Since the publication of the previous editions, Counseling the Culturally Different: Theory and Practice has maintained its status as a classic in the field of multicultural counseling and therapy, become the most frequently cited text in the ethnic minority psychology field, and is now the standard reference for nearly all courses in minority mental health and treatment. We believe that the third edition continues the legacy of scholarly excellence without sacrificing its provocative, "hard-hitting," intense, and practice-oriented approach to the field. The balance between the need for mental health professionals to understand cultural differences reflected in worldviews, on the one hand, and the sociopolitical nature of clinical applications, on the other hand, has been maintained. The major thesis of this edition is that counseling and psychotherapy are rooted in, and reflect, the dominant values of the larger society. As a result, forms of treatment may represent cultural oppression and may reflect a primarily Eurocentric worldview that may do great harm to culturally different clients. In order to be culturally competent, mental health professionals must be able to free themselves from the cultural conditioning of their personal and professional training, to understand and accept the legitimacy of alternative worldviews, and to begin the process of developing culturally appropriate intervention strategies in working with a diverse clientele.

We continue to use a large number of clinical and real-life examples to illustrate the concepts of multicultural counseling and therapy. Especially noteworthy is our use of an in-depth case study or real-life example at the beginning of each major chapter to illustrate the concepts and principles related to multicultural mental health practice. Although we have chosen to eliminate the separate chapter on critical incidents, we have integrated many of the cases into the rest of the book.

Readers familiar with the earlier editions will note several major additions, including a more inclusive definition of multiculturalism, along with a discussion of the pros and cons of a general versus a narrow perspective; the most recent statistics on the changing complexion of society (demographics) with a discussion of their implications for clinical practice; a discussion of the culture-bound basis of ACA and APA Code of Ethics and Standards of Practice; a more detailed chapter on multicultural family counseling; a separate chapter on nonwestern forms of healing; and a new chapter on multicultural individual, professional, and organizational development. There is also a new chapter, "Counseling Gays/Lesbians, Women, the Elderly, and Persons with Disabilities." The inclusion of these groups in one chapter in no way implies that we view as "less important," but rather that we have a greater familiarity with issues related to persons of color. Our continued work in the field has made us realize, however, that principles of multicultural psychology derived from work with racial minorities are applicable to other culturally different groups as well. Likewise, the research on gender, sexual orientation, the aging, and the physically challenged has contributed to a better understanding of issues of prejudice and discrimination.

Because the field has evolved with new developments in research, theory, and practice, the third edition has been reorganized to be more consistent with these changes. Instead of three major divisions, there are now five. "Part I: The Political Dimensions of Mental Health Practice" sets the tone for the entire text. Chapter 1, "The Politics of Counseling and Psychotherapy," probably has the most impact for here the mental health profession is
taken to task for its ethnocentric multicultural features. We reveal how counseling and therapy have historically portrayed racial/ethnic minorities as pathological, discuss how mental health practices have oppressed minorities, show how the mental health profession reflects the biases, assumptions, practices, and prejudices of the larger society, and point out the cultural biases in the American Psychological Association and the American Counseling Association's Code of Ethics and Standards of Practice. A "Call to Conscience" for drastic changes in mental health practice is a necessity if we are to provide culturally relevant services to a diverse population. While Chapter 1 deals with the politics of counseling and psychotherapy from a societal and historical perspective, Chapter 2, "Sociopolitical Considerations of Trust and Mistrust in Multicultural Counseling and Therapy," emphasizes how discrimination, prejudice, and stereotyping experienced by various racial/ethnic minority groups have affected their perceptions of the counseling/therapy process. We discuss and outline how the issue of trust and mistrust of mental health professionals is played out in the therapeutic process.

"Part II: The Practice Dimensions of Multicultural Counseling and Therapy" deals specifically with the subject of multicultural therapeutic practice. Updated considerably, Chapter 3, "Barriers to Effective Multicultural Counseling and Therapy," analyzes the culture-bound, class-bound, and linguistic biases in conventional counseling and psychotherapeutic practice. It is gratifying to see how this chapter, first published in 1980, has become a cornerstone in its field: In fact, the concepts presented here have become part of the very knowledge base in the multicultural "helping" field. Chapter 4, "Culturally Appropriate Intervention Strategies," challenges the universal models of helping and suggests that mental health professionals must begin the process of developing appropriate and effective intervention strategies in working with culturally different clients. This means that traditional clinical practice must accept the notion of "culture-specific strategies" in the helping process. Traditional taboos of Eurocentric counseling and therapy are questioned. There are new sections stressing prevention as well as remedial approaches, systems intervention as well as traditional one-to-one relationships, and the use of psychoeducational methods. We stress the importance of mental health practitioners becoming knowledgeable about, and making use of, existing indigenous helping/healing approaches in the minority community. The rationale, importance, description, and use of alternative helping roles in multicultural counseling/therapy are major features of this chapter. Chapter 5, "Multicultural Family Counseling and Therapy," has been completely revised. Much work on family ethnicity and mental health practice has accumulated in recent years. Our basic premise is that the family counselor/therapist must be aware of how racial/ethnic minority groups view the family. Not only do groups differ in defining the family (vs. the nuclear family), but roles and processes differ from Euro-American structures and processes. Specific suggestions and guidelines are proposed for the multicultural family therapist.

Three chapters also comprise "Part III: Worldviews in Multicultural Counseling and Therapy." It is becoming increasingly clear that one's worldview dictates how reality and normality are defined, how problems are perceived, and how forms of treatment are delivered and received. One of the greatest barriers to effective relationships between culturally different groups is the inability to understand another's worldview. Chapter 6, "Racial and Cultural Minority Identity Development: Therapeutic Implications," has been expanded considerably. Much research has now clarified the parameters of the competing theories of racial identity development. Although we discuss the various theories and their pros and cons, the major emphasis is an integrative attempt to describe the various "stages" or "ego states" (a controversy in the field) and their implications for assessment and therapeutic intervention. Chapter 7, "White Racial Identity Development: Therapeutic Implications," is a new chapter that formed a subsection of another chapter in the second edition. White identity development, "White privilege," and how the Euro-American worldview affects perception of race-related issues have become an important aspect of the dialogue in mental health practice. The thesis of this chapter is that culturally competent White Euro-American mental health professionals must realize that they are victims of their cultural conditioning and that they have inherited the racial biases, prejudices, and stereotypes of their forebears, must take responsibility for the role they play in the oppression of minority groups, and must move toward actively redefining their Whiteness in a nondefensive and nonracist manner. Discussion of the interplay between varying levels of White awareness and working with culturally different clients is a major part of this chapter. Chapter 8, "Dimensions of Worldviews," discusses how race, culture, ethnicity, gender, and sexual orientation influences worldview. It uses the theory of worldviews that was first described in the 1980 edition and is considered one of the cornerstones of cultural competence. In the field of mental health practice, understanding the worldview of your culturally different clients is considered all-important in delivering culturally relevant services to an increasingly diverse population.

"Part IV: Multicultural Counseling and Therapy Competence," advocates the need to incorporate indigenous wisdom into practice and to see helping from a broader professional/organizational framework. Chapter 9, "Nonwestern and Indigenous Methods of Healing," challenges conventional therapeutic practice. It takes a giant step in
recognizing that all helping originates from a particular cultural context. Within the United States, counseling and psychotherapy are the dominant psychological healing methods; in other cultures, however, indigenous healing approaches continue to be widely used. While there are similarities between Euro-American helping systems and the indigenous practices of many cultural groups, there are major differences as well. Western forms of counseling, for example, rely on sensory information defined by the physical plane of reality (Western science), but most indigenous methods rely on the spiritual plane of existence in seeking a cure. In keeping with the cultural encapsulation of our profession, Western healing has failed to acknowledge or learn from these age-old forms of wisdom. In its attempt to become culturally responsive, however, the field of counseling must begin to put aside the biases of Western science, to acknowledge the existence of intrinsic help-giving networks, and to incorporate the legacy of ancient wisdom which may be contained in indigenous models of healing. The chapter begins with a description of the historic and continuing "shamanic" practice of healers—often called witch, witch doctor, wizard, medicine man/woman, sorcerer, or magic man/woman—who are believed to possess the power to enter an altered state of consciousness and in their healing rituals journey to other planes of existence beyond the physical world. We describe the three major therapeutic approaches which Western science might find helpful: (1) the use of communal, group, and family networks to shelter the disturbed individual, to problem-solve in a group context, and to reconnect them with family or significant others; (2) the use of spiritual and religious beliefs and traditions of the community in the healing process; and (3) the use of shamans who are perceived to be the keepers of timeless wisdom. Within these approaches are embedded some valuable lessons for multicultural counseling and therapy that we extract for the readers.

Chapter 10, "Becoming Multiculturally Competent: Organizational and Professional Development," defines the ultimate goal of a mental health practitioner. At the present time there is a great deal of interest in the development of multicultural competencies in mental health practice. Indeed, the senior author has been fortunate to head the 1982 Division 17 Professional Standards Committee, which produced the first set of multicultural counseling competencies, and the 1992 AMCD Committee, which refined and elaborated them. These competencies have been adopted by two divisions of the American Psychological Association and many divisions of the American Counseling Association. Much work is currently directed at translating them into education and training, science, and practice. The four competencies discussed in this chapter that have strong implications for training are (1) having mental health professionals become culturally aware of their own values, biases, and assumptions about human behavior; (2) having mental health professionals acquire knowledge and understanding of the worldview of minority or culturally different groups and clients; (3) having mental health professionals begin the process of developing appropriate and effective intervention strategies in working with culturally different clients; and (4) understanding how organizational and institutional forces may either enhance or negate the development of multicultural competence.

"Part V: Counseling and Therapy with Specific Populations" contains five chapters that integrate the most recent research and clinical findings on specific culturally different groups with practical suggestions and therapeutic implications. Each of the first four of these chapters specializes in one particular racial/ethnic minority group: Chapter 11, "Counseling African Americans"; Chapter 12, "Counseling American Indians and Alaskan Natives"; Chapter 13, "Counseling Asian Americans"; and Chapter 14, "Counseling Hispanic Americans and Latino Americans".

Chapter 15, "Counseling Gay and Lesbians, Women, the Elderly, and Persons with Disabilities," represents our first step to expand the definition and practice of multicultural counseling/therapy to other culturally distinct groups. While the focus has primarily been on racial/ethnic minorities, the principles of prejudice, racism, oppression, and discrimination applies to other culturally different groups as well. We illustrate this by a discussion of gay/lesbians, women, the physically challenged, and the elderly in our society. Similarities and differences between these groups with respect to the sociopolitical dynamics of being different and how counseling/therapy can be most beneficial utilizing the principles of multiculturalism is a major focus. We make a case that all counseling is, in some respects, multicultural in nature.

There is an African-American proverb that states, "We stand on the head and shoulders of many who have gone on before us." Certainly, this book would not have been possible without their wisdom, commitment, and sacrifice. We thank them for their inspiration, courage, and dedication, and we hope they will look at us and be pleased with our work. We would also like to acknowledge the dedicated pioneers in the field who journeyed with us along the path of multiculturalism before it became fashionable. While there are too many to name, our professional and/or personal lives have been especially enriched by the following individuals: Patricia Arredondo, Donald
Working on this third edition has proven to be a labor of love. It would not have been possible, however, without the love and support of our families who provided the patience and nourishment which sustained us throughout our work on the text. Derald Wing Sue wishes to express his love for his wife, Paulina; his son, Derald Paul; and his daughter, Marissa Catherine. David Sue wishes to express his love to his wife, Diane, and his daughters, Jenny and Cristy.

We hope that this third edition of Counseling the Culturally Different: Theory and Practice, will stand on "the truth" and continue to be the standard bearer of multicultural therapy texts in the field.

Derald Wing Sue
David Sue