



EXAMINING BASIC HELPING SKILLS IN CROSS-CULTURAL COUNSELING BETWEEN EUROPEAN AMERICAN COUNSELORS AND MEXICAN AMERICAN CLIENTS

Collie Conoley*

Melissa L. Morgan Consoli

Heidi Zetzer

University of California Santa Barbara

Elisa Hernandez

Rafael Hernandez

California State University San Marcos

ABSTRACT

We address the need for culturally informed counseling skills by using a multiple case study design that evaluates the basic helping skills with four volunteer Mexican American clients and four European American counselors in the U.S. While viewing vignettes of each skill used in their counseling session, four clients responded to written measures and verbal interview questions immediately after each of their three sessions. A mixed methods (QUAL + QUAN) analyses of verbal and written client assessments of the skills yielded converging results revealing variability in the perceived helpfulness of the skills. The concern regarding being understood by the counselor (i.e. empathy) was the most important criteria used by the clients to judge the skills. Feeling understood was most enhanced by the skills of restatement and immediacy. The most negatively rated skills were challenge, closed questions, information giving and direct guidance. Recommendations for future research and practice are discussed.

Keywords:

Multicultural counseling, Mix-methods, Mexican Americans

RESUME

Nos dirigimos a la necesidad de las habilidades de consejería que es culturalmente informadas mediante el uso de un diseño de estudio de caso múltiple que evalúa las habilidades básicas para prestar ayuda con cuatro voluntarios clientes mexicanos americanos y cuatro consejeros americanos europeos en los EE.UU. Mientras visualiza viñetas de cada habilidad utilizan en sus sesión de asesoramiento, cuatro clientes respondido a las medidas escritas y verbales preguntas de la entrevista inmediatamente después de cada uno de sus tres sesiones. A métodos mixtos (QUAL + QUAN) el análisis de evaluaciones de los clientes verbales y escritas de las habilidades dieron resultados convergentes revelan la variabilidad en la utilidad percibida de las habilidades. La preocupación con respecto a ser comprendido por el asesor (es decir, la empatía) fueron los criterios más importantes utilizados por los clientes para juzgar las habilidades. Sentirse comprendido fue más reforzada por las habilidades de actualización e inmediatez. Las habilidades valorados más negativamente fueron desafío, las preguntas cerradas, dando información y orientación directa. Se discuten las recomendaciones para futuras investigaciones y prácticas.

Palabras Claves:

Consejería multicultural, metodos mixtos, Mexicano Americanos

* Address correspondence to Collie Conoley, Email: cconoley@education.ucsb.edu.

EXAMINANDO LA HABILIDADES BÁSICAS DE CONSEJERIA INTERCULTURAL EN LOS EE.UU.

The present research addresses counseling skills in a cross-cultural counseling context in order to evaluate the helpfulness of basic counseling skills. The goal of the study was to gain information that will increase the availability of culturally competent services for Mexican-American clients, a rapidly growing segment of U.S. society (U.S. Census Bureau, 2011). Examining counseling skills with Mexican-American clients responds to the repeated calls for multicultural competence in the literature and may eventually address underutilization by responding to the clients' perspectives on the effectiveness of the skills commonly used. Research that is grounded in cross-cultural counseling dyads with Mexican-American clients and European-American counselors is important because such dyads are currently the most probable treatment context for Mexican-Americans in the U.S.

Increases in the Mexican American population require greater numbers of culturally competent counselors in order to meet the growing need for mental health services in the Latina/o community. Latina/os are expected to comprise one fourth of the United States population by the year 2050 (U.S. Census Bureau, 2011). At 63%, Mexican Americans comprise the largest proportion of Latina/os in the U.S. (U.S. Census Bureau, 2013). Culturally proficient counselors may contribute to remediating low levels of participation in counseling of the Mexican-American community. The prominent underutilization of psychological services among U.S. Latina/os has been well documented (Cabassa, Zayas, & Hansen, 2006; Cardemil et al., 2007; Downs & Eisenberg, 2012; Kearney, Draper, & Barón, 2005; Mills, 2012; Prieto, McNeill, Walls, & Gómez, 2001; Roberts, Gilman, Breslau, Breslau, & Koenen, 2001). According to Lorenzo-Blanco and Delva (2012) Mexican Americans seek treatment from mental health professionals less frequently than their Latino/a counterparts. Even when sought, treatment is likely to be of short duration (Keoumdijan, Zamboanga & Hanson., 2003; Miranda, Azocar, Organista, Munoz, & Lieberman, 1996).

The need for attention to counseling treatment skills for Mexican-American clients is also driven by changes in diagnostic prevalence rates. Mental illness prevalence rates are on the rise for third or later generation Mexican-Americans (Orozco, Borges, Medina-Mora, Aguilar-Gaxiola, & Breslau, 2013). Rates of depression are higher in U.S. Latino/as than in non-Latino/a Whites (Mendelson, Rehkopf, & Kubzansky, 2008). Contributing factors include the impact of acculturation, low socio-economic status, and experiences of racism and discrimination, all of which add to an increased risk of mental illness for Mexican-Americans (Bruce, Takeuchi, & Leaf, 1991; Organista, Organista, & Kurasaki, 2003; Santiago-Rivera, Arredondo, & Gallardo-Cooper, 2002; Vega et al., 1998). Additionally, many Mexican-Americans face sociopolitical adversities that negatively affect their psychological well-being (Hipolito-Delgado & Mann, 2012). Hence, the need for developing culturally informed therapy skills for Mexican American clients is based upon the increased size of the population, underutilization of services, high attrition rates from treatment, and growing mental illness prevalence rates.

Multicultural Competence: Skills

The goal of developing the complement of skills and interventions that is required for culturally competent psychotherapy has been championed but not yet attained (APA, 2003; Lee, 2014; Sue & Sue, 2012; Sue, Zane, Hall, & Berger, 2009). Multicultural competence consists of cultural self-knowledge, knowledge about the client's culture, and use of culturally informed counseling skills (Paniagua, 2005; Pedersen, Lonner, Draguns, Trimble, & Scharron-del Rio, 2015; Sue, Arredondo & McDavis, 1995). The development of culturally informed skills has lagged far behind the development of the other two cultural competencies (Priester, et al. 2008).

Cultural competence has been further defined as a system of care that includes policies and practices which convey the importance of culture, and include assessment of cross-cultural relations, vigilance toward the dynamics that result from cultural differences, expansion of cultural knowledge, and adaptation of interventions to meet culturally unique needs (Whaley & Davis, 2007). Nearly five decades ago, Gordon Paul (1967) pushed researchers to move from asking "What treatments work?" to asking "What treatment, by whom, is most effective for this individual, with that specific problem, and under which set of circumstances?" (p. 111). Culture-centered research blends Paul's call for attention to



individual differences with the profession's more recent call for attention to culture and context (Sue et al., 1992). Given that the most common cross-cultural therapy situations at present in the United States consist of a White, middle class, English-speaking therapist working with an African American or Latina/o client (Sundberg, 2013), research on counseling services provided to Latino/as in a cross-cultural context is desperately needed (Ramos-Sánchez, 2009).

Helping Skills

The present research addresses the call for culturally informed interventions by examining clients' evaluation of basic helping skills. Limited research exists which specifies helpful interventions for Mexican American clients. Examining basic counseling skills with this growing portion of the U.S. population is fundamental because these skills constitute the basis for many training programs (Hill & Knox, 2013; Hill & Lent, 2006; Matarazzo, 1971, 1978; Russell, Crimmings, & Lent, 1984).

Traditional basic helping skills are loosely based on Roger's (1942) client-centered therapy (Hill & Lent, 2006), refined by Hill and colleagues (Hill, 2004, 2009, 2014; Hill & O'Brien, 1999) and rest on humanistic, psychoanalytic, and behavioral theories developed within a European-American context (Hill, 2014; Hill, Stahl, & Roffman, 2007). Most counselors in the U.S. are trained in methods primarily developed for European-Americans, even though clients may be from other cultures (Pedersen, et al., 2015). As noted by Hall (2001), cultural competency advocates argue that simply exporting a method from one cultural group to another is inadequate for providing efficacious psychotherapies for ethnic minority populations.

The helping skills include: approval & reassurance, challenge, closed question, direct guidance, immediacy, information, interpretation, open question, reflection of feeling, restatement, and self-disclosure (Hill, 2014; Hill 2004). Proficiency in the basic helping skills has been used as a goal for counselors-in-training as well as a marker of therapeutic ability, client engagement, and treatment outcomes (Hill et al., 2015; Hill & Knox, 2013). However, few have investigated how the basic helping skills are experienced in cross-cultural dyads and determined whether there is a need for cultural adaptation or caution in their use. After a thorough review of the literature on helping skills training, Hill and Lent (2006) identified the vital necessity of investigating the role of culture on the relevance, credibility, and comfort level of helping skills.

Consistent with Hill and Lent's (2006) observation, we found only two studies that examined the full array of helping skills in a cross-cultural therapy context. Instead of investigating the skills individually, the studies grouped multiple helping skills together to represent a therapeutic style or a common factor. One study (Li & Kim, 2004) assessed Asian American participants' responses to directive and nondirective counseling styles based on their adherence to Asian values. Counselors in the directive condition used the skills of interpretation, challenge, information giving, and direct guidance. In contrast, counselors in the nondirective condition focused on the skills of reflection of feelings and restatement. Regardless of their adherence to Asian values, all participants preferred the directive counseling style and rated those counselors as more empathic and culturally competent. The grouping of skills did not allow for the evaluation of each skill individually.

Similarly, a second study (Dewell & Owen, 2015) used a common factors classification to group skills that might differentiate Asian American clients' preferences from those of European American clients. After termination, Dewell and Owen asked clients to describe what they liked about therapy in an open-ended question. The responses were analyzed and reduced to three common factors: insight, information, and relationship. No differences between Asian American and European American clients were found. Unfortunately the focus on common factors did not investigate the participants' reactions to individual helping skills. Both studies referenced how helping skills may be perceived by ethnic minority clients, specifically Asian Americans, but grouped the helping skills into clusters, leaving the impact of each individual helping skill in a cross-cultural dyad unexamined.

The one helping skill that has been studied within a cross-cultural counseling setting is self-disclosure. Self-disclosure has been identified as improving the therapeutic relationship with African-

American clients and improving the therapeutic alliance in other cross-cultural dyads (Burkard, Knox, Groen, Perez, & Hess, 2006; Chang & Berk, 2009). Similarly, Kim et al. (2003) found that Asian-American clients' perceived intimacy of counselor self-disclosure in a cross-cultural dyad was related to perceived helpfulness of the disclosure. Cherbosque (1987a; 1987b) found that Mexican students preferred that counselors not self-disclose. Borrego, Chavez, & Titley (1982) found no differences in amount of client self-disclosure between European-American and Mexican-American clients in response to self-disclosure from the counselor.

The present research addresses the need for culturally competent counseling skills for Mexican-American clients. This study was designed to provide a step toward understanding Mexican-American clients' experiences of the basic counseling skills in a cross-cultural counseling context. The purpose of this research is to provide an in-depth analysis of helping skills from the clients' perspective in the context of cross-cultural counseling with Mexican American clients and European American counselors. Each helping skill was evaluated in the context of a cross-cultural counseling session that included all of the helping skills. The study provided a context that allowed the expression of each helping skill's complexity including the timing, content and non-verbal dimensions of each skill. The study used a mixed methods case-study design (Morse, 2003) to explore four Mexican-American clients' experiences of the basic helping skills in the context of three cross-cultural counseling sessions.

Method

Participants

Clients. The volunteer clients were four college students (three female, one male) at a west coast, U.S. university, who self-identified as Mexican American, and met the screening criteria. They received class credit for their involvement in the three-session counseling experience. All clients consented to three, weekly, 2.5-hour videotaped counseling sessions.

The selection criteria was: 1) Distress below the clinical cut-off score of 10 on the Center for Epidemiologic Studies Depression Scale (CESD-10; Andresen, Malmgren, Carter & Patrick, 1994; Radloff, 1977); 2) No prior counseling experience; 3) Lived in the U.S. before age 6, and scored in the bicultural range on the Acculturation Rating Scale for Mexican Americans-II (Cuellar, et al., 1995); 4) Were over 18-years-old; and 4) Had a therapy issue they felt they could discuss.

Counselors. The counselors were three advanced doctoral students (one male and two female) and one experienced male psychologist. All counselors self-identified as European American, were from an American Psychological Association accredited doctoral training site, and had taken at least two multicultural counseling classes. In addition to having previous class instruction and at least a year-and-a-half of supervised practica using the helping skills, the counselors received an additional intensive four-hour training session in Hill's Helping Skills which was designed specifically for this study (Hill & O'Brien, 1999).

Researchers. The research team consisted of one Asian American and four Latina/o doctoral students, a European American post baccalaureate research assistant, two European American and a mixed-race (Latina and European American) psychologists. The team consisted of seven women and two men.

Client Screening Measures

The Center for Epidemiologic Studies Depression Scale (CESD-10; Andresen, Malmgren, Carter & Patrick, 1994; Radloff, 1977). The CESD-10 is a 10-item assessment of depressive symptoms validated from the 20-item original version of the CES-D, which was validated for Mexican Americans (Roberts, 1980). Response options are 0-3 (0=rarely or none of the time and 3= most or all of the time). Scoring greater than 10 is considered indicative of depression (Andresen, Malmgren, Carter & Patrick, 1994). CESD-10 has been shown to have good predictive validity and reliability (Andresen, Malmgren, & Carter, 1994).

Acculturation Rating Scale for Mexican Americans-II (ARSMA-II; Cuellar, et al., 1995). The ARSMA-II consists of 30 items measuring Mexican Orientation (MOS; 17 items) and Anglo Orientation



(AOS; 13 items) allowing interpretation of biculturalism (Jones & Mortimer, 2014; Sam, 2006). Sample items include “I think in Spanish” and participants indicate agreement on a five point Likert-type scale (1=not at all and 5 = extremely often or almost always). The validity of the ARSMA-II is strong, (Castillo, Conoley, & Broussart., 2004; Flores et al., 2006; Ojeda, Castillo, Meza & Piña-Watson, 2014; Santiago-Rivera, Stein, Keller, & Corte, 2014; Stephenson, 2000), as are reliability estimates (.91 on MOS and .79 on AOS in original sample; Cuellar et al., 1995).

Measures Evaluating the Helping Skills

The clients rated each of the 11 helping skills after each session (see Table 1 for listing of skills) on the following dimensions: a) empathy from the counselor, b) trust in the counselor, c) feeling valued by the counselor, d) openness to disclosing personal information to the counselor, and e) responded to three open-ended structured questions.

Empathic Understanding in Interpersonal Process Measurement Scale. Empathy was rated from 1 to 5 as described by Carkhuff (1969, pp. 174-175). A rating of 1 was anchored by the statement, “The counselor did not seem to understand me.” A rating of two stated, “While the counselor seemed to understand me, she/he seemed to distract me from being more open about myself.” Three was “The counselor seemed to understand me.” Four was “The counselor seemed to understand me and help me go deeper into my thoughts or feelings.” And finally, a rating of 5 stated, “The counselor seemed to understand me so well that she/he was able to help me express or understand my feelings or thoughts before I stated them out loud.” Validity for the measure is good (Hefele & Hurst, 1972).

Trustworthiness. The four items of the Trustworthiness Scale of the Counselor Rating Form (CRF) were used to measure trustworthiness (Barak & LaCrosse, 1976). The items ask how the therapist was viewed using the stems of sincere, honest, trustworthy and reliable rated from “not very” to “very.” The Trustworthiness Scale has been established to be valid and reliable (Barak & LaCrosse, 1975; LaCrosse, 1980; LaCrosse & Barak, 1976; Epperson & Pecnik, 1984).

Feeling valued. This skill was assessed by averaging the responses to: “How much did the counselor make you think that you were a) important, b) valued, and c) significant to her or him?” Clients rated the three questions from 1 (not-at-all) to 7 (very much). The authors developed this measure for the purposes of this study.

Openness. Openness to disclosing personal information was measured using a two-item measure (Boulton, Trueman & Rotendeg, 2007), which had high inter-item reliability and predictive validity. The two questions were: a) “How much does this segment influence how willing you are to tell your counselor everything you are thinking?” b) “How much does this segment influence how willing you are to tell your counselor everything you are feeling?” The clients were asked to rate the questions from 1 (not-at-all willing) to 7 (very willing).

Open-ended questions. Three semi-structured questions queried how clients perceived each skill. The following questions were asked after they viewed the video for a skill: “What about the interaction made you evaluate it negatively or positively?” “What did you think when you first saw this interaction?” “What did you feel when you first saw this interaction?” All spoken responses were tape recorded for later analysis.

Session and Overall Counseling Evaluation Measures

Session Evaluation Questionnaire (SEQ Version 4; Stiles, 1980; Stiles & Snow, 1984a, 1984b). This 27-item measure consists of four scales; Depth, Smoothness, Positivity and Arousal. Depth was related to the client’s evaluation of the amount of therapeutic work occurring in the session and smoothness related to the client’s degree of comfort in the session. Positivity and arousal measured post session mood (Stiles et al., 1994; Shapiro, 1994; Stiles & Snow, 1984). Participants responded by circling descriptors they felt corresponded to their feelings, for example “Today I felt my therapist was “skillful (or) unskillful.” The reliability and validity of the SEQ are strong (Elliott & Wexler, 1994; Stiles et al., 1994).

Working Alliance Inventory (WAI; Horvath & Greenberg, 1989). The 36-item WAI measures the therapeutic alliance between therapist and client using three subscales: a) emotional bond, b) agreement on goals, c) agreement on tasks, and d) an overall rating of the strength of the alliance. Participants respond using a seven point Likert-type scale (example, “We agree on what it is important for me to work on”). Coefficient alpha for previous samples has been estimated as .95, .89 for Bond, .90 for Tasks, and .89 for Goals (Hatcher, 2004). Previous reliability (Hanson, Curry, & Bandalos, 2002) and validity (Cecero, Fenten, Nich, Frankforter, & Carroll, 2001; Horvath & Greenberg, 1989; Tracey & Kokotovic, 1989) estimates have also been strong.

Problem Solving Psychotherapy Outcome Measure (Heppner, Cooper, Mulholland & Wei, 2001). The Problem Solving Psychotherapy Outcome Measure assesses satisfaction with therapy with three questions. “I am satisfied with how counseling helped me.” “I would recommend this counseling service to other people.” “If the need should arise, I would seek counseling again.” Validity and reliability are adequate for the measure (Heppner et al., 2001).

Cross-Cultural Counseling Inventory – Revised (CCCI-R; LaFromboise, Coleman, & Hernandez, 1991). This 20-item instrument measures the observer’s perception of the counselor’s cultural competence by measuring the tripartite model of beliefs/attitudes, knowledge, and skills (Sue, Arredondo, & McDavis, 1995). Participants respond to items on a six point Likert-type scale (1=SD, 6=SA, no neutral response). A coefficient alpha of .92 was estimated for the original sample of faculty and graduate students and subsequent studies with undergraduate students and faculty yielded an estimate of .95 (Sabnani & Ponterotto, 1992). Evidence for adequate validity has also been found (LaFromboise et al., 1991; Sabnani & Ponterotto, 1992; Worthington, Mobley, Franks, & Tan, 2000).

Procedures

Training researchers and counselors. In a 4-hour training session on Hill’s Helping Skills, each counselor and rater mastered accurately identifying, demonstrating, and categorizing all 11 of Hill’s Helping Skills (1999), as determined by the researchers.

Counseling session. Each Mexican American client and European American counselor pair met for three 45-minute counseling sessions. The counselor was asked to use all the helping skills in each session if possible. Two researchers viewed each session via live video to note the use of each skill for future video presentation to the client. A midsession break was used to privately inform the counselor of the helping skills that were not yet performed within the session, so that he/she may attempt to use them in the time remaining.

Measure administration. Immediately after each session, the client completed the end-of-session evaluations (i.e. the SEQ-4, WAI, Problem Solving Psychotherapy Outcome Measure, and CCCI-R). After the client completed the session evaluations, a Mexican American researcher then facilitated the post-session rating of each helping skill by showing a video recording of a helping skill segment from the session. This segment was then immediately rated by the client using the written measures and addressed in open-ended questions. The process was repeated until the client evaluated each skill. This post-session rating sequence occurred after each session.

Helping skill categorization. Two researchers identified the helping skills as the skills occurred during the live session for the client to rate after the session ended. Because the initial categorization required rapid recognition and categorization, three researchers re-categorized the helping skills afterwards to assure accuracy of categorization. Of the 132 categorized skills rated by the two researchers during the live sessions, 12 skills were later judged as improperly categorized and therefore dropped from the analysis.

Analysis

A QUAL + QUAN mixed methodological design allowed simultaneous qualitative and quantitative data collection, as well as triangulation of the data (Creswell, 2012; Ponterotto, Mathew, & Raughley, 2013). Both qualitative and quantitative data were treated as equally influential in addressing the research questions. The answers to open-ended questions were expected to help explicate quantitative assessment and vice versa.



Qualitative analysis. Answers to open-ended questions were analyzed using Thematic Analysis (Boyatzis, 1998). Initially, three researchers independently identified general themes for data categories from the clients' open-ended responses. As a group the researchers then discussed the themes until reaching consensus about the final categories. When a theme was discovered that did not fit into a previous category or subcategory, a new category or sub-category was added until all the data were included. An external auditor was used to prevent groupthink, power hierarchies and straying from the data during development of the coding scheme. This iterative process continued until the meaning of each piece of data was agreed upon. If consensus was not reached, the theme was not used in the analysis.

Quantitative analysis. The clients' numerical ratings of each skill on the four dimensions were analyzed revealing that all four clients rated every skill positively (above middle point of rating) on three of the four dependent variables; trust in the counselor, feeling valued by the counselor, and openness to disclosing personal information to the counselor. Because no negative ratings were evident and very little variability occurred in the ratings, no further analyses were performed for those three measures. Therefore, only the ratings of the counselor's empathy (i.e. feeling understood) were used in the subsequent quantitative analyses.

Each client's empathy rating was transformed to a category of either unacceptable level of empathy, acceptable level, or high level of empathy. A skill was labeled as having an unacceptable level of empathy if the rating was below the midpoint of the rating scale. Alternatively, acceptable level of empathy was assigned to the ratings that were equal to or above the midpoint of the rating scale. Special note was made of the basic skills that were rated at the top of the empathy rating scale as high empathy.

Results

The following three sections describe the results. The first section describes ratings of the counseling sessions as a whole, the second section describes the clients as well as their evaluation of the helping skills, and the third section synthesizes the clients' evaluation of the skills. The results of the helping skills evaluation include both the qualitative and quantitative data.

Session Ratings

The clients' ratings of the overall quality of the sessions occurred immediately after each session and were positive. The clients' ratings served as a manipulation check in that the clients perceived that they received competent counseling. The SEQ scores, which measured session outcome, were consistently within the published means of successful therapy as based upon comparisons with past studies (i.e., Reynolds, Stiles & Grohol, 2006) except that Client 2's Depth scores in sessions one & two were somewhat low. The mean Depth for all sessions and clients was 4.95, Smoothness was 5.56, Positivity was 5.9, and Arousal was 4.01. The termination evaluations assessing the entire experience were positive. The Satisfaction with Counseling was rated the highest possible score attainable by all of the clients (mean of all clients = 7). The Working Alliance (mean of all clients, Task = 5.56, Bond = 5.55, Goal = 5.86, 6 was highest possible) and their counselors' cultural competence (mean of all clients, Cross Cultural Counseling Skill = 5.3, Socio Political Awareness = 5.1, Cultural Sensitivity = 4.2, 6 was the highest possible) were rated positively. Client 2 consistently rated the counselor/counseling lower than the other three clients. Each client's description and evaluation of the helping skills follows below. Identification of emergent themes from participants' open-ended question responses about sessions resulted in nine categories (Appreciative, Detached, Mixed Feelings, Positive Feelings, Reflective, Uncomfortable, Understood, Unsatisfied, Validated) and 12 sub-categories (Annoyed, Caught, Confused, Connected, Guarded, Impressed, Inspired, Misunderstood, Pressured, Reassured, Satisfied, Skeptical) (see Table 2 for category and subcategory definitions).

Client 1. Client 1 (C1) was a single, Mexican American male in his twenties. On the ARSMA-II he scored as slightly Anglo-Oriented Bicultural (AOS = 3.92, MOS = 3.24; Cuellar et al., 1995). His therapy issues were concerns about success in future graduate studies and death anxiety.

The analysis of C1's responses indicated that four helping skills were described positively across all three sessions; approval & reassurance, information giving, restatement, and self-disclosure. Three skills were described positively in two sessions; reflection of feelings, information giving and open question. Challenge was described negatively in all three sessions. Closed questions and direct guidance were described negatively in two sessions.

Client 2. Client 2 (C2) was a single, Mexican American female in her late teens. On the ARSMA-II she scored as slightly Mexican-Oriented Bicultural (AOS = 3.54, MOS = 3.71; Cuellar et al., 1995). Her therapy issues were concerns about her career decision and her sister's mental health problems.

The analysis of C2's responses indicated that three helping skills were described positively across all three sessions; challenge, restatement and self-disclosure. Two skills were described positively in two sessions; direct guidance and interpretation. In all three sessions information giving was described negatively, while closed and open questions were described negatively in two sessions by C2.

Client 3. Client 3 (C3) was a single, Mexican American female in her early twenties. On the ARSMA-2 she scored as Mexican-Oriented Bicultural (AOS = 3.54, MOS = 4.29; Cuellar et al., 1995). Her therapy issues were fear of not getting into graduate school and concern about moving back into her parents' home.

The analysis of C3's responses indicated that three helping skills were described positively across all three sessions; approval & reassurance, open question, and reflection of feeling. Restatement and immediacy were rated high in two sessions. No skills were described negatively in all three sessions by C3. However, closed questions, direct guidance, information, and self-disclosure were described negatively in two sessions.

Client 4. Client 4 (C4) was a divorced, Mexican American female in her mid-thirties with one child. On the ARSMA-2 she scored as Mexican-Oriented Bicultural (AOS = 3.54, MOS = 4.53; Cuellar et al., 1995). Her therapy issues were concerns about cultural parenting issues and her relationship with her mother.

The analysis of C4's responses indicated that two helping skills were described positively across all three sessions; restatement and open questions. Information giving, interpretation, closed question, and reflection of feeling were described positively in two sessions. The only skill that was described negatively in two sessions was challenge. The following paragraphs synthesize the four clients' evaluation of the skills.

Synthesized Analysis

The triangulation of the quantitative and qualitative results revealed that the qualitative results were more sensitive in signaling lower and higher ratings of helping skills. In almost every case the quantitative rating was in the center and the qualitative rating was more negative or positive. Therefore, the interpretation of the clients' evaluation relies more upon qualitative analysis because of the greater sensitivity of the qualitative data.

Table 1 presents each client's quantitative and qualitative ratings of the helping skills. Each cell in the table contains the qualitative category or sub-category that was associated with the skill. Also the quantitative empathy ratings are indicated for a skill using the categories of unacceptable, acceptable or high level of empathy. The dependent variables of trust in the counselor, feeling valued by the counselor, and openness to disclosing personal information to the counselor were not included because the measures did not have enough variability or sensitivity to interpret. As can be seen in Table 1, the agreement between the qualitative and quantitative results is typically consistent but the qualitative ratings were more sensitive in expressing the clients' opinion.

A multiple case analysis that combined all of the clients' qualitative data was performed (Stake, 2006). The first session data was accumulated and then the evaluations of the skills for all of the sessions were combined. The first session evaluations were generally more negative than the later sessions, which



is important to consider because the first session is critical for attrition prevention. The following list of skills summarizes the multiple case analysis by presenting each skill followed by the percentage of positive to total qualitative descriptions for all the clients in the first session and then the percentage of positive descriptions of all the sessions combined; approval & reassurance (67%, 80%), challenge (25%, 36%), closed question (0%, 42%), direct guidance (33%, 67%), immediacy (100%, 100%), information (50%, 55%), interpretation (75%, 60%), open question (50%, 75%), reflection of feeling (50%, 73%), restatement (75%, 92%), and self-disclosure (50%, 67%). While immediacy was experienced entirely positively, it was used in only one third of the sessions.

Table 1
Clients' Qualitative and Quantitative Rating of Helping Skills by Session²

	Client 1	Client 2	Client 3	Client 4
Basic Helping Skills	Category / Empathy ³	Category / Empathy	Category / Empathy	Category / Empathy
Session 1				
Approval & Reassurance	Reassured ⁴ High Empathy	Skeptical Unacceptable	Positive High Empathy	Mixed Acceptable
Challenge	Confused Acceptable	Appreciative High Empathy	Misunderstood Acceptable	Guarded Acceptable
Closed Question	Pressured Unacceptable	Annoyed Acceptable	Detached Unacceptable	Uncomfortable Acceptable
Direct Guidance	Skeptical Unacceptable	Appreciative Acceptable	Unsatisfied Unacceptable	<Not used in session>
Immediacy	Appreciative Acceptable	Understood Acceptable	Understood Acceptable	<Not used in session>
Information	Validated High Empathy	Uncomfortable Acceptable	Misunderstood Unacceptable	Validated Acceptable
Interpretation	Understood High Empathy	Impressed High Empathy	Misunderstood Unacceptable	Reflective Acceptable
Open Question	Skeptical Acceptable	Confused Unacceptable	Satisfied Acceptable	Appreciative Acceptable
Reflection of Feeling	Understood Acceptable	Misunderstood Acceptable	Understood Acceptable	Guarded Acceptable
Restatement	Appreciative High Empathy	Impressed High Empathy	Detached Acceptable	Validated Acceptable
Self Disclosure	Connected High Empathy	Appreciative High Empathy	Unsatisfied Acceptable	Mixed Acceptable
Session 2				
Approval & Reassurance	Appreciative Acceptable	Mixed Acceptable	Positive High Empathy	<Not used in session>
Challenge	Annoyed	Understood	Caught	Reflective

	Unacceptable	Acceptable	Acceptable	Acceptable
Closed Question	Appreciative	Unsatisfied	Unsatisfied	Positive Feelings
	High Empathy	Acceptable	Acceptable	Acceptable
Direct Guidance	Skeptical	Pressured	Unsatisfied	<Not used in session>
	Unacceptable	Unacceptable	Unacceptable	
Immediacy	<Not used in session>			
Information	Connected	Unsatisfied	Misunderstood	Validated
	Acceptable	Unacceptable	Unacceptable	High Empathy
Interpretation	Skeptical	Annoyed	<Not used in session>	<Not used in session>
	Unacceptable	Unacceptable		
Open Question	Reflective	Guarded	Appreciative	Validated
	Acceptable	Acceptable	Acceptable	High Empathy
Reflection of Feeling	Pressured	<Not used in session>	Reflective	Validated
	Acceptable		Acceptable	High Empathy
Restatement	Reassured	Understood	Understood	Reassured
	High Empathy	High Empathy	High Empathy	Acceptable
Self Disclosure	Connected	Reflective	Detached	Connected
	Acceptable	Acceptable	Unacceptable	Acceptable
Session 3				
Approval & Reassurance	Reassured	Validated	Satisfied	Connected
	Acceptable	Acceptable	High Empathy	Acceptable
Challenge	Misunderstood	Reflective	<Not used in session>	Caught
	Acceptable	Acceptable		Unacceptable
Closed Question	Uncomfortable	Validated	Reflective	Validated
	Acceptable	High Empathy	Acceptable	High Empathy
Direct Guidance	Connected	<Not used in session>	Mixed	Understood
	Acceptable		High Empathy	High Empathy
Immediacy	<Not used in session>	<Not used in session>	Understood	<Not used in session>
Information	Understood	Mixed	Understood	<Not used in session>
	Acceptable	Unacceptable	Acceptable	
Interpretation	Confused	Understood	Reflective	Mixed
	Acceptable	High Empathy	High Empathy	High Empathy
Open Question	Appreciative	Positive	Reflective	Connected
	High Empathy	High Empathy	High Empathy	High Empathy
Reflection of Feeling	Connected	Understood	Understood	Understood
	High Empathy	High Empathy	High Empathy	High Empathy
Restatement	Positive	Mixed	Reflective	Reassured
	High Empathy	High Empathy	High Empathy	High Empathy
Self Disclosure	Connected	Appreciative	Positive	Annoyed
	Acceptable	High Empathy	Acceptable	Unacceptable



² Only the quantitative dependent variable of empathy is included in the table because the dependent variables of trust in the counselor, feeling valued by the counselor, and openness to disclosing personal information were all uniformly high therefore did not distinguish between skills.

³ The top word in the cell is the Category or Subcategory associated with the skill. The bottom word in the cell contains the level of empathy from the quantitative measure.

⁴ The Categories (and Subcategories in parentheses) are: Understood (Connected), Reflective, Validated (Reassured), Appreciative, Positive Feelings (Inspired, Satisfied, Impressed), Mixed Feeling Feelings, Uncomfortable (Pressured, Caught), Unsatisfied (Misunderstood, Frustrated, Annoyed), Detached (Guarded, Confused).

Table 2.
Descriptions of the Emergent Thematic Categories and Subcategories

CATEGORY Subcategory	Description
UNDERSTOOD ⁵	Client felt heard. Therapist was attentive and grasped what the client was conveying.
Connected	Client felt interpersonally close to the therapist.
REFLECTIVE	Client felt contemplative. Therapist's response caused client to express willingness to examine issues or understand issues in a new way.
VALIDATED	What client said, felt, or did was affirmed and supported by therapist.
Reassured	Client's doubts were eased by therapist.
APPRECIATIVE	Client acknowledged efforts made by the therapist to understand the client better or further therapy in some way.
POSITIVE FEELINGS	Client felt some positive emotion as a result of the intervention or therapy in general.
Inspired	Client felt motivated to action by the therapist
Satisfied	Client felt content with the therapeutic intervention
Impressed	Client expressed admiration of the therapist's techniques or skills
MIXED FEELINGS	Client felt both positive and negative feelings
UNCOMFORTABLE	Client felt uneasy in response to intervention
Skeptical	Client felt doubt that a specific intervention or therapy would help
Pressured	Client felt pushed by therapist to reveal information or take some action
Caught	Client felt confronted, vulnerable, or exposed
UNSATISFIED	Client felt disappointed, or that therapist's response was lacking in some way
Misunderstood	Client felt unheard or that the therapist did not grasp what client was conveying
Frustrated	Client felt thwarted by perceived inability of therapist to fulfill client's therapeutic needs
ANNOYED	Client felt mildly to significantly irritated by therapist

DETACHED	Client felt disconnected from the therapist
Guarded	Client felt reluctant to divulge personal information at any level of depth
Confused	Client was unsure about expectations or meaning of therapist's response

⁵ The labels in all capitalization are categories while the labels with only the first letter capitalized are subcategories.

Discussion

The present research addressed the need for greater information about the use of counseling skills in cross-cultural counseling with Mexican American clients and European American counselors by providing the insights of four Mexican American clients as they evaluated 11 helping skills. While each client evaluated the sessions positively overall, the helping skills were not viewed as uniformly positive. Some helping skills threatened the therapeutic process from the client's perspective. The insights from the four clients communicate that certain skills should be used liberally, others cautiously, and a few avoided in the first three sessions. The two helping skills that were most positively evaluated were restatement and immediacy. The most negatively evaluated skills were challenge, closed questions, information giving, and direct guidance. Additionally, the most significant dimension used for rating the skills in both the qualitative and quantitative analyses was being understood (i.e. empathy).

The open-ended questions revealed the most nuanced responses from the clients. When allowed to use their own words to express their experiences, the clients communicated that they did differentiate between the basic skills. Of the forced choice questionnaires only the empathy measure revealed enough variability in the responses to discern a negative from a positive experience when experiencing a basic skill. The measures of trust in the counselor, feeling valued by the counselor, and openness to disclosing personal information to the counselor were uniformly positive. While rating the skills as uniformly positive is good news, the open-ended questions lead us to doubt the sensitivity of questionnaires in uncovering the subtle opinions of the clients., thus highlighting the benefit of this mixed methods approach..

Restatement (rated as 75% positive in the first session and 92% overall) was expressed by three of the four clients to be the most positive skill in their counseling sessions. Restatement was used multiple times in each session and was described as creating an experience of feeling understood as well as facilitating the clients' increased reflection about the restated issue. One client explained that the restatement "really assisted me in finding the right words." Furthermore, another client stated that restatement demonstrated that the counselor "was actually paying attention." One client experienced restatement as agreement with her statement, which may be unsettling to counselors, but she genuinely appreciated the agreement she perceived. Based upon the clients' evaluation, restatement was a skill that should be used often.

Immediacy was the only skill rated positively in every instance (100% positive in the first session and 100% overall). Immediacy can be thought of as a form of counselor self-disclosure, in that the counselor reveals thoughts/feelings about the client in the present moment. Unfortunately the counselors used immediacy in only one third of the sessions, which may indicate that it is a more difficult skill for a therapist to use consistently in early sessions. Immediacy was successfully used in the first session with three of the clients, which indicated that immediacy could be effectively used early in therapy. The high regard for immediacy may be due to the counselor appearing emotionally vulnerable and genuine to the client. As one client explained, this skill seemed to demonstrate that the counselor was being "sincere and honest." Another client reported believing the counselor "was really trying to help me" when immediacy was used. Immediacy was the only type of self-disclosure the clients consistently endorsed as positive.

The four helping skills that created the most negative responses in the cross-cultural counseling dyads were closed questions, challenge, information giving and direct guidance. Each skill was rated as



unhelpful in facilitating a positive experience from 50 to 100% of the time in the first session and from 33 to 64% of the time in all client sessions combined. The results suggest that the four helping skills should be used cautiously and perhaps avoided in the first session. The following paragraphs examine each of the negatively rated helping skills individually.

All of the clients rated closed questions negatively in the first session (0% positive in the first session and 42% overall). The clients described feeling pressured, annoyed, unsatisfied and detached in response to closed questions. For example, when closed questions focused on sensitive topics one client felt pressured to disclose before she felt comfortable. She stated, "That is a little personal. I didn't want to talk about it." Another client negatively rated a closed question when the question incorporated an obvious redundancy. For example, a counselor asked, "Is graduate school something you'd be interested in?" The client responded in an annoyed manner, "It was obviously what I had just said. Besides saying yes or no, I didn't know how to answer the question because she was just restating what I said." Interestingly, this type of content was much more positively received when used in a restatement by the counselor, so perhaps the element of putting the client on the spot through a question or the redundancy could easily be avoided by using the restatement skill.

The low ratings for information giving (50% positive in the first session and 55% overall) and direct guidance (33% positive in the first session and 67% overall) highlighted the difficulty in attempting to provide valuable content that met the clients' expectations in the first three sessions. For example, a client said that she would like to help promote the welfare of poor children from a neighborhood like she grew up in, however, the *information giving* presented by the counselor did not fit her career parameters. The counselor stated, "There are agencies or businesses to help high school students know how to get into colleges. This would not be working with poor people however like you indicated early." The client responded, "He got what I wanted to do but went another direction with it... I felt frustrated." While the issue of unhelpful information is a concern with any client, the price of missteps for a cross-cultural counselor may be higher than for a same culture dyad. The issue may again reflect concern with being misunderstood. An interesting co-occurrence was that even though the client felt frustrated with not being understood, the client did not doubt the skill or competence of the counselors.

Using *challenge* (25% positive in the first session and 36% overall) as a helping skill had two negative attributes reported by the clients. The first problematic issue reported was the confrontational nature of a challenge. The second negative experience occurred when the content presented by the counselor was incongruent with the client's experience. The purpose of challenge is to confront a client with contradictions for further examination, which by definition may be disconcerting to have errors in thinking pointed out. For illustration the following quotes are the clients' report of their negative emotional responses to challenges. First is an example of the client feeling confused or perhaps more hopeless because of the confrontation embedded in the challenge. One client stated, "I'm confused because that opened up another path I could take" and another client stated, "I had already thought of that (contradiction in my plans). So I felt more confused." In both examples confusion associated with the challenge was experienced as unhelpful¹. Another concern about *challenges* occurred when the client perceived the counselor's content within the challenge too distant from the client's understanding. For example, one challenge focused on the process rather than the immediate content: "You're saying that this is not important and you don't think about it anymore but you are telling me about it now." The client reacted strongly, "It felt unprofessional. It was upsetting. Why would he say that?" This client's comment was the most negative evaluation reported on any skill. While it is not clear exactly what instigated such negative reactions, it is possible that challenges experienced as derisive may be incongruent with traditional Mexican American cultural values that the clients may have held, such as

¹ The confusion caused by a *challenge* was associated with negative feelings that perhaps created greater reflection which could have been a therapeutic goal...but at a cost.

simpatia (kindness) and *respeto* (respect) (Arredondo, Gallardo-Cooper, Delgado-Romero, & Zapata, 2014).

In contrast to the low ratings described in the previous paragraph, one client rated challenge as consistently high throughout the sessions. The client expressed that challenge was experienced as supportive and understanding of the dilemma rather than being caught in a poorly thought out issue or criticized. An example of an appreciated challenge was, "You're still on this career trajectory to be a counselor; but at the same time uncertain as to whether it (counseling) works." The client reported that she felt "caught in a contradiction," but also stated, "I appreciated it. She was paying close attention." The varied receptiveness across clients may be due to individual differences in dealing with confrontation, the specific content used in the challenge, the non-verbal communication, or the timing of the use. No data clarifies the issue. We are, however, left hypothesizing that *challenges* are a high-risk helping skill in cross-cultural counseling sessions with Mexican Americans based on the responses of three out of the four clients.

Our use of qualitative analysis allowed close examination of self-disclosure with bicultural Mexican American clients in cross-cultural counseling settings and revealed that clients may appreciate self-disclosure differentially based upon its content. The highly rated self-disclosures highlighted similarities between the counselor and client. For example a highly rated counselor self-disclosure was, "When I went to college I met my best life-long friend too." College friends were an important issue for this client. Or another counselor stated, "I know at times in my life when I've had someone who has been really helpful and really supportive, it has encouraged me to be that person for other people." The client reported, "I think from what I said he understood what I wanted out of my life," and, "I thought it was honest and I appreciated it. It was easier for me to talk about myself. I liked it."

However, using self-disclosure to approach cultural differences between the counselor and client was a more complex issue. Counselor self-disclosure that revealed a cultural disadvantage of the client created a negative evaluation. For example, "It is interesting hearing you say that because as a European American when I did all of those independent steps, like moving across the country to go to college, I don't think it may have been as hard for me because I didn't have that cultural pull to stay close to home that you have had to deal with." The client evaluated the self-disclosure negatively: "Part of me got annoyed because I feel like it is so different. It bothers me. Like why is it so different with them than with us? Why do we even have to compare?" Self-disclosure harmed the process when the counselor suggested that her European American culture made college attendance easier. Self-disclosure highlighting differences in privilege and cultural values may be risky especially during the first three sessions on cross-cultural counseling. This is somewhat consistent with research suggesting expectations of much self-disclosure in early sessions on the part of a Latino/a client may cause suspicion and increased defensiveness (Falicov, 1984).

Open questions (50% positive in the first session and 75% overall) were mixed but more positively evaluated than closed questions. Positively rated open questions expanded the immediate content rather than changing the overall focus that occurred in the negatively rated open questions. Consistent with previous positively rated skills, clients liked feeling understood by the counselor. For example a client stated, "I think he was trying to understand my reasoning," and another was, "[I felt] glad because he wanted to know."

The skill of approval and reassurance received fairly high evaluations from the clients (67% positive in the first session and 80% overall). A highly rated approval and reassurance statement was, "You must have a marvelous (graduate school) application. Did you put all that in your application?" The client experienced the statement as genuine and stated, "He made it seem like I had done a lot of things. Like he admired me... [I felt] joyful-ish." However, a different client did not trust approval and reassurance in the first session, stating, "The statement made me anxious, it sounded canned." The video recording revealed that the counselor had laughed while stating the supportive statement, possibly indicating that any perceived insincerity or sarcasm can create a negative experience of approval and reassurance for the client. Our hypothesis was the counselor did not feel confident in the skill, which was



revealed in a laugh while delivering the approval and reassurance. Whatever the cause of the laugh, the difficulty in communicating the approval and reassurance skill was problematic.

Interpretation received generally positive ratings (75% positive in the first session and 60% overall). A positively rated interpretation facilitated clients' thinking more deeply. For example, the following statement underscores the deepening of thought, "She says I'm defending what I'm doing. I think I am..." However, an unaccepted *interpretation* can negatively affect the relationship by introducing strong experiences of feeling misunderstood, such as in the following reactions: "Slightly irritated because she was putting things together that weren't connected," and "He wasn't getting what I was saying. (I felt) shaken." An interpretation that was not well received risked damaging the relationship via the client strongly feeling not understood.

Another finding from the analyses was the most significant criteria used by the clients to evaluate the skills. Qualitative themes often related to feeling understood. Similarly the quantitative measure that revealed the most variability was empathy or feeling understood. The clients valued feeling understood and consistently expressed negative evaluations when feeling misunderstood. Mexican American cultural values have been shown to play a salient role in the perceptions and actions of Mexican American individuals (Calderón-Tena, Knight, & Carlo, 2011). Therefore the values of *confianza* (trust in personal relationships that have the best interest of the individual at heart) and *simpatía* (kindness, especially in the sense of avoiding conflict with people) may have contributed to the value of feeling understood in the therapeutic context.

Limitations and Future Directions

Several limitations exist within the study. First of all, our insights are based upon in-depth analysis of four Mexican American clients and European American counselors so the results cannot be presumed to generalize to others. Additionally, while each client had issues to discuss in counseling, they did not seek counseling. Because the research procedure interrupted the flow of therapy, we selected clients with less serious problems in order to be ethical by doing no harm.

The results benefit the literature by revealing information about counseling skills in the context of cross-cultural counseling with a Mexican American client and European American counselor that was not known before. Each skill has many facets that can influence the counseling process. The in-depth mixed-methods analysis allowed the clients to reveal their perspectives about each skill. The clients' evaluation of the skills provides insights about the skills from their context that provides working hypotheses for future studies.

Future cross-cultural research could examine the utility of focusing on the helping skills that were most highly rated, especially in the first session. A large sample study could examine client continuation, therapeutic alliance, and outcome. Additionally, further examination of self-disclosure in cross-cultural counseling could validate or further explicate our results. Future studies might benefit from more in-depth use of qualitative methods (such as interviews or focus groups) because verbal reports facilitated more nuanced, and possibly honest, evaluations in this study. Finally, the dimension of feeling understood was consistently the most important criteria for helping skills in our study. We recommend future studies include feeling understood as a dependent variable, and exploring the relationships of this variable to cultural values that may be held by the client.

Conclusion

Restatement, immediacy, and self-disclosure were the most valued helping skills to the Mexican American clients who had European American counselors. Feeling understood was the most salient dimension for evaluating helping skills across all four cross-cultural counseling dyads. The clients appeared to assume that they would be valued and the counselors would be skilled, however, they wondered whether the counselors would understand them.

Restatement was the most consistently reported skill that communicated understanding. Restatements that focused on the immediate client statements yielded higher client ratings of feeling understood. Immediacy received consistently high ratings from the clients as well but was used infrequently by the counselors. Self-disclosure about similarities between the client and counselor were rated highly while counselor self-disclosures about cultural differences that revealed the client's disadvantage was experienced negatively. Based upon the four clients we believe that using restatement, immediacy, and self-disclosure could be the most important skills to use in Mexican American/European American cross-cultural counseling. These three skills were most consistently experienced as communicating that the counselor understood the client.

Our results lead us to hypothesize that European American counselors working with Mexican American clients should be especially careful in using challenges, closed questions, information giving and direct guidance in the initial sessions. A challenge created the most negative emotional reaction in our results. Perhaps these skills, as well as interpretation, could be most effectively used after the relationship is well established, when the client feels understood, and the counselor has in-depth information about the client's context. Beyond the importance of the specific skill, the message to the European American practitioner is that the initial session of cross-cultural counseling with Mexican American clients should prioritize gaining an understanding of the client's significant issues and then communicating the understanding back to the client.

The same results may occur with other ethnic/racial groups but caution is recommended. Research with Asian American clients provides a different perspective on client priorities. Agreement between the counselor and client in the etiology of the client's problem was found to be an initial priority for Asian American clients (Kim, et al, 2009). Will the same basic skills we found helpful also be perceived positively for Asian American clients in addressing agreement in problem etiology? Perhaps the European American counselor needs to communicate with authority a belief about problem etiology that matches the Asian American client rather than first restating the client's belief. Future research should address the ability of basic skills to communicate effectively to specific ethnic/racial groups in order to understand cultural differences in the perception of basic skills.

The implications of our results suggest that a therapist might attempt to directly address the Mexican American client's potential priority of wanting to be understood. Perhaps a European American counselor could state early in the first session, "My first priority is to listen very carefully in order to understand exactly what your concerns are. As we proceed I will let you know what I understand so you can correct me if I do not understand. Does that sound ok?" Prioritizing the client's salient concerns about counseling could increase optimism and attendance. However, future research is needed as there is also literature indicating that Mexican American clients see their counselors as authorities and may prefer to receive advice (Falicov, 1984).

Overall, our results provide hypotheses for future studies and serve to sensitize us to the use of helping skills with other Mexican American clients who are paired in counseling relationships with European American counselors. While generalizations cannot be made from this exploratory study, it seems noteworthy that these findings may be consistent with Mexican American valuing of *confianza*, *respeto* and *simpatía*.



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