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CRITICAL COUNSELING COMPETENCIES FOR THE ENGLISH-SPEAKING CARIBBEAN

by

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A Dissertation
Submitted to the Graduate Faculty

of the

University of North Dakota

in partial fulfillment of the requirements

for the degree of

Doctor of Philosophy

Grand Forks, North Dakota

August
2018

This dissertation submitted by Antonia Forbes in partial fulfillment of the requirements for the Degree of Doctor of Philosophy from the University of North Dakota, has been read by the Faculty Advisory Committee under whom the work has been done and is hereby approved.

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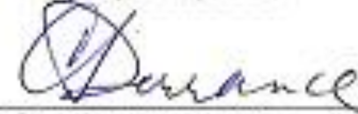

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Dean of the School of Graduate Studies

June 22, 2018

Date

PERMISSION

Title	Critical Counseling Competencies for The English-Speaking Caribbean
Department	Counseling Psychology and Community Services
Degree	Doctor of Philosophy

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Antonia Forbes
April 10th, 2018

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For my mommy-

the source of my determination and my exemplar of resilience and love.

ABSTRACT

The development of competencies for counseling persons from varying cultures around the world is an important topic of discussion within the field of counseling psychology (Turner-Essel, & Waehler, 2009; Ng & Noonan, 2012; Gerstein & AEgisdottir, 2007). Mental health and socio-emotional needs know no geographical boundaries and as such require attention in many populations which have limited formal services for these concerns. If we are to follow the multicultural competence guidelines within our discipline (Sue, Arredondo & McDavis,1992; Vera & Speight, 2003) we must meet these needs in a way that first seeks to understand our clients' cultural backgrounds and provide services which match or appreciate their experience of the world. The present study utilized the Delphi method to develop a list of counseling competency areas for mental health professionals practicing with residents of the English-Speaking Caribbean (ESC). Thirty-three counseling experts in the ESC completed 1-3 rounds of an interactive survey in which they provided 272 competency suggestions and ranked the importance of each competency area. Experts assigned critical ratings via Likert scale responses to 11 Knowledge competency areas, 13 Awareness competency areas, and 24 Skills competency areas. The cultural and professional significance of these competency areas are analyzed and described. Further, strengths and limitations of the current study are presented. Finally, implications for research, training, and practice are discussed.

CHAPTER I

INTRODUCTION

The influential leader Mohandas (Mahatma) Gandhi once asserted, “A nation’s culture resides in the hearts and the soul of its people.” This particular statement resonates with the work and underlying sentiment of the following research project. Culture refers to a compilation of attitudes, knowledge, belief systems, and behaviors which have been organized through experiences and passed down through generations of a singular group (Gerstein, Heppner, Ægisdóttir, & Leung, 2011). Multiple definitions of this term “culture” exist within and outside of the counseling psychology[1] discipline. For the purposes of this study, the above definition will be used when referring to culture.

Cultural psychology proposes that tenets of human behavior are rooted in cultural foundations which cannot be separated from the individual or the group (Christopher, Wendt, Marecek, & Goodman, 2014). Indigenous and cultural research are the study of a construct (e.g., counseling psychology) as defined by the cultural group being examined (Ægisdóttir, Gerstein, & Çinarbaş, 2008). The major difference between these two forms of research are the cultural identities of the researcher - more specifically, whether they match those of the study population. Unlike cross-cultural research, investigators conducting cultural and indigenous research do not seek to compare constructs across cultures, which allows more space for a construct to be developed within the cultural framework of the group of interest, devoid of outside influences.

The field of counseling psychology has a strong history of sensitivity to cultural differences (Constantine et al., 2007; Vera & Speight, 2003). This sensitivity is evident in the principles of multiculturalism, inclusion, and social justice which infiltrate multiple levels of [1]training and service delivery within the field. It is fitting with the guidelines of the profession then to embark on acts of "cultural democracy" (Sue & Sue, 2012; Akinyela, 2014), wherein this research project sought to utilize the voices, hearts, and souls of people within the English Speaking Caribbean (ESC) to identify indigenous counseling competencies that meet the needs of residents in the region.

Indigenous research seeks to capitalize on the strengths of a community with methodologies that utilizes and benefits the cultural community itself. There has been a significant push for multicultural research and practice within counseling psychology in the past decade (Gerstein, Heppner, Aegisdottir, Leung, & Norsworthy, 2009; Leung & Hoshmand, 2007) in order to meet the needs of diverse national and international populations. The internationalization of counseling psychology represents researchers' passion to diversify research and practice beyond national borders, predominantly that of the United States. The indigenization of counseling psychology then can meet the need of developing specific counseling theories and interventions to match the cultural context of the community in which services are provided. This process is fundamentally different from adjusting traditional methods to match multiple cultures. The culturally democratic principles of cultures forming their own

[1] The term counseling refers to the act of providing forms of therapy, whereas the term counseling psychology refers to this specific specialization field within professional psychology. These terms may be used interchangeably throughout this document as the field of counseling psychology is not formalized within the ESC region. Also, references to providers of counseling services may include professionals trained in multiple disciplines (e.g., counseling psychology, clinical psychology, mental health counseling, etc., and is not solely referencing counseling psychologists).

theories, applications, and competency guidelines of research, training, and practice fit within the multicultural goals of the counseling psychology field.

The history and progression of the competency movement is further examined in chapter II. However, in introducing the importance of this project it is relevant to note the following. The development of competencies in any field is a critical step in solidifying and moderating its presence in an open market. Utilizing a competency-based model of training and service provision has received a great deal of attention within the past decade for its ability to improve how the professional psychology specialties train students and provides effective services (Hatcher, Fouad, Grus, Campbell, McCutcheon, & Leahy, 2013; Kaslow et al., 2004; Kaslow, Grus, Campbell, Fouad, Hatcher & Rodolfa, 2009). It is necessary to produce detailed guidelines for what a professional is expected to know and do to be accepted as proficient in a given field. Competency development can be beneficial to a profession in multiple ways. First, the development of competencies serves as a formal recognition and consensus of the duties, skills, and responsibilities of professionals, which is beneficial in cultures or regions where the field is new and not well known or respected. As a secondary benefit, members of a culture may have a better understanding of what to expect from professionals within the field. In addition to these benefits, developing competencies is essential in training new professionals who are either novices or are unfamiliar working with a particular cultural group - both of which should be considered as requiring further training. Finally, a major benefit of developing competencies is one of quality control. It is essential that professionals and the public be aware of guidelines by which to evaluate quality of services and proficiency. Specific to the field of counseling psychology, these guidelines will enable the regulation of counseling services, in order to ensure ethical and high-quality service provision. Considering that the fields of counseling psychology

and counseling are less developed in the Caribbean than other regions of the world (e.g., the United States), the act of creating a consensus on competencies could reap these benefits and perhaps have a large impact on the field in the region. For example, more attention to competency development could facilitate a conversation about developing and regulating the counseling fields in the ESC.

Caribbean psychology has been described as being in its infancy due to a recent history of psychological inquiry devoted to understanding human behavior and documenting these observations and experiments (Hickling, Matthies, Morgan, & Gibson, 2012). As a result, counseling psychology has yet to make a foothold in much of the region, as its elder counterpart clinical psychology has only recently been able to move from the shadow of the psychiatry profession as the main source of psychological services. Psychiatry, as a medical profession, has historically been at the forefront of providing professional care for psychological issues due in part to the advanced age of that profession and less stigma associated with seeing a medical doctor for significant ailments. The practice of speaking with someone (e.g., a community member/ religious leader) to get help for psychological issues, however, is somewhat better understood and more accepted in the region and has been a provided service in communities for a very long time (Hickling, Doorbar, Benn, Gordon, Morgan, & Matthies, 2013). However, counseling as a service is not typically regulated as it is performed by professionals and lay people alike across multiple nations within the Caribbean.

Forms of helping and the helping professions have existed for thousands of years and possess a much more expansive history than that of the specialty area counseling psychology (Gerstein, Heppner, Stockton, Leong, & Ægisdóttir, 2011). People have called upon helpers, healers, and witch doctors, among other forms of healers, throughout history for their ability and

desire to aid people's well-being. On the other hand, the field of counseling psychology is estimated to be only about a century old - a fraction of the time that helpers have existed throughout history (Gerstein et al., 2011). Beginning with the vocational guidance movement, the counseling psychology field has morphed into a predominant helping discipline in multiple countries around the world (Connolly, O'Callaghan, O'Brien, Broderick, Long, & O'Grady, 2014).Therefore, while the act of counseling has existed and will continue to exist in multiple realms within the Caribbean, formal or professional counseling services by trained mental health providers are a more recent import from other nations, such as the United States and United Kingdom (Matthies, Morgan, & Gibson, 2012). Herein lies the importance of a culturally democratic movement within the counseling and counseling psychology fields within the ESC.

Caribbean psychologists in particular have the ability to capitalize on the relative novelty of their respective fields. While novelty has certain challenges, psychologists in the Caribbean may also approach this as their opportunity to, in some sense, write the rules of the field. These rules can include a definition of the field, as it pertains to people in the Caribbean, and which professionals are included within the field. They may also denote the roles of different professionals within the field (e.g., mental health counselors, school psychologists, counseling psychologists). These rules could certainly underline guidelines for practice and research, and such guidelines may become expected competencies of a recognized professional who serve people of the region. The purpose of the current study was to create, with the aid of an expert panel, a list of counseling competencies critical to providing culturally appropriate services to persons who identify as native to the English-Speaking Caribbean.

Internationalization of Counseling

For the remainder of this chapter, the international competency movement and its relationship to the current population and study will be introduced. While multiculturalism has been described as the fourth force in counseling psychology (Pedersen, Lonner, Draguns, Trimble, & Scharron-del Rio, 2015), internationalization is an emphasis area with less recognition, and perhaps understanding, by those who have not participated directly in the movement. Internationalization has recognizable roots within the guidance movement of the early 20th century when organizations such as the International Association for Educational and Vocational Guidance were formed (Harper & Deen, 2003). The mission and objectives of such associations is to connect the multiple incarnations of the same fields which exist in different nations around the world.

Internationalization in counseling psychology can also be defined as multilevel initiatives in attaining a global perspective in practice, training, and research (Leung, Clawson, Norsworthy, Tena, Szilagyi, & Rodgers, 2012). This initiative may be reflected in the development of international practice protocols, relationships and support between professionals in different countries, and the progress of research in international settings and ideas. The internationalization of the counseling psychology field has been predominantly led by professionals and scholars within the United States (Ng & Noonan, 2012). It is a response to globalization which has itself prompted many conversations and actions within other fields like business, manufacturing, and finance. A marker of the counseling psychology field's own incarnation of this global response may be the strong desire of some counseling professionals to collaborate with others in varying nations and regions to develop a multifaceted understanding of human behavior and response to clinical intervention with respect paid to the impact of culture on these domains.

One significant process which aids in the development of this multifaceted understanding is research. Much of counseling psychology's foundational research has been conducted within the United States and the UK, using their populations and their cultural frameworks (Heppner, Casas, Carter, & Stone, 2000; Strawbridge & Woolfe, 2010). Furthermore, Arnett (2008) asserts that around 95% of the world's population has been neglected by psychologists due to its focus on a small fraction of experiences of people of the world. He noted that between 2003 and 2007, nearly 68% of samples in major psychological journals included only U.S. individuals. Arnett (2008) further concluded that U.S. psychology should be more open and inclusive to experiences of persons from varying parts of the world. To internationalize counseling psychology, research must occur within international locations and organizations and be rooted in the cultural framework of the population being served. Stated another way, cultural and indigenous research is important to the continued development of counseling psychology in culturally-appropriate contexts. Leong and Ponterotto (2003) suggested that beyond collecting data with international populations, researchers should consider how to diversify their methods and design when conceptualizing and performing international research. This may include utilizing methodologies from other fields (e.g., social psychology) which have been useful in ascertaining rich cultural data or make completing international research more accessible and attainable. Furthermore, this accessibility is important for the researchers and research itself as indigenization of counseling psychology is considered a positive by-product and/or goal of this movement (Leung, & Hoshmand, 2007; Savickas, 2007). Indigenization of research would reflect the production of layers of understanding for varying cultural groups by researchers who live and work within these cultural frameworks. The cultural group of interest in this proposal is that of the English-

Speaking Caribbean, which is native to the current researcher and of which an overview of the history and current state of counseling is provided.

Counseling Psychology in the Caribbean

As stated earlier, there is not a long history of psychology in general, including counseling or counseling psychology, within the Caribbean, as compared to many other regions in the world. Hickling et al. (2013) noted that psychology was not a part of the initial curriculum for the University of the West Indies (UWI), a major academic and training institution within the Caribbean. In fact, psychiatry was not introduced as a training option at the UWI Faculty of Medical Sciences until 1965, which sheds some light on the pace of development in the psychology and mental health fields within the region.

In contrast, the field has originated in different countries around the globe. Counseling psychology has its most pronounced roots in the United States as a product of the vocational guidance movement (Heppner et al., 2000). In 1946, the Division 17 of the American Psychological Association was founded under the name of Personnel and Guidance Psychology, and in 1953 changed its name to the division for counseling psychology (Gerstein et al., 2009). Division 17, a section of the APA devoted to the development and progress of Counseling Psychology, is now termed the Society for Counseling Psychology and is a major organization of Counseling Psychologists and students in the United States. In 1982, the British Psychological Society formed the Counselling Psychology division of its organization, a similar group to Division 17 (Gerstein et al., 2009). Further, Connolly et al. (2014) described the pronouncement of counseling psychology values and ethics as a major driving force of its development in Ireland. In South Africa, the political issues of race and apartheid were instrumental in defining

the counseling psychology profession, though it also had roots in the vocational movement like its U.S. counterpart (Leach, Akhurst, & Basson, 2003).

Counseling psychology in the Caribbean is not considered advanced in terms of developed theories or interventions specific to practice within the region. The size of the region and its proximity to larger, more recognized entities, such as the United States, may be partially to blame for the sluggish pace of advancement in the field over the past century. The geographic proximity to such an influential nation has resulted in importing goods, material and ideological, and practices (e.g., culture by way of television and travel) established and utilized in the U.S. However, one must also consider the importance of socio-political history and the relative newness of many countries within the region compared to other places in the world. Due to centuries of colonialism, many countries within the Caribbean are celebrating only decades of independence (Gopaul-McNicol, 1993). With independence comes a sense of self which is prudent for cultural identification and inquiry into culturally specific knowledge and experiences. It also removes some of the support of the colonizing nation and the remaining infant nation must then learn to support and grow itself. So too, must the counseling psychology field grow within the region.

Researchers and authors in the region have produced some psychological literature in recent years (Bernstein, Hamel-Smith, Leotaud, Lynch, & Palmer, 2013; Pottinger, Stair, & Brown, 2008; Sutherland, 2011). Psychological knowledge continues to grow as persons of Caribbean descent are provided more resources for research activities and the interest in and respect of research in the region matures. Although more research is being conducted on social issues (e.g., psychology) within the Caribbean, there remains a dearth in the counseling psychology or applied psychological literature. Research in applied psychology appears to be

growing, however, and with additional development, could result in a more noticeable contribution within in international counseling psychology research. For example, in previewing multiple leading books in international counseling and psychology, the English-Speaking Caribbean as a region was not explicitly included in most, if not all chapters, within the texts (Gerstein et al., 2009; Gerstein et al., 2011; Harper & McFadden, 2003). Unfortunately, there are few counseling psychology researchers, academics, and practitioners in countries in the region. Furthermore, the field of Counseling Psychology itself has yet to be defined as a recognizable specialty within the ESC.

Counseling Psychology Competencies in the Caribbean

The development and existence of counseling psychology competencies in the English-Speaking Caribbean requires an understanding of the roles and responsibilities of the professional.

As noted previously, the formation of agreed upon guidelines which outline the required competencies to be met for a professional are integral to regulating a field. Although it would be culturally incompetent to denigrate the importance of healers within a community, it could be unethical not to relay the similar importance of using evidence-based protocols and interventions to aid in counseling and the promotion of mental health and well-being. This is also evident in the necessity for competency-based training experiences for future Caribbean counseling psychologists. Counseling psychology students within the region would then be able to study and practice from a standardized framework made for their field, and for their people. Those who were trained outside of the region but intend to return or emigrate there could also benefit from continued education on the population with which they plan to practice. These guidelines could be created from the work of professionals in an effort to appropriately meet mental health needs

of the Caribbean in a way that is culturally appropriate and empirically sound. There is some evidence on the possible harm of exporting U.S. and/or Eurocentric views of counseling and human behavior to regions which do not share the same cultural framework as these Western regions. Norsworthy et al. (2009) describes that although there are benefits to sharing knowledge, the uncritical exportation of counseling skills and/or counseling psychology principles could lead to misunderstanding, a mismatch of ideals, ruptures in the working alliance, and possibly early termination of counseling. The authors also note that providers should be aware of their own cultural bias and recognize the importance of culture in forming the context of the problem and the solution or treatment options. To provide culturally appropriate services, one must then accept that many established counseling theories and interventions from the U.S. may not match the ideals of clients in other regions. Therefore, one must be critical in exportation, or better yet, promote the indigenization of the counseling psychology literature within a cultural group to avoid these possible harmful effects.

Present Study

The present study expands the international literature in counseling and counseling psychology by developing a list of counseling competencies for persons practicing with residents of the English-Speaking Caribbean. The aim of this study was to synthesize the culturally specific insight of counseling professionals of the ESC to produce a document conveying in some part, the diverse knowledge, skills, and awareness needed to practice culturally competent counseling in the region. This list and previous and subsequent discussion on counseling competencies are be the result of an analysis of the experiences and knowledge of scholars and professionals within and of the ESC.

This study utilized a qualitative methodological approach known as the Delphi Method, which has been used in numerous fields and settings beyond psychological research. For example, Rountree (2004) used the Delphi method and created a panel of 12 experts in counseling with Native Americans to respond to a survey on the skills and knowledge needed to provide effective and culturally appropriate counseling services to Native American clients. As noted previously, there is extensive merit in the employment of collaborators of a specific culture in the creation of competencies which are native to the clients served. This indigenization of the counseling psychology field is separate and more valuable than the non-critical transportation of counseling psychology skills and knowledge from a culture other than the one of interest as it protects clients from ethnocentrism and misunderstanding. It also promotes an appreciation for cultural differences as important factors in human behavior and mental health.

This method (which is more thoroughly described in Chapter III) fit the purpose and design of the study in that it required the input of a panel of experts. The experts for this study included professionals in training, and practice of counseling in the Caribbean which can be viewed as the closest counterpart to the Counseling Psychology profession. Due to the design of the study and configuration of qualitative data analysis, no explicit hypotheses were made before collecting and analyzing data, as it may have improperly affected the researcher's process of analysis (Morrow, 2005). However, it was a singular expectation of the present writer that the list created in this study matched the cultural framework of the English- Speaking Caribbean.

CHAPTER II

LITERATURE REVIEW

Competencies refer to a collection of knowledge, skills, and attitudes, which must be possessed in some degree for a professional to be effective in completing their duties (Rodolfa, Bent, Eisman, Nelson, Rehm, & Ritchie, 2005; Wester & Borders, 2014). The use of competencies in the practice and training of counseling psychology and counseling is promoted within the American Psychological Association (APA) and American Counseling Association (ACA) Code of Ethics (Arredondo & Toporek, 2004). Multiple meetings have been held in the U.S. and Canada during which boards of professionals discussed the needs for ethical training and practice which may be met via competency development (Rodolfa et al., 2005).

Competencies are important to the development and regulation of the counseling psychology field, as they promote standards of duty which recognized professionals should attain during training and maintain throughout practice. There is an absence of documented counseling psychology[2] competencies for working with persons who identify with cultural groups within the English-Speaking Caribbean. This chapter includes a review of current and historic literature on

[2] The term counseling refers to the act of providing forms of therapy, whereas the term counseling psychology refers to this specific specialization field within professional psychology. These terms may be used interchangeably throughout this document as the field of counseling psychology is not formalized within the ESC region. Also, references to providers of counseling services may include professionals trained in multiple disciplines (e.g., counseling psychology, clinical psychology, mental health counseling, etc., and is not solely referencing counseling psychologists).

the importance of competencies and the benefit of their introduction to counseling practice in the ESC.

Competencies in Counseling Psychology

As previously stated, competencies refer to a professional's ability to acquire the skill, knowledge, and awareness requirements to perform satisfactory tasks within their profession. The American Psychological Association's ethical standards of competency address what is desired for a professional psychologist in terms of providing competent services (APA, 2010). As a helping field, competencies within Counseling Psychology are mostly directed at providing proficient and ethical services to clients (Bieschke & Mintz, 2012). Bieschke and Mintz highlighted the specific APA code related to serving diverse clients in a competent manner. APA Code 2.01 b states: "Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals" (APA, 2010, p. 5). Codes such as this highlight the professional psychologist's ethical charge of attaining competency in working with individuals from varying backgrounds.

Competencies in School Counseling

The American School Counseling Association (ASCA) provides similar information and guidelines for school counselors as the American Counseling Association (ACA) provides to counselors (general) and the APA to psychologists. ASCA (2012) outlines ethical considerations in its "Ethical Standards for School Counselors" and describes expected competency guidelines

in its “School Counselor Competencies.” School counselor competencies reference skills, attitudes or beliefs, and knowledge expected for those providing services in the domains of “Foundations,” “Management,” “Delivery,” and “Accountability.” Further, these guidelines pay attention to multicultural factors in assessment, intervention planning, collaboration with teachers, and community involvement. That said, it has been shown that school counselors may be less confident in their multicultural competency compared to their general counseling counterparts (Bidell, 2012). Researchers posit that adhering to multicultural competencies especially social justice initiatives may look different and be more challenging for counselors working within large systems with high levels of oversight by governing bodies (i.e., educational institutions) (Bidell, 2012).

Competency Movement & Development

Rubin et al. (2007) provides a history of the competency movement in professional psychology. Over a span of multiple decades, professional psychology has crafted its training and practice model to one which exalts competency development, assessment, and maintenance. This development was influenced in part by similar movements in medical and health fields outside of psychology. In both the U.S. and Canada, training programs, credentialing boards, and major organizations such as the APA have made steps to increase the use of competency-based models in the field. Groups of professionals have been convened to deliberate on the inclusion of functional and foundational competencies and how they could be measured effectively throughout the discipline.

Further, one example of a major meeting for competency development in professional psychology is outlined by Kaslow et al. (2004). Eight work groups of 126 delegates were formed by an assortment of psychologists from varying professional backgrounds (e.g., experts from

graduate and undergraduate training programs, internship and postdoctoral programs, and credentialing agencies). An important precursor to the development of competencies noted by Kaslow et al. was the panelists' agreement of three fundamental beliefs about competencies. These beliefs included: (a) that competencies exist and can be made known or operationalized, (b) competencies may be developed or strengthened by professionals or professionals in training, and (c) these learned competencies can be quantified or evaluated as present in some degree for a professional or professional in training. Kaslow et al. also noted the benefit of having psychologists from varying sub-fields in each work group, to increase diversity of ideas in creating these important guidelines for multiple professional identities.

In addition, Donovan and Ponce (2009) described professional psychology's movement towards the competency culture as having various implications for professionals and trainees alike. Specifically, professional psychology training programs are tasked with developing and assessing competencies among their student trainees and need to operationalize these outcomes, some of which may be more abstract than others. Donovan and Ponce (2009) described these more abstract concepts as "soft domains" (e.g., measuring integrity and self-care) and noted that they are more difficult to measure than more concrete domains, such as acquiring therapeutic micro-skills (e.g., asking open-ended questions). Formally operationalizing competencies provides a stable measure by which instructors and supervisors may judge a trainee's level of proficiency.

A further major operationalization of professional psychology competencies in the U.S. was the competency toolkit put forth by Kaslow et al. (2009). It was created based on the cube model of competency development, which includes functional and foundational competencies as necessary for professional development (Rodolfa et al., 2005). In this article, numerous methods

for measuring various important competencies are described (e.g. clinical performance at an internship site). Also, for each method, research supporting its effectiveness as an assessment tool is provided. This toolkit and article in particular provides a clear picture of training standards in competency development for professional psychology trainees.

In addition, Fouad et al. (2009) describe a list of competency benchmarks trainees are expected to meet in the journey to becoming a professional psychologist. There are three levels of competency assessment related to readiness for: practicum, internship, and practice as a professional. The authors describe a cube model of competency (Rodolfa et al., 2005) and outline a table with specific competencies a trainee should meet to demonstrate readiness in each of the three aforementioned levels. This table clarifies and standardizes the competencies expected of professional psychology students across multiple programs.

Competency Outcomes

Competencies are measured in multiple ways by training programs, including the use of the cube model framework and professional benchmarks (Rodolfa et al., 2005; Fouad et. al, 2009). They may be observed in classroom or clinical settings. They may also be measured through structured exercises and successful documentation of ideals related to the counseling psychology profession (e.g., Social Justice). For each essential component listed in the Fouad et al. model of assessing competencies, there are behavioral anchors which are ways to observe or measure a sometimes-abstract competency concept.

As an example of measuring the relationship between a competency and outcomes, DePue and Lambie (2014) examined whether a supervised counseling practicum at a university counseling center would lead to greater empathy in trainees as recognized by themselves and their supervisors. Trainees provided counseling services at a university counseling center and

received live supervision from a trained mental health provider on staff at the center. After the practicum experience, the trainees provided increasingly empathic counseling services indicating that training focused on competency development increased the proficiency of this competency. This specific competency development is critical to positive outcomes in building the working alliance and completing effective therapy (Miller & Rose, 2009).

Relatedly, competency development and implementation has been shown to improve consistency in services provided to consumers and aid in training and practice within the field of professional psychology (Kaslow, 2004; Schulte & Daly, 2009). Kaslow (2004) mentions the provision of competent services as a public safety issue in that trainees who are not competent may provide poor services which could have negative effects for the client or organization. Schulte and Daly (2009) describe the expectation and importance of consistent service delivery for consumers of psychological services. This consistency aids in the public's confidence of the psychology profession.

Criticism of Universal Competencies

However, some researchers warn of assuming competencies are always universal and underestimating the importance of context in training and practice (Gerstein et al., 2011; Gopaul-McNicol, 1993; Heppner, 2006). This leads to the importance of molding or creating competencies from within the context of a population instead of transporting guidelines from another context or culture. Not only would this personalization benefit clients, it would also assist trainees and their supervisors who are tasked with preparing them for a role as a competent counseling psychologist.

As an example, Hwang (2009) described a movement to indigenize psychology as beginning in the 1980's following a recognition of the ethnocentrism and cultural encapsulation

present in Western incarnations of psychology. Most of the countries cited by Hwang are within the Asian region (e.g., the Philippines, Hong Kong, and Taiwan). This is understandable as there are very stark contrasts between "Western" (U.S. & Europe) culture and "Eastern" (Asian) culture. As a result, disparities in competent treatment based on cultural differences may be more noticeable.

Hwang reviewed the cultural tradition of Confucianism as it compares to the principles of Counseling Psychology. Major cultural assumptions that Hwang asserts are products of U.S. or Western Psychology include: (a) an egocentric view of the self as more important than the group, (b) a separation of the mind (psychological concerns) from the body, and (c) that culture exists *"as a set of beliefs superimposed a posteriori on an invariant bedrock reality of biology"* (pg. 932). These assumptions conflict with belief systems in other regions of the world. For example, Hwang describes Confucianism as highlighting interdependence and relational goals over individualism or egocentrism. Secondly, culture is not simply superimposed over a universal biological context but is engrained in every fiber of one's being. Furthermore, the internalization of Western models of thought can lead to intrapersonal and interpersonal conflict due to significant differences in ideology.

Hwang (2009) also noted four goals of indigenizing Counseling Psychology, including:

> *"(a) employ culturally sensitive empathy to study cases of interpersonal conflict in local societies, (b) conceptualize the cases of interpersonal conflict and construct indigenous theories for understanding the local phenomena, (c) develop instruments for measuring the local phenomena, and (d) devise new methods of psychotherapy by referring to resources from all the available cultural heritages*" (pg. 937).

These goals echo the rationale for this present study and the field's call to create indigenous models of Counseling Psychology within each region or nation that the field exists. In order to achieve this goal, gathering a brief understanding of the history of the English-Speaking Caribbean is necessary.

The English-Speaking Caribbean

The Caribbean is a region of countries that exist in the Caribbean Sea and North Atlantic Ocean. These countries were initially inhabited by native peoples but following the influx of European and Asian colonizers in the region, are now inhabited mostly by the descendants of immigrants and slaves (Mintz, 1971; Sutherland, 2011). The region is well known for its eco-tourism and has been a vacation/expatriation destination for people around the world for most of its modern existence. The Caribbean includes the greater and lesser Antilles, which are island nations of varying geographical and population size. While each island nation contains its own cultural fabric and socio-political history, there are many commonalities between people of the countries in this region (Sutherland, 2011). It is by these commonalities that the population of interest, the English-Speaking Caribbean, has been selected.

The English-Speaking Caribbean (ESC), also known as the Commonwealth Caribbean or West Indies, is comprised of multiple island nations, although the exact groups of nations are inconsistent in the literature. For the purposes of this paper, any reference to the ESC will be inclusive of the following countries: Antigua & Barbuda, The Bahamas, Barbados, Dominica, Grenada, Jamaica, St. Kitts & Nevis, St. Lucia, St. Vincent & the Grenadines, and Trinidad and Tobago. Though connected to mainland Central America and South America respectively, Belize and Guyana share many socio-cultural similarities with the aforementioned nations and will also be included in the countries of interest for this project. The selection of these specific nations

was the result of the current author's personal understanding of intersecting cultures within the region and online searches of other nations which share similar traditions of British colonialism within the Caribbean region.

It is prudent to note that there are also British Overseas Territories in the region which share many socio-cultural similarities with other ESC nations and may also be considered as a part of this population. These include the Turks and Caicos Islands, Montserrat, Anguilla, the Cayman Islands, and the British Virgin Islands. This grouping of nations has been used in other research studies and noted publications (Gopaul-McNicol, 1993; Pilgrim & Blum, 2012). For the present study's purpose, examination of culture focused on post-colonialism and independence as this has impacted the predominant cultural framework of the majority of the ESC today.

Historically Important Events in ESC

There are several important events or periods in the ESC's history which helped shape the region's socio-political and economic culture today. The first of these events was the introduction of a Spaniard presence to the aboriginal people of the region. After making landfall in The Bahamas in 1492, the Spanish forces were responsible for the almost complete eradication of at least two races of indigenous persons in the Antilles. The region, at this time, was referred to as the West Indies as the colonizers had assumed they had located a part of the Indian region. Here, scholars suggest, may have begun the region's difficulty with identity development which persists to this day (Clarke, 1983; Gopaul-McNicol, 1993). For centuries to follow, the region was bombarded with and constructed by the influences of European nations seeking to colonize these landmasses. As a result, native populations were almost completely eradicated, cultural identity became influenced by European rule, and slaves were brought to the ESC as labor in developing industries to profit the British Empire.

Following the introduction of Spaniards to the region, the next important period to note was one of long, persisting colonialism. For all the countries included in this population of interest, colonization was perpetrated by British forces. Colonialism describes a nation's political actions of taking control of another country, settling on its land, and exploiting the host country's resources for the benefit of the invading nation (Ward & Hickling, 2004). Following the "discovery" of the Caribbean region, there was an extensive period of being settled on and used by European nations, including Britain. This European presence is still felt in the modern social, political, and educational systems in these Caribbean nations today (Dudley-Grant, 2001; Ward & Hickling, 2004; Sutherland, 2011). For example, many government and educational frameworks utilized in the ESC are vestiges or exact replications of the European influence which produced them. These remnants of a colonial history have impacted people's identity development among the nations. Of significance, a major period that occurred as a result of colonial influence was the introduction and persistence of the African slave trade, which deeply impacted the cultural development of the ESC today.

As a result of the history of slavery, the majority of persons who are now native to these island nations have some degree of African heritage due to the prolific slave trade (Gopaul-McNicol, 1993). Amuleru-Marshall, Gomez, and Neckles (2013) noted that slaves first arrived in the Caribbean region via the African Slave Trade during 1630-1640. They described that the lives of slaves in the Caribbean were difficult due to the warm temperatures and significant manual labor required to create agricultural industries in the multiple nations. The writers also noted that even in years following emancipation - which varied by nation - former slaves were not treated with respect and dehumanization continued well into the future.

Nations including Guyana and Trinidad have lower populations of those with African heritage, but they still make up a significant part of the population (Dudley-Grant, 2001). This is important to recognize as it impacted the socio-political history of the region, but also has major implications for social issues today, such as race and spirituality. Amuleru et al. (2013) describes the importance of considering Caribbean socio-political history (e.g., slavery and colonialism) in the creation of theories for helping persons within the region. African culture and traditions permeates the core of many Caribbean cultural frameworks. This is most evident in traditions of oral history, collectivism, family values, and spirituality (Sutherland, 2011).

Examples of family values include a respect for elders, women, and children, and a value of the family and community system above the individual (Amuleru et al., 2013). Stories and lessons are handed down through generations within the ESC by the use of oral traditions, including stories like Anansi the Spider which has roots in African folklore. Lore such as these have been a vessel through which wisdom is dispersed among cultural communities over generations. Also, spirituality in the ESC has been influenced by its African heritage. Spiritual practices like Obeah originated in West African communities and were transported to the ESC during the slave trade (Amuleru et al., 2013). While Christianity also developed into a significant influence in the region, Africana spiritualties such as Obeah have persisted as healing traditions and cultural markers. In the wake of emancipation, and more recently a period of post-colonization, ESC nations were tasked with building their cultural, political, and economic identities, a journey which continues today. Clearly, research in and about the peoples in this region would help further this identity formation. The current project adds to the identity of the ESC's people through the development of critical competencies in providing counseling services to its inhabitants.

Counseling in the ESC

As compared to many other regions, Caribbean psychology and counseling has a much shorter history of development and acceptance (Dudley-Grant, 2001; Hickling, Matthies, Morgan, & Gibson, 2012). Psychological theories and counseling methods originating from the United States and Western Europe, have been utilized within the ESC in absence of a native psychology, which some scholars have suggested is at least a disservice and at most a detriment to the Caribbean peoples (Díaz-Loving, Reyes-Lagunes, & Díaz-Guerrero, 1995; Gopaul-McNicol, 1993). Nobles (1989) warns of circumstances called “mistakes of meaning,” in which persons transport the methods and findings developed from one cultural group, to be used with another cultural group with limited or no critical analysis of the cultural differences. This is important to note as many of the pioneers for introducing psychology and counseling to the ESC received training outside of the region and brought this knowledge, to some degree, back to nations within the ESC (Ward & Hickling, 2004).

That said, the numbers of mental health providers in many countries in the region appear to be growing, though there is limited data on the number of professionals their training background (Palmer, Palmer, & Payne-Borden, 2012). Palmer et al. reported that most providers of counseling services in particular are employed in educational settings and tasked with assisting students in their socio-emotional and educational development. Ward and Hickling (2004) suggested, however, that as the numbers of trained practitioners grow, so does the exposure and acceptance of counseling psychology in the region.

Many reasons help explain the low numbers of professionals in counseling psychology in the region. One barrier may be the limited amount of counseling programs available in the region. This lack of training programs likely requires some to contemplate travelling abroad to

complete their education abroad. Some persons may choose to remain in the region to study, or, most commonly, travel to the US, Canada, or Europe to complete their studies in counseling psychology or related fields. Also, for many prospective counseling psychologists, the financial burden of graduate school within, or more likely outside of their home nation, may be a significant deterrent from the field.

The deterring effects of this may surely be existent for many other fields in which students must study abroad. However, this financial strain is then coupled with a lack of job security if and when graduates return to their home country. As counseling and psychology are not as prominent in the ESC, there are few positions in the field and recent graduates may find themselves with a degree, but no employment prospects (Palmer et al., 2011). Therefore, the production of more research and public interest in the field may also benefit the recruitment and retention of new professionals.

Additionally, the help seeking behavior and norms of ESC peoples is certainly of interest to the counseling trends in the region. Caribbean people as a group have been found to be unlikely to engage in psychotherapy or seek and receive professional mental health services (Hickling, Matthies, Morgan, & Gibson, 2012). Gopaul-McNicol (1993), in her seminal text on working with West Indian families, described multiple barriers to help seeking behavior in the population of interest. One of those barriers included a simple lack of exposure to professional mental health services. For example, lack of exposure may be limited knowledge of possible services and how services may provide relief to mental health concerns. Unfamiliarity will continue to wear away as the counseling psychology profession becomes a more persistent and regulated structure in the English-Speaking Caribbean

Another barrier, and perhaps a much stronger one, is the reluctance of Caribbean peoples to share their personal and familial issues with persons outside of their family and communities (Palmer et al., 2011). The extended family structure of the traditional Caribbean family allows for much support during difficult times and a great deal of inter-reliance between members. Researchers have documented that the Caribbean family is more likely to adapt an internal orientation to solving their concerns, as it goes against cultural norms to seek the advice of persons beyond the family, and to a lesser extent, the community (Gopaul-McNicol, 1993). It is understandable then that a profession which requires a person to share experiences, especially negative or fearful ones with a stranger, may have difficulty gaining traction in a culture such as the ESC. However, a precedent for such help-seeking behavior has been set in part by the cultural norm of seeking the counsel of religious and spiritual leaders who, while still a part of the community, are removed from the family system.

The aforementioned history of African heritage and influence of European colonialism have resulted in a diverse religious and spiritual culture within people of the region (Taylor et al., 2010). Christianity has predominant holdings within the ESC nations and clergy have been noted as acceptable outsiders from who people may seek help (Sutherland, 2011). African spiritualties, especially Obeah, also has a significant foothold in the region, Practitioners of Obeah are also considered acceptable outsiders to provide aid in times of emotional or mental struggles. It should be noted that to many persons who subscribe to these spiritual and religious beliefs in the region, mental health issues may be seen as a spiritual rather than a psychological concern (Gopaul-McNicol, 1993). For example, the presence of severe negative emotionality may be seen as a disconnection from one's spiritual purpose and so should require reconnection through interventions such as prayer, reading scripture, or other ritualistic behavior. In this way,

communicating with a religious or spiritual advisor instead of a psychological professional may be most congruent with a person's belief system.

The importance of the family and community structure however should not be mislabeled as a barrier to psychological well-being, as multiple researchers have noted the importance of families and community structure (Dudley-Grant, 2001; Gopaul-McNicol, 1993; Hickling, Matthies, Morgan, & Gibson, 2012). There is a great deal of merit to assessing and intervening on a family systems level because of the deep rooted significance of familial relations to people and their community (Gopaul-McNicol, 1993). Sutherland (2011) suggested that ESC culture is traditionally collectivistic in nature and the extended family structure is at the heart of psychological well-being and interpersonal harmony within the region. However, she also noted that Western psychology perpetrates an individualistic system that does not match the culture of the region. Therefore, transporting the psychological, and more specifically counseling, theories and traditions from a Western society are at odds with the needs of the people and as such, more likely to be rejected either directly or reflected in poor outcomes in treatment (Norsworthy et al., 2009).

As a result of this problem, creating critical, culture-specific counseling competencies for the region by experts is necessary to establish what is needed by people in the ESC nations. Although much research can be found on Caribbean persons in the United States, who are typically categorized as African American or Black identities, this population has a different history, a different present experience, and as a result, a different cultural identity which should be examined and taken into account when entering into a relationship as profound as counseling. In matching with the profession's goals and ethical standards previously discussed, the creation

of said competencies aids in the continuous identity development and establishment of the profession in the region.

School Counseling with ESC Students

School counselors working with clients from the ESC may need specialized knowledge, awareness, and skills compared to working with clients or students from different regions in the world. However, much of the literature on school counselors working with ESC clients are from studies performed on ESC immigrants living in the US and the UK (Brooks, 2009; Mitchell & Bryan, 2007; Morrison & Bryan, 2014). Nevertheless, the findings in US-based studies on ESC students illuminate helpful cultural contexts while providing thoughtful suggestions and guidelines. Bryan and Henry (2012) describe the importance of "democratic collaboration," "empowerment," "social justice," and a "strength's focus" in providing culturally competent services to Afro-Caribbean immigrants in the US.

Further, family level interventions are important in school counseling initiatives with ESC populations. Mitchell and Bryan (2007) reviewed Caribbean cultural values of "collectivism," "Spirituality," "self-amelioration," and "ethnic pride" and supported the implementation of the ASCA national model (ASCA, 2005) and Education Trust's initiative of "Transforming School Counseling." (Dahir & Stone, 2006; Education Trust, 1997). These initiatives encourage the development and implementation of competency areas for students who would benefit from specific attention. Students with academic achievement barriers, various immigrant statuses, and other marginalized identities (e.g., racial minority) were described as populations warranting heightened school counseling attention and services better tailored to their specific needs (Dahir & Stone, 2006). As it pertains to ESC students, increased attention to parenting and familial interventions was suggested as a major competency concern for school

counselors. Mitchell and Bryan (2007) suggested counseling activities that school counselors should provide, such as "Home visits with a Caribbean cultural broker," "Parent support groups," "Community based services for students," and collaborations with faith-based or inter-professional organizations in which the family may be active (pg.401-406).

Similarly, Morrison and Bryan (2014) indicated the importance of the family hierarchy and parent's expectations in understanding the world view of Afro-Caribbean students. They also described the use of dialect and slang in this population and how knowledge of these language difference may be helpful for school counselors in providing culturally competent services to these students. These researchers suggest school counselors should "increase language awareness" and "involve the family and community" in work with students from the ESC. These types of movements may make significant impact in the sensitivity of school counselors to the needs of Caribbean students.

Cultural Differences Impact Counseling in ESC

Similar to Hwang's (2009) commentary on the differences in Western and Eastern cultural values and assumptions, and the resulting issue of transporting psychological frameworks, one may expect some conflict in the uncritical exportation of U.S. counseling theories and interventions to the ESC. One major difference which may create conflict is the aforementioned importance of family values and community relations for ESC persons. This does not match the egocentric nature of an individualistic counseling theory or intervention protocol. In fact, some researchers suggest more family and systems level interventions (GoPaul-McNicol, 1993) as appropriate for working with persons from the ESC.

Another possible conflict is the importance and multilayered incarnation of religion and spirituality in the ESC. Due to the European and African influences on culture in the region as

described above, religion and spirituality are a large part of ESC culture and belief structures can be expected to have at least one, if not a mixture of multiple religions/spiritualties in its framework. For example, though a person may identify as a Christian, they may also hold some beliefs of Obeah. This could present an interesting dilemma on how to proceed with helping in a culturally appropriate way. Also, this intense spirituality may conflict with the Western separation of the mind and body as two, and a secular rejection of the soul or spirit as a meaningful part of the whole person. Lo and Dzokoto (2005; p. 125) discuss the "Ideal Master" as a professional's ability to balance evidence-based interventions with understanding and respecting religious principles and doctrine in working with cultures who highly value religion and spirituality. A framework such as this could be beneficial in the ESC as it was for Taiwanese and Ghanaian clients mentioned by Lo and Dzokoto.

Finally, the combined effects of historic oppression and identity development difficulties also could be viewed as a significant contrast to many Western psychological ideals. These historical factors are important foundational features in the personal identity of ESC people and cannot be ignored as a superimposed cultural factor which does not permeate their daily experiences. For many, this historical factor has resulted in pride, nationalism, and dedication to one's community and country. This may make persons from the ESC less open to outsiders, and more suspicious of accommodating new ideals which do not match their cultural frameworks, as this could be a threat to personal, communal, or national identity. Herein also lies a rationale for the completion of this dissertation study with participants within the region.

Purpose of Study

As described in the previous chapter, this study sought to create a list of counseling competencies deemed critical to providing culturally appropriate services to clients residing in

the English-Speaking Caribbean region. To accomplish this task, a panel of experts was recruited using the Delphi method (RAND, 2015), which solicited knowledge through three rounds of data collection. In addition to soliciting information to create the initial list, participants were asked to rank their agreement of the importance or critical factor of each item. This process resulted in a final, comprehensive list of competencies created and vetted by a group of trained researchers, instructors, and/or practitioners of and within the English-Speaking Caribbean region. Due to the open and exploratory nature of this study and methodology, there were no stated hypotheses or expected results for this project. The final chapter includes a discussion of how the critical competency results may be related to significant cultural and professional factors described in this review in addition to new factors not previously identified.

CHAPTER III

METHOD

The Delphi Method

Developed as a tool for market forecasting, the Delphi method has been used in research across fields and disciplines (Linstone & Turoff, 1975; RAND, 2015; Yousuf, 2007). This method includes combining the intellectual property of multiple experts to formulate a diverse and inclusive product – in this case, a list of counseling competencies specific to working with people from the ESC. The procedure of the Delphi method shares some common features with the process of conducting focus groups. This research methodology is most like a focus group as researchers request knowledge and opinions from participants who then receive comparative feedback on the responses of other participants.

Conversely, this qualitative approach is least like a focus group in that participants never converse with each other and instead communicate anonymously through the channel of the researcher. Also, the selection of membership for focus groups may not depend as greatly on expert status whereas this is integral to the Delphi design. The Delphi method includes three rounds of data collection in which information is requested from participants through survey procedures, compiled by the researcher, and then presented to the entire panel for their input in subsequent rounds of collection.

There are several general advantages of the Delphi method for the current project. For example, one can remove logistical barriers, such as those formed by geographical distance and limited financial resources. This is accomplished as panel members do not need to travel or

reserve time to meet as a group. This is particularly helpful for international research projects, such as the present study, due to the difficulty of convening multiple experts from various nations for three rounds of data collection. The number of participants is then only limited to the practicality and ambition of one's data analysis plan.

Another advantage of the Delphi method, as compared to other group paneling methodologies, is the design feature which may limit some degree of conformity among participants, which can influence the data (Mittnacht & Bulik, 2015). Conformity lowers the diversity of voices as participants may reject some of their initial thoughts to match the group's more influential voices. Undesirable conformity behaviors may be limited by the Delphi methodology as participants are not speaking to each other, are not present in the same room, and do not necessarily know the identities of the other panelists. Although there is still a possibility of conformity and responding in a socially desirable manner in the present study, certain components of the Delphi method work to reduce this threat to validity. For example, the lack of direct interaction among panel experts may help reduce the social pressure to conform in responses, which may be more prominent in focus group methodologies. An additional strength of this method is the researcher's ability to include the insights of diverse individuals on the project.

Potential difficulties or downsides to this method include the large time investment needed by participants and researcher as the process unfolded over multiple weeks and possible attrition due to multiple data collection points (Hsu & Sanford, 2007). Several research design elements were utilized to counteract or minimize the effects of these drawbacks. First, all three rounds of data collection were completed over the span of three months. Also, to minimize attrition, selected experts were reminded of the value of their participation to the Caribbean

region and the psychological community. A cultural value of community or social responsibility was capitalized upon in this instance. Also, participants received a small donation made in their honor to a selection of Caribbean charities, following their participation.

Applying this method to international counseling competencies, the Delphi approach has been particularly useful in exploratory studies. Through this method, researchers begin to build a knowledge base with the collective insight of experts who are chosen for their ability to provide sophisticated responses to important prompts. This curated knowledge is then of and for the people of the region from which it is sourced, furthering the goals of internationalization through multiculturally appropriate methods.

Participant selection in the Delphi method. Participant selection is important for the Delphi method as the quality of results and conclusions drawn from the results are built on the expertise of the participants. Past studies have included anywhere from three to over one hundred experts on a single Delphi panel (e.g., Skulmoski, Hartman, & Krahn, 2007). According to Skulmoski et al. (2007), the number of participants one should include may be determined by the expected homo- or heterogeneity of the group of experts. An especially heterogeneous group should have more members than a homogeneous group, and inclusionary and exclusionary criteria could be more difficult to establish when desiring a heterogeneous sample of experts. It was expected that the heterogeneity of the group would be high due to recruitment of participants from multiple countries of origin (all within the English-Speaking Caribbean), possible professional differences (counseling psychology, clinical psychology, school counseling, etc.), and variety of clinical experiences. However, the final sample of participants who completed the current study was greatly homogenous.

Okoli and Pawlowski (2004) suggested 10-18 panel members as the prime number of participants for a successful Delphi study. By reviewing prior studies using this method, a number of 30 participants was determined to be a promising goal as it allowed leeway for reaching data saturation (Boulton-Olson, 2008; Rofkhar, 2014; Rountree, 2004). More participants may be recruited to counteract possible attrition rates.

Participants

Thirty-four participants completed Round 1 of this study online and via phone calls with the primary investigator. They indicated their review and approval of informed consent information in an online survey form and via verbal consent during phone calls. Participants responded to a demographic questionnaire and completed the competency survey questions. Demographic information for participants included: Country of Origin, Country of Residence, Profession type, Education level and specialization, Years of professional experience, Country of training, and Countries of service provision experience. These demographic questions were necessary in assessing participant appropriateness for inclusion on expert panel. One participant did not have more than two years of experience as a practicing counselor and therefore was also excluded from the data analysis. In addition to the completed 34 surveys referenced above, four participants provided demographic information but did not complete the competencies responses. Therefore, they were dropped from further study inclusion.

The following demographic results reflect characteristics of the remaining 33 participants. Thirty-two (97%) participants indicated the Bahamas as their country of origin and country of residence. One (3%) participant listed USA as their country of origin and Jamaica as their country of residence. Twenty-seven (82%) participants noted their profession as Practitioners - School Counselors, 3 participants noted their profession as Practitioner-

Counselor, 1 participant noted their profession as Practitioner Psychologist, and 1 participant noted their profession as both Instructor and Practitioner. Present educational levels and specializations included: MA or M.Ed.- School Counseling (14; 42%), MA/M.Ed.- Counseling (8; 24%), MA- Marriage & Family Therapy (1; 3%), MA - Counseling Psychology (1; 3%); M Ed. Counselor Education (1; 3%), Diploma of Education in Pastoral Counseling (1; 3%), BA - Psychology (4;12%), MA - Psychology (3; 9%). Reported years of professional experience ranged from 2 - 40 years with an average of 11.90 years, and a standard deviation of 8.55. Countries of professional training listed included U.S.A (19; 57%), The Bahamas (10; 30%), Jamaica (2; 6%), Canada (1; 3%), and Barbados (1; 3%). Countries of service provision included The Bahamas (23; 70%), U.S.A (7; 21%), and Jamaica (3; 9%).

Experts for the current Delphi panel were chosen using four main criteria as noted by Adler and Zigilio (1996) and reiterated by Skulmoski et al. (2007). Participants were selected based on their: a) Knowledge and expertise in the field of counseling or mental health service provision in the ESC, b) willingness to participate in most if not all rounds of data collection, c) time and other resources (e.g., high speed internet access) necessary for complete and timely participation, and d) adequate written communication skills to effectively describe their opinions when prompted. Experts recruited for this study included researchers, professors, and practitioners with an acceptable amount of experience studying, training, or working within the ESC region. More specifically, researchers were expected to have at least two publications on the main subject of counseling in the Caribbean (preferable), Caribbean mental health (acceptable), or Caribbean psychological services (type of services to be evaluated for extent to which they are similar to counseling or therapy type services). No experts who participated in the current study self-identified as researchers.

University professors and/or instructors recruited for this study were expected to have a minimum of five years of experience teaching and/or training students in topics of counseling in the Caribbean or Caribbean mental health concerns. One participant identified as both a practitioner and instructor and met adequate experience qualifications overall. Finally, recruited practitioners were required to have 2-3 years of verifiable and continuous counseling experience within the region following completion of an accredited graduate training program in a counseling-related field. Four experts had not completed a graduate program in counseling but instead had over 15 years of experience providing counseling services. This was deemed acceptable as a graduate degree in counseling was not required when these persons began their profession and they have since completed continuing education requirements as prescribed by their governing body. These standards were solicited during phone conversation with participants.

It was preferable that all participants share the cultural identity of the ESC. An option was provided for the inclusion of prospective members who had a significant breadth of knowledge and/or experience providing mental health services in this region with knowledge of the ESC culture but did not identify as native to the region. All expert members of the current study identified as originating from an English-Speaking Caribbean nation. These inclusionary criteria allowed for a somewhat consistent level of expertise while leaving room for a breadth of experiences.

During the data collection process there was significantly more participant interest from school counselors who provide mental health, academic, and vocational support to students in countries around the Caribbean. Inclusion criteria was amended with the approval of the full dissertation committee to allow for specific inclusion of school-based counselors as a target of

recruitment. By including school-based mental health service providers in the participant pool, it was expected that there would be a more accurate snapshot of experts who actually provide counseling services in these nations. This was consistent with Palmer et al.'s (2012) assertion that most Caribbean counseling providers work within educational settings.

Procedures

Round 1 Recruitment

Study approval was sought and attained from the University of North Dakota's Institutional Review Board to complete data collection for this study. Recruitment initially occurred via email to potential participants (See Appendix A). Potential participants were located following ESC literature searches for authors, Caribbean training programs in counseling, and online searches of professional counseling organizations and private practices in the Caribbean. Secondary recruitment utilized the snowball technique as potential participants were asked to nominate other potential experts who they believed met the above criteria. This secondary recruitment tactic was included in the first and second procedural rounds of the present study as described below.

During recruitment, it became apparent that the most responsive participants had been contacted directly (in-person) or through word-of-mouth. Recruitment in The Bahamas was most successful. When asked informally why they chose to participate in the study, some participants mentioned helping a "fellow Bahamian", wanting to "make a difference" and "advance the field", and added that knowing "other counselors were helping" made them more likely to help. One participant expressed gratitude for being included in the study and then being able to share their insight with other professionals. Another participant stated that they were most interested in learning the responses of others in their nation and comparing those to their thoughts on

important competencies. While increasing the homogeneity of the project, capitalizing on national identity of participants appeared to be an important and successful tactic in participant recruitment and retention.

Round 1 Data Collection

Participation in this study occurred via phone surveys and online surveys through the web portal-Qualtrics. Participants were presented with an informed consent webpage describing the three rounds of data collection, their expected time contribution, any risks (limited) and benefits to participation, and contact information for the principal investigator and institutional review board overseeing the study (See Appendix B). Those who were selected during recruitment to be called were sent a copy of informed consent via email and gave verbal consent to participate to researcher during the initial phone call. Participants were reminded that their voluntary participation may be withdrawn at any time. Any data collected prior to a participant's voluntary withdrawal became part of the data analysis. Participation was confidential, and participants were later given the choice to have their identities included in the final document dissertation.

Upon completion of informed consent protocols, online participants clicked forward to a secondary webpage requesting their input on the first stage of data collection (See Appendix C). Participants received a personalized link and were able return to their specific survey page as many times as they wished within the three-week collection period for Round 1. Phone participants were able to end their call and complete it at a future time if needed. All but one phone participant was able to complete the entire Round 1 portion of responses in a single phone call lasting under 20 minutes. The initial prompt was a broad and open question designed to solicit multiple varied responses without the influence of the author's bias. This was decided following deliberation with the full dissertation committee. Major support for using an open-

ended prompt included the reduced influence of U.S/Other International based competency models, and influence of primary investigator's own training and personal-professional biases as a Caribbean person receiving counseling training in the United States. While closed prompts would be valuable in framing responses, it was determined that the unfettered voice of the participants was of most importance in the initial round.

Participants were requested to *"Please create a detailed list of at least ten counseling competencies which would be critical for successful, culturally appropriate counseling with persons in the English-Speaking Caribbean."* A definition of counseling competencies was provided to participants. Participants also received examples of counseling competencies found in a research article (Kenney et al., 2015). This example was chosen as an aid to describe the type of content usually found in competencies. While there was consideration that the content may influence the types of responses participants gave, the benefit of an optional informational resource outweighed concerns of possible influence. Also, said examples were not available when rating importance of items and was not expected to impact the process of Rounds 2 or 3. Post-hoc review of participant items in comparison to example competencies provided did not reveal any similar items or visible derivation from example material.

Round Two Data Collection

Following Round 1, participants received an email notification alerting them to the opening of Round 2 of data collection (See Appendix D). Phone participants received an email notification and a call to schedule data collection. As is congruent with the Delphi Method new participants are permitted to join the second round of data collection to rate the importance of factors created in Round 1 by initial participants (Boulton-Olson, 2008; Skulmoski et al., 2007). Therefore, potential participants who did not participate in the Round 1 were also invited to

participate in Round 2 of collection and completed the informed consent process identical to Round 1 participants. There were four new participants and a remaining 28 participants from Round 1, totaling 32 participants in Round 2. There was a relatively low attrition rate for Round 2 (15.2%; 28 returning individuals out of 33 in Round 1;), though this was the result of extending collection into a third week to allow for more responses and sending multiple reminders. The demographics for the new participants included: all participants indicated the Bahamas as their country of origin and country of residence, and all noted their profession as Practitioners - School counselors. Educational levels and specializations included: M. Ed- School Counseling (*N*=1), MA- Counseling (*N*=2), and MA- Psychology (*N*=1). Reported years of professional experience ranged from 3-15 years (*M*=8.4, *SD*=4.93, Median=6). Countries of training listed included only the U.S.A (*N*=2), and both The Bahamas and the U.S.A (*N*=2). Countries of service provision included The Bahamas (*N*=3) and U.S.A (*N*=1).

Participants received the list of competencies from Round 1, sorted into three competency domains in Awareness & Attitudes, Knowledge, and Skills as described in step four of round one data analysis (See Appendix E). Participants were asked to provide numerical rankings of the importance of items. Participants were prompted to *"For each section below please rate the importance of each one of the competencies needed to provide culturally appropriate counseling services to Caribbean populations."* Each section used a 5-point Likert-type rating scale for participants to indicate level of importance: 1- not at all important; 2- slightly important; 3 -moderately important; 4- very important; 5- extremely important. Participants were also given space at the end of the ranking boxes to provide additional items or feedback on any items or categories already presented. While no edits or additions were suggested, a panel member used the space to comment positively on the thoroughness of the list.

Participants who had not previously completed Round 1 of the study were asked to provide demographic information. Following the closing of data collection in Round 2, the final competencies list was composed with the addition of the critical factor (participants' ranking of how critical the item is to provide appropriate services) of each item under the themes. Additional statistics were calculated including standard deviation of critical ratings and participants' own critical rating of each item (to be discussed in the Results section). No new participants were accepted following the close of Round 2.

Round Three Data Collection

This final round of data collection began with email alerts of its opening date which was sent to all participants who completed Round 2 of the present study (See Appendix F). Sixty-seven percent of participants from Round 2 completed the third round of data collection (N=22). All participants (phone and online contributors) received personalized emails with a word document attachment. The email thanked them for their continued participation and outlined what was asked of them in the final iteration of the survey. Participants were also given a time estimation for participation. The attached document included detailed instructions to review list statistics and compare to their initial responses (See Appendix G). They had the option to change their initial ratings of item importance or retain initial ratings in light of comparison information.

Participants were also offered the chance to comment on list categories and suggest moving items from one category to another with a rationale for their assertion. They were also able to provide feedback on the study overall. This was provided so that experts had an opportunity for additional input into the final iteration of the competency list presented in the results of this paper. The end of the survey included a place for participants to indicate whether they would like their names to be printed upon publication of this study. This is a standard

request in Delphi methodology and allows recognition and acknowledgment of the efforts of the panel members. They were also asked to name a charity to which they would like a $5 donation made in gratitude for their effort in completing the study. Finally, participants were alerted that they may be notified of any upcoming publications or presentation of data used in this study but may opt out of updates by email at any time including preemptively during this final round of data collection.

Round 1 Data Analysis

Step One. Qualitative analysis has been noted as fitting well within the design of the Delphi method even though most Delphi studies also apply quantitative methods (Skulmoski et al., 2007). Thematic Analysis, Content Analysis, and Grounded Theory methods have been chosen to analyze the responses of participants in the first and second rounds (Hassan, Keeney, & McKenna, 2000; Hussey, 2012; Jeffery, 1995; Lopez & Rogers, 2001). There are few formal guidelines on how to employ a specific qualitative methodology within the Delphi design (Okoli & Pawlowski, 2004). Conventional qualitative content analysis was chosen for the present study because of its utility in organizing similar content based on codes developed before or during data analysis (Cho & Lee,2014; Hsieh & Shannon, 2005; Krippendorff, 2013). An inductive approach to data analysis was taken due to the novelty of study content, therefore codes were not developed until the data was reviewed multiple times by the researcher (Elo & Kyngäs, 2008).

At the end of the collection period for the first round, the researcher downloaded all online responses and created a list of the described competencies. Participant responses were transcribed by the researcher during the phone call and were not audio recorded. As a form of member checking, each participant response transcribed by the researcher was read back to participants during phone conversations. Transcriptions were typed into password protected

documents and stored with online data on an external hard drive with encryption enabled. The first round of analysis included a review of all submitted competencies for unclear or incomplete items. Any items that were not immediately clear to the researcher were flagged for rechecking. The researcher contacted experts whose items were unclear or incomplete to provide clarification or additional response data. This version of member checking in qualitative was considered important in achieving accurate representations of participants' ideas and improves construct validity (Creswell & Miller, 2000). When an accurate representation was accomplished, the items were added to the full list of developing competencies.

Step Two. The second round of analysis included a review for overly specific professional items. Due to the high recruitment of school-based counseling professionals, a pre-analysis decision was made to screen for items that may not be easily generalized to other subfields within the counseling profession. A definition of *overly-specific professional items* was constructed to mean any items blatantly referencing competencies solely or mostly useful for a specific profession in its current form.

Items identified as overly-specific were compiled with similar and more general items (e.g. an item referencing School Counselor ethics adherence was included in an overall ethics adherence category). Any overly-specific items that did not have a similar general item present in the main list of submitted competencies was changed into a general item by researcher. For example: "Advocate for student's success" was generalized to "Advocate for client's success and/or well-being", Experts submitting any overly-specific items that were generalized were contacted to ask if the new item reflected their original thought. No expert disapproved of the generalization of their initial item. This method adaptation maintained topic focus in the data provided and benefited from the researcher's continuous access to participants and their agency

to edit their own responses throughout the study. In this and other ways referenced below, participants were active in creating the data, shaping the codes, and commenting on the categories in the study.

Step Three. The third step of analysis included a review of all suggested competencies with the intention of identifying codes from the sentences and paragraphs provided by each participant. The main idea from each response was added verbatim to a code list. The code list was de-identified, ensuring the researcher was no longer aware of whom the exact code belonged to during the remainder of the analysis. Codes that were redundant (reflecting identical ideas) were clustered (Okoli & Pawlowski, 2004). The third step of review yielded 283 codes of novel and redundant items. Due to the absence of a second coder, the researcher recoded original data one week following initial coding and compared differences in codes. Fourteen codes (4.95%) were flagged as different. These items were reanalyzed by the researcher for a third time, who then coded these items compared to the majority of other items previously coded. Changes to codes included splitting one response item into multiple codes or reducing multiple codes into a single code if it represented a singular idea. This was done to increase accuracy of coding process. Following this recoding process, there were 272 novel codes to be included in the remaining data analysis steps.

Step Four. The fourth step of analysis included sorting codes into categories based on a competency component framework. The categories into which the codes were sorted included Knowledge, Awareness & Attitudes, and Skills (Rodolfa, Bent, Eisman, Nelson, Rehm, & Ritchie, 2005; Wester & Borders, 2014). The *knowledge* category denoted items that indicated information a counselor should possess. The *awareness and attitudes* category included items that referred to self/other awareness or values and attitudes a counselor should hold. While

originally two separate categories, attitudes and awareness were combined due to a lower number of items in each and similar content overall. The *skills* category included behaviors that counselors could demonstrate to show proficiency in practice. While the Delphi methodology does not require the use of categories for data analysis or management, Okoli & Pawlowski (2004) asserted that categories would improve readability or participant comprehension of the survey in the Round 2 of participation for expert participants.

Step Five. The fifth and final step of analysis for item content encompassed aggregating similar items within the three categories into competency areas to be included on the Round 2 survey for importance rating. As an important and customary step in content analysis, responses were aggregated due to the large number of redundant or largely similar codes provided in round one (Cho & Lee, 2014). The redundancy indicated a similarity in ideas which not only showed promise of future consensus but allowed for appropriate clustering and summarization of items into broader themes. Each item in the Round 2 survey presented to expert participants was an aggregate theme of multiple codes. Any code that was novel was added to the list in its original form so as not to lose any new themes due to low frequency (i.e. mentioned by few participants).

Round 2 Data Analysis

Round 2 data analysis included statistical computations of numerical importance ratings provided by participants on likert scales. Each item was analyzed across the group for mean importance rating, standard deviation, and variance. Measures of central tendency indicated overall importance levels and measures of dispersion provided insight into the general consensus level of participants on each item Demographic data for the four new participants were added to existing information from returning Round 1 participants. Of the four new participants, none

added text/qualitative information in Round 2 – they only provided their quantitative importance ratings for existing items.

Round 3 Data Analysis

Round 3 data analysis included identical statistical computations as completed following Round 2. New participant data included changes to importance ratings for specific items on the Round 2 survey. Comparisons are made of any importance ranking changes between round 2 and round 3 in the Results section.

CHAPTER IV

RESULTS

Round 1 Results

Conventional qualitative content analysis was used for Round 1 of data collected in the study (Cho & Lee, 2014; Hsieh & Shannon, 2005; Krippendorff, 2013). The responses of each participant were first parsed into discrete codes by aggregating repeat phrases and ideas. There were 272 initial codes submitted by participants in Round 1. Due to a significant amount of redundancy and overlap in content among multiple codes, they were condensed during qualitative analysis into 48 discrete competency areas under three organizational categories.

TABLE 1.

Demographic Information for all participants who participated in 1-3 rounds.

Participant Variable	n	%
	R1: N=33 R2 New: N=4	
Country of Origin		
Round 1	32	97%
Bahamas U.S. A	1	3%
Round 2		
Bahamas		
	4	100%
Country of Residence		
Round 1	32	97%
Bahamas	1	3%
Jamaica		
Round 2	4	100%
Bahamas		

Table 1 contd.

Participant Variable	n	%
Profession		
Round 1		
Practitioners- School counselors	28	85%
Practitioner- Counselor	3	9%
Practitioner Psychologist	1	3%
Instructor and Practitioner	1	3%
Round 2		
Practitioner- School Counselor	4	100%
Educational Level & Specialization		
Round 1		
MA or M.Ed.- School Counseling	14	42%
MA/M.Ed.- Counseling	8	24%
BA- Psychology	4	12%
MA- Psychology	3	9%
MA- Marriage & Family Therapy	1	3%
MA- Counseling Psychology	1	3%
M Ed. Counselor Education	1	3%
Dip. Ed in Pastoral Counseling	1	3%
Round 2		
M.A Counseling	2	50%
M.Ed.- School Counseling	1	25%
MA- Psychology	1	25%
Country of Training		
Round 1		
U.S.A	19	58%
Bahamas	10	30%
Jamaica	2	6%
Canada	1	3%
Barbados	1	3%
Round 2		
U.S.A	2	50%
Bahamas	2	50%
Country of Service Provision		
Round 1		
Bahamas		
U.S.A		
Jamaica		

	23	70%	
	7	21%	
	3	9%	
Round 2			
Bahamas	3	75%	
U.S.A	1	25%	
	Mean	SD	Range
Years of Professional Experience			
Round 1	11.90	8.55	2-40
Round 2	8.4	4.93	3-15

Table two documents the competency areas with frequency included in each area from Round 1. Frequency refers to the number of codes within a competency area, therefore the number of participants who endorsed the competency area.

TABLE 2.

Round 1 Competency Areas with Code Frequencies in Categories.

Competency Areas in Categories (Frequency-Percentage of Respondents Endorsing Code)
KNOWLEDGE
1) Ethical guidelines of nation and profession (e.g. confidentiality) *(11-33%)*
2) Specific social concerns in the nation (e.g. addiction, gang violence, child abuse) *(8-24%)*
3) Ways that cultural differences impact the counseling relationship *(8- 24%)*
4) Ways gender roles and patriarchy impact society & clients *(7-21%)*
5) Laws of the country pertaining to mental health & counseling practice. *(5-15%)*
6) Common dialect, slang, or terms from other languages common in nation. *(3-9%)*
7) The practices and beliefs of common religious/spiritual groups in the region. *(3-9%)*
8) Ways Race and Colorism impacts clients *(2- 6%)*
9) Cultural differences within a nation (e.g. people from different islands/regions) *(2 -6%)*
10) Ways Mental Health Stigma impacts help-seeking *(1-3%)*

Table 2. cont.

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11) Ways the family structure impacts society (e.g. extended families, "common law arrangements" *(1-3%)*

AWARENESS

1) Impact of client's religion and spirituality *(20-61%)*
2) Impact of client's family structure *(13-39%)*
3) Counselor's awareness of own biases, stereotyping, prejudices. *(13-39%)*
4) Impact of client's worldview on the counseling relationship *(12-36%)*
5) Impact of mental health stigma on help-seeking behavior *(11-33%)*
6) Impact of client's Immigration Status *(9-27%)*
7) Impact of client's class/ social economic status *(9-27%)*
8) Counselor's awareness of own cultural identity *(7-21%)*
9) Counselor's awareness of own limits of competency/ training *(7-21%)*
10) Impact of client's gender/ sexual orientation *(6- 18%)*
11) Impact of mixed ethnicity/ minority status within country *(6- 18%)*
12) Impact of mental illness laws & procedures in country *(3- 9%)*
13) Impact of client's culture on assessment results & interpretation *(2-6%)*

SKILLS

1) Active and empathic listening *(15- 45%)*
2) Network and provide/attend trainings with other professionals *(10-30%)*
3) Micro-skills (Verbal/ Non-verbal counseling skills) *(9- 27%)*
4) Build rapport with non-judgmental acceptance *(8- 24%)*
5) Proper Case Management & Time Management *(6- 18%)*
6) Be a "Social Agent of Change" and participate in system/society level interventions *(6-18%)*
7) Educate, empower, and advocate for clients *(6-18%)*
8) Setting professional boundaries while maintaining culturally appropriate casual encounters *(4-12%)*
9) Choosing culturally appropriate interventions *(4-12%)*

Table 2. cont.

10) Learn about client's culture (academically & socially/informally) *(4-12%)*
11) Refer to community/ agency resources when appropriate *(4-12%)*
12) Be flexible with interventions *(4-12%)*
13) Group interventions *(3-9%)*
14) Research and Assessment *(3-9%)*
15) Utilize Continuing Education for ongoing multicultural competency *(3-9%)*
16) Adhere to ethical guidelines of nation and profession *(3-9%)*
17) Self-care *(2-6%)*
18) Use supervision *(2-6%)*
19) Crisis interventions *(2-6%)*
20) Use family-based interventions *(1-3%)*
21) Grief counseling *(1-3%)*
22) Short-term therapy skills *(1-3%)*
23) Strengths-based intervention *(1-3%)*
24) Culturally appropriate diagnosis w/ explanation for client *(1-3%)*

Knowledge competency areas. Eleven knowledge-based competency areas emerged from the data in the first round. The first competency area was *Ethics and Confidentiality* and included eleven codes about counseling ethics with a focused emphasis on confidentiality and its limits (e.g. "The counsellor should be aware of legal and ethical standards regarding their professional activities with client."). The second competency area was *Specific Social Concerns Within A Nation* which had eight codes describing the importance of knowing social issues specific to the nation in which one is practicing (e.g. "Knowledge of addiction (specifically marijuana use)"). The third category *Culture Differences Impacts Counseling Relationship* had eight codes referring generally to the idea that differences between a counsellor and a client's cultural experience may impact the therapeutic relationship's development and/or success (e.g.

“Understand their personal cultures and how these cultures might impact the assumptions they have about their clients’ culture”).

The fourth category that emerged was *Gender and/or Patriarchy* which had seven codes referencing a counselor’s knowledge of gender dynamics in the Caribbean (e.g. “The patriarchal nature of the Caribbean in general”). The fifth category was *Laws about Mental Health and/or Counseling* with five codes about the importance of knowing one’s country’s legal statutes related to the counseling profession and mental health services in general (e.g. “Having an understanding of the laws and ethics that govern the practice of Mental Health Practitioners.”). The sixth category was *Use of Language- Dialect and/or Slang of Nation* which had three items referring to a counselor’s knowledge of language terms from a country’s dialect (e.g. “Being able to understand the language, lingo, jargon, slang of the clients; e.g. "my mother is so salty and always throwing shade on me").

The seventh category labeled *Religious/Spiritual Practices & Beliefs* included three codes referencing knowledge of general and specific practices and principles of religious and spiritual groups in the Caribbean (e.g. “Knowledge of the differences between religious beliefs. The bedrock of the Bahamas is religion, but there are distinct differences between religions that inform people's sense of self. For example, the role of women in some churches is a more submissive role than in others.”). The eighth category was *Race and Colorism* which included two codes describing the need for knowledge about the impact of racism and its derivatives in the Caribbean (e.g. “…I have found that the issue of colorism has major implications.”). The ninth category was *Cultural Differences within the Nation* and included two codes about intra-national/regional issues of culture to consider when providing counseling services (e.g. “Cultural differences within the country. Although we are one country [The Bahamas] there are subtle

differences between the cultures of the different islands. People from some islands are more apt to believe in obeah than others.").

The tenth knowledge-based category included one item referencing the importance of knowing about *Mental Health Stigma* (e.g. "Recognizing the attitude and stigma associated with people in the Caribbean who seek counseling or any other mental assistance"). The eleventh knowledge-based category had one item that referenced the *Family Context* of a region or country (e.g. "appreciate the cultural context of the common law arrangement which has influenced the disorganized sequence of marriage, such as couples meet, have sexual relations, as a result a baby becomes the glue for the relationship or not. In any event the actual marriage is last if [it] even [occurs] at all.").

Awareness competency areas. There were thirteen awareness-based competency areas in Round 1. The category with the most codes was *Religion and Spirituality,* which included 20 codes referencing a counselor's awareness of the impact of a client's religion or spirituality (e.g. "Also consider the importance of the client's religion and spiritual values."). The second category included thirteen codes about a counselor's awareness of the impact of a client's *Family Structure* (e.g. "…of family structures hierarchical values and belief from various cultural perspectives.") The third category *Self-Awareness of Biases* included thirteen codes describing the importance of a counselor's awareness of one's own biases held about groups of people (e.g. "Aware if their stereotype and pre-concerted notions that they may hold toward other racial and ethnic minority groups"). The *Client's Worldview Impacts the Counseling Relationship* has twelve codes referring to a cognizance that the relationship between a counselor and client is impacted by the client's cultural worldview (e.g. "to understand one's personal worldview and how it can affect their relationship with counselors").

The fifth category *Mental Health/ Help-seeking Stigma* included eleven codes referencing the impairment of help-seeking behavior due to mental health stigma in the region/nation (e.g. "Societal stigmas. People are ashamed to seek help, because they feel that others will judge them, and they will be looked down on"). The sixth category included nine comments about *Immigration Concerns* as an important area of awareness for competent counselors (e.g. "Impact of family and person's immigration statutes as this affects the way the person views reality and is viewed by society"). The seventh category included nine codes about the awareness of issues of *Class and/or Socio-economic Status* (e.g. "Awareness of classism." and "Although the Bahamas appears not to have the same class structure as other countries, there is still a class structure. Attempting to ignore this structure could be detrimental to the client counsellor relationship.").

The eighth category *Self-Awareness of Identity* included seven codes describing the importance of a counselor being aware of her own identity when practicing competent counseling (e.g. "Self-awareness and sensitivity to one's own cultural heritage is essential."). The ninth category was *Self-Awareness of Competence* which included seven codes referencing a counselor's awareness of their own range of professional competence ("Recognize limits to expertise. Ethical limit of competence."). The tenth category included six codes reflecting the necessary awareness of client's *Gender and Sexual Orientation* (e.g. "Familiarize themselves with the needs and counseling issues of diverse sexual orientations and gender identity/expression").

The eleventh category titled *Intra-Cultural Differences* included six codes referencing awareness of the experiences of sub-cultural groups within the country or region who may have marginalized identities (e.g., "Multicultural awareness possessing an awareness of the background and belief of Haitian Bahamian students and other ethnic backgrounds."). The

twelfth category *How Counseling Laws Impact Service* included three codes describing awareness of the impact of a country's mental health laws on counseling provision (e.g., "The counsellor should be aware of legal and ethical standards regarding their professional activities with client."). The final category *Culture and Assessment* included two codes referencing the awareness that a client's cultural background may impact assessment tools and results (e.g. "Skilled counselors consider potential bias in assessment instruments and use procedure and interpret findings keeping in mind the cultural characteristics of the client.").

Skills competency areas. Data analysis revealed twenty-four competency areas referencing skills a counselor should possess to practice culturally competent counseling in the ESC. *Active and Empathic Listening* was the most frequently mentioned skill with fifteen codes (e.g. "Counselors should be able to actively listen to and empathize with clients"). The second most frequent area with ten codes referenced the importance of *Inter-professional Practice: Networking and Training* with other counseling professionals (e.g. "Networking skills: Be able to liaise with other professional agencies and organization"). The third competency area described the use of *Verbal/Non-Verbal Skills or Micro-Skills* in nine codes (e.g. "Great nonverbal communication- using facial expressions, eye contact gestures and posture as affective as our words.").

The fourth skill competency area included eight codes about the importance of *Building Rapport and Being Non-Judgmental* in interactions with clients (e.g. "Respect- Show sensitivity and trustworthiness, be non-judgmental"). The fifth skill area of *Case Management and Time Management* included six codes about various administrative tasks (e.g., "Organizational skills to keep case/ referrals "Etc." filled and logged."). The sixth skill area, *System Level Interventions "Social Agent of Change"* described the counselor's role in making efforts to

change systemic issues that impact clients in six codes (e.g. "Acts as a system change agent to create an environment promoting and supporting clients"). The seventh skills competency area also included six codes. These codes referenced a counselor's ability to *Educate, Empower, Advocate* for clients (e.g. "Empowerment-Give client's confidence in their abilities to be productive and confident in their skills.")

The eighth skill competency area included four codes describing a counselor's ability to *Set Culturally Appropriate Boundarie*s with clients (e.g., "Caribbean people often have a closer relationship with counsellors than persons in other areas. Therefore, counsellors must be careful to walk the thin line between culturally appropriate boundaries and going against the ethical guidelines set forth.") The skill area of *Choosing Clinical Interventions* which are culturally sound had four codes (e.g., "Intervention styles must consider the cultural relevance of the contact."). The tenth skill area referenced a counselor's ability to *Learn the Client's Culture* in different ways via four codes (e.g., "Familiarize themselves with the cultures of the student and family through research (which may be outside of the counseling setting) and by asking the clients about their cultures through a different perspective (world view)").

The eleventh skill competency area included four codes about the counselor's ability to provide *Referrals to the Community* (e.g., "Be able to asses when clients need to be referred to the community for more intensive counseling" and "Referrals- Knowing your limitations as a counselor and seeking in depth assistance for your client."). The twelfth category included four codes on the skill of using *Flexibility with Interventions* (e.g., "Be creative and flexible with intervention planning and execution."). The thirteenth skill category has three codes mentioning using *Group Interventions* (e.g., "Group counseling skills: small groups who share a similar focus/ concern. Prepare activities/programs to address concerns."). The fourteenth category

included three codes about the skill of *Utilizing Assessment* (e.g., “Use research and assessment tools to make individual & programmatic conclusions.”). The fifteenth category included three codes referencing the use of *Continuing Education to Build and Maintain Multicultural Competency* (e.g. “Seek educational, consultative and training experiences to improve their understanding of culturally different populations.”).

The sixteenth skill competency area included three codes which reflected the need for counselors to *Meet Ethical Requirements* of their profession (e.g. “Practices within the ethical and statutory limits of confidentiality”). The seventeenth competency area had two codes about a counselor’s use of *Self-care Practices* (e.g., “Self-Care - Counselors should attend to their needs and utilize all avenues afforded to them to maintain their wellbeing.”). The eighteenth skill competency area had two codes reflecting *Use of Supervision* in competent counseling (e.g., “Ability to use the one’s under supervision to maintain professional counseling skills.”). The nineteenth skill category included two references to the use of *Crisis Interventions* (e.g., “Crisis Intervention-Be able to offer immediate help to those solve problems client faces......turn this into an opportunity to help them set realistic goals.”). The twentieth skill competency area included one reference to the use of *Family Interventions* (e.g., “Family intervention- working together to achieve a positive result and to build a clearer relationship”). The twenty-first skill competency area included a single item referencing the use of *Grief Interventions* (e.g., “Counselors should also use different responsive services such as grief counseling.”).

The twenty-second skill competency area included one reference to the use of *Short-Term Interventions* (e.g., “Counselor should provide more short-term responsive counseling”). The twenty-third skill competency area included one item on the use of *Strengths-Based Counseling* (e.g., “Focus on clients’ strengths in interventions.”) The final skill competency area included

one item on the importance of *Diagnosing and Explaining Diagnoses* in a culturally sound manner (e.g., "Carefully diagnosis mental health concerns in clients and explain meaning of diagnosis to client").

Round 2 Results

Participants rated the codes from Round 1, presented in aggregate form (competency areas), in Round 2 of the study. Each area received a rating of 1 (not at all important) to 5 (extremely important). The survey's design included an alert for missed areas. All areas were rated by returning participants (*N*=28) and those who had not completed Round 1 of the study (*N*=4). Quantitative analysis followed standard Delphi method for suggested statistical analysis of critical ratings including the mean, the standard deviation, and the variance (Skulmoski et al., 2007). Tables 2 through 4 include the statistical properties of items that were provided to participants in Round 2 for ratings of perceived importance. Competency area data are presented in three tables based on the organizational categories used on the Round 2 and 3 surveys.

The knowledge competency areas rated in order as having the most importance to least importance to providing culturally competent counseling were: *Ethical Guidelines of Nation and Profession* (*M*= 4.47, *SD*= .879, *V*= .773); *Laws of The Country Pertaining to Mental Health & Counseling Practice.* (*M*= 4.31, *SD*= .780, *V*= .609); *Specific Social Concerns In The Nation* (e.g. addiction, gang violence, child abuse) (*M*= 4.28, *SD*= .772, *V*= .596); *Ways The Family Structure Impacts Society* (e.g. extended families, "common law arrangements" (*M*=4.19, *SD*= .780, *V*= .609); Ways *Mental Health Stigma Impacts Help-Seeking* (*M*= 4.00, *SD*=.803, *V*=.645); *Cultural Differences Within A Nation* (e.g. people from different islands/regions) (*M*=3.91, *SD*=.734, *V*=.539); The *Practices And Beliefs Of Common Religious/Spiritual Groups In The Region*; (*M*= 3.84, *SD*= .847, *V*=.717); *Ways Gender Roles And Patriarchy Impact*

Society & Clients (*M*=3.78, *SD*=.975, *V*=.951); *Ways That Cultural Differences Impact The Counseling Relationship* (*M*=3.75, *SD*=1.016, *V*=1.032); *Common Dialect, Slang, Or Terms From Other Languages Common In Nation.* (*M*=3.75, *SD*=1.016, *V*=1.032); and *Ways Race and Colorism Impacts Clients* (*M*=3.62, *SD*=1.040, *V*=1.081).

TABLE 3.
Round 2 Knowledge Critical Areas with Mean, Standard Deviation, and Variance.

Knowledge Competency Areas	Mean	Standard Deviation	Variance
Ethical guidelines of nation and profession (e.g. confidentiality)	4.47	.879	.773
Laws of the country pertaining to mental health & counseling practice.	4.31	.780	.609
Specific social concerns in the nation (e.g. addiction, gang violence, child abuse)	4.28	.772	.596
Ways the family structure impacts society (e.g. extended families, "common law arrangements"	4.19	.780	.609
Ways Mental Health Stigma impacts help-seeking	4.00	.803	.645
Cultural differences within a nation (e.g. people from different islands/regions)	3.91	.734	.539
The practices and beliefs of common religious/spiritual groups in the region.	3.84	.847	.717
Ways gender roles and patriarchy impact society & clients	3.78	.975	.951
Ways that cultural differences impact the counseling relationship	3.75	1.016	1.032
Common dialect, slang, or terms from other languages common in nation.	3.75	1.016	1.032
Ways Race and Colorism impacts clients	3.62	1.040	1.081

The awareness competency areas rated in order as having the most importance to least importance to providing culturally competent counseling are: *Counselor's Awareness of Own*

Limits of Competency/ Training (*M*=4.66, *SD*=.602, *V*=.362); *Counselor's Awareness of Own Biases, Stereotyping, Prejudices.* (*M*=4.56, *SD*=.914, *V*=.835); *Impact Of Client's Family Structure* (*M*=4.44, *SD*= .564, *V*=.319); *Counselor's Awareness of Own Cultural Identity* (*M*=4.44, *SD*=.759, *V*=.577); *Impact Of Client's Worldview On The Counseling Relationship* (*M*=4.03, *SD*=.861, *V*=.741); *Impact Of Mental Illness Laws & Procedures In Country* (*M*=3.94, *SD*=1.076, *V*=1.157); *Impact Of Mental Illness Laws & Procedures In Country* (*M*=3.94, *SD*=1.076, *V*=1.157); *Impact Of Client's Immigration Status* (*M*=3.91, *SD*=1.058, *V*=1.120); *Impact Of Mental Health Stigma On Help-Seeking Behavior* (*M*=3.88, *SD*=.907, *V*=.823); *Impact Of Client's Culture On Assessment Results & Interpretation* (*M*=3.78, *SD*=.870, *V*=.757); *Impact Of Client's Religion And Spirituality* (*M*=3.72, *SD*=1.054, *V*=1.112); *Impact Of Client's Class/ Social Economic Status* (*M*=3.63, *SD*=.793, *V*=.629); *Impact Of Client's Gender/ Sexual Orientation* (*M*=3.53, *SD*=.915, *V*=.838); and *Impact Of Mixed Ethnicity/ Minority Status Within Country* (*M*=3.28, *SD*=.991, *V*=.983).

TABLE 4.
Round 2 Awareness Critical Areas with Mean, Standard Deviation, and Variance.

Awareness Competency Areas	Mean	Standard Deviation	Variance
Counselor's awareness of own limits of competency/ training	4.66	.602	.362
Counselor's awareness of own biases, stereotyping, prejudices.	4.56	.914	.835
Impact of client's family structure	4.44	.564	.319
Counselor's awareness of own cultural identity	4.44	.759	.577
Impact of client's worldview on the counseling relationship	4.03	.861	.741
Impact of mental illness laws & procedures in country	3.94	1.076	1.157
Impact of client's Immigration Status	3.91	1.058	1.120

Table 4 cont.

Awareness Competency Areas	Mean	Standard Deviation	Variance
Impact of mental health stigma on help-seeking behavior	3.88	.907	.823
Impact of client's culture on assessment results & interpretation	3.78	.870	.757
Impact of client's religion and spirituality	3.72	1.054	1.112
Impact of client's class/ social economic status	3.63	.793	.629
Impact of client's gender/ sexual orientation	3.53	.915	.838
Impact of mixed ethnicity/ minority status within country	3.28	.991	.983

The skills competency areas rated in order as having the most importance to least importance to providing culturally competent counseling are: *Active & Empathetic Listening* (*M*=4.81, *SD*=.397, *V*=.157); *Self-Care* (*M*=4.78, *SD*=.491, *V*=.241); *Setting Professional Boundaries While Maintaining Culturally Appropriate Casual Encounters* (*M*=4.69, *SD*=.535, *V*=.286); *Build Rapport With Non-Judgmental Acceptance* (*M*=4.72, *SD*=.634, *V*=.402); *Adhere To Ethical Guidelines Of Nation And Profession* (*M*=4.69, *SD*=.592, *V*=.351); *Refer To Community/ Agency Resources When Appropriate* (*M*=4.66, *SD*=.545, *V*=.297); *Educate, Empower, And Advocate For Clients* (*M*=4.66, *SD*=.602, *V*=.362); *Be A "Social Agent Of Change" And Participate In System/Society Level Interventions* (*M*=4.53, *SD*=.718, *V*=.515); *Choosing Culturally Appropriate Interventions* (*M*=4.47, *SD*=.621, *V*=.386); *Be Flexible With Interventions* (*M*=4.47, *SD*=.621, *V*=.386); *Network And Provide/Attend Trainings With Other Professionals* (*M*=4.41, *SD*=.615, *V*=.378); *Proper Case Management & Time Management* (*M*=4.41, *SD*=.756, *V*=.572); *Grief Counseling* (*M*=4.34, *SD*=.745, *V*=.555); *Culturally Appropriate Diagnosis W/ Explanation For Client* (*M*=4.31, *SD*=.644, *V*=.415); *Strengths-Based Interventions* (*M*=4.31, *SD*=.644, *V*=.415); *Micro-Skills* (Verbal/ Non-Verbal Counseling

Skills) (*M*=4.28, *SD*=.729, *V*=.531); *Crisis Interventions* (*M*= 4.25, *SD*= .762, *V*=.581); *Learn About Client's Culture (Academically & Socially/Informally)* (*M*=4.16, *SD*=.767, *V*=.588); *Short-Term Therapy Skills* (*M*=4.13, *SD*=.707, *V*=.500); *Research And Assessment* (*M*=4.06, *SD*=.619, *V*=.383); *Utilize Continuing Education For Ongoing Multicultural Competency* (*M*=4.03, *SD*=.695, *V*=.483); *Use Family-Based Interventions* (*M*=4.00, *SD*=.718, *V*=.516); *Utilize Supervision/ Peer Support* (*M*=3.94, *SD*=.801, *V*=.641); And *Use Group-Based Interventions* (*M*=3.78, *SD*=.751, *V*=.564).

TABLE 5.
Round 2 Skills Critical Areas with Mean, Standard Deviation, and Variance.

Skills Competency Areas	Mean	Standard Deviation	Variance
Active & Empathetic Listening	4.81	.397	.157
Self-care	4.78	.491	.241
Setting professional boundaries while maintaining culturally appropriate casual encounters	4.69	.535	.286
Build rapport with non-judgmental acceptance	4.72	.634	.402
Adhere to ethical guidelines of nation and profession	4.69	.592	.351
Refer to community/ agency resources when appropriate	4.66	.545	.297
Educate, empower, and advocate for clients	4.66	.602	.362
Be a "Social Agent of Change" and participate in system/society level interventions	4.53	.718	.515
Choosing culturally appropriate interventions	4.47	.621	.386
Be flexible with interventions	4.47	.621	.386
Network and provide/attend trainings with other professionals	4.41	.615	.378
Proper Case Management & Time Management	4.41	.756	.572
Grief counseling	4.34	.745	.555

Table 5 cont.

Skills Competency Areas	Mean	Standard Deviation	Variance
Culturally appropriate diagnosis w/ explanation for client	4.31	.644	.415
Strengths-based interventions	4.31	.644	.415
Micro-skills (Verbal/ Non-verbal counseling skills)	4.28	.729	.531
Crisis interventions	4.25	.762	.581
Learn about client's culture (academically & socially/informally)	4.16	.767	.588
Short-term therapy skills	4.13	.707	.500
Research and Assessment	4.06	.619	.383
Utilize Continuing Education for ongoing multicultural competency	4.03	.695	.483
Use family-based interventions	4.00	.718	.516
Utilize supervision/ peer support	3.94	.801	.641
Use group-based interventions	3.78	.751	.564

Round 3 Results

In Round 3, participants were given the option to review and edit any competency areas on the list during the third and final round of data collection. Only five participants chose to change their importance ratings in the final round. Competency area ratings which were changed during Round 3 are reflected in bold print in Tables 5-7 below. The statistics for each competency area were recalculated with the edited data of Round 3 responses. There were some changes to each category area with slight movements of overall area importance rankings.

The final knowledge competency areas rated in order as having the most importance to least importance to providing culturally competent counseling are: *Ethical Guidelines Of National And Profession* (*M*= 4.41, *SD*= .911, *V*= .830); *Specific Social Concerns In The Nation (E.G. Addiction, Gang Violence, Child Abuse)* (*M*= 4.28, *SD*= .772, *V*= .596); *Laws Of The Country Pertaining To Mental Health & Counseling Practice* (*M*= 4.25, *SD*= .803, *V*= .645); *Ways The Family Structure Impacts Society (E.G. Extended Families, "Common Law Arrangements*" (*M*=4.16, *SD*= .767, *V*= .588); *Ways Mental Health Stigma Impacts Help-Seeking* (*M*= 4.03, *SD*=.782, *V*=.612); *Cultural Differences Within A Nation (E.G. People from Different Islands/Regions*) (*M*=3.91, *SD*=.734, *V*=.539); *The Practices And Beliefs Of Common Religious/Spiritual Groups In The Region.* (*M*= 3.84, *SD*= .847, *V*=.717); *Ways Gender Roles and Patriarchy Impact Society & Clients* (*M*=3.78, *SD*=.975, *V*=.951); *Ways That Cultural Differences Impact The Counseling Relationship* (*M*=3.84, *SD*=.987, *V*=.975); *Common Dialect, Slang, Or Terms From Other Languages Common In Nation*. (*M*=3.75, *SD*=.984, *V*=.968); and *Ways Race and Colorism Impacts Clients* (*M*=3.66, *SD*=1.035, *V*=1.072).

TABLE 6.
Final Knowledge Critical Areas with Mean, Standard Deviation, Variance.

Knowledge Competency Areas	Mean	Standard Deviation	Variance
Ethical guidelines of nation and profession (e.g. confidentiality)	**4.41**	**.911**	**.830**
Specific social concerns in the nation (e.g. addiction, gang violence, child abuse)	4.28	.772	.596
Laws of the country pertaining to mental health & counseling practice.	**4.25**	**.803**	**.645**
Ways the family structure impacts society (e.g. extended families, "common law arrangements"	**4.16**	**.767**	**.588**
Ways Mental Health Stigma impacts help-seeking	**4.03**	**.782**	**.612**

Table 6 cont.

Knowledge Competency Areas	Mean	Standard Deviation	Variance
Cultural differences within a nation (e.g. people from different islands/regions)	3.91	.734	.539
The practices and beliefs of common religious/spiritual groups in the region.	3.84	.847	.717
Ways that cultural differences impact the counseling relationship	**3.84**	**.987**	**.975**
Ways gender roles and patriarchy impact society & clients	3.78	.975	.951
Common dialect, slang, or terms from other languages common in nation.	**3.75**	**.984**	**.968**
Ways Race and Colorism impacts clients	**3.66**	**1.035**	**1.072**

Statistical changes from data in Round 2 due to participant edits noted by bold print.

The final awareness competency areas rated in order as having the most importance to least importance to providing culturally competent counseling are: *Counselor's Awareness of Own Limits of Competency/ Training* (*M*=4.66, *SD*=.602, *V*=.362); *Counselor's Awareness of Own Biases, Stereotyping, Prejudices.* (*M*=4.66, *SD*=.653, *V*=.426); *Impact Of Client's Family Structure* (*M*=4.41, *SD*= .560, *V*=.314); *Counselor's Awareness Of Own Cultural Identity* (*M*=4.44, *SD*=.759, *V*=.577); *Impact Of Mental Health Stigma On Help-Seeking Behavior* (*M*=3.97, *SD*=.740, *V*=.547); *Impact Of Mental Illness Laws & Procedures In Country* (*M*=3.91, *SD*=1.088, *V*=1.184); *Impact Of Client's Immigration Status* (*M*=3.88, *SD*=1.008, *V*=1.016); *Impact Of Client's Culture On Assessment Results & Interpretation* (*M*=3.78, *SD*=.870, *V*=.757); *Impact Of Client's Religion And Spirituality* (*M*=3.69, *SD*=1.030, *V*=1.060); *Impact Of Client's Class/ Social Economic Status* (*M*=3.59, *SD*=.756, *V*=.572); *Impact Of Client's Gender/ Sexual Orientation* (*M*=3.53, *SD*=.879, *V*=.773); and *Impact Of Mixed Ethnicity/ Minority Status Within Country* (*M*=3.28, *SD*=.958, *V*=.918).

TABLE 7.
Final Awareness Critical Areas with Mean, Standard Deviation, Variance. Changes from Round 2 in bold print.

Awareness Competency Areas	Mean	Standard Deviation	Variance
Counselor's awareness of own limits of competency/ training	4.66	.602	.362
Counselor's awareness of own biases, stereotyping, prejudices.	**4.66**	**.653**	**.426**
Impact of client's family structure	**4.41**	**.560**	**.314**
Counselor's awareness of own cultural identity	4.44	.759	.577
Impact of client's worldview on the counseling relationship	4.03	.861	.741
Impact of mental health stigma on help-seeking behavior	**3.97**	**.740**	**.547**
Impact of mental illness laws & procedures in country	**3.91**	**1.088**	**1.184**
Impact of client's Immigration Status	**3.88**	**1.008**	**1.016**
Impact of client's culture on assessment results & interpretation	3.78	.870	.757
Impact of client's religion and spirituality	**3.69**	**1.030**	**1.060**
Impact of client's class/ social economic status	**3.59**	**.756**	**.572**
Impact of client's gender/ sexual orientation	**3.53**	**.879**	**.773**
Impact of mixed ethnicity/ minority status within country	**3.28**	**.958**	**.918**

Statistical changes from data in Round 2 due to participant edits noted by bold print.

The final skills competency areas rated in order as having the most importance to least importance to providing culturally competent counseling are: *Active & Empathetic Listening* (*M*=4.81, *SD*=.397, *V*=.157); *Self-Care* (*M*=4.81, *SD*=.471, *V*=.222); *Setting Professional Boundaries While Maintaining Culturally Appropriate Casual Encounters* (*M*=4.69, *SD*=.535, *V*=.286); *Build Rapport With Non-Judgmental Acceptance* (*M*=4.72, *SD*=.634, *V*=.402); *Adhere To Ethical Guidelines Of Nation And Profession* (*M*=4.69, *SD*=.592, *V*=.351); *Refer To Community/ Agency Resources When Appropriate* (*M*=4.66, *SD*=.545, *V*=.297); *Educate,*

Empower, And Advocate For Clients (*M*=4.66, *SD*=.602, *V*=.362); *Be A "Social Agent Of Change" And Participate In System/Society Level Interventions* (*M*=4.53, *SD*=.718, *V*=.515); *Choosing Culturally Appropriate Interventions* (*M*=4.47, *SD*=.621, *V*=.386); *Be Flexible With Interventions* (*M*=4.47, *SD*=.621, *V*=.386); *Network And Provide/Attend Trainings With Other Professionals* (*M*=4.41, *SD*=.615, *V*=.378); *Proper Case Management & Time Management* (*M*=4.41, *SD*=.756, *V*=.572); *Grief Counseling* (*M*=4.34, *SD*=.745, *V*=.555); *Culturally Appropriate Diagnosis with Explanation For Client* (*M*=4.31, *SD*=.644, *V*=.415); *Strengths-Based Interventions* (*M*=4.31, *SD*=.644, *V*=.415); *Micro-Skills (Verbal/ Non-Verbal Counseling Skills)* (*M*=4.28, *SD*=.729, *V*=.531); *Crisis Interventions* (*M*= 4.25, *SD*= .762, *V*=.581); *Learn About Client's Culture (Academically & Socially/Informally)* (*M*=4.13, *SD*=.751, *V*=.565); *Short-Term Therapy Skills* (*M*=4.13, *SD*=.707, *V*=.500); *Research And Assessment* (*M*=4.06, *SD*=.619, *V*=.383); *Utilize Continuing Education For Ongoing Multicultural Competency* (*M*=4.06, *SD*=.669, *V*=.448); *Use Family-Based Interventions* (*M*=4.03, *SD*=.695, *V*=.483); *Utilize Supervision/ Peer Support* (*M*=3.94, *SD*=.801, *V*=.641); *And Use Group-Based Interventions* (*M*=3.78, *SD*=.751, *V*=.564).

TABLE 8.
Final Skills Critical Areas with Mean, Standard Deviation, Variance. Changes from Round 2 in bold print.

Skills Competency Areas	Mean	Standard Deviation	Variance
Active & Empathetic Listening	4.81	.397	.157
Self-care	**4.81**	**.471**	**.222**
Setting professional boundaries while maintaining culturally appropriate casual encounters	4.69	.535	.286
Build rapport with non-judgmental acceptance	4.72	.634	.402
Adhere to ethical guidelines of nation and profession	4.69	.592	.351

Table 8 cont.

Skills Competency Areas	Mean	Standard Deviation	Variance
Refer to community/ agency resources when appropriate	4.66	.545	.297
Educate, empower, and advocate for clients	4.66	.602	.362
Be a "Social Agent of Change" and participate in system/society level interventions	4.53	.718	.515
Choosing culturally appropriate interventions	4.47	.621	.386
Be flexible with interventions	4.47	.621	.386
Network and provide/attend trainings with other professionals	4.41	.615	.378
Proper Case Management & Time Management	4.41	.756	.572
Grief counseling	4.34	.745	.555
Culturally appropriate diagnosis w/ explanation for client	4.31	.644	.415
Strengths-based interventions	4.31	.644	.415
Micro-skills (Verbal/ Non-verbal counseling skills)	4.28	.729	.531
Crisis interventions	4.25	.762	.581
Learn about client's culture (academically & socially/informally)	4.13	.751	.565
Short-term therapy skills	4.13	.707	.500
Research and Assessment	4.06	.619	.383
Utilize Continuing Education for ongoing multicultural competency	4.06	.669	.448
Use family-based interventions	4.03	.695	.483
Utilize supervision/ peer support	3.94	.801	.641
Use group-based interventions	3.78	.751	.564

Statistical changes from data in Round 2 due to participant edits noted by bold print.

The final results reflect multiple iterations of data submission, analysis, editing, and resubmission by expert panel members and the primary investigator in an effort to compile the

complete list of competency areas deemed important for providing culturally sound counseling services in the ESC. In total, 33 experts participated in Round 1, 32 in Round 2, and finally, 22 in Round 3, with 19 experts participating fully in all three rounds of data collection. The complete critical competency areas list ranked in order of rated importance are in Appendix H.

CHAPTER V

DISCUSSION

The purpose of this study was to assemble a list of counseling competencies critical to the provision of culturally appropriate counseling services in the ESC. The Delphi method was chosen for this study due to the ability to solicit the expertise of multiple professionals whose experiences are rooted in the cultures of interest. Participants completed three rounds of data collection, review, and editing without formally meeting with other panelists. The forty-eight critical competency areas produced by the expert panel reflect a range insights, experiences, and importance ratings. Main findings support initial assertions that culturally sound counseling competencies created within the region of interest will include regionally specific areas of awareness, knowledge, and skills. This chapter discusses the rich data provided by panel experts and analyzes the general cultural and counseling themes present in the findings with respect to current literature in the mental health field.

Knowledge

Participants rated knowledge of *ethical guidelines of nation and profession (e.g. confidentiality)* as the most important knowledge-based competency area. Eighty-eight percent of participants rated this category as either Very or Extremely Important. In a similar vein, *Laws of the country pertaining to mental health & counseling practice* was rated as the third most important competency area in this category and referenced similar knowledge. Multiple codes generally referenced the knowledge of ethics as important to providing competent services. However, the only specific ethical guideline stated in this area was confidentiality (e.g. Importance of confidentiality in Caribbean treatment; Know ethical statutes for strict

confidentiality). Experts noted knowledge of confidentiality guidelines for counselors as critical to providing competent services in the English-Speaking Caribbean.

Confidentiality is important to the field of counseling internationally. However, with the high levels of mental health stigma in the region, adhering to confidentiality standards could have important implications for one's professional career and the identity of the field in the public's vision. In countries where help-seeking behavior is low and/or stigmatized, issues of an ethical nature can add an unnecessary burden on an already strained public perception. This emphasis on confidentiality may also reveal an identifying factor in the role of a counseling professional versus other helping/healing roles common in the Caribbean. A non-professional who provides counsel in the community (e.g., church deacon) may not have the strict ethical guidelines as it pertains confidentiality as certified counseling professionals. It therefore makes sense that this particular ethical component would be highly valued by counseling professionals.

The second highest rated competency area in this category was the knowledge of *Specific social concerns in the nation (e.g. addiction, gang violence, child abuse).* Experts highlighting this competency area explicitly mentioned social concerns which were important in Caribbean nations. In particular, issues of substance abuse, child maltreatment, intimate partner violence, and community violence perpetrated by gang members were described in this section. All mentions of these concerns were suggested initially by participants who practice in The Bahamas. However, eighty-eight percent of participants rated these concerns as Very or Extremely important.

The knowledge of specific concerns is important in understanding how the present-day conditions of a nation impacts the worldview of clients who receive counseling services. Social issues on a national and community level has been shown to impact client well-being (Dudley-

Grant, 2016) and therefore would be an appropriate area of attention for participants seeking to develop an ecological view of their client and possible sources of their distress. In fact, common mental health concerns like anxiety, depression, and PTSD may be considered by the general public solely as "normalized responses to real-life challenges" (Dudley-Grant, 2016; pg. 360) instead of a treatable mental health issue. While these concerns may be responses to real-life challenges, this normalization also may reduce help-seeking behavior from mental health professionals. In The Bahamas, violence has steadily risen in the past decade which could impact the cultural experiences of clients (OASC, 2017).

Participants referenced the make-up of Caribbean families as an integral factor in a client's experiences and cultural worldview in the *Ways the family structure impacts society (e.g. extended families, "common law arrangements"*. Multiple studies have documented the prevalence of extended family structures compared to nuclear family systems in the Caribbean including the importance of roles of family members like grandparents in the absence of one (usually father) or both parents (Anderson, 2007; Roopnarine, 2013; Roopnarine & Jin, 2016). While knowledge of the prevalent family structural dynamics may be important to providing counseling care at any level, perhaps the prevalence of school-based counselors' perspectives in this sample would elevate this emphasis. This would make sense as a child or adolescent's present-day experience would be most heavily determined by family structure compared to an adult who may have more agency in controlling their one's environment.

Participants listed and highly rated *Ways mental health stigma impacts help-seeking* as a knowledge competency area. They suggested that "hiding mental illness" or perceiving someone with mental illness as having a "weak mind" would likely impair a person's view of the counseling field and make them less likely to seek help from a professional. Participants also

noted that perspective clients may choose to seek help from non-professionals or religious leaders due in part to this stigma. Furthermore, they suggested "secrecy" in families as another strong determinant for the influence of mental health stigma in a person's decision whether or not to seek professional help. This is also consistent with literature noting than stigma towards an individual with mental health concerns may be generalized to other members of the family, which may increase the norm for secrecy of mental health concerns (Dudley-grant, 2016).

As described in the introductory chapters, mental health stigma is prevalent in the Caribbean region and reduces the likelihood of a person engaging in help-seeking behavior from a professional for mental health or emotional concerns (Ward & Hickling, 2004). In nations like The Bahamas, there is an added concern of lack of practicing mental health professionals and lack of advanced training programs in counseling or mental health services. Given these barriers, while the deficit is present for many ESC nations, it is important to note the availability and hence use of psychological services is expected to be lower in The Bahamas than Caribbean countries with more established mental health systems (e.g., Jamaica and Trinidad & Tobago). While mental-health stigma is a noted concern in the ESC overall (Hickling, Matthies, Morgan, & Gibson, 2012) ratings of importance as compared to other items may be impacted by a nation's present mental health infrastructure and the population's exposure to counseling services.

Cultural differences within a nation (e.g. people from different islands/regions) drew attention to the observable variety of socio-cultural experiences within nations. This was an important reality to note especially in countries with residents separated by large areas of land or water. Participants who endorsed this described specific differences in help-seeking behavior and language use between Bahamian islands. One participant mentioned the dialect differences

between islands in The Bahamas and suggested that counselors are knowledgeable of the terms of residents on these islands. Another participant mentioned that residents of outer islands were more reluctant to seek help from health professionals and had a preference for spiritual (e.g. “obeah”) healing practices compared to Bahamians living on inner and more developed islands.. This is highly consistent with literature on Caribbean peoples’ use of spiritual healers in place of mental health providers (Amuleru-Marshall, Gomez, & Neckles, 2013).

Similarly, participants highly endorsed *the practices and beliefs of common religious/spiritual groups in the region*. They stated that having specific knowledge of the major beliefs and customs of these groups increased one’s ability to provided culturally competent services to their clients. In particular, counselors should possess knowledge about “Obeah” and “Christianity” to better understand the client experience and aid in the development of a strong therapeutic relationship (Lo & Dzokoto, 2005).

Christian beliefs were also connected to *Ways gender roles and patriarchy impact society & clients.* Experts stated that gender roles (in part founded in Christian traditions) were important to understand, including how males are treated in society compared to females. One participant noted that “women in churches are treated differently” than men and others mentioned that overall “society has stipulated gender roles” and “men are prized over women”. While not elaborating on how, participants posited that gender roles and patriarchal systems present in the ESC are significant to a client’s world-view and worthy of a clinician’s attention.

The least critical knowledge competency areas were *Ways that cultural differences impact the counseling relationship (M=3.84), Common dialect, slang, or terms from other languages common in nation (M=3.75) and Ways race and colorism impacts clients (M=3.66).* Participants noted that differences between a counselor and client’s “race”, “class”, “religion”,

and “sexual orientation” may impact the development and success of their relationship. Participants also mentioned that knowing dialect and/or slang that clients may use in everyday language would also be beneficial in understand clients and forming a working alliance.

Major racial groups in the ESC are Afro-Caribbean and Indo-Caribbean (Mitchell & Bryan, 2007 but there also exists another layer of racial prejudice called Colorism. Colorism refers to a pattern of prejudice where people within a race with lighter skin tones have more privilege than those with darker skin tones (Hunter, 2007). Colorism has been found to have a similar impact on societal standing in the Caribbean as racism and classism in other world regions, with darker skin people of African descent holding less privilege than lighter skin Afro-Caribbean persons or Caribbean persons of mixed ethnic heritage (Couzens, Mahoney, & Wilkinson, 2017). As a result, mental health professionals in the ESC should attend to and be knowledgeable about ways a person’s skin tone may impact their world view and the counseling relationship. This is particularly true if a counselor belongs to a status of higher privilege, i.e. having a lighter skin tone.

Awareness

Counselor's awareness of own limits of competency/ training was rated with the highest importance. Though important in any field and region, this may be particularly critical for professionals who work in fields or regions where they often are required to perform duties outside of their standard roles. This expectation is similar for psychologists who practice in rural areas where they often need to stretch themselves professionally to meet the demands of the community (Smith, 2003). In the ESC region, it is likely that the dearth of many trained mental health professionals (especially outside of educational settings) may require current professionals to perform tasks outside of their competency levels.

The *Impact of client's immigration status* was another competency area with specific significance to the English-Speaking Caribbean. Participants stated that counselors should be aware of the possible impact of a client's immigration status on their "worldview", "access to services," "societal standing," and "language concerns." Again, all codes in this area were provided by Bahamian counselors. The influence of immigration on the social structure of a nation is also an issue prevalent in the ESC.

For context, The Bahamas has a history spanning multiple decades of illegal immigration concerns especially concerning visitors from other Caribbean countries including Haiti and Jamaica (Tinker, 2011). Tinker (2011) describes xenophobia as a prominent concern in the nation as "outsiders" are viewed intolerably by many residents, including those who provide services in public and private sectors. Therefore, the related experience of clients who identify as nationals of other Caribbean countries residing in The Bahamas should be of concern to any counselor providing services to them.

The data in this study emphasized the need for counseling professionals to examine their own biases related to immigration status and understand how a client's immigration status impacts their worldview and socio-emotional experiences within the nation. This is consistent with current clinical literature coming out of the region (Dudley-grant, 2016) which also suggests family-based therapy may be most effective in supporting clients impacted by immigration-related concerns.

Additionally, the awareness category included many competency areas that were not ESC-specific, but could be useful in any multicultural competency list within the competency field. For example, panelists suggested it is important to have an *awareness of counselor's own biases and cultural identity, mental health laws, the role of culture in assessment, class and SES,*

gender and sexual orientation, and those who have marginalized ethnic identities in a country. The importance of these areas and similar others have been reflected in competency literature written decades previous (Sue, Arredondo, & McDavis, 1992).

Areas which appeared to have greater cultural specificity to the ESC included references to *family structure* (Gopaul-McNicol, 1993; Sutherland, 2011), *mental health stigma* (Palmer et al., 2011), *immigration status* (Roopnarine & Chadee, 2016), and *religion and spirituality* (Taylor et al., 2010). Each of these areas have cultural underpinnings in the ESC literature reviewed previously and described above.

To the present author, it was surprising that while on the list of categories, the *impact of sexual orientation* was not rated as having higher importance (Ranked #12 out of 13) in providing culturally competent services. This is surprising due to the common maltreatment of LGBTQIA individuals in the English-speaking Caribbean and presence and enforcement of oppressive laws (e.g., sodomy laws) for the community (Corrales, 2015; Gaskins, 2013). One assumption of this rating may be that since fewer people in the region are publicly forthcoming with their LGBTQIA orientation, the experts did not assess high awareness of this area as more pertinent to providing help to most individuals. Furthermore, the bias of heteronormativity may have been present within the expert sample questioned for this study therefore negatively impacting the importance rating of this competency area. In any event, given the legal and cultural factors contributing to discrimination in the region, this area is warranted attention by mental health providers in the ESC.

Skills

The greater amount of competency areas in skills may be indicative of the significant number of practitioners (100% of n) included on the Delphi panel. One may assert that more participation from experts with academic or research appointments may have included more knowledge and awareness-based items while practitioners may be more skills driven due to their active roles in service provision.

Three of the competency areas in the skills category were basic competencies that referred to skills that would be expected from counselors more generally (Spruill et al., 2004). These included: *Build rapport with non-judgmental acceptance, Active & empathetic listening*, and *Micro-skills (verbal/ non-verbal counseling skills).* Specific emphasis on being *non-judgmental* and *building rapport* was given within the cultural context of their relation to help-seeking behavior and mental health stigma. Having a non-judgmental stance was stated as important in lowering perceptual barriers to seeking help for one's emotional and mental health concerns from a professional. It may also help define one way the role of a counseling professional differs from other members of the ESC community who may provide counseling-like services. For example, a professional counselor may respond differently (more impartial) than a community member or spiritual leader when discussing a client's concerns (Moodley & West, 2005).

Another grouping of competency areas in this category highlighted skills in general ethical behavior expected within the field of professional counseling. These include: *Adhere to ethical guidelines of nation and profession, proper case management & time management, setting professional boundaries while maintaining culturally appropriate casual encounters,* and *learn about client's culture (academically & socially/informally).* A counselor's ability to set professional boundaries was rated as highly important, possibly due to the high likelihood of

dual relationships in smaller Caribbean nations like The Bahamas. These boundaries should also be culturally appropriate and flexible as participants mentioned the casual nature of many relationships within the region.

This is echoed in the skill competency area of actively learning client's culture through both academic and informal means. Participants recommended the importance of mental health professionals' ability to seek out experiences in the community where they can learn about their clients' cultural experiences. Given the current literature lacks definitive explanations of what these culturally appropriate boundaries look like, one may assume that a major issue facing mental health professionals in the ESC is to navigate complex relational boundaries, including the likelihood of treating many individuals in the same community.

A third grouping of skill-based competency areas referred to a counselor's ability to access their own tools for self-care and professional development. Participants shared and rated multiple codes in the five areas of *Self-care*, *Utilize continuing- education for ongoing multicultural competency, Utilize supervision/ peer support, Refer to community/ agency resources when appropriate,* and *Network and provide/attend trainings with other professionals.* Experts mentioned the importance for counselors to skillfully engage in self-care activities which is supported in professional literature. Proper self-care procedures are correlated with lower levels of burn out and compassion fatigue among counseling trainees (Pahkenham, 2015) and counseling professionals (Skovholt & Trotter-Mathison, 2014).

Continuing education credits and ongoing trainings are recommended and/or required by many licensing and credentialing boards in counseling. It is important that professionals continue to update their knowledge and practice based on new findings in their fields therefore enacting the position of a *life-long learner*. Utilizing supervision and peer support regularly and

optimally, and networking with other professionals similarly calls upon skills to aid professional development. However, they may also be useful in providing support for clients, especially when connected with the competency area of seeking out and providing referrals throughout the community which may serve a client's diverse needs.

On a similar note of community activity and professional identity, counselors suggested two competency areas: *Educate, empower, and advocate for clients* and *Be a "Social Agent of Change"* and participate in system/society level interventions. Rated similarly in importance to each other (*M*=4.66 and *M*=4.47 respectively), participant codes referenced "educat(ing) clients on the process of counseling", "empower(ing) clients in culturally sensitive ways", "Seek to intervene in systems and community levels" and "advocate for clients" among others.

These responses reflect the links between feminist and multicultural approaches to therapy and social justice professional dispositions and values (Crethar, Rivera, & Nash, 2008). Goodman et Al. (2004) described principles from feminist and multicultural counseling theories that may help inform social justice work for counseling professionals. Of six suggested areas listed by Goodman et al., the present study's participants' responses matched three as critical competencies including: "*ongoing self-examination*", "*building on (client's) strengths*", and "*leaving clients the tools to work toward social change*" (pg. 798).

In addition to skills competencies congruent with feminist/multicultural theoretical orientations, participants described four general guidelines for intervention selection and implementation with clients in the ESC. The most highly rated competency area in this cluster was *Choosing culturally appropriate interventions* (*M*=4.47), followed closely by the suggestion that *Be(ing) flexible with interventions (M*=4.47*)* was equally important in any intervention a counselor chose to employ. Participants also included *Culturally appropriate diagnosis w/*

explanation for client (M= 4.31). Being adept in utilizing culturally appropriate diagnostic skills and explaining the diagnosis to a client perhaps reflected an assumed lack of knowledge a client may have about psychological disorders and implications of diagnosing. This would be consistent with the lack of exposure to mental health care in the region.

In addition to these areas, participants mentioned using *Research and Assessment* to make counseling decisions. The ASCA national model (2012) highlights the importance of utilizing measurable data in planning for and assessing the success of intervention models. However, beyond general suggestions of competency areas in the area of intervention, participants provided specific types of interventions which may be of most use to counselors practicing with clients from the English-Speaking Caribbean.

Participants explicitly indicated *Grief counseling*, *Strengths-based interventions*, *Crisis interventions*, *Short-term therapy skills*, *Use family-based interventions*, and *Use group-based interventions*. These six competency areas vary in their degree of culturally significant factors (e.g., strengths-based, short-term, family-based interventions) compared to competencies that are generally expected for a counseling professional (e.g., grief counseling, crisis interventions, and group-based interventions). Family-based therapy may be more effective than attempting to access individual clients, especially with the burden of help-seeking stigma as described above. Family-based models of counseling are often the main channel through which mental health services are provided to outpatient clients in the ESC (Dudley-Grant, 2016). These models of treatment are also considered to be the most efficacious delivery systems of psychotherapeutic intervention outside of inpatient settings. While there is limited research on the success of individual counseling in the region (Dudley-Grant, 2016), strengths-based interventions are in

line with feminist-multicultural theoretical underpinnings noted in competency areas referencing advocating for and empowering clients.

General Observations

Overall, the competency areas derived from the individual items of each counseling professional demonstrated unique cultural significance and could be seamlessly tied to the cultural factors present in the ESC region and/or Bahamian nation (e.g., *Impact of mental health stigma on help-seeking behavior*, *Ways the family structure impacts society (e.g. extended families, "common law arrangements*", and *Use family-based interventions*). Alternatively, several competencies could be applied broadly to the mental health field (e.g., *Adhere to ethical guidelines of nation and profession, Counselor's awareness of own limits of competency/ training,* and *Ways that cultural differences impact the counseling relationship*), or considered to be more universal or general competencies that any counseling professional in the world may find useful and/or necessary.

The presence of these more universal categories suggest that there is some value in at least partial transportation of counseling training from outside of the ESC region to providing services within the region. The presence of the categories with high or intermediate cultural significance could be useful in promoting the importance of creating culturally specific competencies in addition to critical analysis of all transported competencies from other regions. Again, due to the nationally homogenous nature of this sample, even the present study would require critical analysis and likely the addition of nationally-specific cultural items to be fully useful outside of The Bahamas.

Strengths and Limitations

A strength of the current study was its open-ended data collection phases which allowed for participants to provide rich data rooted in their experiences and training with limited initial input from outside stipulations. This supported the author's initiative to implement a research study aligning with goals of indigenized research, with a focus on the voices on members of the population of interest without transporting information or ideals from a separate cultural framework (Leung et al., 2012).

A similar strength was the multiple contact points with participants by the researcher. Participants were able to edit, validate, and add to their responses in both Round 1 and Round 2 of the study. This exchange increased the ownership of the data to the expert panel as they essentially provided their own validity checks at stipulated points throughout the study.

A final strength of the study was the specialized (albeit initially unplanned) focus on a singular nation, The Bahamas. While this study sought to incorporate voices from multiple ESC professionals, there is benefit to a more homogenous sample. Higher consensus on the importance of competency areas was perhaps more likely with a panel from a single nation compared to a greater mix of experts from nations who may have different values/experiences beyond the general culture of the English-Speaking Caribbean. As such, given the homogenous nature of the participants, this study likely possesses strong external validity within The Bahamas.

A major limitation of this study was the use of convenience sampling to acquire the proposed number of participants during the second attempt at recruitment. Initial recruitment efforts were widespread across the ESC region and were largely unsuccessful. The most success in recruitment occurred when the investigator utilized personal connections within the investigator's nation of origin (The Bahamas). Multiple participants noted this national

connection to the study and investigator as one reason they decided to respond to requests to complete the study. As such, the present results should be interpreted in light of that fact that 97% of the participants' responses reflect competencies grounded in the Bahamian cultural context.

The initial aim of this study was an attempt to procure a list of competency areas general enough to be responsive to cultural needs of multiple countries within in the English-Speaking Caribbean. However, the prominent voice of Bahamian counseling providers would heavily impact the validity of such a claim. One then is left to consider, with varying degrees of importance to even very similar cultural concerns, each nation would require attention to slightly different competency areas. Therefore, while reflecting to the Bahamian prominence in the current data, I assert that many of these competency areas would stand valid throughout the ESC region.

As noted, there was significant difficulty recruiting internationally for the present study. It may be deduced that the large time investment of participation over the course of three rounds coupled with the professional training and experience requirements needed for participation lowered the available pool of participants from any nation within the region. Also, the increase in response mediated by the relational component of recruitment and word of mouth within professional spaces on the island is possibly reflective of the importance of more relational research methods in Caribbean research. Furthermore, recruitment of multiple professionals in a nation helped boost the effectiveness of snowball sampling, as multiple professionals mentioned receiving the link to participate form colleagues.

Another limitation related to sampling concerns is the absence of psychologists' voices in the present study. Without discounting the valued efforts and insights of each participant, the

inclusion of School, Counseling, or Clinical Psychologists (Ph.Ds.) in this study may have provided another layered insight to the discussion of competency areas. Almost all frames of reference for the present study were practice-based and Masters level clinicians. Further, while trained in varying counseling-related fields, most practical frames of reference were from school-based settings. Having doctoral level participants may have opened the ranks to more researchers and university professors. It may have also led to practitioners who have completed higher level research projects (e.g., dissertations) and may be more likely to conceptualize competency areas including research-based knowledge.

Only one participant in the current study disclosed teaching counseling courses and supervising other counselors as within their range of counseling experience. More teaching or supervising professionals may have greater familiarity with what competencies are needed or expected of new counselors in their field. However, a potential drawback of including more academic professionals may be that their suggested areas may be less reflective of their own experiences and recommendations. They may instead be less individualized and more indicative of the requirements of the program they instruct for, their prior training (much of which occurs outside the ESC cultural context), or licensure board standards within their field. Regardless, much of the initial disappointment of the absence of psychologists may have some cultural incongruence as psychologists are not the majority of mental health and counseling service providers in the region. Therefore, highlighting or prioritizing their recommendations may not be truly reflective of the state of counseling in the region.

Training, Practice, and Future Research Implications

The findings in this study have interesting implications for training, practice, and research on counseling competencies in the ESC. First, these competency areas can provide helpful

suggestions in the development of formal competencies for counseling programs within an ESC nation (especially The Bahamas). The utility of the Delphi method for initial area recognition may allow for further development of formalized competencies that could be used to assess students in counselor training programs within the region. Further, simply the awareness of the importance of creating culturally-specific guidelines may be helpful in the development of appropriate competency expectations. This is consistent with the movement to increase the operationalization of counseling competencies and use of these competencies in assessing competence acquisition required for independent practice in training programs (Kaslow et al, 2004; Donovan & Ponce, 2009).

The findings of this study may also be quite useful for Caribbean persons studying in counseling-related fields outside of the ESC. International students could use these results to evaluate the practicality of certain components of their graduate program compared to what they may need to know and do when they return home to their ESC nations. If students know what they need to perform competently in their culture, they may be more likely to ask for these training opportunities during their graduate programs abroad. For example, they may have more knowledge of what they need from multicultural course content and what additional courses or projects may be helpful in increasing their competence when they return home. An example of this may be a Caribbean student adding a specialty in family counseling due to the utility of family-based interventions. Another example of this use may be a Bahamian student developing a concentration in religion and spirituality to increase their knowledge base. This list may also be useful for faculty advisors of Caribbean international counseling students to help start a conversation about integrating one's cultural framework into their training whether the student intends to practice in their home nation or not.

Similar to faculty advisors, clinical supervisors and training professionals at clinical agencies may employ these competency area suggestions in the development of materials to assess the assets of their trainees and staff. Supervisors may also use these areas in less formal assessment within their supervision sessions and spark conversations about general competence or clinical issues as they pertain to ESC clients who may be served by their supervisees.

Further, the findings of this study may be beneficial in the development of culturally-informed counseling competencies to be added to standard or universal competencies employed by licensing boards within the region. This would be beneficial for initial and continual licensing standards. In a similar vein, boards which determine continuing-education guidelines for counseling professionals may benefit from this knowledge in choosing culturally sound continuing education requirements. An example of this in practice may be a professional board requiring continuing education credits in mental health stigma reduction or offering an informative series on the immigrant person's experience within that country.

Lastly, there are several research directions which may be undertaken considering the present findings. The Delphi method was advantageous for this exploration into the competency areas suggested by practicing counselors in the Caribbean. Although recruitment created a slight barrier to the breadth of professionals, the range of items submitted for the study was highly diverse and rich with cultural and professional insight. This method may be recommended for future studies attempting to garner expert-level knowledge especially from a distance.

A logical future research direction is to expand the study's focus to include other professionals in The Bahamas. An addition of other mental health professionals could allow for comparisons between school-based counseling professionals and those in academic or other practice settings. A similar study could also be performed with professionals in other nations

within the region. For example, participants for a follow-up or replicative study could be recruited at a major psychological conference like the Caribbean Regional Conference of Psychology. Round 1 data collection may be completed on site to increase buy-in with rounds 2 and 3 available at later dates to be completed remotely. This may mitigate some recruitment concerns. Replication of this study with professionals from other countries within the ESC region would provide valuable comparison data to the current study and give increased insight into national-level differences in counseling competency needs.

In addition to widening the focus and replicating the study, deepening the data received on each competency area may also be a fruitful avenue for future research. Each competency area ranked could be analyzed more fully through other types of qualitative methods such as grounded theory where professionals may be interviewed, and their insights categorized inductively to create theoretical backing for the components of each competency area. This may help reduce speculation in connections between specific cultural factors and importance ratings of competency areas.

Furthermore, a follow-up study may bridge the gap between theory and practice by comparing the competency areas expressed as important to the skills taught in training programs for persons planning to provide counseling in the ESC. Here we may see deficits in certain areas of training that would benefit from increased exposure or attention so that professionals feel competent in their ability to meet the demands of their position and the field at large.

In conclusion, this study set forth to produce a compilation of culturally-significant competencies for professionals providing counseling services within the English-Speaking Caribbean. The experts convened for this panel delivered immensely important information in sharing their cultural and professional wisdom in an effort to increase the literature for the field

within the region. Varying in cultural-specificity, each of the forty-eight counseling competency areas presented join together to form a mosaic of professional and cultural reflections in service to the region and counseling profession overall.

APPENDICES

Appendix A

Round 1: Email Invitation to Participants

Caribbean Counseling: Your expertise is required.

Caribbean Counseling Dissertation Request

Recruitment:

We are embarking on an exciting search for experts in Caribbean counseling and you were suggested as a great fit for our research study! We believe you care about Caribbean people receiving ethical and culturally based counseling services. You are cordially invited to participate in a research project entitled *Critical Counseling Competencies with English Speaking Caribbean Clients*. The aim of this study is to expand the international literature in counseling and counseling psychology by developing a list of counseling competencies for persons practicing with residents of the English-Speaking Caribbean (ESC). Participation in this research study is completely online and anonymous.

Should you decide to participate, please visit the following link address: https://und.qualtrics.com/jfe/form/SV_8iBuEUD88gYaCqx. You are also invited to recommend or share this email communication with colleagues who may also fit the expert criteria listed below and may be interested in participating.

1. Expert criteria:

- ***Practitioners*** should have acquired at least 2-3 years of verifiable & continuous counseling experience within the region following completion of an accredited training program in a counseling-related field.
- ***University professors and/or instructors*** recruited for this study will be expected to have a minimum of five years of experience teaching and/or training students in topics of counseling in the Caribbean or Caribbean mental health concerns.
- ***Researchers*** will be expected to have at least two publications with the main subject of counseling in the Caribbean (preferable) or Caribbean mental health and psychological services (further assessment would be required).

Thank you for your consideration as we chart new territory in understanding counseling competencies within the Caribbean. Your participation is highly valued and would be an immense benefit to the study, the field, and counseling service provision in the English-Speaking Caribbean overall. In gratitude of your participation we will make a charitable donation on your behalf to a charity of your choosing.

If you have any questions, please contact myself at Antonia.forbes@und.edu or my faculty advisor Ashley.hutchison@und.edu.

Appendix B

Round 1 and 2: Introduction & Consent Form

INFORMED CONSENT

TITLE: *Critical Competencies in English Speaking-Caribbean Counseling Psychology*

PROJECT DIRECTOR: Antonia Forbes, M.A.
Ashley N. Hutchison, Ph.D.

PHONE # 612-930-3076

DEPARTMENT: *Dept. of Counseling Psychology and Community Services*

STATEMENT OF RESEARCH
A person who is to participate in the research must give his or her informed consent to such participation. This consent must be based on an understanding of the nature and risks of the research. This document provides information that is important for this understanding. Research projects include only subjects who choose to take part. Please take your time in making your decision as to whether to participate. If you have questions at any time, please ask.

WHAT IS THE PURPOSE OF THIS STUDY?
You are invited to be in a research study about what you consider to be the counseling competencies critical to providing culturally appropriate counseling to residents of countries within the English-Speaking Caribbean.

HOW MANY PEOPLE WILL PARTICIPATE?
30 experts will be invited to participate in this study.

HOW LONG WILL I BE IN THIS STUDY?
Your participation in the study will last approximately 2/2.5 hours, split between three data collection periods. You will need to complete an online survey document or phone call on three separate occasions over the course of 8 weeks.

You will be notified of the entry period for each data collection period and will have the option to pause participation in each survey and complete your responses at a later time within the collection period.

WHAT WILL HAPPEN DURING THIS STUDY?
Should you choose to participate, you will be asked to respond to an online survey question or respond to said question during a phone call. You will receive one prompt in a first round of data collection then rate the responses of other experts in a second and then a third round of

collection. Should you choose to be called, your responses will be recorded via dictated notes during the call. Your voice will not be recorded.

To aid in study validity, you may be contacted via email by a researcher to confirm the details or themes of your entered responses. You will be able to start and stop each response section as many times as you'd like once it is within the two-week collection time frame of each round.

WHAT ARE THE RISKS OF THE STUDY?
The anticipated risk is minimal. However, you might experience boredom or eye-fatigue from completing an online survey. There are no further anticipated physical or financial risks. Additionally, if you experience discomfort or distress, contact information for counseling and health services in your local area will be provided for you.

WHAT ARE THE BENEFITS OF THIS STUDY?
You may gain additional insight and understanding to your own knowledge and awareness about counseling competencies in the Anglo-Caribbean region. You will help provide information about the importance of creating and disseminating cultural models of competent counseling which will benefit trainees and professionals in the field. Your contributions to this study will significantly advance our understanding of counseling competencies, and thus competent practice, in the Anglo-Caribbean region.

WILL IT COST ME ANYTHING TO BE IN THIS STUDY?
You will not incur any costs for participating in this study.

WILL I BE PAID FOR PARTICIPATING?
You will not be provided payment for participating. In gratitude for your participation, you will be given the option to choose a charity to which a small donation of $5 will be made on your behalf.

WHO IS FUNDING THE STUDY?
The University of North Dakota and the research team are receiving no payments from other agencies, organizations, or companies to conduct this research study.

CONFIDENTIALITY
The records of this study will be kept private to the extent permitted by law. In any report about this study that might be published, you will not be identified. Data obtained in the interviews may be reviewed by Government agencies, the University of North Dakota Research Development and Compliance office, and the University of North Dakota Institutional Review Board.

Any information that is obtained in this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. If I write a report or article about this study, I will describe the study results in a summarized manner so that you cannot be identified.

Only the principal investigator, associated research team members, and people who audit IRB procedures will have access to the data. Confidentiality will be maintained by keeping all identifying information separate from the responses you provide and not discussing your participation in the study or information you provide outside of the interview process. Your demographic data will be electronically encrypted on the primary researcher's computer, all in separate files. All sources of data and consent forms will be kept for a minimum of five years, and destroyed after no longer than seven years. Consent forms will be destroyed through shredding. Electronic data and information, including your demographic data will be permanently deleted from the primary researcher's computer after 5 years.

IS THIS STUDY VOLUNTARY?
Your participation is voluntary. You may choose not to participate, or you may discontinue your participation at any time without penalty. Your decision whether to participate will not affect your current or future relations with the University of North Dakota.

CONTACTS AND QUESTIONS?
The researcher conducting this study is Antonia Forbes, M.A. You may ask any questions you have now. If you have questions, concerns, or complaints about the research at any point, please contact Antonia Forbes by email at antonia.forbes@und.edu.

If you are not comfortable contacting the researchers, you may contact the faculty supervisor of the research, Ashley Hutchison, Ph.D. at 701.777.3740 or by email at ashley.hutchison@und.edu.

If you have questions regarding your rights as a research subject, you may contact The University of North Dakota Institutional Review Board at (701) 777-4279.

Thank You.

Appendix C

Round 1: Demographics and Survey

Name or Pseudonym: (Please use the same name/pseudonym throughout all rounds of study)

Email Address (required):

Telephone Number (optional):

Please enter your country of origin.

Please enter your country of residence.

I am a ____________________

Practitioner

University Professor or Instructor

Researcher

Other- Please describe.

Please describe your education and specialization. (e.g. M.A. in Marital & Family Therapy)

Please estimate your years of professional experience in this field since completing the above educational degree. (0-20+ years)

0 2 4 6 8 10 12 14 16 18 20

In which country did you receive your training?

Please enter countries where you have provided counseling services, instructed and/or supervised counselors-in-training, and/or researched counseling service provision.

Please briefly describe your experience in the either of the following fields: Counseling Psychology, Counseling, Clinical Psychology, Mental Health Service Provision, Psychology, Other.

If your expertise is NOT in one of the fields listed above, please detail your experience here.

Competencies refer to a professional's ability to acquire the skill, knowledge, and awareness requirements to perform satisfactory tasks within their profession. Therefore, counseling competencies refer to the knowledge, awareness, and skills counselors must possess to be effective in providing counseling services to Caribbean peoples.

If you would like to review the definition or examples of counseling competencies by ACA or APA, please click/ copy+paste the links below.

American Counseling Association (ACA): https://www.counseling.org/docs/default-source/competencies/competencies-for-counseling-the-multiracial-population-2-2-15-final.pdf?sfvrsn=14

American Psychological Association (APA): http://www.apa.org/ed/accreditation/newsletter/2014/05/profession-wide-competencies.aspx

See below for an example of counseling competencies.

Culturally Competent Counselors will:

- Understand their personal cultures and how these cultures might impact the assumptions they have about their clients' culture and intercultural status as a couple/family.
- Acknowledge and recognize when the counselor's culture may impact the way the couple perceives the counselor as safe or unsafe in establishing a therapeutic relationship.
- Identify the phase of cultural identity development of each member of the couple or family and make this an explicit part of the counseling process when needed.
- Acknowledge that couples and families are existing within a dominant U.S. cultural worldview value set that may negatively impact differences in values within the couple.
- Understand that racism and heterosexism still exist and that interracial/interethnic couples may experience prejudice and discrimination from outside their relationship along with their own internalized messages.
- Understand the ways in which oppression, prejudice and discrimination impact a couple's relationship.
- Familiarize themselves with the cultures of each member of the couple and family through research and by asking the clients about their cultures and each of their unique processes with acculturating into the dominant U.S. cultural worldview perspective.
- Acknowledge that racism, sexism, heterosexism, classism, and religious oppression are worldviews as well as value systems that may undermine healthy functioning of a couple or family.

———

Kenney, K.R. et al. (2015). Competencies for Counseling the Multiracial Population. Multi-Racial/Ethnic Counseling Concerns (MRECC) Interest Network of the American Counseling Association Taskforce. Endorsed and adopted by the ACA Governing Council, March 2015

Full text available at: https://www.counseling.org/docs/default-source/competencies/competencies-for-counseling-the-multiracial-population-2-2-15-final.pdf?sfvrsn=14

Please create a detailed list of at least 10 counseling competencies which would be critical for successful, culturally appropriate counseling with persons in the English-Speaking Caribbean.

List and describe competency ONE.	

List and describe competency TWO.	
List and describe competency THREE.	
List and describe competency FOUR.	
List and describe competency FIVE.	
List and describe competency SIX.	
List and describe competency SEVEN.	
List and describe competency EIGHT.	
List and describe competency NINE.	
List and describe competency TEN.	

Please list and describe any additional competencies you consider important to include.

Thank you for participation! We highly value your expertise and continued interest.

If you have any questions, please email antonia.forbes@und.edu.

Appendix D:

Round 2: Email Invitation to Participants

Good Day everyone,

Thank you so very much for completing Round 1 of the dissertation study Caribbean Counseling Competencies. Your time and effort was greatly appreciated and your responses have been summarized into Round 2. This Round takes under 10 minutes and only requires rating how important you believe each competency is.

https://und.qualtrics.com/jfe/form/SV_6rG9MgBSqCAPZWZ

You may share this link with professionals who have NOT taken Round 1 if they are interested in participating. They will be able to sign the

Please complete at your earliest convenience. You may complete on your cellphone or computer.

The final round (Round 3) will be available next week and will only require you comparing your average ratings to others and deciding whether you would like to change your rating. That will take under 10 minutes as well.

Again thank you for your time and I look forward to sharing results of the finished project with you all in the coming months.

Best,

Antonia Forbes

Appendix E:

Round 2: Demographics and Survey

Caribbean Counseling Competencies ROUND TWO

The items below have been summarized from all the responses from experts in Round 1 of this study. Similar items were condensed into themes based on meaning and frequency. All items are sorted into three categories of Awareness/Attitude, Knowledge, and Skill and amount of times they were mentioned by experts are included in parentheses. Overly specific items were encapsulated into more general terms and added to said categories.

Please provide your name or pseudonym for tracking purposes.

For each section below please rate the importance of each one of the competency areas needed to provide culturally appropriate counseling services to Caribbean populations.

Select your response according to the following 5-point scale:
1: not at all important
2: slightly important
3: moderately important
4: very important
5: extremely important

Please rate the **AWARENESS** of the following areas on a 5-point scale of Not at All Important to Extremely Important. (*frequency listed below*)

When providing counseling services in the Caribbean, how important is it to possess AWARENESS of how these factors impact client's worldview, the counseling relationship, and intervention procedures?

	Not at all Important	Slightly Important	Moderately Important	Very Important	Extremely Important
Impact of client's Immigration Status *(9)*					
Impact of client's family structure (13)					
Impact of client's religion and spirituality (20)					
Impact of client's class/ social economic status (9)					

Impact of client's gender/ sexual orientation (6)					
Impact of mental health stigma on help-seeking behavior (11)					
Impact of mental illness laws & procedures in country (3)					
Counselor's awareness of own biases, stereotyping, prejudices. (13)					
Counselor's awareness of own cultural identity (7)					
Counselor's awareness of own limits of competency/ training (7)					
Impact of mixed ethnicity/ minority status within country (6)					
Impact of client's culture on assessment results & interpretation (2)					
Impact of client's worldview on the counseling relationship (12)					

Please rate the **KNOWLEDGE** of the following factors on a 5-point scale of Not at All Important to Extremely important.

When providing counseling services in the Caribbean, how important is it to possess knowledge of these factors?

	Not at all Important	Slightly Important	Moderately Important	Very Important	Extremely Important
Ways the family structure impacts society (e.g. extended families, "common law arrangements" (1)					
The practices and beliefs of common religious/spiritual groups in the region. (3)					
Common dialect, slang, or terms from other languages common in nation. (3)					

Cultural differences within a nation (e.g. people from different islands/regions)					
Ways gender roles and patriarchy impact society & clients (7)					
Ways Mental Health Stigma impacts help-seeking (1)					
Ways Race and Colorism impacts clients (2)					
Ways that cultural differences impact the counseling relationship (8)					
Specific social concerns in the nation (e.g. addiction, gang violence, child abuse) (8)					
Laws of the country pertaining to mental health & counseling practice. (5)					
Ethical guidelines of nation and profession (e.g. confidentiality) (11)					

Please rate the acquisition/demonstration of the following **SKILLS** on a 5-point scale of Not at All Important to Extremely Important.
When providing counseling services in the Caribbean, how important is it to possess these skills?

	Not at all Important	Slightly Important	Moderately Important	Very Important	Extremely Important
Active & Empathetic Listening (15)					
Setting professional boundaries while maintaining culturally appropriate casual encounters (4)					
Choosing culturally appropriate interventions (4)					
Micro-skills (Verbal/ Non-verbal counseling skills) (9)					
Self-care (2)					
Culturally appropriate diagnosis w/ explanation for client (1)					

Learn about client's culture (academically & socially/informally) (4)					
Build rapport with non-judgmental acceptance (8)					
Be flexible with interventions (4)					
Refer to community/ agency resources when appropriate (4)					
Use group-based interventions (3)					
Use family-based interventions (1)					
Crisis interventions (2)					
Educate, empower, and advocate for clients (6)					
Utilize supervision/ peer support (2)					
Utilize Continuing Education for ongoing multicultural competency (3)					
Network and provide/attend trainings with other professionals (10)					
Proper Case Management & Time Management (6)					
Adhere to ethical guidelines of nation and profession (3)					
Be a "Social Agent of Change" and participate in system/society level interventions (6)					
Short-term therapy skills (1)					
Research and Assessment (3)					
Grief counseling (1)					
Strengths-based interventions (1)					

Please enter any additional competencies you believe are important to counseling in the Caribbean.

Thank you for participation! We highly value your expertise and continued interest.

If you have any questions, please email antonia.forbes@und.edu.

Email Address (required):

Please enter your country of origin.

Please enter your country of residence.

I am a ____________________

Practitioner

University Professor or Instructor

Researcher

Other- Describe

Please describe your education and specialization. (e.g. M.A. in Marital & Family Therapy)

Please estimate your years of professional experience in this field since completing the above educational degree. (0-20+ years)

0 2 4 6 8 10 12 14 16 18 20

In which country did you receive your training?

Please enter countries where you have provided counseling services, instructed and/or supervised counselors-in-training, and/or researched counseling service provision.

Appendix F:

Round 3: Email Invitation

Good afternoon,

Thank you for all of your time and effort in completing earlier rounds of the Caribbean Competencies dissertation study. The last round is here, and it is the shortest of all rounds.

Your specific ratings of critical competency items are in the attached document. Please review the document choose whether or not you'd like to update any items. You also have room to add any items or comments to the study. Finally, you may indicate if you would like your name printed in appreciation on the final dissertation project.

Thank you!

Warmly,

Antonia Forbes, MA

Appendix G:

Round 3: Example of Personal Participant Survey

Caribbean Counseling Competencies ROUND THREE

The items below have been summarized from all the responses from experts in Round 2 of this study. All items are sorted into three categories of Awareness/Attitude, Knowledge, and Skill. Below you will find your answers from ROUND 2 compared to answers from all other experts (averages & standard deviations).

NAME:

As a reminder, here is the rating scale you used to rate items in Round 2.

For each section below please rate the importance of each one of the competencies needed to provide culturally appropriate counseling services to Caribbean populations.

Select your response according to the following 5-point scale:
1: not at all important
2: slightly important
3: moderately important
4: very important
5: extremely important

Please review your ratings on the importance of **KNOWLEDGE** for the following factors in comparison to average ratings from the total group of experts. You may choose to change your response or save the same rating from round 2. If you would like to save your rating, do not enter a new rating for that item.

	YOUR RATING	GROUP AVERAGE	GROUP S.D.	OPTIONAL NEW RATING
Ways the family structure impacts society (e.g. extended families, "common law arrangements"		4.19	.780	
The practices and beliefs of common religious/spiritual groups in the region.		3.84	.847	

Common dialect, slang, or terms from other languages common in nation.		3.75	1.016	
Cultural differences within a nation (e.g. people from different islands/regions)		3.91	.734	
Ways gender roles and patriarchy impact society & clients		3.78	.975	
Ways Mental Health Stigma impacts help-seeking		4.00	.803	
Ways Race and Colorism impacts clients		3.62	1.040	
Ways that cultural differences impact the counseling relationship		3.75	1.016	
Specific social concerns in the nation (e.g. addiction, gang violence, child abuse)		4.28	.772	
Laws of the country pertaining to mental health & counseling practice.		4.31	.780	
Ethical guidelines of nation and profession (e.g. confidentiality)		4.47	.879	

Please review your ratings on the importance of **AWARENESS** for the following factors in comparison to average ratings from the total group of experts. You may choose to change your response or save the same rating from round 2. If you would like to save your rating, do not enter a new rating for that item.

	YOUR RATING	GROUP AVERAGE	GROUP S.D.	OPTIONAL NEW RATING
Impact of client's Immigration Status		3.91	1.058	
Impact of client's family structure		4.44	.564	
Impact of client's religion and spirituality		3.72	1.054	
Impact of client's class/ social economic status		3.63	.793	
Impact of client's gender/ sexual orientation		3.53	.915	
Impact of mental health stigma on help-seeking behavior		3.88	.907	
Impact of mental illness laws & procedures in country		3.94	1.076	

Counselor's awareness of own biases, stereotyping, prejudices.		4.56	.914	
Counselor's awareness of own cultural identity		4.44	.759	
Counselor's awareness of own limits of competency/ training		4.66	.602	
Impact of mixed ethnicity/ minority status within country		3.28	.991	
Impact of client's culture on assessment results & interpretation		3.78	.870	
Impact of client's worldview on the counseling relationship		4.03	.861	

Please review your ratings on the importance of **SKILLS** for the following factors in comparison to average ratings from the total group of experts. <u>You may choose to change your response or save the same rating from round 2.</u> If you would like to save your rating, do not enter a new rating for that item.

	YOUR RATING	GROUP AVERAGE	GROUP S.D.	OPTIONAL NEW RATING
Active & Empathetic Listening		4.81	.397	
Setting professional boundaries while maintaining culturally appropriate casual encounters		4.69	.535	
Choosing culturally appropriate interventions		4.47	.621	
Micro-skills (Verbal/ Non-verbal counseling skills)		4.28	.729	
Self-care		4.78	.491	
Culturally appropriate diagnosis w/ explanation for client		4.31	.644	
Learn about client's culture (academically & socially/informally)		4.16	.767	
Build rapport with non-judgmental acceptance		4.72	.634	
Be flexible with interventions		4.47	.621	
Refer to community/ agency resources when appropriate		4.66	.545	
Use group-based interventions		3.78	.751	
Use family-based interventions		4.00	.718	

Crisis interventions		4.25	.762	
Educate, empower, and advocate for clients		4.66	.602	
Utilize supervision/ peer support		3.94	.801	
Utilize Continuing Education for ongoing multicultural competency		4.03	.695	
Network and provide/attend trainings with other professionals		4.41	.615	
Proper Case Management & Time Management		4.41	.756	
Adhere to ethical guidelines of nation and profession		4.69	.592	
Be a "Social Agent of Change" and participate in system/society level interventions		4.53	.718	
Short-term therapy skills		4.13	.707	
Research and Assessment		4.06	.619	
Grief counseling		4.34	.745	
Strengths-based interventions		4.31	.644	

Think we missed something important? Should an item be in a different category (A, K, S) than listed above? Let us know below!

The Delphi method allows for recognition of expert participants if they so choose. Please indicate below if you would like your name printed in the final iteration of this dissertation. Experts who do not indicate a preference will not be named in the document. Whether one chooses to be named in the dissertation or not does not impact the use of their data.

Please enter the name of a charity you would like a $5 donation made in your name in gratitude for your participation.

Thank you for participation!

Your participation is now complete. As an expert contributor you will be informed of any upcoming publications or presentations using this data. If you would not like to be informed, you may opt out of updates.

If you have any questions, please email antonia.forbes@und.edu.

Appendix H:

Final List of Competency Areas in Ranked Order of Importance

	KNOWLEDGE
1	Ethical guidelines of nation and profession (e.g. confidentiality)
2	Specific social concerns in the nation (e.g. addiction, gang violence, child abuse)
3	Laws of the country pertaining to mental health & counseling practice.
4	Ways the family structure impacts society (e.g. extended families, "common law arrangements"
5	Ways Mental Health Stigma impacts help-seeking
6	Cultural differences within a nation (e.g. people from different islands/regions)
7	The practices and beliefs of common religious/spiritual groups in the region.
8	Ways that cultural differences impact the counseling relationship
9	Ways gender roles and patriarchy impact society & clients
10	Common dialect, slang, or terms from other languages common in nation.
11	Ways Race and Colorism impacts clients
	AWARENESS
1	Counselor's awareness of own limits of competency/ training
2	Counselor's awareness of own biases, stereotyping, prejudices.
3	Impact of client's family structure
4	Counselor's awareness of own cultural identity
5	Impact of client's worldview on the counseling relationship
6	Impact of mental health stigma on help-seeking behavior
7	Impact of mental illness laws & procedures in country
8	Impact of client's Immigration Status
9	Impact of client's culture on assessment results & interpretation
10	Impact of client's religion and spirituality
11	Impact of client's class/ social economic status
12	Impact of client's gender/ sexual orientation
13	Impact of mixed ethnicity/ minority status within country
	SKILLS

1	Active & Empathetic Listening
2	Self-care
3	Setting professional boundaries while maintaining culturally appropriate casual encounters
4	Build rapport with non-judgmental acceptance
5	Adhere to ethical guidelines of nation and profession
6	Refer to community/ agency resources when appropriate
7	Educate, empower, and advocate for clients
8	Be a "Social Agent of Change" and participate in system/society level interventions
9	Choosing culturally appropriate interventions
10	Be flexible with interventions
11	Network and provide/attend trainings with other professionals
12	Proper Case Management & Time Management
13	Grief counseling
14	Culturally appropriate diagnosis w/ explanation for client
15	Strengths-based interventions
16	Micro-skills (Verbal/ Non-verbal counseling skills)
17	Crisis interventions
18	Learn about client's culture (academically & socially/informally)
19	Short-term therapy skills
20	Research and Assessment
21	Utilize Continuing Education for ongoing multicultural competency
22	Use family-based interventions
23	Utilize supervision/ peer support
24	Use group-based interventions

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