

The phenomenological approach emphasizes an exploration of the participants' lived experience of the same phenomenon (Patton, 2015). The phenomenological framework was developed by Husserl (1913/2017) to study individual experience and the meaning of the experience. Husserl argued that individuals' experiences might vary depending on phenomenology. Based on Husserl's approach, researchers may not include their knowledge or experience in the study to ensure the essence of the participants' lived experience.

### **Theoretical**

Heidegger (1926/1962) developed a hermeneutic framework stemming from Husserl and designed to emphasize the essence of the researchers' preliminary knowledge. Heidegger (1962, as cited in Ramberg & Gjesdal, 2005) explained a hermeneutic approach is a process of "being of the phenomenon" (p. 3) by being with the experience and continuing to gain further understanding of the experience rather than creating the new experience. The hermeneutic circle is an approach for how researchers interpret the phenomenon's meaning (Grondin, 2015). Using the hermeneutic circle allowed me to incorporate my experience and be present with the participants to gather in-depth information about the experience (see Grondin, 2015).

### **Conceptual**

The MCO was an additional framework that I incorporated into this study. Owen et al. (2011, as cited in Davis et al., 2018) developed the MCO to explore the influences of cultural dynamics in therapy. The MCO framework consists of three main aspects:

cultural humility or “way of being,” cultural opportunity or “way of identifying,” and cultural comfort, or “way of understanding” (Davis et al., 2018, p. 90). The MCO framework emphasizes how cultural value influences the therapeutic process and outcome and the essence of counselors’ experience understanding their cultures in the therapeutic process (Davis et al., 2018).

By combining the MCO framework and the hermeneutic approach that values the researcher as a part of the experience and the interpretation, I combined my experience and the participants’ experience as counselors using the MCO framework with clients who experienced interpersonal trauma (see Grondin, 2015). I used the MCO framework as a lens for data analysis while using the hermeneutic approach to recognize my personal experience and mitigate personal bias through an ongoing reflective process.

### **Nature of the Study**

This was a qualitative study that focused on exploring the experience of the participants. I used a hermeneutic qualitative design and the MCO to explore counselors’ experience with clients who experienced interpersonal trauma. I used a semistructured interview guide to gather information regarding the experience of seven participants recruited through purposive and snowball sampling.

Based on Heidegger’s hermeneutic approach, researchers have a preunderstanding of the study’s context and are interested in gaining a more in-depth understanding (Tomkins & Eatough, 2018). I used member checking to ensure the credibility, validity, and interpretation of the meaning (Birt et al., 2016). I used the hermeneutic circle to interpret and revise the data toward understanding the experience by becoming aware of

my personal bias based on my reflection (see Grondin, 2015; Heidegger, 1926/1962). I used the MAXQDA software for data analysis to identify the themes regarding the participants' experience.

### **Definitions**

*Counselor*: An individual who completed a master's degree in the field of counseling and held a licensed mental health counselor credential

*Cultural comfort*: "Cultural comfort is characterized by feeling at ease, open, calm or relaxed with diverse others" (Davis et al., 2018, p. 92).

*Cultural humility*: Cultural humility is "the ability to maintain an interpersonal stance that is other-oriented (or open to the other) with aspects of cultural identity that are most important to the client" (Davis et al., 2018, p. 91).

*Cultural opportunity*: Cultural opportunities are "markers that occur in therapy in which the client's cultural beliefs, values, or other aspects of the client's cultural identity could be explored" (Davis et al., 2018, p. 92).

*Culture*: Culture is the "systems of knowledge, concepts, rules, and practices that are learned and transmitted across generation" (American Psychiatric Association, 2013, p. 749).

*Hermeneutics*: A theoretical research study framework that provides a guideline to interpret and understand the original message's meaning, including texts or experience (Patton, 2015).

*Interpersonal trauma*: Interpersonal trauma is "prolonged and repeated exposure to chronic, multiple, and repeated abuse within relationships" (Sanderson, 2010, p. 23).

*Multicultural and social justice counseling competencies (MSJCC)*: The guideline for counselors, educators, and professions to build a positive therapeutic relationship based on developing multicultural competencies and social justice based on cultural worldview, privilege, and oppression (Ratts et al., 2016).

*Multicultural counseling competencies (MCC)*: The guideline to provide counselors framework, which consists of awareness, knowledge, and skills to become competent in providing therapy service with clients from a diverse background (Arredondo, 1996).

*Multicultural orientation framework (MCO)*: A comprehensive framework of MCO, which consists of three main pillars: cultural humility, cultural opportunities, and cultural comfort (Davis et al., 2018).

*Orientation*: An individual's identity of how to formulate the meaning of the world (Davis et al., 2018).

*Phenomenology*: The study of consciousness structures as experienced from the first-person point of view (D. W. Smith, 2018).

*Trauma*: "Trauma refers to events that are extremely difficult and overwhelming for individuals" (Levers, 2012, p. 9).

### **Assumptions**

The first assumption was that participants would honestly answer the interview questions to the best of their ability. I assumed that the participants would provide the true essence of their experience during the interview to ensure the study's validity. The second assumption was that the participants would have a similar experience that met the

criteria of this study's phenomenon. The last assumption was that the MCO frame would benefit and promote healthy trauma processing when counselors effectively implement it during the therapeutic process.

### **Scope and Delimitations**

The purpose of this study was to explore the authentic experience of counselors who work with clients who have experienced interpersonal trauma and emphasize using the MCO framework. My focus was to understand the implementation of the MCO framework based on the common themes, which contributed to the social change relating to awareness and competencies in trauma focus work with diverse cultural populations. Additionally, the study findings may be transferable to clients who have experienced different types of trauma.

Because this qualitative study focused on the experience of the phenomenon, I focused on participants' selection to ensure the experience's essence. This study's delimitations included the purposive and snowball sampling of licensed mental health counselors in Florida who had worked for at least a year cross-culturally with clients who experienced interpersonal trauma. The study's essential delimitation was that the participants had implemented the MCO framework in interpersonal trauma-related counseling for at least 1 year.

### **Limitations**

Due to the study's nature, the first limitation was recruiting participants for the study. I used purposive and snowball sampling to recruit licensed mental health counselors in South Florida, Palm Beach County. Because the study was limited to local



Floridian counselors, the results might not be generalized to counselors who practice the MCO outside of Florida or counselors who have different licensures.

Another limitation was language. I am a non-U.S.-born counselor whose native language is not English. I have a strong accent that could have been a possible barrier for participants. I endeavored to speak clearly and verified whether the participants understood the questions and the information.

### **Significance**

I explored counselors' lived experience implementing the MCO with clients who experienced interpersonal trauma. This study served its intended purpose and supported Walden University's social change mission because it focused on needed cross-cultural service improvement around trauma. The ACA (2014) discussed the necessity of cultural sensitivity of the counselors to be considered culturally appropriate when providing service due to cultural differences. Understanding counselors' experience from the perspective of MCO may be used to increase counselors' sensitivity and awareness related to the importance of how culture has a significant influence in developing healthy intrapersonal and interpersonal relationships, especially with the trauma process. Additionally, the findings may be used to increase positive therapeutic outcomes and develop strategies to promote and apply cultural competencies.

### **Summary**

In chapter 1, I explained how multicultural counseling is vital in the counseling field. I described two major frameworks of the MCC and the MSJCC to promote counselors' multicultural awareness and competencies. I also explained how, with the

MCO development, counselors would shift their focus to become more aware of clients' worldview in the therapeutic process (see Owen, 2017). Due to the minimal studies on this framework, this study was needed to provide insight into the MCO framework supporting the trauma process.

In Chapter 2, I provide a literature review addressing trauma work, the MCC, MSJCC, and MCO framework. I also discuss interpersonal trauma processing. In Chapter 3, I describe the methodology of the study based on the hermeneutic phenomenology. In Chapter 4, I discuss the findings of the study. In Chapter 5, I provide a conclusion and recommendation for this study.

## Chapter 2: Literature Review

Due to the increase in cultural diversity throughout the world, multiculturalism has been a vital aspect of counseling (Davis et al., 2018). Culture influences an individual's identity in formulating worldviews, beliefs, and perceptions relating to the experience (Drinane et al., 2016). Counselors who become culturally sensitive and competent create a positive therapeutic relationship with positive outcomes (Drinane et al., 2016). The ACA's (2014) code of ethics emphasizes the counselors' cultural competencies in which counselors enhance their skills knowledge to serve diverse populations appropriately.

The MCC model was developed to guide counselors based on the knowledge, skills, and awareness of the clients' cultural complexity toward the competency (Drinane et al., 2016). Despite the MCC model and three concepts of the competencies, the question arises as to what it means to be multiculturally competent (Owen, 2013). Considering individual experience is based on culture and worldview, culture is an essential part of developing healing processes through traumatic events (Levers, 2012). The MCO provides counselors with an orientation lens to be with the clients through the trauma healing process (Owen, 2013). In this chapter, I review the literature relating to trauma counseling, multicultural counseling competencies, multicultural and social justice counseling competencies, multicultural orientation framework, and challenges relating to interpersonal trauma counseling.

### **Literature Search Strategies**

To locate relevant articles supporting this study, I used the following online databases: PsychINFO, SAGE Journals, Central, Thoreau multi-database, and Academic Search Complete in the Walden University library. I also used Google Scholar to help me with the search topics and the research design. The literature review key search terms included *multicultural orientation, multicultural orientation framework, multicultural orientation and counseling, multicultural counseling competencies, multicultural counseling and social justice competencies, multiculturalism, multiculturalism and psychotherapy or counseling, counseling and interpersonal trauma, interpersonal trauma, interpersonal trauma and cross cultural, trauma and cross cultural counseling, challenges or barriers or difficulties and trauma and counseling and cultural diversity*, including alternative forms or these key search words. Additionally, I gathered the references from peer-reviewed journals to guide me to the proper literature.

### **Theoretical Foundation**

The theoretical foundation of this study was hermeneutic phenomenology based on Heidegger's framework. Using hermeneutic study, I endeavored to understand the true experience of the phenomenon (see Patton, 2015). Heidegger (1962, as cited in J. A. Smith et al., 2009) developed the hermeneutic study to understand the meaning of the language by becoming aware that the researchers are unable to separate their experience from the study, but instead use their experience or knowledge to enhance the interpretation of the experience. The hermeneutic circle is the process to help the researchers to understand the meaning of the experience through a reflection of the

researchers (Grondin, 2015). The hermeneutic phenomenology served the purpose of the current study to explore and understand the counselors' experience using the MCO with clients experiencing interpersonal trauma. This study provided information that would benefit a future understanding of how cultures play an essential role in trauma processing.

### **Conceptual Framework**

The MCO was developed to provide strategies for counselors in exploring the dynamics of the culture in therapy with the clients to enhance the therapeutic outcome (Davis et al., 2018). The MCO promotes counselors to be with the clients rather than to do with the client, which supports clients feeling comfortable with their culture in the therapeutic process (Davis et al., 2018). The MCO framework consists of three core pillars of cultural humility, cultural opportunity, and cultural comfort (Davis et al., 2018).

The first pillar is cultural humility, which is “the ability to maintain an interpersonal stance that is other-oriented (or open to the other) with aspects of cultural identity that are most important to the client” (Hook et al., 2013, p. 354). The second pillar is a cultural opportunity, which occurs when clients mentioned any aspects relating to the cultures, beliefs, and values that counselors could further explore to understand clients' identity better and meaning (Owen et al., 2016). The last pillar is cultural comfort, which relates to how counselors feel “at ease, open, calm, or relaxed with diverse others” (Davis et al., 2018, p. 92). Additionally, I chose the hermeneutic theoretical orientation combined with the MCO framework to understand counselors' authentic life experience based on the MCO framework working with clients' cultural identity in their trauma processing.

## Literature Review

This literature review covered important topics related to counselors' experience implementing the MCO framework with clients in counseling for interpersonal trauma. The review included what researchers have found and what also may be lacking in the research on the following topics: trauma, types of trauma, trauma variation, interpersonal trauma, trauma-informed treatment, the MCC framework, effect of training counselors in the MCC, the MSJCC framework, supervision research and the MSJCC, the effect of training counselors in MSJCC, measuring MSJCC in counselors, the MCO framework, cultural humility, cultural comfort, cultural opportunity, and the MCC, MSJCC, MCO and trauma research.

### Trauma

“Trauma is a state of disruption in which one or more life-enhancing processes are irretrievably lost” (Valent, 2012, p. 5). The *Diagnostic and Statistical Manual of Mental Disorder* fifth edition (DSM-5) described a traumatic stressor as “any events that may cause or threaten death, serious injury, or sexual violence to an individual, a close family member, or a close friend” (American Psychiatric Association, 2013, p. 830). An individual who experiences one or more traumatic incidents could develop long-lasting psychological impacts, which contributes to post-traumatic stress disorder (PTSD). PTSD is based on how an individual reacts and responds based on the result or consequences of multiple stressors (Valent, 2012). The traumatic incidents would alter an individual's perception and worldview that defines the meaning of victim as who they are or their existence in the world (Ferrajão & Elklit, 2019).

According to the National Center for Mental Health Promotion and Youth Violence Prevention (NTCSN, 2014), at least 60% of adults experience abuse during their childhood, and at least 25% of children in the United States witness or experience traumatic incidents by the age of 4 years old. The *Journal of the American Medical Association Pediatrics* (2013; as cited in Johnson, 2018) indicated that 4 of every 10 children in the United States experience some form of physical abuse, and 2% of all children experienced sexual abuse in the past year. The number increased to 14% of children exposed to maltreatment, and 13% were physically abused (Johnson, 2018). The development of PTSD symptoms or impact related to traumatic experiences depends on the type of trauma, the individual's developmental stage, level of support, and cultural considerations (Levers, 2012).

### ***Types of Trauma***

Examining various types of trauma is important because interpersonal trauma is a type of trauma. Barbash (2017) categorized trauma into two different types of small "t" versus large "T." It is common for an individual to overlook the impact of small traumatic events based on not recognizing the trauma responses (Barbash, 2017). When individuals experience multiples traumatic incidents, the reactions of avoidance and distress could significantly impact psychological well-being, which relates to developing PTSD (Barbash, 2017). Unlike the small trauma "t," the substantial trauma "T" is based on the significant traumatic incident that impacts the person to become powerless (Barbash, 2017). Some examples of traumatic incidents include natural disasters, terrorist attacks, sexual assault, combat/war zone, car, or plane accident (Barbash, 2017).

The NTCSN (2014) identified 13 categories trauma of community violence, complex trauma, domestic violence, early childhood trauma, medical trauma, natural disaster, neglect, physical abuse, refugee and war zone trauma, school violence, sexual abuse, terrorism, and traumatic grief based on the 10 trauma items from the Adverse Childhood Experiences. Community violence is based on the conflict between others who are not family members, which occurs in the community, such as shooting, robbery, or violence in the community (NTCSN, 2014). In contrast, domestic violence is based on the emotional, physical, or sexual abuse between intimate partners (NTCSN, 2014). Complex trauma occurs when individuals experience stimulus traumatic incidents that directly affect emotional and psychological well-being (NTCSN, 2014). Medical trauma relates to the stressor that an individual suffers from the medical illness or recovery when a natural disaster is based on natural catastrophe, for example, flood, earthquake, hurricane, or tornado (NTCSN, 2014). Unlike other trauma types, terrorism is the act of violence by specific groups that threaten individuals' psychological, physical, and emotional (NTCSN, 2014). Refugee and war zone trauma relates to the results or the impact of war (NTCSN, 2014). Early childhood trauma is the result of traumatic experience between 0 and 6 years of age, in which individuals may be neglected or not provided proper care, physical abuse, or sexual abuse. NTCSN (2014) also identified that traumatic grief occurs as the result of loss in which an individual has challenges through the bereavement.

The Substance Abuse and Mental Health Services Administration (SAMHSA, 2014) categorized trauma into two groups: natural or human-caused trauma. The



naturally caused trauma is believed to be an “act of God” and is unavoidable (SAMHSA, 2014). The naturally caused trauma is viewed as a natural disaster, which in time, individuals will recover from based on resilience (SAMHSA, 2014). Unlike the naturally caused trauma, the human-caused trauma is an individual’s intentional act, which causes the traumatic events that directly impact the victims psychologically (SAMHSA, 2014).

Sanderson (2009) discussed the three spectra of trauma, which are impersonal trauma, interpersonal trauma, and attachment trauma. Impersonal trauma is similar to what was described in SAMSHA (2014) that the traumatic incidents were caused by human-made or natural disasters, which are inescapable. The actions of others cause interpersonal trauma, in which the individual loses control and becomes powerless (Sanderson, 2009). Like interpersonal trauma, attachment trauma is directly related to family abuse during childhood (Sanderson, 2009). The combination of interpersonal trauma and attachment trauma is associated with the individual’s perception of being a victim and being violated as the distress of the individual experience, which results in loss of trust when exposed to trauma (Sanderson, 2009). The impact of the traumatic experience, especially interpersonal trauma and attachment abuse, will vary based on each person’s perception and cultural worldview (Sanderson, 2009). When an individual experiences an interpersonal traumatic incident, there is a higher level of impact on an individual’s belief system due to the break of the trust and relationship (Ogle et al., 2013; Reiland & Clark, 2017).

### ***Interpersonal Trauma***

Silveira and Boyer (2015) discussed interpersonal trauma as the “traumatic events that occurred within interpersonal relationships (p. 514). Interpersonal trauma also can be defined as an “event in which an individual is personally assaulted or violated by another human being” (Thompson-Hollands et al., 2018, p. 4). Sanderson (2009) further explained the different types of interpersonal abuse, including physical violence, verbal abuse, sexual abuse (both assault and exploitation), and psychological abuse. The critical aspect of interpersonal trauma occurred when an individual or the victim was betrayed by people they trust. An individual who experiences interpersonal trauma may develop the symptoms of PTSD due to the result of repeated abuse, which interferes with emotional, sensory, and physical regulations (Sanderson, 2009). The impact of interpersonal trauma also includes physical health, behavior changes, and cognitive distortion (Sanderson, 2009). The impact of interpersonal trauma could also result in individuals’ emotional regulation and self-concept (Clifford et al., 2018).

### ***Treatment Variation for Types of Trauma***

Traumatic incidents are positively correlated to physical and mental health problems (Kisiel et al., 2014). According to Ronald et al. (2017), trauma occurs among all populations worldwide; this epidemic requires attention to find appropriate and effective treatments to improve the quality of clients’ lives. There are many models and clinical interventions that are suitable and appropriate for treating clients who experience trauma. However, specific modalities may be appropriate for certain types of trauma but not for other types of trauma.

Sommer (2018) discussed various treatment modalities for trauma such as prolonged exposure therapy (PET), narrative exposure therapy (NET), eye movement desensitization and reprocessing (EMDR), implosive therapy (IT), cognitive behavioral therapy (CBT), stress inoculation therapy (SIT), cognitive processing therapy, and imagery rehearsal therapy. Sommer explained that PET, NET, EMDR, and IT are similarly approached by emphasizing working with a client to focus on the narrative aspect of the traumatic incident and incorporating maladaptive distortion in relating to the experience helping clients to gain insight into the traumatic experience. Unlike PET, NET, EMDR, and IT, CBT, SIT, and cognitive processing therapy incorporate relaxation techniques, problem-solving, and coping skills to help clients manage emotional challenges (Sommer, 2018). Although CBT focuses on cognitive distortion, the SIT approach centers on behavioral skills (Sommer, 2018). Nevertheless, these modalities are based on Western culture. It is essential to develop culturally sensitive trauma modalities when serving diverse populations (Sommer, 2018).

Thompson-Hollands et al. (2018) studied 178 male veterans who had interpersonal trauma and non-interpersonal trauma to understand the changes to veterans' alliance with PTSD based on two treatment modalities of cognitive-behavioral therapy (GCBT) and present-centered therapy (GPCT). The participants were assigned to either the GCBT group or the GPCT group. Thompson-Hollands used hierarchical linear modeling to study the effectiveness of the changes in the clients' alliance. The result indicated that clients from the GCBT group developed better alliances than clients from the GPCT group (Thompson-Hollands et al., 2018). However, there was no difference

between the alliance changes between clients who experienced interpersonal trauma than noninterpersonal trauma clients (Thompson-Hollands et al., 2018).

Yoshimura and Campbell (2016) studied the implication of trauma-informed communication at a university counseling center. Counselors at the center used the solution-focused brief therapy (SFBT) model and trauma-informed approach with students who had interpersonal violence (Yoshimura & Campbell, 2016). The results indicated that using a brief therapy model and trauma-informed approach increased overall students' daily functions (Yoshimura & Campbell, 2016).

Levers (2014) discussed that CBT, EDMR, and DBT are effective trauma treatment approaches. CBT reduces depressive and anxiety symptoms (Levers, 2014). When using CBT in trauma treatment, counselors help clients gain insight into clients' physical symptoms relate to traumatic incidents (Levers, 2014). CBT helps clients recognize maladaptive thoughts relate to traumatic situations through discussions and skills buildings (Levers, 2014). CBT is well known as an effective approach to treat PTSD symptoms (Levers, 2014).

EMDR is an effective trauma treatment (Shapiro & Brown, 2019).). Counselors used bilateral stimulation to help clients connect their cognitions, emotions, and bodily sensations to process clients' traumatic experiences (Levers, 2012). EMDR reduces PTSD symptoms by focusing on clients' maladaptive cognitions relate to trauma incidents and replacing them with adaptive cognitions (Levers, 2014).

Additionally, DBT is an effective trauma treatment focusing on skills building (Levers, 2012). DBT emphasizes here and now modalities based on the mindfulness

approach (Levers, 2012). Counselors help clients understand their triggers that cause their maladaptive behaviors (Levers, 2012).

### ***Treatment for Interpersonal Trauma***

Treatment for interpersonal trauma focuses on building affect regulation and rebuilding individuals' trust with others (Sanderson, 2009). Counselors should focus on individual safety, trauma memory processing, and community relationship engagement for clients who had interpersonal trauma (Cloitre et al., 2012). Van Nieuwenhove and Meganck (2019) noted that counselors should become sensitive to clients' trauma experiences. Counselors begin by first building therapeutic alliances with their clients (Van Nieuwenhove & Meganck, 2019). Then counselors explore clients' experiences to choose an appropriate approach to help clients process their trauma (Van Nieuwenhove & Meganck, 2019). Lastly, counselors should focus on helping clients transition to the community with a sense of safety, connection, and belonging (Van Nieuwenhove & Meganck, 2019).

### ***Trauma-Informed Treatment***

The Substance Abuse and Mental Health Services Administration (SAMHSA) (2014) noted the importance of effective trauma-informed treatments. SAMHSA defined individual trauma in the following way

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being. (p. 7)

SAMSHA (2014) developed a trauma-informed approach for counselors to recognize the impact of trauma and to provide trauma-specific interventions. The trauma-informed approach is based on principles of safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice and choice, cultural, historical, and gender issues (SAMSHA, 2014).

Cook, Newman et al. (2019) addressed the need for trauma training and cultural competencies. Cook et al. (2017) noted that only one out of five doctoral programs offer specific trauma courses and training. Cook, Newman et al. (2019) emphasized counselors to be trained to recognize clients' traumatic distress. When counselors become well trained with trauma-specific approaches, counselors minimize the risk of retraumatizing their clients due to the counselors' incompetence (Cook, Newman et al., 2019).

### ***Problems When Professionals Lack Trauma Cross-Cultural Training***

Counselors should recognize clients' cultures when providing cross-cultural counseling (Sommer, 2018). Self-disclosure, mistrust, drop-out rates, and mental health stigma are examples of barriers in cross-culture counseling (Sommer, 2018). Counselors need to recognize that specific trauma training may result differently with different populations (Sue, 2015). Counselors should consider clients cultural differences and social economic status to choose an appropriate trauma treatment (Tomlinson-Clarke & Georges, 2014).

### **Multicultural Competencies Counseling**

The United States has become more diverse (Sue, 1996). Counselors need to attend to clients' needs and their cultures (Sue, 1996). Arredondo et al. (1996) developed

the MCC to promote counselors' cultural competencies. The MCC is based on three main aspects: counselor awareness of own cultural values and bias, counselor awareness of the client's worldview, and culturally appropriate intervention strategies (Arredondo et al., 1996). Each MCC competency is also based on core elements of attitude and belief, knowledge, and skills (Arredondo et al., 1996).

The MCC framework provides counselors and other professions guidelines to become culturally sensitive with their clients from diverse cultures (Arredondo & Tovar-Blank, 2014). Counselors are required to become culturally competent through their professional and personal identity (Arredondo & Tovar-Blank, 2014). Multicultural competencies have been focused in the counseling field for the past 40 years; however, there was a minimal focus in higher education regarding multicultural competencies (Arredondo & Tovar-Blank, 2014).

### ***Therapeutic Issues and MCC***

Owen et al. (2011) explored three aspects of the multicultural competencies (MCC) framework. Owen et al. concluded that clients viewed their counselors' multicultural competencies based on the process and the therapy outcome. Owen et al. addressed the need for further research to focus on how counselors understand clients' cultures' roles in the therapeutic process. Lastly, Owen et al. (2011) concluded that counselors' multicultural effectiveness was related to the therapeutic outcome.

Oh et al. (2019) supported using the MCC during an intake interview with clients to obtain more cultural information and engage clients in a therapeutic process. Oh et al. suggested using the cultural formulation interview as the tool to gather clients' cultural

backgrounds and cultural awareness. When counselors are culturally incompetent with clients' cultures, there is a higher risk of becoming inadequate and risk of harm during therapeutic work (Oh et al., 2019).

### ***Supervision and MCC***

The MCC can be used during supervision with counselors in training. Supervisors use the MCC to support counselors' cultural identities (McKinley, 2019). By practicing the MCC during supervision, supervisors will enhance counselors in training to increase their awareness of their cultural identity, privilege, and personal bias (McKinley, 2019). Julie et al. (2017) examined the multicultural identity during supervision with 132 practicum students from American Psychological Association doctoral accredited programs. The result supported that the multicultural discussions during supervision help supervisees gaining insight into their cultural differences from their clients. The MCC discussions also support positive supervision outcomes (Julia et al., 2017).

### ***Effect of Training Counselors in MCC***

Swazo and Celinska (2014) explored the benefit of using the MCC in Master's level courses. The study was conducted with 29 graduate students from various counseling programs, psychology programs, and teaching programs in suburban private campuses in the United States' Midwest regions. Swazo and Celinska compared two teaching models of traditional on-campus versus international faculty lead format to explore students' openness, students' ability to described and reflect, and students' ability to apply multicultural competencies in diverse contexts. The participants completed the Miville-Guzman Universality-Diversity Scale (M-GUDS,) the reaction journal, and the



cultural activity paper. The findings indicated that students who participated in the international format developed higher multicultural competencies because students had more significant opportunities to expose and interact with diverse populations (Swazo & Celinska, 2014). The study filled the literature gap to seek appropriate and practical activities to teach students multicultural competencies in developing students' personal and professional identity (Swazo & Celinska, 2014).

Anuar et al. (2015) studied the MCC training module with Malaysia's trainee counselors. The participants were from public universities in Malaysia. The study was based on the MCC matrix model (Anuar et al., 2015). The findings indicated that the MCC training model improved and increased students' learning ability toward becoming multicultural competencies (Anuar et al., 2015). Anuar et al. (2015) recommended further research relating to the MCC training model.

Chae et al. (2006) noted the importance of three multicultural teaching models: separate course, integration and infusion, and concentration area. Constantine et al. (2008) indicated that an experimental training model of the multicultural competencies course is more useful to help students gain awareness and become more reflective with their own beliefs and others. Kagnici (2014) supported an experimental training model's effectiveness. Kagnici studied 30 undergraduate students in a counseling program in a large university in Turkey. The researchers utilized a mixed-method approach by first collecting qualitative data from two reflective journals during the 15-week course and then collecting quantitative data from 12 online survey questions 15 months post course completion (Kagnici, 2014). The findings indicated that students had an increased

opportunity to enhance their multicultural awareness and knowledge through the experimental multicultural counseling course than through other pedagogical approaches (Kagnici, 2014). Kagnici (2014) suggested that future research is required to obtain different strategies to support students in gaining experience through multicultural competencies.

### ***Measuring MCC in Counselors***

When counselors implemented the MCC framework, counselors accepted and integrated clients' cultural identities, which increased the therapeutic relationship and outcomes (Drinane et al., 2016). Drinane et al. used the cross-cultural counseling inventory revised to measure counselors' cultural competencies. Drinane et al. conducted two studies with 19 participants and 279 participants to determine counselors' cultural competencies. The findings indicated that when counselors use the MCC framework with their clients, counselors built positive therapeutic relationships with clients who became more open during the sessions (Drinane et al., 2016). However, there was unclear how counselors' and clients' cultural differences could be integrated into the therapeutic process (Drinane et al., 2016).

### **Multicultural and Social Justice Competencies Counseling**

The MSJCC was developed in 2014 by Ratts, Singh, Nassar, Butler, and McCullough. The MSJCC is the revision from the MCC framework by Sue, Arredondo, and McDavis in 1992. Because of the increase of diversity, counselors need to adapt to diversity (Ratts et al., 2016). The MSJCC provided guidelines for the counseling professions relating to accreditation, education and training, supervision, consultation,

and research practice (Ratts et al., 2016). The MSJCC combined many aspects of cultural worldviews, oppressions, and privileges for counselors to better work with diverse populations (Ratts et al., 2016).

The diversity of power, privilege, and oppression are the main aspects of the MSJCC framework counselors may experience (Ratts et al., 2016). The core of the MSJCC framework is the multicultural and social justice praxis, which connecting to how counselors develop skills and knowledge to become multiculturalism and social justice advocacy to others (Ratts et al., 2016). The development domains start with counselors' self-awareness, client worldview, counseling relationship, counseling, and advocacy interventions expanded to attitudes, knowledge, skills, and action (Ratts et al., 2016). The MSJCC also includes four quadrants of counselors and clients' privileged and marginalized aspects from each developmental domain. Ratts et al. (2016) encouraged counselors to develop attitudes, knowledge, skills, and action to become culturally competent with diverse clients.

The MSJCC first quadrant is for privileged counselors and marginalized clients. This quadrant shows how privileged counselors have more power than the marginalized clients' social group (Ratts & Greenleaf, 2017). The MSJCC second quadrant is privileged counselors and privileged clients, in the same power social groups (Ratts & Greenleaf, 2017). The MSJCC third quadrant is marginalized counselors and privileged clients, which refers to how clients are in the social power status than counselors (Ratts & Greenleaf, 2017). The MSJCC last quadrant is margined counselors and margined clients. In this quadrant, both counselors and clients are in the oppressed group's social status

(Ratts & Greenleaf, 2017). Ratts and Greenleaf (2017) supported school counselors to use the MSJCC framework to promote multicultural and social justice in school systems.

Counselors can use the MSJCC framework with diverse clients who had interpersonal trauma. Counselors must be aware of their attitudes, skills, and knowledge. Counselors need to take appropriate actions with clients who had trauma. Without understanding clients' cultures, counselors could retraumatize client due to counselors have minimal knowledge of multiculturalism.

### ***Supervision Research and MSJCC***

Ratts et al. (2016) suggested that supervisors may use the MSJCC framework to develop a safe and supportive environment for all diverse students to learn multicultural competencies. Cook et al. (2015) examined the MJCC framework in training and supervision counselor programs. The findings indicated the MSJCC framework's necessity to train counselors to promote multicultural and social justice (Cook et al., 2015). Counselors can also use the MSJCC framework as a guide to address the challenges for oppressed populations due to microaggression (Cook et al., 2015). Cook et al. conducted the study with 21 graduate counseling students who participated in two different types of supervision; one with regular practice group supervision and another one with targeted practice group supervision. The targeted practice group supervision emphasized the self-reflection and discussions relating to the multicultural and social justice aspects (Cook et al., 2015). Based on the qualitative content analysis (QCA), the findings indicated two main categories: increased self-awareness and developing social justice orientation (Cook et al., 2015). The participants increased self-confidence and

recognized bias and privileges. Cook et al. (2015) suggested further researchers to incorporate the MSJCC framework in supervision and training.

### ***Effects of Training Counselors in MSJCC***

The MSJCC framework promotes multicultural and social justice in the counseling profession (Cook, Brodsky et al., 2019). However, there was a minimal focus on training counselors to develop the necessary skills to help the clients based on clients' cultural challenges (Cook, Brodsky et al., 2019). Cook, Brodsky et al. (2019) explored school counselors' training with the MSJCC framework and how it related to students' success and growth toward their personal and academic achievement. Cook, Brodsky et al. implemented the professional development School model, which focused on how teachers promote students' learning outcomes. Cook, Brodsky et al. also implemented positive youth development, which focused on students' positive strengths toward building their resilience. 15 school counselors were trained with the professional development School model and continued to engage in one-to-one and group counseling (Cook, Brodsky et al., 2019). The participants continued to implement the MSJCC framework through their supervision (Cook, Brodsky et al., 2019). The findings supported the importance of implementing the MSJCC training with school counselors to promote their cultural and social justice competencies (Cook, Brodsky et al., 2019).

### ***Measuring MSJCC in Counselors***

Collins et al. (2015) discussed the importance of recognizing how clients' cultures influence clients during the counseling process. Collings et al. (2015) examined how master students were prepared to engage and utilize multicultural and social justice

competencies with the clients. Collins et al. used a qualitative online survey basing on the Critical Incident Technique with 32 master students. Collins et al. used a three-stage inductive process, which resulted in six domains (a) culturally sensitive relationship, (b) awareness of others' culture, (c) broadened perspectives, (d) self-awareness of culture, (e) social justice action, (f) and culturally sensitive counseling process. The findings also identified the challenges, which were (a) lack of buy-in, (b) lack of competency, (c) lack of personal agency, (d) lack of support, (e) and lack of resources in obtaining and utilizing multicultural and social (Collins et al., 2015). Students might acquire the attitude and knowledge, but students might lack skills development to apply the framework (Collins et al., 2015). The findings suggested the necessity for appropriate training, additional research, and adequate resources for counselors to develop cultural competencies (Collings et al., 2015).

### **Multicultural Orientation Framework**

The MCO framework is a comprehensive therapeutic model for counselors to increase cultural orientation supporting clients' cultural identities (Davis et al., 2018). As mentioned above, the MCO framework three main pillars are cultural humility, cultural comfort, and cultural opportunity (Davis et al., 2018). Counselors implement the MCO framework by exploring what counselors do not know (Davis et al., 2018). Counselors use the MCO framework to understand counselors' and clients' cultural differences (Davis et al., 2018). The MCO framework also promotes how clients' culture influences clients' daily functions (Davis et al., 2018).

### *Cultural Humility*

Hook et al. (2013) defined cultural humility as “the ability to maintain an interpersonal stance that is other-oriented (or open to the other) with an aspect of cultural identity that is most important to the client” (p, 354). Counselor cultural humility includes respecting and being humble with an openness to collaborative work (Hook et al., 2013). Counselors’ cultural humility is based on cultural self-reflection, cultural acceptance, and cultural sensitivity throughout counselors’ experience (Hook et al., 2013).

Hook et al. (2013) examined the importance of cultural humility. The studies included 117 participants from an undergraduate course through an online survey (Hook et al., 2013). The participants were asked to identify their cultural background and rated the counselors’ characteristics based on the MCC framework based on the different scenarios (Hook et al., 2013). The findings indicated that counselors’ level of humility was associated with counselors’ working alliance with the clients (Hook et al., 2013). The findings indicated that cultural humility was the key for counselors to understand their clients’ diversities (Hook et al., 2013).

Owen et al. (2014) examined the relationship between counselors’ humility, clients’ cultural identities, and therapy outcomes. Owen et al. emphasized exploring the silent cultural identity with 45 clients through the patient estimate of improvement, the cultural humility scale, and the religious commitment inventory. The findings indicated that counselors’ humility provided counselors opportunities to explore and understand clients’ cultural identities resulting in positive therapeutic outcomes (Owen et al., 2014).

The findings emphasized counselors using a cultural process to explore clients' cultural identities during the therapeutic process (Owen et al., 2014). The study findings emphasized counselors finding opportunities to discuss cultural identity with their clients to support clients accomplish their therapeutic goals (Owen et al., 2014).

Jesse et al. (2016) emphasized the importance of counselors' cultural humility, which is associated with effective therapeutic work with diverse populations. When counselors became humble, counselors find opportunities to explore clients' cultural identities with respect (Jesse et al., 2016). Jess et al. examined the correlation between cultural humility and cultural opportunity relating to the therapy outcome with 247 clients who received therapy at a large university counseling center. Jess et al. used the online cultural identities scale, the cultural humility scale, the cultural (missed) opportunities scale, and the patient's estimate of improvement scale. The findings indicated that counselors who use opportunities to explore clients' cultural identities gained positive therapy outcomes (Jess et al., 2016). The findings revealed that counselors recognized the power and cultural differences between counselors and the clients formulate appropriate case conceptualization and understand clients' cultural identity (Jess et al., 2016).

### ***Cultural Comfort***

Cultural comfort refers to the "feeling at ease, open, calm, or relaxed with diverse others" (Davis et al., 2018, p. 92). Cultural comfort is an essential aspect of the MCO framework. Cultural comfort determines counselors' feelings to explore cultural differences that support the therapeutic process.



Kivlighan et al. (2019) examined the relationship between cultural comfort and cultural concealment in group work with white and diverse clients. Kivlighan et al. conducted the study with 208 participants from 49 therapy group work. Kivlighan et al. used the multicultural orientation inventory–group version, the cultural comfort subscale, the cultural concealment questionnaire, and the patient’s estimate of improvement. The findings indicated that cultural comfort played an essential aspect during the group process for clients, especially diverse clients (Kivlighan et al., 2019). The findings supported the importance for counselors to discuss cultural differences during therapeutic group works to enhance the working alliance (Kivlighan et al., 2019).

Owen et al. (2017) conducted a study of the relationship between counselors’ cultural comfort and therapy termination rate disparities. Owen et al. described cultural comfort as counselors’ ability to calmly explore clients’ cultural identity during sessions by engaging clients in purposeful conversation toward therapeutic work. Owen et al. focused on counselors’ cultural comfort to explore clients’ cultures and the termination rate with 597 clients based on a cultural comfort scale. Owen et al. used two level-multilevel modes for data analysis. The findings indicated that the therapy termination rate disparities were different compared to diverse cultures (Owen et al., 2017). Owen et al. (2018) concluded that counselors’ cultural comfort level was directly associated with clients’ cultures and termination rate.

### ***Cultural Opportunity***

Cultural opportunity is how counselors seek to explore and discuss the client’s cultural identity and differences with clients (Jesse et al., 2016). Cultural opportunity is

also how counselors discuss cultural differences and clients' identity with the clients during the therapeutic process (Owen, 2013). Counselors who missed opportunities to explore their clients' cultural identity tend to develop a weak therapeutic alliance, which leads to adverse therapeutic outcomes.

Owen et al. (2016) conducted a study exploring the relationship between counselors' cultural humility and counselors' (missed) opportunities. Owen et al. conducted the study with 257 students treated by 50 counselors. The participants completed the cultural humility scale, the cultural (missed) opportunities questions, the patient's estimate of improvement, and Schwartz outcome scale-10 (Owen et al., 2016). The findings indicated that counselors who took time to explore clients' cultural identity resulted in a positive outcome (Owen et al., 2016). The findings supported when counselors became humble to accept, explore, and discuss cultural differences with clients; counselors improved therapeutic work toward positive outcomes (Owen et al., 2016).

Microaggression might correlate with missed cultural opportunities (Owen et al., 2018). Owen et al. discussed the importance of microaggression in therapy that would impact clients' therapeutic relationships with the counselors. Owen et al. used the counselors' comfort scale, cultural humility scale, cultural missed opportunity measure, and color-blind racial attitudes scale with 70 participants. The findings indicated that with the microaggression in therapy, clients perceived their counselors as being less sensitive, less humble, and less comfortable to explore cultural differences (Owen et al., 2018).

Owen et al. (2018) recommended addressing the undetected macroaggressions during the sessions in the training programs and future research in this area.

### **MCC, MSJCC, MCO, and Trauma Research**

The MCC has been utilized as a framework to help counselors become culturally sensitive and competent when serving diverse populations (Arredondo & Tovar-Blank, 2014). Many researchers studied how the MCC framework could promote counselors' competencies (Berger et al., 2014). The MSJCC framework was developed as a revision of MCC to promote multicultural competencies and the social justice component (Ratts et al., 2016). The MCO framework was developed to focus on counselors' multicultural orientation and working process in therapy with the clients (Owen et al., 2011). No study focuses on how each component of the framework may support counselors in trauma work. Multiple studies confirmed that the MCC, MSJCC, and MCO frameworks promoted counselors to become attuned to clients' cultural needs in therapy. Nevertheless, researchers have not studied the relationship between cultural competencies and therapeutic trauma work.

Many researchers focused on the development and training for counselors to be culturally competent but they did not focus on how an individual's culture becomes a part of the trauma process. There is a gap in the literature when addressing trauma work and with diverse populations. This current study answered the missing literature and provided insights into how the MCO framework may benefit counselors and clients in the therapeutic trauma process and promote positive social change in the counseling field.

## **Summary and Conclusion**

In Chapter 2, I provided literature search strategies, theoretical foundation, conceptual framework, and literature reviews. I also discussed trauma, treatments for trauma, trauma-informed care, the MCC framework, the MSJCC framework, and the MCO framework. This study fulfilled the MCO framework and trauma counseling gap in the literature. In Chapter 3, I discuss my research method.

### Chapter 3: Research Method

The counselor's critical role is to promote clients' mental health and recovery from trauma by considering the diversity of the clients and implementing best practices to suit the needs of the clients with culturally sensitive interventions (Sommer, 2018). The ACA's (2014) code of ethics emphasizes the counselors' cultural competencies by promoting counselors' skills and knowledge to appropriately service diverse populations. The purpose of this hermeneutic study was to explore the lived experience of counselors using the MCO with clients who experienced interpersonal trauma. The emphasis of this study was on understanding the implementation of cultural aspects in trauma processing. The study results may benefit counselors who serve clients experiencing trauma to seek appropriate training and become aware of cultural differences, which promote social change. In this chapter, I explain the research design and rationale, the researcher's role, methodology, and issues of trustworthiness.

#### **Research and Design Rationale**

The central tenet of phenomenology is understanding individuals' lived experiences relative to a specific phenomenon (Dawidowicz, 2016). It is from these experiences that people make meaning (Dawidowicz, 2016). Grounded in the philosophical underpinnings of phenomenology, two methods emerged: transcendental and hermeneutic. In transcendental phenomenology, the focus is on participant descriptions of the experience of the phenomena (Laverly, 2003), whereas in hermeneutic phenomenology, the researcher explores the essence of the experience as well as the

critical influence of how people respond to specific situations (Dawidowicz, 2016; Lavery, 2003).

The hermeneutic phenomenological research question that guided this study allowed me to explore the lived experiences of counselors implementing the MCO with clients who experienced interpersonal trauma. The purpose of this study was to explore the lived experience of counselors who are implementing the MCO to provide counseling with clients experiencing interpersonal trauma. The focus was to gain an in-depth understanding of this experience to formulate the true meaning of becoming culturally competent counselors and the role of culture in trauma processing. Therefore, a hermeneutic approach was the best fit for the research question.

### **Hermeneutic Phenomenology**

Heidegger (1926/1962) developed a hermeneutic framework to emphasize the essence of the researchers' prior knowledge based on Husserl's framework. Heidegger (1962, as cited in Ramberg & Gjesdal, 2005) described a hermeneutic approach as a process of being with the experience by continuing to gain an understanding of the experience. Using the hermeneutic circle helped me interpret and unfold the phenomenon's true meaning (see Grondin, 2015). I explored in-depth the counselor's experience, finding the true meaning, including the interpretation of the experience. I emerged myself in the hermeneutic circle, becoming part of the phenomenon and looking at the phenomenon as a whole to discover and interpret the true meaning of the experience (see Sloan & Bowe, 2014).

### **Central Concepts of the Study**

The central concept of this study was based on the hermeneutic phenomenological approach to explore the lived experience of counselors who are implementing the MCO to provide counseling with clients experiencing interpersonal trauma. The MCO framework emphasizes how cultural values contribute to the therapeutic process, outcome, and the essence of counselors' experience understanding client's cultures in the therapeutic process (Davis et al., 2018). Based on the cultural difference, the complexity of the trauma process is evitable and sensitive. This study promoted knowledge of trauma processing based on cultural differences.

### **Role of the Researcher**

In qualitative research, the researcher is an instrument in the data collection process (Denzin & Lincoln, 2011; Patton, 2015). The researcher is the key to gathering and analyzing the participants' experience (Dawidowicz, 2016). This role is critical and requires that personal bias does not influence the data set. Based on hermeneutic phenomenology's nature, the researcher would establish a constructive approach to gather and interpret data into representative themes of the study (Heidegger, 1926/1962).

Because I am a licensed mental health counselor who works closely with clients experiencing trauma, I needed to be aware of my personal experience related to the phenomenon (see van Manen, 2017). As the researcher, I used memos and reflexive journals based on my experience, helping me focus on the research question and removing any bias (see Tufford & Newman, 2012). I also became sensitive regarding my cultural background bias relating to how clients experience trauma. Because I was born

and raised in Thailand (South East Asia), the way I perceive and respond to trauma may differ from my clients. To maintain awareness throughout the research process, I ensured that I followed the qualitative research study's ethical guidelines and protocol (see ACA, 2014).

Additionally, to comply with the ethical guidelines, I provided informed consent to the participants ensuring that they understood the purpose, benefit, and risk of the study. Due to the nature of a qualitative phenomenological study to understand the authentic experience of the participants, I provided resources from the International Society for Traumatic Stress relating to the social support and trauma relating symptoms (vicarious trauma) for participants should they experience discomfort as a result of participation in the study. I ensured that the data would be kept confidential and only I would have access to the information. I kept all information on my personal password-protected computer and will delete or destroy the data after 5 years if there is no intent for further use as required by the university.

## **Methodology**

### **Participant Selection**

The participants in this study were licensed mental health counselors in Palm Beach County, South Florida, to ensure the essence of the experience in the phenomenological study (see van Manen, 2014). I recruited seven participants, which was acceptable for this type of qualitative research to achieve saturation (see Schreier, 2018). Additionally, the criteria for participation in this study included that the participants identified as licensed mental health counselors who had at least 1 year of



experience working with diverse clients who had experienced interpersonal trauma. I excluded counselors who were not licensed mental health counselors, such as licensed clinical social workers or licensed marriage and family therapists or licensed counselors who work with clients who had not experienced interpersonal trauma.

### **Sampling**

I used two sampling methods: purposive and snowball sampling. Purposive sampling is considered the appropriate sampling method for a qualitative study (Patton, 2015). Purposive sampling was used to narrow down the participants and served this study's intention based on the sampling criteria (see Schreier, 2018). Additionally, I used snowball sampling. Snowball sampling is when researchers use existing participants to recruit new participants from people they know (Naderifar et al., 2017). I used snowball sampling, which provided a more significant opportunity to reach out to participants who might be interested in the study until reaching saturation (Naderifar et al., 2017).

### **Procedure for Recruitment and Data Collection**

For this hermeneutic phenomenological study, I used the following procedures to recruit the participants, based on the criteria, and collect data. I contacted the local agencies' clinical directors in Palm Beach County, Florida, by sending an email requesting a collaborative agreement recruiting the participants (see Appendix A). After receiving the approval from each agency's clinical directors, I sent an invitation email (see Appendix B) to the potential participants upon the institutional review board (IRB) approval with the outline and the nature of the study to licensed mental health counselors to participate in this study. Walden University's approval number for this study is 07-31-20-

0670139. The potential participants responded to me via email if they were interested in the study. I forwarded the informed consent form to participants who met the criteria, ensuring that the participants were aware of the study's purpose and eligibility criteria. The participants replied to me with the words "I consent" indicating that they agreed to participate in the study. The participants had options to refuse or withdraw from the study at any time. The participants were informed that psychological risks would be minimized related to the study. The participants were also informed that they would be provided resources if they experienced distress during or from the study. However, none of the participants displayed any symptoms of stress during the interview.

Due to this study's phenomenological nature, I conducted face-to-face interviews via video call through Zoom for 30 to 60 minutes. According to Maxwell (2013), interviewing allows the researcher to gather nonverbal clues such as body language during the interview that counts toward the phenomenon's experience. Through the interview and conversation, I had opportunities to explore the counselors' enriched experience in this study (see van Manen, 2017). I transcribed the interviews and used member checking for accuracy (see Maxwell, 2013). I provided my contact information to the participants if they had any questions or concerns.

### **Data Analysis Plan**

This was a hermeneutic phenomenological study. Therefore, I used the hermeneutic circle to analyze the data to become aware of my personal bias throughout my reflection (see Grondin, 2015; Heidegger, 1926/1962). I used an audio recording device to record each interview separately. To keep the participants' names confidential, I

identified each record not by the participants' names but with a pseudonym. I transcribed the data and used MAXQDA to organize my data and aid in my analysis and interpretation of themes.

### **Analysis Procedure**

First, I read the entire script to understand each participant's full experience (see van Manen, 2014). I omitted irrelevant information. Second, I compared interview transcripts with the voice records to ensure accuracy because all participants declined to receive and review their interviews. Third, I reviewed the transcripts again to ensure that I had all of the participants' information. Next, I uploaded the interviews into MAXQDA to help me organize the data. I ensured that I highlighted and identified the recurring data, themes, and meanings (see van Manen, 2014).

Additionally, I categorized each theme based on the story from the participants expressing their experience (see van Manen, 2014). Next, I cross-checked my data between different themes using the reflective journals to ensure the results' dependability (see Anney, 2017; van Manen, 2017). Throughout the process, I ensured that I focused on the participants' experience until the meanings emerged (see van Manen, 2017). Lastly, I summarized the results and provided recommendations based on the participants' experience.

### **Issues of Trustworthiness**

In a qualitative study, trustworthiness is defined based on the data's accuracy (Creswell, 2013). A qualitative study's trustworthiness is based on how researchers gather, analyze, and present the data (Mason, 2002). Additionally, trustworthiness is

based on four criteria, which are credibility, transferability, dependability, and confirmability (Anney, 2014).

### **Credibility**

Credibility is based on the study's truthfulness, which consists of the information from the data collection (Anney, 2017). To ensure this study's credibility, I used the audio recording during the interview, ensuring the accurate information of the experience (see Creswell, 2013). I also used data triangulation methods with participants to send invitations to two local agencies to ensure the study's trustworthiness and credibility (see Miles et al., 2014). I also used member checking by offering the transcribed interview to the participant to check for accuracy (see Maxwell, 2013). However, all participants declined the option to review the transcribed interview. I also remained open-minded to the information before and during the interview and avoided inserting my personal bias (see Creswell 2013; Noble & Heale, 2019). Lastly, I complied with Walden University IRB's ethical standards.

### **Transferability**

The study's transferability is defined as how the study could be transferred or used in other studies within a similar context (Anney, 2017). To ensure this study's transferability, I provided detailed descriptive information regarding situations, times, and populations so that other researchers could apply it (see Schwandt et al., 2007). I also used purposive sampling to recruit participants who met specific criteria.

**Dependability**

Dependability refers to the consistency and stability of the results over time (Anney, 2017). Dependability involves data collection, analysis, interpretation, and recommendation to be aligned to support the study (Anney, 2017). To ensure my study's dependability, I used the code-recode strategy, which provided me an opportunity for deep understanding and accuracy of the data (see Anney, 2017).

**Conformability**

Conformability occurs when the results of the study are confirmed by other researchers (Anney, 2017). To increase conformability in this study, I utilized reflexive journaling and triangulation (see Anney, 2017; van Manen, 2017). I used purposive and snowball sampling from local agencies offering trauma counseling with clients from various cultural backgrounds in Palm Beach County.

**Ethical Procedures**

Researchers may encounter obstacles and challenges when conducting studies (Creswell, 2013). To ensure that this study complied with ethical research procedures, I first provided the participants the informed consent form stating the information, purpose, contact information, nature of the study, data collection plan, and data analysis plan. I ensured that the participants knew that their participation would be voluntary with minimal risk of personal harm. Next, I followed the IRB's procedures and interview protocol. Then, I ensured the confidentiality of the interview recordings, participants' identity, and transcribed interviews. I also assigned passwords to protect the data and all

electronic files on the computer, which only I can access. Lastly, I kept the data safe, and I will destroy the data if there is no use 5 years after the study.

### **Summary**

In this chapter, I provided the research design and rationale of the study. I also explained my role as the researcher. I discussed the research methodology, including participants, sampling procedures, data collection, and data analysis. I also addressed issues of trustworthiness and ethical procedures. In Chapter 4, I provide the results of the study.

## Chapter 4: Results

The purpose of this qualitative study was to explore the experiences of counselors implementing the MCO with clients who had experienced interpersonal trauma. Chapter 4 includes a discussion of data collection, data tracking, coding, themes, data analysis, and a summary of the findings. I gained insight throughout the process based on counselors' experience implementing the MCO framework with clients who had experienced interpersonal trauma.

### **Setting**

I conducted interviews through face-to-face Zoom meetings. The Zoom software offers a free version that is reliable and easy to access through a computer, telephone, or tablet. The participants received an invitation link at least 2 days in advance of the interview date. The participants were encouraged to test the link to ensure compatibility before the interview date. I allotted 45-60 minutes for each interview. However, all interviews took only 30-45 minutes.

At the beginning of the interview, I reassured the participant that I was conducting the interview from a private, confidential location. I reminded the participant that the interview would be audio recorded, and I would transcribe each interview for accuracy. Throughout the interview, I maintained rapport through consistent eye contact, active listening, and a summary of statements to ensure accuracy and minimize language barriers. I collected the data over 7 weeks. The participants did not receive any incentives to participate in this study.

### **Demographics**

Seven participants participated in this study based on the criteria of identifying themselves as a licensed mental health counselor with at least 1 year of experience using the MCO framework with diverse clients who had experienced interpersonal trauma. I recruited all participants from local community agencies in South Florida. I excluded participants who did not meet the selection criteria. I designated participants as A, B, C, D, E, F, and G; then I added an invented name starting with the letter to ensure confidentiality, as shown in Table 1.

**Table 1**  
*Participant Demographics*

Participants	Gender	Ethnicity/culture
Participant Abby	Female	Hispanic
Participant Betty	Female	White/European
Participant Cathy	Female	White/American
Participant Debby	Female	Haitian/American
Participant Eddy	Male	White/American
Participant Francis	Female	Hispanic/American/ Italian
Participant Gabby	Female	Hispanic/American

### **Data Collection**

After obtaining Walden IRB approval, I began data collection. I emailed an invitation letter (see Appendix A) to local community agency directors in Palm Beach County (South Florida). Two directors responded with a list of potential participants who met the criteria. Then I sent an invitation letter (see Appendix B) and an informed



consent form to 15 potential participants via email. Ten participants responded to the invitation, and seven participants stated “I consent.” I then sent a second email with a Zoom link to the seven consenting participants at least 2 days before the interview dates.

For each interview, I used a semistructured interview protocol (see Appendix C) to gain insight into the participants’ experience. I also used an audio recorder on my computer and transcribed the data in a Microsoft Word document with password protection. I offered participants transcripts of their interviews to check for accuracy. However, each participant declined the option to receive and review the transcripts. After each interview, I used a journal for self-reflection to help me recognize my bias and not impose it on the data. I kept all recorded files and transcripts in my password-protected computer and stored them on a separate hard drive as a backup. I placed the backup hard drive in a locked storage desk at home. No one would have access to the backup except me if the files on the computer were corrupted. To ensure compliance with IRB protocol, I will save the data for 5 years.

### **Data Analysis**

This study was based on a hermeneutic approach. I used the hermeneutic circle and became aware of personal bias that was viewable from a subjective lens (see Grondin, 2015; Heidegger, 1926/1962). After I transcribed interview recordings, I read each transcript to understand each participant’s full experience (see van Manen, 2014). Second, because each participant declined the option to receive and review their interview transcript, I compared each transcript with the interview recording to ensure the transcript’s accuracy.

Third, I uploaded the interviews into MAXQDA to help me organize the data. I reviewed each transcript for the third time and highlighted emerging themes in each interview transcript (see van Manen, 2014). I then combined each emergent theme as the overall meaning of the experience. I categorized each theme based on the participant's story (see van Manen, 2014). Next, I cross-checked my data between different themes to ensure dependability (see Anney, 2017; van Manen, 2017). I read, analyzed, wrote, and rewrote based on the participants' experience until the meanings emerged (see van Manen, 2017). I summarized the results and findings based on the participants' experience. Then, I identified seven main themes and six subthemes. I collaborated with my dissertation chair and committed to reflecting on the study's purpose and the research question.

### **Evidence of Trustworthiness**

The trustworthiness of a study is based on the data (Creswell, 2013). How researchers gather, analyze, and present the data through credibility, transferability, dependability, and confirmability demonstrate trustworthiness (Anney, 2014). I used every precaution to ensure the trustworthiness of this study.

#### **Credibility**

To ensure credibility, I used an interview guide (see Appendix D) to keep the discussion consistent throughout the interviews. I used audio recording to capture accurate information (see Creswell, 2013). I used data triangulation methods to test the study's trustworthiness and credibility (see Miles et al., 2014). Because each participant declined the option to review their transcribed data, I compared each transcript against

the interview recording, checking for accuracy. I remained open-minded throughout the interview process without bringing my bias into the study (see Creswell 2013; Noble & Heale, 2019). I acknowledged the data saturation once there was a lack of new data emerging from the fifth interview. I conducted two additional participant interviews to ensure data saturation.

### **Transferability**

To ensure this study's transferability, I provided detailed information regarding populations, data collection processes, and data analysis processes for a future study (see Schwandt et al., 2007). Additionally, I connected the data collection's cultural and social context to provide fuller information for the study. Nevertheless, there may be limited transferability due to the different sample size or the location of further studies relating to this topic.

### **Dependability**

To ensure the dependability of this study, I used a code-recode strategy. In concordance with Anney (2017), the code-recode strategy provided me with an opportunity to deeply understand the data. With the code-recode strategy, I obtained the accuracy of the participants' experience.

### **Conformability**

To increase conformability in this study, I used reflexive journaling and triangulation (see Anney, 2017; van Manen, 2017). I recognized my bias to ensure that it would not be imposed on the data. The reflexive journal allowed me to record my

experience throughout the hermeneutic process. The purposive and snowball samplings from local community agencies allowed me to obtain authentic experiences and findings.

### **Results**

The qualitative phenomenological study process provided an opportunity to gain an in-depth understanding of the lived experience of counselors who utilized the MCO with clients who experienced interpersonal trauma. Through the hermeneutic approach, I gathered the information through semistructured interviews. I listened to the stories and participants' experiences, including their challenges, techniques, and overall view of their experience.

Based on the research question, which addressed counselors' lived experiences implementing the MCO with clients who had experienced interpersonal trauma, seven main themes and six subthemes emerged. The seven themes were (a) counselors' identity as a guide, (b) counselors' culture and background influence whether White or minority/multicultural, (c) being competent to implement the MCO framework, (d) a positive experience implementing the MCO framework to support interpersonal trauma processing with clients who have the same cultural background and with clients who have a different cultural background, (e) challenges of using the MCO framework based on counselors having minimal or no knowledge of the clients' culture and background and language barriers, (f) perceived positive effects of MCO application on the therapeutic relationship and trauma processing, and (g) supporting the use of MCO with diverse populations. In the next sections, I discuss the each themes' results and participants' responses.

**Emergent Main Theme 1: Counselor Identity as a Guide**

This first theme was counselor identity. Participants understood their role as a counselor with a duty to support their clients. Participants understood their position and what they brought into the sessions, especially when working with clients who had experienced interpersonal trauma. Recognizing counselor identity promoted their real intention and how they developed a therapeutic relationship with the clients.

All participants identified guidance as to the modality for helping clients understand themselves. Debby shared “my role as a counselor is to get rapport with my clients and to assess their needs for their success.” Eddy stated “my role is to enter the clients’ world and let the clients know that I understand them.” Francis expressed “

My role is to plant seeds because planting seeds is how people see the bigger pictures as I am consciously listening to them and practically reflect on how things are in the moment and help them link what they are experiencing.

Furthermore, four out of seven participants emphasized that their role was to be open-minded and help clients understand themselves and their identity based on their cultures. Participants recognized the significant influence of the client’s cultures and how being a counselor supports clients in their culture throughout the therapeutic process. These four participants recognized the importance of their role in fostering a positive therapeutic relationship and becoming sensitive to their clients’ needs.

**Emergent Theme 2: Counselors’ Culture and Background Influence**

Once participants shared their role as a counselor, I further explored how counselors perceived the relationship between their background and cultural

identity/ethnicity and their work with the MCO when working with clients with trauma. I explored how participants' cultures and backgrounds influenced their work with clients with trauma. Based on the participants' answers, two subthemes emerged as White or minority/multicultural background influences.

***Subtheme A: White Participants Believe Their Cultures Should Not Influence and Do Not Influence Their Work***

Two of the participants identified themselves as White. Both participants expressed that their culture and background did not influence their work. However, both acknowledged that their ethnicity as a privileged White person is different from their clients. For example, Cathy stated "I am Caucasian, and I do not think my ethnicity really does influence my work. I try to understand based on the different cultures." Like Cathy, Eddy expressed "my culture does not influence my work, but it helps me recognize what I experienced."

Betty identified herself as White from a European country. Even though she identified herself as White, she recognized that her experience would be different from American White individuals because she was born in another country. Betty stated "I see things compared to the people born and raised in the US different. Some opinions can be different, and that helps the way I see things."

***Subtheme B: Counselors From Minority Ethnicities and Cultural Backgrounds Reported Culture Influences Their Work***

Unlike participants with White background, the non-U.S.-born participants who identified themselves as minorities in the United States expressed how culture influences

their work. Three participants identified themselves as Latino from South American countries. All three participants expressed that their culture and background influenced their work, especially in becoming more sensitive to clients' experiences. For example, Abby expressed "it helps me to have a more understanding of cultures of Hispanic but never to label them." Francis indicated "I reflect the experience, their experience with my own experience as a minority." Gabby stated "it helps me respect and understand others' cultures."

Debby identified herself as a Haitian American and Black minority. She expressed that her cultural background and ethnicity influences her work. She stated "based on my experience as a minority, as a Black minority, knowing the lack of cultural competency in our field, I can empathize more and understand other cultures and backgrounds."

The participants who identified themselves as a minority were more aware of their cultural differences than those who identified themselves as White. The minority participants understood and promoted differences as a way to become culturally sensitive. They recognized the challenges of being a marginalized population in the United States. Based on their experiences of oppression, they were sensitive to and recognized clients' cultural challenges. Additionally, they recognized the community's lack of knowledge relating to minority cultures, which is further evidence for promoting the MCO framework.

### **Emergent Theme 3: Being Competent to Implement the MCO Framework**

All participants shared that the MCO framework promoted and fostered a positive therapeutic relationship with their clients. For example, Betty shared that being present and humble to recognize clients' stories helped her connect with her clients through trauma processing. The humble presence is one of the essential elements of the MCO framework. Betty stated, "it is very important to be humbled and opened in recognizing the opportunity and be a presence with the clients." Six participants shared the importance to recognize clients' cultural diversity, a key element of the MCO framework in trauma processing. Betty indicated, "there can be a difference between us, and they can be aware of those differences as it can influence the therapeutic process." Eddy shared how he practices the MCO framework in sessions: "I become open-minded and feel comfortable to use every opportunity with each different ethnicity client to explore and build comfort for bonding and connection with them."

Cathy expressed how she felt competent to apply the MCO framework with her clients to foster her clients' cultural identity in sessions. Cathy shared, "the MCO is how therapists try to come to a place of understanding and help the best they can by understanding other person's culture and the impact on their actions in the therapy." Debby shared a similar experience when practicing the MCO framework. Debby stated "it is extremely important to understand, empathize, and be able to connect with our clients based on their belief and their cultural background." She explained how the MCO framework helps she built a positive relationship with her clients. Debby stated, "We can



have a window of understanding to their worldview, to their families, so that we can know how to best support them.”

Overall, all participants showed a clear understanding of the MCO framework and how the MCO framework provided opportunities for counselors to learn from their clients toward building positive therapeutic relationships. When discussing the MCO framework and trauma, all participants recognized how the MCO framework promoted trauma processing, especially with diverse populations. All participants recognized when they become attuned to their clients’ experiences contextualized within their cultures and became humble to learn. Based on these experiences, all participants shared the next themes.

#### **Emergent Theme 4: Positive Experience Implementing the MCO Framework to Support Interpersonal Trauma Processing**

The fourth theme of this research study surfaced when further exploring participants’ experience implementing the MCO framework. While each participant had a unique experience using the MCO framework, all participants expressed a positive association with the therapeutic relationship. This positive association may have been enhanced by incorporating the MCO framework with clients who experienced trauma. Based on this emerging theme, two subthemes emerged: a positive experience for participants implementing the MCO framework with clients with the same cultural background and a positive experience with clients with different cultural backgrounds. All participants recognized the similarity and differences of their clients’ cultures.

##### ***Subtheme A: Positive Experience With Clients Who Have the Same Culture and***

### ***Background***

All participants shared that they felt comfortable with and better understand clients who had a similar culture to them than clients whose cultures differed from theirs. For example, Abby reported, “they feel understanding, especially when speaking the same language.” Betty shared, “You feel comfortable to talk about the culture and explore their trauma when you have the same background.”

However, Debby discussed how the similarity might also become different based on the subculture. Debby stated,

I become aware of the differences and how they normalize their trauma. I educate, help the clients understand the trauma experience. I help them recognize their experience even though we are from the same culture, but they may have different experiences. When people from my culture understand the trauma, I can go further supporting and healing.

Cathy shared a similar experience and acknowledged the similarity of the cultural background and difference based on the subculture. Cathy stated, “I am aware that even though we have the same culture, they still could go through something different comparing to something I have been through all my life, so I need to become aware of that.”

When supporting clients with a similar cultural background and language, the participants had an easier time fostering the therapeutic relationship and connection with their clients. Francis stated, “I have to make the connection. I try to understand their point of view where they come from and become open-minded even though we have a similar

background.” Like Francis, Gabby shared her positive experience focusing on building connections with clients who had a similar culture to her. Gabby shared, “I have had good experiences working with similar culture clients. They feel understanding as I connect with their experience as immigrants, based on my experience. We speak the same language.”

***Subtheme B: Positive Experience With Clients Who Have Different Culture and Background***

When asking about the experience using MCO with culturally diverse clients who experienced interpersonal trauma, all participants expressed the initial discomfort due to the cultural differences. However, once the participants built a therapeutic relationship with their clients, the participants reported a positive experience with a sense of connection and comfort that allowed them to explore cultural differences and promote interpersonal trauma processing.

Abby stated,

I have to be open and listen and ask questions, but not make an assumption. I have to listen, and I have to learn where they come from. I have to become humble, listen without judgment, understand, and do what it is. I have to see where they come from and give information. I have no right to judge or shame the client; instead, I have to listen and reflect.

Betty shared,

It feels uncomfortable, as I do not fully understand somebody who has such a different worldview and background and understand the experience and

background. They went through some interpersonal trauma, and I am from a different background and culture as it will have difficulty understanding the full picture. I mostly ask and have open communication, such as can you help me understand more or what is going through your mind? Could you help me understand? I always make sure that clients are comfortable to talk about it.

Cathy noted,

I feel uncomfortable because you do not want to say something that could hinder your rapport. I always try to be understanding and an open mind, and it can be a challenge to bring this topic of trauma up. I feel like I have to do my research as the topic comes up and you do not understand; you have to do your research and then come back and check to see if you understand this better. I always seek the opportunity to explore and let the clients express themselves.

Debby expressed similar experience as other participants. Debby shared,

I feel uncomfortable at first, but I use my skills to help anyone and any background, any cultural difference. I used my experience as a minority to use empathy as someone of a different culture. I put myself in their position and be sensitive about their culture, even their religion, and beliefs. I was also educating them and give them some recommendation books and articles and something that they can make that connection to help them process. I would not push it in and tell them exactly what it is, but as by steps.

Eddy shared,

My experience has been developed over time. First, I was scared to death, which was a challenge for me. I am in the business for about 15 years, and I do not have any experience with diverse clients. The experience helped me developed who I am. I just stepped in there with an open mind. The similarities are more important than you realize. In cultural diversity, it is similar to how we connect. I am saying that the initiative has to do with my fears that each therapist has to overcome. Then from experience and utilization again, the similarities from my background were able to blend and accept. It was like, how can we do this together. I still recognized the similarities and connecting on that level.

Similar to Eddy, Francis shared,

I am comfortable working with diverse cultural clients. I know I always try to find common ground even though you have a different culture. There is always something you have in common with. Try to build trust and therapeutic alliance, and finding common ground, you can be comfortable and connect. I am always curious about how clients always say something that I never heard before. I ask them to tell me about that. It was a challenge initially, but after asking questions and thinking about what I am missing in that. I have to catch myself and be aware of what is part of the client's culture and search more and understand, including reflecting on my own.

Lastly, Gabby shared,

When working with a diverse population, I use this opportunity to learn. I use this opportunity to grow and gain more knowledge if clients are from a different

culture. I do feel comfortable. I have to understand different opinions from the client's points of view when you work with them.

All participants expressed positive experiences when working with clients who had a similar culture. The participants who identified themselves as minorities become more sensitive to clients' different cultures. On the other hand, when working with clients whose cultures differed from theirs, all participants acknowledged the initial discomfort to understand their clients when the participants had a minimal understanding of their clients' cultures and backgrounds, which I will discuss in the next theme. However, once the participants acknowledged and recognized the cultural differences, they felt positive to apply the MCO framework. All participants implemented the (MCO) framework of cultural humility, cultural comfort, and cultural opportunity based on the clients' comfort level and the therapeutic alliance.

### **Emergent Theme 5: Challenges Using MCO Framework**

All participants agreed that challenges came from within themselves and from the clients. Based on all the participants' experience using the MCO framework in interpersonal trauma processing with clients who had similar or diverse cultures, all participants expressed two common subthemes (a) counselors have minimal knowledge or lack of knowledge of clients' cultural backgrounds, and (b) language barriers. All participants recognized how these two subthemes were significant challenges toward the successful therapy outcome.

#### ***Subtheme A: Counselors Have Minimal or No Knowledge of Clients' Cultural Background***

The first challenge subtheme was how all participants recognized how they lack or have minimal knowledge of clients' cultures when they work with diverse populations, especially in trauma processing. All participants recognized how easy for them to misinterpret when clients shared something based on their cultural beliefs. Additionally, all participants expressed that minority clients presented with a lack of knowledge and understanding of their trauma based on their cultures and background perception of traumatic experience when it came to trauma processing. How clients experienced and perceived their trauma depends on their cultures. Understanding cultural differences and how the differences foster clients' trauma processing, especially interpersonal trauma, promotes counselors' connection with their clients. For example, Abby shared her challenge to understand her client's trauma perception from her client's culture. Abby stated,

Challenges in their beliefs of how things should be done. Challenges in their perceptions of the trauma. I had a client who experiences sexual abuse from a relative. The mother viewed the sexual abuse as the fault of the child because the child was a female. The client's perception was that [it was] her fault for that was happening to her and not the opposite. That becomes a challenge when a parent had the mentality that it was the child's fault. It is a challenge when they have learned in their culture that it was the women's fault. I think, listen, and learn where they come from. Once I tangled what the perception is, I can understand why they think the way they think and not be judgmental. I have to become

humble and listen without judgment. I reflected and educated the parents on cultural differences and explore with them.

Betty shared,

The challenge is the first thing that comes to mind is that how can I fully understand somebody who has such a different worldview such a different background? How can I fully understand the experience if that experience, I have never experienced or I do not function like that..... When the client went through some interpersonal trauma, I am from a different background and culture, having difficulty understanding the full picture. I then become open and approve in a nonaggressive way.

Similar to the Abby and Betty, Francis noted,

Of course, challenges, depending on the culture. Most of the cultures challenged me at the beginning. I am always confused when I do not understand their culture and what they shared. Then I asked clients of what I was confused about, but I also have to figure out why clients made those choices.

Debby and Eddy expressed that they experienced challenges; however, as soon as they understood the clients' culture and educated the clients regarding their perception about trauma, they could support clients in trauma processing. Debby shared,

I used my experience as a minority to use empathy as someone of a different culture. I put myself in their position and be sensitive about their culture. If they are not on the same level yet and do not understand the trauma, I would educate them and give them articles to connect with.



Eddy shared,

Many times, when I find a diverse population or diverse culture, I ask questions. I am not afraid to ask. Not being afraid to admit you do not know. Teach me and be ready to learn and understand. If the client is confident in their culture, they will be happy to share. They would like to brag, which created another connection as they feel good to talk about their culture.

***Subtheme B: Language Barriers***

Additionally, from how participants lack or have minimal cultural knowledge, another subtheme challenge emerged was the language barrier. All participants acknowledged the challenge when they did not understand, misunderstood, or failed to communicate with clients due to the language barrier. Cathy shared, “it is a challenge as I always try to be understanding, but sometimes it can be uncomfortable when speaking in a different language.” Gabby recognized that she built a positive therapeutic connection with her clients when she spoke the same language. She stated, “as far as the experience, the language barrier is huge for immigrant clients as to how they can understand and connect.” She further shared, “when we speak the same language, they feel more understand and open to listen to what you say.”

**Emergent Theme 6: Perceived Positive Effects of MCO Application on Therapeutic Relationship and Trauma Processing**

All participants reported that implementing the MCO framework supported their ability to establish a positive therapeutic alliance when working with clients who experience interpersonal trauma. Creating a safe space allowed clients to trust, share, and

process their traumatic interpersonal experience. Participants acknowledged that by practicing cultural humility, cultural comfort, and cultural opportunity based on the MCO framework, they accepted clients' identities and experiences. Participants acknowledged that the MCO framework helped them respect clients' autonomy. Participants further acknowledged how they used the MCO framework to guide and to connect with their clients where clients were. Abby shared, "it provides the opportunity to build a therapeutic relationship alliance. It is a good therapeutic relationship, a good outcome, and a good process of trauma." Cathy shared, "the clients feel appreciated, and that softens the uncomfortable feeling of the therapeutic relationship." Francis shared, "I have a high engagement. To me, the outcome is the clients make the connection. They can be more self-regulate. I found the connection that sometimes I have to walk the path with them."

Betty shared,

Well, I find when you are not trying to hide it that you don't understand their cultures, you become open to allow them to explain their feeling, and they do not feel that much judgmental. They feel they can trust you because you are trying to understand. To overcome can be a better therapeutic relationship that can result in counseling and trauma processing.

Debby shared:

The outcome would be that they feel less shameful about their trauma, less guilt.

The part of the healing process and that they came to move forward into a healthy

person, and therefore they would be able to feel healthy in relationship with themselves and with others.

Eddy shared,

Most importantly, the outcome is immediate rapport. Then the development of trust. You are then being comforted in comfortable enough to ask the question. If you have the trust, you comfortable enough, and the outcome is the effectiveness in the trauma process and therapy.

Gabby shared:

The outcomes are that the clients are more open to using all the techniques to encourage positive behaviors. Therapists need to be open to everybody's culture and beliefs. I think you got to start by building rapport in order to get to a comfortable place.

### **Emergent Theme 7: Supporting the Use of MCO With Diverse Populations**

Participants emphasized how the multicultural framework (MCO) supported interpersonal trauma processing and a positive therapeutic relationship with diverse populations. When participants mentioned trauma in the following quotes, please note that participants meant interpersonal trauma and participants acknowledged that the focus was based on interpersonal trauma. Abby shared, "I think the MCO framework is important. It gives the clients ideas on how to process their trauma when they feel more comfortable and can share how they resolved and build resilience based on their cultures."

Betty shared,

I think it is important to bring the framework to various counselors as some of them may be unaware of the cultural differences, especially counselors who may not be exposed to other cultures. They can be narrow-minded as it can affect the therapeutic relationship in ultimate the result in therapy if they are not aware of those cultural differences.

Debby shared,

I feel that the multicultural topic needs to be taught in the schools and the mental health programs. It needs to emphasize that the workplace should be checking and doing more training to become culturally competent, sensitive, and humble to meet where clients are to do the more in-depth work for the clients.

Eddy shared,

The searching for the knowledge of understanding the different cultures enhances your personal life experience because I am taking a little bit of this and a little bit of that from other cultures. The blending of the cultures enhancing to me. It is important to aware of diversity and recognizes a melting in the blending of the cultures.

### **Summary**

In Chapter 4, I discussed the data collection, the data analysis, the findings, and evidence of the trustworthiness of the hermeneutic phenomenological study with the multicultural orientation framework. I interviewed seven participants to gather lived experience using a multicultural orientation framework with clients with interpersonal trauma. I used MAXQDA to organize themes. Based on the findings, seven main themes

and six subthemes emerged (a) counselors' identity as a guide, (b) counselors' culture and background influence whether White or minority/multicultural, (c) being competent to implement the MCO framework, (d) a positive experience implementing the MCO framework to support interpersonal trauma processing with clients who have the same cultural background and with clients who have a different cultural background, (e) challenges of using the MCO framework based on counselors having minimal or no knowledge of the clients' culture and background and language barriers, (f) perceived positive effects of MCO application on the therapeutic relationship and trauma processing, and (g) supporting the use of MCO with diverse populations.

## Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this study was to explore the lived experiences of counselors implementing the MCO with clients who had experienced interpersonal trauma. I conducted semistructured interviews through virtual Zoom meetings with seven counselors who had implemented the MCO framework and had at least 1 year of experience providing counseling with clients who experienced interpersonal trauma. All seven counselors reviewed the MCO framework before the interview to ensure their full understanding of the framework.

The study findings may provide vital information to inform counselors, supervisors, educators, and related individuals in the counseling field about the importance of multicultural competency, specifically with clients who experience trauma. The themes and subthemes from the findings may provide insight relating to counselors' identity and how counselors' culture and background influence their work, the counselors' understanding of the MCO framework, counselors' challenges and perception of the outcomes, and the importance of the MCO framework to becoming culturally sensitive with clients. This chapter includes an interpretation of the findings, limitations of the study, recommendations, and social change implications.

### **Interpretation of the Findings**

Multiculturalism has been discussed for several years (Davis et al., 2018). With the development of the MCC by Sue et al. in 1992, and later the MSJCC by Ratts et al. in 2016, counselors have become more culturally sensitive. The development of the MCO framework by Owen et al. (2016, as cited in Davis et al., 2018) was intended to promote

counselors' cultural competencies, support the therapeutic relationship in sessions, and increase counselors' self-understanding and clients during the session. The current participants shared insight into their experience implementing the MCO framework with clients who experienced interpersonal trauma. I analyzed the data and interpreted the findings.

### **Counselors Use Their Identity as a Guide**

The current study results suggested that the participants who identify and recognize their counselor role as one of guidance have a better understanding of the MCO framework. These participants support clients with their trauma processing by integrating the MCO framework, becoming genuinely humble, and recognizing clients' identity and stories. The participants shared their self-exploration and self-identity as counselors when stepping into the sessions. By expressing their understanding of their counselor's identity, they saw themselves as a tool to support clients and facilitate the clients as they gained insight, processed their trauma, and developed a sense of autonomy.

When counselors recognize their role and identity, they become open-minded and willing to listen, explore, and engage in psychotherapeutic relationships with their clients (Davis et al., 2018). This current study confirms the findings of Owen et al. (2014) and Jesse et al. (2016), which emphasized counselors' humility. When counselors recognize their counseling-related identity, they demonstrate greater cultural humility and greater ability to explore cultural identity with their clients. Counselors are more likely to connect and develop empathy for their clients. According to the current participants, their counselor identity guided how they interacted with the clients toward positive trauma

processing. The current findings seemed to be an essential factor in assisting therapeutic outcomes, particularly with clients who had experienced interpersonal trauma due to trusting relationships.

### **Counselors' Cultural and Background Influences**

Current study findings suggested that the MCO framework promotes counselors in developing their orientation based on their cultures. This finding was consistent with Davis et al. (2018), who suggested that counselors must explore clients' cultural backgrounds and recognize how counselors' cultural background influences their professional identity because this leads to authentic engagement. This authenticity helps counselors respond in client sessions when the unknown arises.

Most current participants shared how their cultural backgrounds influenced and guided how they built rapport and became aware of their cultural differences. The participants who identified themselves as a minority and had experienced challenges as a minority person recognized and became sensitive to their clients' cultural challenges and responses, especially clients with trauma experiences. Participants explained how their experience of oppression due to being a minority had shaped their awareness; they were humble with their clients from diverse backgrounds as they recognized their challenges. These findings were similar to those from Jesse et al. (2016) that supported counselors' humility, emphasizing how counselors recognize their cultural background and become attuned to their experience to form therapeutic relationships with their clients.

In contrast with counselors who identified themselves as a minority, counselors who identified themselves as White disclosed that their cultural background did not



influence their work; this appears to have been a misconception because cultural influences cannot be absent from a therapeutic relationship (Davis et al., 2018). The results also suggested that counselors who identify as White recognize their privilege within their cultural identity. However, these participants denied any cultural influence, especially when working with clients who had different backgrounds. These participants recognized the cultural differences of minority clients based on the knowledge they acquired during educational training. These counselors used their professional or previous knowledge to connect with their clients rather than attend to the clients' cultural identity. These counselors showed less cultural humility than minority counselors who engaged in cultural humility and acknowledged their cultural differences. The current study finding suggests that counselors should recognize cultural differences, not robotically or stereotypically apply them to individual clients (Davis et al., 2018). It is necessary for counselors to recognize cultural differences to support cultural exploration to become culturally competent with clients (Davis et al., 2018).

### **Being Competent to Implement the MCO Framework**

The MCO framework provides counselors with a lens integrating their role to understand their identities and clients' cultures (Davis et al., 2018). The current participants recognized the importance of the MCO framework in fostering a positive relationship with their clients. The participants felt optimistic that the MCO framework helped counselors build a positive relationship and support trauma processing with clients. The results aligned with the primary purpose of the MCO framework (Davis et al., 2018).

The participants recognized how the MCO framework provides counselors with opportunities to learn from their clients. Implementing the MCO framework also promotes a positive therapeutic relationship as counselors become humble and feel comfortable finding opportunities to explore clients' cultural worldviews related to their traumatic experience, promoting counselors' genuine empathy for clients. The participants recognized how the MCO promotes interpersonal trauma processing, especially with a diverse population. The MCO framework provides ways for counselors to become attuned to clients' cultures and their experiences during trauma processing. The MCO framework promotes counselors' orientation, shifting the language of being culturally competent to understanding and being present with the clients to promote attentiveness and responsiveness to clients' needs.

The current findings supported Van Nieuwenhove and Meganck's (2019) study that emphasized the importance of counselors becoming aware and sensitive when processing complex trauma with clients. The results of the current study indicated that counselors should recognize their orientation based on the MCO cultural humility aspect and that creating a working alliance is critical to creating trust in trauma processing. Van Nieuwenhove and Meganck also urged counselors to recognize clients' traumatic experiences based on cultural aspects for appropriate trauma processing interventions. How clients respond to different trauma processing approaches is based on how clients integrate cultural diversity in their experience (Tomlinson-Clarke & Georges, 2014).

## **Positive Experience Implementing the MCO Framework to Support Interpersonal Trauma Processing**

Each participant shared a positive experience using the MCO framework with clients with either the same or similar cultural background and clients with different backgrounds. The participants shared that they quickly formulated the connection with clients from the same cultural background, especially with clients and counselors who identified themselves as minorities. Counselors could better form a connection at the beginning of their relationship when speaking the same language and possibly having similar cultural experiences. Each participant shared that they felt at ease to explore the subcultures that were similar to their own with clients to foster a better understanding of the traumatic process and experience. The participants recognized how clients become well engaged in sessions as they are validated and accepted through this process.

However, each participant expressed an uncomfortable feeling at first with clients who had a different background. Once participants built personal trust in the therapeutic relationship, they built the connection and trust to discuss the cultural differences and later trauma processing. All participants acknowledged the challenge they faced when they had minimal understanding of the clients' cultures, especially participants who identified themselves as White.

In addition, participants shared different levels of how they were implementing the MCO framework (cultural humility, cultural comfort, and cultural opportunity) based on their knowledge of cultural differences, their counselor identity, and their cultural experience. The participants who identified themselves as White expressed more

challenges connecting with clients from diverse cultures. These participants acknowledged greater uncomfortable feelings and challenges recognizing opportunities to link clients' cultural identity to support clients' trauma processing. With cross-cultural therapy, counselors need to recognize the cultural barriers in counseling (Sommer, 2018).

### **Challenges Using the MCO Framework**

Because the MCO framework is a new framework in the counseling field, counselors may face challenges implementing the MCO framework with diverse clients, especially when it comes to diverse cultures. Counselors with low cultural humility may easily commit cultural mistakes that result in building a negative therapeutic relationship with clients (Mosher et al., 2017). The current participants shared their challenge when using the MCO framework based on having a lack of or minimal knowledge of the clients' culture or trauma, which they perceived as impacting the therapy and therapeutic outcomes. Each participant acknowledged how they became less competent when having minimal knowledge of the clients' cultures. Each participant recognized that even though they implemented the MCO framework, with their lack of cultural knowledge, they could quickly misinterpret when clients shared something based on their cultural beliefs. Participants emphasized using the MCO framework of cultural comfort and cultural opportunity to understand what they did not understand to prevent misunderstanding. Participants also continued to do their research on what they might not know to connect with the clients. Counselors must have appropriate training and resources to support their cultural knowledge and appropriate skills when working with diverse populations (Collins et al., 2015).

Additionally, participants acknowledged the challenge of working with clients when it came to trauma processing when they did not know or did not understand how the trauma might be based on the client's cultural and background beliefs. Clients from diverse cultural experiences perceive their trauma differently (Levers, 2014). Participants recognized these challenges and focused on psychoeducation to gain clients' understanding of the trauma. Participants also acknowledged how the MCO framework could be used along with the psychoeducation to explore clients' identity and the meaning of the trauma in their cultures to assist the clients' trauma processing, acceptance, and outcome.

Lastly, the current study's results reinforced findings in the literature that language barriers are a substantial challenge. Many clients do not benefit from services due to not speaking English as their primary language (Jacobs et al., 2006). Language barriers are a big challenge in formulating trust when it comes to trauma processing. When clients communicate in their second language with counselors, clients may not fully express their authentic experience or meaning. Based on language barriers, the current participants acknowledged that apart from implementing the MCO framework, the participants would emphasize reflection and validation to ensure clients' an opportunity to explore their experience further. Additionally, due to language barriers, the participants had to take precautions and become culture and trauma sensitive to prevent any misunderstanding or retraumatize clients as the participants utilized the MCO aspects of cultural opportunity and cultural humility with the clients.

## **Positive Outcomes/Results in Therapeutic Relationship and Trauma Processing When Using the MCO Framework**

Participants working with clients who experience interpersonal trauma recognized positive outcomes in the therapeutic relationship when implementing the MCO framework. Trauma is often culturally defined. A counselor needs to understand some general differences; be humble to the general cultural differences; and ask about, understand, and meet the client to understand how the other culture understands the trauma (Levers, 2014). When counselors change the focus from being culturally competent to being culturally oriented and being present with the clients in the sessions to explore the clients' cultural values and beliefs to foster identity and trauma processing, the outcome and results present as a positive therapeutic alliance for all clients (Owen et al., 2014).

Additionally, when counselors recognize cultural differences and develop the comfort to use opportunities to explore clients' cultural meaning and differences, counselors foster an understanding of counselors' orientation and clients' traumatic processing (Jesse et al., 2016). Counselors have a better understanding of clients' trauma processing based on their own cultural beliefs and experience. The findings also support how the MCO framework of counselors' humility—being humble to accept, further explore, and discuss cultural differences—improves therapeutic outcomes (Owen et al., 2016).

### **Limitations of the Study**

The first limitation of the current study was the ability to generalize the study's design findings. Based on the purposive sample, I sought to understand counselors' experience implementing the multicultural orientation framework from licensed mental health counselors who had worked with clients who experienced interpersonal trauma. Purposive sampling served to gain insight into the authentic experience (Schreier, 2018). Due to purposive sampling strategies, I narrowed my sampling to only counselors in Palm Beach County, South Florida. The sample size may not represent the whole population of counselors who use the MCO framework with clients experiencing interpersonal trauma from other locations.

The second limitation was the limitation of samples' cultural backgrounds. I attempted to seek participants from different backgrounds. However, most of my participants were minorities from Central America, Europe, the Caribbean, but not from Asia. The current study only included seven participants, which was an appropriate sample size to reach the saturation for a qualitative study. Acceptably a large sample size that larger than seven participants may provide more counselors' experience from different cultural backgrounds. The sample size did not include counselors from Asian cultural backgrounds who may have different lived experiences from seven participants.

The third limitation was my experience implementing the MCO framework with clients who experienced trauma. My experience could interfere during the analysis procedure and interpretation of the findings. Nevertheless, I developed strategies to prevent any personal bias, such as bracketing my personal experience during my data

collection and data analysis steps through journaling. I assured that the findings were reflected based only on the participants' experience.

The current study's last limitation was the participants' level of the MCO knowledge, counselors training level, and participants' experience as a mental health counselor in the counseling field. I did not include other counseling professionals who might have different experiences from different disciplines. Each participant had a different level of experience implementing the MCO framework, training experience, and counseling experience. Each participant used the MCO framework differently based on their cultural background and comfort level. The current study findings were only based on each participant's experience of implementing the MCO framework.

### **Recommendations**

The current finding provides an authentic experience of counselors implementing the MCO framework with clients with interpersonal trauma. The current findings encourage further research to implement the MCO framework with different therapeutic topics and populations. Future research may explore counselors' experience implementing the MCO framework with clients who identify themselves as part of a privileged population rather than a minority. It may be necessary to obtain experiences based on different types of traumatic experiences, including intersectionality of culture. Additionally, future research may examine effectiveness using the MCO framework with counselor educators.

The second recommendation is for educational settings to recognize and support cultural identity and cultural orientation development during the training. Based on the



current findings, each participant has had different years of experience in the counseling field in which some participants already formulated their cultural orientation and identity while others may start to recognize and develop their own. During the graduate level, proper education and training are essential in establishing new counselors' cultural orientation to help counselors recognize the cultural influence on their identity, especially for White Caucasian counselors who may not experience diverse populations. The trainings should emphasize to support white counselors or counselors with the privilege to recognize their cultural identity and cultural differences, for example, self-evaluation, self-reflection, and role-playing. The trainings should focus on in-vivo exposure centered on diversity, offering continued support, opportunities to reflect, and mentorship would help support counselors' professional development.

The third recommendation is for community health settings to invest in training. Community health settings should focus on culturally sensitive or relating cultural orientation training for counselors who serve diverse populations to increase positive therapeutic outcomes, which will result in a healthy community. Continues support through clinical supervision or consultations could foster counselors who may face challenges with a diverse population regarding cultural challenges to gain abilities to better understand clients' cultures.

### **Implications for Social Change**

The current study provides insight into the counselors' experience implementing the MCO framework with clients with interpersonal trauma. Interpersonal trauma could impact individuals' emotional regulation and self-concept (Clifford et al., 2018).

Counselors must be aware of cultural influences and differences when choosing appropriate treatment, especially with clients who experienced trauma (Tomlinson-Clarke & Georges, 2014).

The current qualitative study provides an understanding of counselors from being culturally competent to being culturally oriented. The current findings support social change by recognizing the differences between counselors and clients as individuals. The current findings promote the necessity to respect individual uniqueness. Even with the differences, there is still a commonality that each person can connect. The current findings also guide further study to explore and develop practical educational courses or training to foster counselors' cultural identity. The current findings also suggest the importance for the privileged counselors to recognize their cultural differences. The current findings also illuminate the salience of diverse cultures and populations' voices, especially minorities, about how their traumatic experience may continue to be misconceived.

### **Conclusion**

The current study aimed to explore counselors' lived experience implementing the MCO framework with clients who experienced interpersonal trauma. I conducted a study using semistructured interviews with seven participants. I obtained the data using Zoom. The participants shared the relationship between their counselors' identity and cultural influences, especially with counselors who identified themselves as minorities.

The current findings demonstrated that counselors' identity guides how counselors interact with the clients toward positive trauma processing. The current

findings also indicated that minority counselors recognized how their cultural background influenced their professional identity and interaction with their clients. However, counselors who identify themselves with the privileged group such as White perceived that they recognize their cultural background but no influence in their professional work, resulting in less cultural humility with clients from different backgrounds.

The current findings also elaborated on the necessity to implement the MCO framework to be culturally oriented with the clients by becoming humble, feeling comfortable, and using opportunities to explore cultural differences. Doing so integrates clients' cultural identity into their trauma processing and fosters positive outcomes. Even though counselors may face some challenges of lack of or minimal knowledge of the clients' culture or trauma, including language barriers with clients from different cultures, counselors recognized these challenges. Counselors became more sensitive to implementing the MCO framework and other approaches to support the trauma process. The current findings provided insight into and emphasized the necessity for counselors to become culturally sensitive and be competent when providing therapy with clients who had trauma based on the MCO framework.

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## Appendix A: Invitation Letter

Date: .....

To:.....

My name is Dalad Srisuppak. I am a doctoral candidate at Walden University. I am currently conducting a phenomenology dissertation research on counselors' experience implementing the multicultural orientation framework (MCO) with interpersonal trauma clients. Based on my literature reviews, multiple studies explore and indicated the importance of the cultural competencies of counselors to promote a positive therapeutic relationship with clients from diverse cultures. However, limited studies are exploring how counselors utilize MCO with clients who experience interpersonal trauma. This research will benefit counselors to gain insight into multicultural orientation relate to how cultures promote trauma process.

I greatly appreciate your assistant in identifying licensed mental health counselors within your agency. I will contact the potential participants to the nature of the study. This study is confidential, and the participants are free to choose to participate, continue, or withdraw from the study at any time.

Please contact me at your convenience as I am very pleased to provide you further information or answer any questions you may have through my number at 561-672-4126 and my email at dalad.srisuppak@waldenu.edu.

Sincerely,

Dalad Srisuppak, LMHC

Doctoral Candidate, Walden University

## Appendix B: Invitation Letter to Participants

Date: .....

To:.....

My name is Dalad Srisuppak. I am a doctoral candidate at Walden University. I am currently conducting a phenomenology dissertation research on counselors' experience implementing the multicultural orientation framework (MCO) with interpersonal trauma clients. Based on my literature reviews, multiple studies explore and indicated the importance of the cultural competencies of counselors to promote a positive therapeutic relationship with clients from diverse cultures. However, limited studies are exploring how counselors utilize MCO with clients who experience interpersonal trauma. This research will benefit counselors to gain insight into multicultural orientation relate to how cultures promote trauma process.

I greatly appreciate your assistant in identifying licensed mental health counselors within your agency. I will contact the potential participants to the nature of the study. This study is confidential, and the participants are free to choose to participate, continue, or withdraw from the study at any time.

Please contact me at your convenience as I am very pleased to provide you further information or answer any questions you may have through my number at 561-672-4126 and my email at dalad.srisuppak@waldenu.edu.

Sincerely,

Dalad Srisuppak, LMHC

Doctoral Candidate, Walden University

## Appendix C: Interview Guide

Interview Procedure:

Date \_\_\_\_\_

Type of The interview: \_\_\_\_\_

Interviewer: Dalad Srisuppak

Participant No. \_\_\_\_\_

General demographic information:

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Years of experience \_\_\_\_\_

Place of employment: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Please describe your role as a counselor?

Please describe your ethnicity and how your ethnicity influence your work?

Can you describe your understand of the multicultural orientation framework (MCO)?

Can you describe your understanding of the interpersonal trauma?

Please share and describe your experience utilizing the MCO framework with clients who have similar cultural orientation experiencing interpersonal trauma?

Please share and describe your experience utilizing the MCO framework with clients who have diverse orientations experiencing interpersonal trauma?

What might be the challenges?

What were the outcomes?

Additional comments?

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