

A STUDY OF MULTICULTURAL COUNSELING COMPETENCIES

by

James L. Lee

(Under the Direction of Edward Delgado-Romero)

ABSTRACT

In this study the self-reported multicultural competency levels of predoctoral psychology interns at university counseling centers was examined by the Multicultural Counseling Inventory (MCI) and the Counseling Training Program Multicultural Competency Checklist (CTPMCC). The variables of gender, race, age, and type of graduate psychology degree program did not predict participants' self-ratings of their proficiency in areas related to multicultural counseling competency as assessed by the MCI. On the CTPMCC, Black predoctoral interns reported significantly more positive rankings of their graduate programs in areas of minority representation and the presence of a multiculturally inclusive physical environment than respondents from other racial/ethnic minority groups. Individuals from Ph.D. graduate training programs reported significantly more favorable rankings than participants from Psy.D. graduate training programs regarding issues related to counseling practice and supervision.

INDEX WORDS: Multicultural counseling competency, Multicultural Counseling Inventory, Counseling Training Program Multicultural Competency Checklist

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DEDICATION

Dedicated to my daughter Jasmyne Imani Lee.

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I would like to acknowledge the contributions of my committee members in assisting me with completing this project and significantly enhancing my educational experiences throughout my graduate training.

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CHAPTER 1

Statement of the Problem

Purpose of the Study

The purpose of the researcher's study was to examine the self-reported multicultural counseling competency levels of pre-doctoral interns at university counseling centers. Participants completed the Multicultural Counseling Inventory (MCI), the Counseling Training Program Multicultural Competency Checklist (CTPMCC), and a brief demographic questionnaire. The compilation of these data allowed the researcher to examine various issues associated with multicultural counseling competencies, namely:

- The manner in which the demographic variables of race, gender, age, and type of graduate psychology program predict the specific components of multicultural counseling competency as identified by the MCI (multicultural awareness, multicultural knowledge, multicultural skills, and therapeutic relationship).
- The manner in which the demographic variables of race, gender, age, and type of graduate psychology program influence the perceptions of students regarding the multicultural competency level of their graduate training programs as indicated by their responses on the CTPMCC.

-The relationship that exists between therapists' self-reported levels of multicultural counseling competency according to the MCI and their perceptions of the multicultural competency level of their doctoral training program based on their responses to the CTPMCC.

Research Hypotheses

The researcher hypothesized that a significant level of variance would exist regarding the assessed individual levels of multicultural counseling competency based on the identified demographic variables. Specifically, individuals who identified themselves as racial/ethnic minorities would report significantly higher levels of multicultural competency in comparison to respondents who identified themselves as White. Additionally, the researcher hypothesized that respondents who identified themselves as racial/ethnic minorities would rate their current graduate training programs as being less multiculturally competent than respondents who identified themselves as White. The researcher also hypothesized that significant differences would exist between full-scale scores on the MCI and participants' perceptions about the multicultural competency levels of their graduate training programs.

The study provided a significant addition to the current literature regarding multicultural counseling competencies for a number of reasons. First, the study examined the perceptions of clinicians about aspects related to multicultural counseling competency in their current doctoral training programs. This component was unique because it allowed practitioners to reflect on their past training experiences after having practiced therapy full time in a clinical setting. This component of the study was based

on the Multicultural Counseling Checklist (Ponterotto, 1995), which has been used in previous studies to examine the perceptions of faculty members and current graduate students about the level of multicultural counseling competency in their training programs. This study built upon this concept by examining the impact that pre-doctoral internship training experiences may have on how individuals perceive their training programs. Secondly, the study was unique because it directly targeted pre-doctoral psychology interns at university counseling centers that identified themselves as having a focus on multicultural therapy. I chose to focus on this population because many university counseling centers provide clinical services to a diverse range of people, which in turn requires a heightened level of sensitivity and awareness regarding multicultural issues in order to provide effective services to these populations. In addition, at this stage in their professional development predoctoral interns are in a privileged position of making the transition from student to professional, which may give them the required insight to reflect on many of the primary components of their graduate training. Lastly, this study is unique because it compared the multicultural competency levels of clinicians with their perceptions about the multicultural competency level of their doctoral graduate training programs using structured, assessment instruments that are widely used in the literature.

CHAPTER 2

Review of Related Research

History of Multiculturalism

The construct of multiculturalism has been identified as the emerging fourth force within the field of psychology (Pedersen, 1999). Support for this viewpoint is most readily apparent by examining the changing demographic composition of the United States. Census projections indicate that by the year 2040 individuals who collectively do not identify as White will comprise the majority of the population in the country (US Census Bureau, 2004). As a result, the manner in which services are delivered (and the training for that delivery) within the arena of the helping professions must be altered in order to ensure that individuals from a diverse range of cultural backgrounds are receiving optimal levels of treatment.

Historically the American Psychological Association (APA) has practiced various methods of exclusion regarding the concerns of racial and ethnic minorities (Guthrie, 1998). In response to numerous sociopolitical changes within the United States over the course of the last 50 years, many changes have occurred within APA and the field of psychology in order to address the mental health needs of racial and ethnic minorities. The establishment of several formal structures within APA during the 1970s and 1980s helped raise awareness regarding the specific needs of racial and ethnic minorities (D'Andrea 1995). However, during this transitional period the leadership of APA

remained primarily composed of White males (Robinson & Morris, 2000). The Vail conference in 1973 addressed a number of specific concerns that had been voiced in years prior by minority psychologists regarding the identification, recruitment, admission, and graduation of minority students. One of the dominant themes that emerged from this conference was the tenet that it is important for all students to be prepared to function professionally in a pluralistic society (Korman, 1974). In order to accomplish this task, the following initiatives were suggested (Korman, 1974):

- a) Training experiences should occur in a multicultural context both within the university and in fieldwork settings
- b) The content of training must adequately prepare students for their eventual professional roles vis-à-vis a wide diversity of target groups
- c) Students must be helped to maintain a balance between acculturation into a professional and scholarly role while also retaining their group identity and cultural sensitivity.

Multicultural Counseling Competencies

The Education and Training Committee of the APA's Division of Counseling Psychology expounded upon these initiatives in 1982, with the introduction of 11 characteristics that were minimally necessary for the provision of appropriate services to racial and ethnic minority clients (Sue, et al., 1982). Each characteristic was conceptualized within three distinct dimensions: beliefs and attitudes (awareness), knowledge, and skills. In order to ensure that competency was attained in each area, the committee made additional recommendations regarding graduate level training program curricula, namely (Sue, et al., 1982; Robinson & Morris, 2000):

- 1) Separate courses on racial and ethnic minority concerns.
- 2) Infusion of racial and ethnic minority issues into existing curricula.
- 3) Practica and internship sites that offer opportunities for training experiences with racial and ethnic minorities.

The Professional Standards Committee of the Association for Multicultural Counseling and Development (AMCD) of the American Counseling Association revised Sue's model of multicultural competency in 1992. This revision included 31 characteristics that demonstrate multicultural counseling competence (Sue, Arredondo, & McDavis, 1992). The construct of multicultural counseling competencies addresses the changing dynamics within the fields of psychology and counseling. Multicultural counseling competencies refer to the acquisition of the beliefs and attitudes, knowledge, and skills that are necessary to treat clients from minority backgrounds (Sue & Sue, 2003). The beliefs and attitudes dimension refers to the counselor's values and beliefs about racial and ethnic minorities, the need to check biases and stereotypes, the development of a positive orientation toward multiculturalism, and the manner in which a counselor's values and biases may hinder effective cross-cultural counseling. The knowledge dimension recognizes that culturally skilled counselors have an expansive knowledge and understanding of their own worldview, specific knowledge of the cultural groups that they work with, and an understanding of the sociopolitical forces that may influence their lives. The skills dimension refers to the development of specific intervention techniques and strategies that are required when working with minority groups. Ideally, this dimension includes both individual and institutional competencies.

Based on the primary dimensions of multicultural counseling competency, a developmental model has been proposed through which these skills can be organized. This model is presented in a 3 (characteristics) X 3 (dimensions) format (Sue, et al., 1992). The identified characteristics are (a) counselor awareness of their own assumptions, values, and biases; (b) understanding the worldview of the culturally different client; and (c) developing appropriate intervention strategies and techniques. The stated dimensions are (a) beliefs and attitudes, (b) knowledge, and (c) skills. There are nine attitudes/beliefs characteristics, 11 knowledge characteristics, and 11 skills characteristics, which serve as evidence of multicultural counseling competency. Examples of characteristics in each respective dimension are:

Counselor awareness of own assumptions, values, and biases

Beliefs and attitudes

- 1) Culturally skilled counselors are able to recognize the limits of their competencies and expertise

Knowledge

- 1) Culturally skilled counselors possess knowledge about their social impact upon others. They are knowledgeable about communication style differences, how their style may clash or facilitate the counseling process with minority clients, and how to anticipate the impact it may have on others.

Skills

- 1) Culturally skilled counselors seek out educational, consultative, and training experiences to enrich their understanding and effectiveness in working with culturally different populations. Being able to recognize the limits of their competencies, they (a) seek consultation, (b) seek further training or education, (c) refer out to more qualified individuals or resources, or (d) engage in a combination of these.

Understanding the worldview of the culturally different client

Beliefs and attitudes

- 1) Culturally skilled counselors are aware of their negative emotional reactions toward other racial and ethnic groups that may prove detrimental to their clients in counseling. They are willing to contrast their own beliefs and attitudes with those of their culturally different clients in a nonjudgmental fashion.

Knowledge

- 1) Culturally skilled counselors understand and have knowledge about sociopolitical influences that impinge upon the life of racial and ethnic minorities.

Skills

- 1) Culturally skilled counselors become actively involved with minority individuals outside the counseling setting (community events, social and political functions, celebrations, friendships, neighborhood groups, etc.) so that their perspective of minorities is more than an academic or helping exercise.

Developing appropriate intervention strategies and techniques

Attitudes and beliefs

- 1) Culturally skilled counselors value bilingualism and do not view another language as an impediment to counseling.

Knowledge

- 1) Culturally skilled counselors have a clear and explicit knowledge and understanding of the generic characteristics of counseling and therapy (culture bound, class bound and monolingual) and how they may clash with the cultural values of various minority groups.

Skills

- 1) Culturally skilled counselors are able to engage in a variety of verbal and nonverbal helping responses. They are able to send and receive both verbal and nonverbal messages accurately and appropriately.

In order to operationalize the construct of multicultural counseling competency, awareness is identified as the affective domain, which encompasses therapists' attitudes toward their own culture and toward differences in cultural values and biases. Knowledge addresses the cognitive domain and involves knowing the theory, research, and cross-paradigmatic approaches of multicultural counseling that are required to understand cultural diversity. This skills dimension, which addresses the behavioral

domain, is defined as proficiencies in multicultural communication and in observing the multicultural counseling role (Sodowsky, Taffe, Gutkin, & Wise, 1994).

Revisions of Multicultural Counseling Competencies

A revised version of the multicultural counseling competencies employs a more expansive approach to this concept which operationalizes the aforementioned constructs in an attempt to guide interpersonal counseling interactions with attention to culture, ethnicity, and race (Arredondo, 1996). This revised perspective of multicultural counseling competency is based on the Personal Dimensions of Identity model which provides a framework for the intersection of multicultural group identity and other aspects of human diversity that make all individuals unique (Arredondo & Glauner, 1992). This model is divided into 3 dimensions: A, B and C. The A dimension is a listing of characteristics, most of which we are born into, that serve as a profile of all people. Characteristics such as age, gender, culture, ethnicity, race, and language are predetermined and qualify for inclusion in this dimension. According to the model, if placed on a continuum, all of the A dimension factors can elicit both negative and positive reactions. Additionally, because these traits are more visible, they invite both wanted and unwanted feedback from other people, which can have an adverse impact on self-concept and self-esteem. The C dimension proposes that all individuals must be seen in a particular context because people do not exist in a vacuum. This dimension is grounded in historical, political, sociocultural, global, and environmental contexts because sociopolitical, global and environmental events have a significant impact on one's personal culture and life experiences. Examples of events that are associated with this category are pre- and post-war periods, slavery, immigration, colonization, and

governmental legislation. This dimension suggests that although individuals have no control over these events, they will significantly influence them in both positive and negative manners. As a result, these factors affect the way people are perceived and treated. The B dimension refers to the consequences of the A and C dimensions. This model states that what individuals experience relative to their B dimension is influenced by the characteristics of the A dimension and the major events associated with the C dimension.

The use of the Personal Dimensions of Identity Model in relation to multicultural counseling competencies is a significant addition because it acknowledges the multiple identities of all human beings and it explores the myriad of ways in which both clients and counselors may self-define. Based on this model, additional aspirations have been added for the use of culturally appropriate intervention strategies that are congruent with the construct of multicultural counseling competency (Arredondo, 1996). Examples include:

Beliefs and Attitudes-Culturally skilled counselors respect clients' religious and spiritual beliefs and values, including attributions and taboos, because these effect worldview, psychosocial functioning, and expressions of distress.

Knowledge-Culturally skilled counselors have a clear and explicit knowledge and understanding of the generic characteristics of counseling and therapy (culture bound, class bound, and monlingual) and how they may clash with the cultural values of various cultural groups.

Skills-Culturally skilled counselors are able to engage in a variety of verbal and nonverbal helping responses. They are able to send and receive both verbal and nonverbal messages accurately and appropriately. When they sense that their helping style is limited and potentially inappropriate, they can anticipate and modify it.

Infusion of Multiculturalism in Graduate Training Programs

The construct of multicultural competence has become a critical component of the training and professional requirements for psychologists, which in turn has spawned a great deal of research and discussion within the field addressing this topic. Over the course of the last 30 years, hundreds of journal articles and books have been devoted to this topic. Multicultural competence subscribes to the culture specific theory (emic) approach to counseling, which utilizes a culture-specific orientation whereby the influence of sociocultural variables is stressed (Sue S., 1983). This perspective on the impact of multicultural competence is in contrast to the universal approach to therapy (etic), which views human phenomena across cultures and emphasizes 'universals' or core similarities in all human beings (Sue S., 1983). Many studies that have required respondents to assess the multicultural competency of practitioners have done so using cross-cultural counseling vignettes (Coleman, 1998) which demonstrated that general and multicultural counseling competence are so highly correlated that they may be a single construct. These results are also supported by researchers that endorse a universal approach to counseling, which downplays the need for culture-specific initiatives within the context of therapy.

Professional Guidelines Regarding Multiculturalism

The American Counseling Association (ACA) placed a greater level of emphasis on addressing issues related to multiculturalism in comparison to their counterparts in the American Psychological Association. Many of the aforementioned initiatives and theoretical developments were initiated outside of the confines of APA as evidenced by the chartering of the Association for Non-White Concerns in Personnel and Guidance (ANWC) as a division of the American Personnel and Guidance Association (APGA) (Harper & McFadden, 2003). The APGA evolved into the American Counseling Association; the ANWC changed its name to the Association for Multicultural Counseling and Development (AMCD) in 1985. Members of APA have continued to formally address issues related to multiculturalism through the creation of the Society for the Psychological Study of Ethnic Minority Issues (Division 45) in 1986. The primary goal of this division is to apply psychological knowledge, techniques, and research towards addressing ethnic minority issues. Additionally, the Division of Counseling Psychology has contributed significantly to addressing the concerns of racial/ethnic minorities through the Section on Ethnic and Racial Diversity (SERD).

In 2003, APA published the Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists. The purpose of these guidelines is to “reflect the continuing evolution of the study of psychology, changes in society at large, and emerging data about the different needs of particular individuals and groups historically marginalized or disenfranchised within and by psychology based on their ethnic/racial heritage and social group identity or membership” (American Psychological Association, 2003). This comprehensive

mandate contains 6 specific guidelines that address the relationship between psychology and multiculturalism:

- 1) Psychologists are encouraged to recognize that, as cultural beings, they may hold attitudes and beliefs that can detrimentally influence their perceptions of and interactions with individuals who are ethnically and racially different from themselves.
- 2) Psychologists are encouraged to recognize the importance of multicultural sensitivity/responsiveness to, knowledge of, and understanding about ethnically and racially different individuals.
- 3) As educators, psychologists are encouraged to employ the constructs of multiculturalism and diversity in psychological education.
- 4) Culturally sensitive psychological researchers are encouraged to recognize the importance of conducting culture-centered and ethical psychological research among persons from ethnic, linguistic, and racial minority backgrounds.
- 5) Psychologists are encouraged to apply culturally appropriate skills in clinical and other applied psychological practices.
- 6) Psychologists are encouraged to use organizational change processes to support culturally informed organizational (policy) development and practices.

The 2002 revision of the APA Ethical Principles and Code of Conduct for Psychologists also addresses the relationship between multicultural competence and psychology. The general principles, which are aspirational in nature, state (APA, 2002);

Principle A: Beneficence and Nonmaleficence-Psychologists strive to benefit those with whom they work and strive to do no harm.

Principle B: Fidelity and Responsibility-Psychologists establish relationships of trust with those with whom they work. They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work.

Principle C: Integrity-Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology.

Principle D: Justice-Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists. Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices.

Additionally, a specific standard within these ethical codes addresses the responsibility of psychologists to demonstrate multicultural competence (APA, 2002):

2.01 Boundaries of Competence:

(b) 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,

(c) Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.

Multicultural Counseling Research

While the construct of multiculturalism has wielded an increasingly prominent level of influence in the fields of counseling and psychology over the course of the last 30 years, a disproportionate portion of the research and initiatives in this area have been theoretical in nature. As a result, components of multiculturalism are not easily defined or measured, which has negatively impacted the clinical legitimacy of these concerns and has contributed to various debates within the field of psychology regarding the necessity of identifying multiculturalism as a primary element of clinical

training and practice. A content analysis of the last 20 years of research in the area of multicultural counseling revealed that multicultural counseling competencies seem to be discussed rather than investigated in the literature, which reflects a lack of data-based, empirical queries regarding these issues (Worthington, et. al, 2007). These results are consistent with previous studies which found that only 47% of the articles in *Journal of Counseling and Development* that addressed multicultural counseling issues were quantitative or qualitative (i.e. empirical) (Arredondo, et al, 2005). The Worthington and colleagues (2007) study also indicated that scale-specific multicultural counseling competency research has exposed a number of potential weaknesses in the conceptual clarity of the tripartite model, including a lack of relationships among scales intended to measure the model, poor validity outcomes for self-report scales, and lack of correspondence between scale-development findings and the basic tenets of the model (Worthington, et. al, 2007). However, despite the drawbacks that have been identified as limitations in relation to the usefulness of multicultural counseling competencies, the existing empirical process/outcome research has consistently shown that therapists who possess proficiency in these related areas evidence improved counseling processes and outcomes with clients across racial and ethnic differences. Essentially, positive results were obtained in terms of client outcomes, client perceptions of counselors, attrition, and self-disclosure when clinicians demonstrated multicultural counseling competency.

Multicultural Counseling Competency Self-Report Measures

Although criticisms have been levied regarding the utility of multicultural counseling competency inventories, they are still viewed as effective measures for identifying specific strengths and weaknesses of clinicians' regarding their ability to address multicultural issues in therapy. Specific self-report measures have been designed to assess the level of multicultural competency of clinicians, namely the Multicultural Awareness/Knowledge/Skills Survey (MAKSS), the Multicultural Awareness Scale (MCAS), and the Multicultural Counseling Inventory (MCI). Each of these multicultural counseling competency measures are based on the principles outlined by Sue et al. (1982) and the concepts and constructs related to multiculturalism (Pope-Davis & Dings, 1994).

The Multicultural Awareness-Knowledge-and Skills Survey (MAKSS) is a 60-item, self-administered written test that is equally divided to measure each specific subscale related to multicultural competence: Awareness (20), Knowledge (20), and Skills (20). Questions on this inventory are presented in a multiple-choice format. This inventory also includes eight additional items, which address the demographic characteristics of individuals that complete this survey. The specific purpose of this assessment instrument is to obtain a measure of participants' perceptions of their level of multicultural counseling awareness, knowledge, and skills (D'Andrea, Daniels, & Heck, 1991). Published studies have indicated that the MAKSS is used with less frequency in comparison to other self-report instruments as a measurement of clinicians' level of multicultural competency due to concerns regarding the validity and consistency of this measure (Pope-Davis & Dings, 1994). Subsequent revisions of the

MAKSS have focused on addressing these concerns as well as modifying this self-report inventory in order to assess the multicultural competency of teachers (D'Andrea, Daniels, & Noonan, 2003).

The Multicultural Awareness Scale-Revised: Form B (MCAS) is a 45-item, self-report inventory which utilizes a 7-point likert scale to ascertain scores on the subscales of knowledge/ skills and awareness. Participants are asked to rate the truth of statements as they apply to themselves on a scale of 1-7 with 1=not at all true, 4=somewhat true and 7=totally true. Subscale scores are determined by adding the ratings selected for each item. The knowledge/skills subscale contains 28 items, which assess general counseling knowledge and specific multicultural counseling knowledge. The Awareness subscale contains 14 items that address counselors' awareness of multicultural issues; 10 of these items are reverse scored, for which a higher score indicates a lower level of awareness. The initial version of the MCAS was revised to include 3 social desirability items and an additional awareness item. The 3 item social desirability questions were added to this measure in order to maintain the integrity of the inventory as opposed to a rationale for removing any measures from a particular study due to the susceptibility of these items to provide ambiguous interpretations (Ponterotto, Rieger, Barrett, & Sparks, 1994). The latest version of this instrument has been renamed the Multicultural Counseling Knowledge and Awareness Scale (MCKAS) and consists of 32 items (20 knowledge items and 12 awareness items) (Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002). These revisions were primarily the result of exploratory and confirmatory factor analysis and independent tests and critiques of the instrument (Ponterotto & Potere, 2003).

The Multicultural Counseling Inventory (MCI) is a 40-item, 4-point Likert-type (1=very inaccurate to 4=very accurate) self-report instrument that examines 4 specific variables (subscales) that are directly correlated with the achievement of multicultural counseling competence: multicultural counseling skills (11 items), multicultural awareness (10 items), multicultural counseling relationship (8 items), and multicultural counseling knowledge (11 items). This instrument was developed in order to operationalize some of the proposed constructs of multicultural counseling competencies (Sodowsky, Taffe, Gutkin, & Wise, 1994).

Researchers have criticized the use of self-report measures as a primary method of determining the multicultural competency level of clinicians due to the fact that they frequently measure anticipated attitudes and behaviors regarding multiculturalism as opposed to the actual attitudes and behaviors that currently exist. Researchers have also expressed concern regarding the impact of social desirability and the fact that each of these inventories examines different aspects of multicultural competency; therefore, no uniformity exists between these measures (Pope-Davis & Dings, 1995). Additional studies that have examined the underlying factor structure of the MAKSS, MCKAS, and the MCI through the use of confirmatory and exploratory factor analysis have determined that the subscales on these measures do not fully support the prevailing three-factor conceptualization of multicultural counseling competence (Constantine, et. al, 2002). This study also reiterated the perspective that self-report measures assess perceived attitudes and abilities related to multicultural counseling as opposed to actual attitudes and behaviors. These results support the aforementioned criticism regarding the confusion that can be caused due to the divergent definitions of multicultural

counseling and the numerous difficulties that are associated with attempting to effectively assess this construct. Based on these outcomes, it has been suggested that the utilization of self-report multicultural instruments in clinical practice or training settings may be limited in terms of the accuracy of the information that they provide (Constantine and Ladany, 2000). Therefore, it has been recommended that these types of measures should not be used as tools in assessing clinicians' demonstrated level of competence in working with culturally diverse clients. It has been proposed that behaviorally based methods of evaluating multicultural competence may be more effective options for precisely determining trainees' and clinicians' ability to work with culturally diverse clients (Constantine, et. al, 2002).

Internship Training

According to the information available on the APPIC website, there are currently 633 total APA-accredited internship-training sites in the United States (APPIC, 2007). 187 (30%) of these sites identify multicultural therapy as a major component of their training program; 271 (42%) of these sites identify multicultural therapy as a minor or major component of their training program. Overall, 458 (72%) of the APA-accredited training sites in the US identify multicultural therapy as a minor or major area of focus within their program. There are 132 APA-accredited university counseling centers in the United States. 68 (36%) of these sites identify multicultural therapy as a major area of focus; 59 sites (45%) identify multicultural therapy as a minor area of focus. Overall, 97% of the APA-accredited university counseling centers in the United States identify multicultural therapy as a minor or major area of focus within their training program,

which indicates a level of emphasis on multiculturalism at university counseling centers that is elevated in comparison to other psychology predoctoral internship training sites.

Internship training directors at university counseling centers report a significantly greater level of emphasis on multicultural issues than internship training directors at community mental health centers, state hospitals, medical schools, and private psychiatric hospitals (Constantine & Gloria, 1999). An examination of training directors at university counseling centers suggests that 96% of these predoctoral psychology internship sites offer some type of training in multicultural issues (Murphy, Wright, & Bellamy, 1995). This number is consistent with the number of university counseling centers on the APPIC website that identify themselves as having a minor or major focus on multicultural therapy (APPIC, 2007). A further examination of these results indicates that this information is most often delivered in the form of weekly general intern seminars or special ethnic issues seminars using didactic presentations, invited speakers, case centered presentations, and discussions as opposed to an infusion of multicultural training in multiple aspects of the predoctoral internship experience (Murphy, Wright, & Bellamy, 1995). However, these results also suggest that although multicultural issues are identified as a primary component of the training offered at these sites, the amount of time actually spent in these types of training equates to 4-5 hours per year (Murphy, Wright, & Bellamy, 1995). Subsequent studies have indicated that this moderate level of exposure to multicultural topics may result in producing clinicians that are capable of demonstrating cultural sensitivity as opposed to cultural competence (Bernal & Castro, 1994).

Experiential learning has been identified as an effective technique for training students about issues related to multiculturalism in counseling and psychology training programs. Through their involvement in experiential learning activities, students are able to experience cultural similarities and differences (Pedersen, 1999). Additionally, experiential learning encourages students to consider cultural contexts that influence their own behavior, attitudes and beliefs and to be reflective about the impact on their professional roles (Arthur & Achenbach, 2002). The use of activities such as the Triad Training Model has demonstrated an ability to improve the multicultural counseling competency scores of students (Seto, Young, Becker, & Kiselica, 2006)

Research regarding the multicultural training offered at predoctoral psychology internship sites indicates that internship-training directors view their programs as being attentive to multicultural issues. Information gleaned from studies demonstrate that these issues are addressed through a variety of methods: efforts to recruit racial and ethnic minority interns, staff, and faculty, the integration of these issues into all internship curricula and experiences, interns' use of counseling conceptualizations and strategies that reflect cultural sensitivity, knowledge and skills, and clinical supervision (Constantine & Gloria, 1999). However, this same study suggests that significantly less attention is given to multicultural issues in other aspects of these training programs. Identified areas of deficiency are: interns are not required to have taken at least one multicultural course before the start of internship and racial and ethnic minorities compose less than 30% of the interns, staff, and faculty in these respective programs. The results of this study also indicated that interns were not required to have a designated number or percentage of racial and ethnic minority clients on their

caseloads, and these programs did not incorporate the use of reliable and valid assessment strategies that measured intern multicultural competency (Constantine & Gloria, 1999).

CHAPTER 3

Methods

Multicultural Counseling Inventory

In order to conduct this research project the researcher utilized the Multicultural Counseling Inventory (MCI; Sadowsky, Taffe, Gutkin & Wise, 1994). The MCI is a 40-item, 4-point Likert-type (1=very inaccurate to 4=very accurate) self-report instrument that examines 4 specific variables (subscales) that are directly correlated with the achievement of multicultural counseling competence: multicultural counseling skills (11 items), multicultural awareness (10 items), multicultural counseling relationship (8 items), and multicultural counseling knowledge (11 items). The MCI has had extensive examinations regarding its psychometric properties and it is recognized as a tool that can accurately assess the aforementioned variables that are used to determine levels of multicultural counseling competency (Pope-Davis & Dings, 1994). During the creation of this instrument, the researchers discovered an additional variable, multicultural counseling relationship, which has been identified as a significant contributing factor to the development of multicultural counseling competency. Multicultural counseling relationship refers to the counselor's interactional process with the minority client, such as the counselor's level of trustworthiness, comfort level, stereotypes of the minority client, and worldview (Sadowsky, Taffe, Gutkin, & Wise, 1994). Therefore, this instrument generates a comprehensive analysis of four primary variables associated

with the construct of multicultural counseling competency (awareness, knowledge, skills, relationship), which makes it an appropriate measurement for use in this proposed study.

The MCI was developed “in order to operationalize some of the proposed constructs of multicultural counseling competencies” (Sodowsky et al., 1994). In order to achieve this goal the authors of this measure developed a detailed list of the characteristics of a multiculturally skilled counselor based on an extensive review of the multicultural literature (Sodowsky et al., 1994). Based on this list and several qualities reflecting general clinical skills, a large pool of items was generated and administered to 604 psychology graduate students and members of three professional counseling associations in a Midwestern state (Pope-Davis & Dings, 1994). A four-factor solution was chosen based on a scree plot of the eigenvalues and factor interpretability. Following a Varimax rotation, items that failed to load on a given factor at .33 or higher or that failed to meet criteria were dropped (Sodowsky et al., 1994). The remaining items were analyzed to determine the following names for the four subscales: Multicultural Counseling Skills, Multicultural Counseling Awareness, Multicultural Counseling Knowledge, and Multicultural Counseling Relationship. The full MCI scale has shown a mean Cronbach’s alpha of .87 (Pope-Davis & Dings, 1994; Sodowsky et al., 1994).

The Multicultural Counseling Skills subscale is composed of items that determine an individual’s level of “success with retention of minority clients, recognition of and recovery from cultural mistakes, use of nontraditional methods of assessment, counselor self-monitoring, and tailoring structured versus unstructured therapy to the

needs of minority clients” (Sodowsky et al., 1994). The mean Cronbach’s alpha for the Multicultural Counseling Skills (11 items) was reported as .80 (Sodowsky et al., 1994; Pope-Davis & Dings, 1994). Sample items from this scale are: “When working with minority clients I use several methods of assessment (including free response questions, observations, and varied sources of information and excluding standardized tests)”; “When working with minority clients I understand my own philosophical preferences”; “When working with minority clients I am able to distinguish between those who need brief, problem-solving, structured therapy and those who need long-term, process-oriented, unstructured therapy.”

The Multicultural Awareness subscale (10 items) was reported as having a mean Cronbach’s alpha of .78 (Sodowsky et al., 1994; Pope-Davis & Dings, 1994). This scale suggests proactive multicultural sensitivity and responsiveness, extensive multicultural interactions and life experiences, broad-based cultural understanding, advocacy within institutions, enjoyment of multiculturalism, and an increase in minority caseload (Sodowsky et al., 1994). Sample items from this scale include (preceded by the statement “Evaluate the degree to which the following multicultural statements can be applied to you...”): “I enjoy multicultural interactions as much as interactions with people of my own culture”; “I am familiar with nonstandard English”; “My life experiences with minority individuals are extensive (e.g., via ethnically integrated neighborhoods, marriage, and friendship)”.

The mean Cronbach’s alpha level for the Multicultural Counseling Relationship subscale (8 items) was reported as .68 (Sodowsky et al., 1994; Pope-Davis & Dings, 1994). This scale refers to the counselor’s interactional process with the minority client,

such as the counselor's trustworthiness, comfort level, stereotypes of the minority client, and worldview (Sodowsky et al., 1994). All items in this subscale are preceded by the phrase "When working with minority clients...". Examples of statements from this scale are: "I tend to compare client behaviors with those of majority group members"; "I feel my confidence is shaken by the self-examination of my personal limitations"; "I experience discomfort because of the clients' different physical appearance, color, dress, or socioeconomic status."

The Multicultural Counseling Knowledge subscale (11 items) was reported as having a mean Cronbach's alpha level of .77 (Sodowsky et al., 1994; Pope-Davis & Dings, 1994). This scale refers to culturally relevant case conceptualization and treatment strategies, cultural information, and multicultural counseling research (Sodowsky et al., 1994). Sample items from this scale are: "When working with minority clients I examine my own cultural biases"; "When working with minority clients I keep in mind research findings about minority clients' preferences in counseling"; "When working with minority clients I know what are the changing practices, views, and interests of people at the present time."

Limitations of Self-Report Measures

One of the primary limitations associated with the use of self-report instruments as the primary form of evaluation when examining levels of multicultural counseling competency is the negative influence of social desirability on the response patterns of participants. Social desirability is defined as a pattern of responding that reflects an individual's need to respond in a socially acceptable manner to questions as opposed to

reporting their actual feelings and behaviors (Vell-Brodrick & White, 1997). Multicultural social desirability refers to one professing that one personally and socially always interacts positively with minorities and that at the institutional level, one always favors government and educational policies that institute expanded multicultural diversity (Sodowsky, Kuo-Jackson, Richardson, & Corey, 1998). Sodowsky proposed that one method for reducing the influence of social desirability when using the MCI is the use of case conceptualizations in conjunction with this measure (Sodowsky, Taffe, Gutkin, & Wise, 1994). However, subsequent studies that examined this proposal by utilizing multicultural counseling competency self-report measures in conjunction with multiculturally themed case conceptualizations indicated no significant differences in the response patterns of clinicians (Ladany, Inman, Constantine, & Hofheinz, 1997).

Studies regarding the relationship between social desirability and full-scale scores on the MCI indicate that social desirability is significantly related to the MCI Relationship subscale (Constantine & Ladany, 2000). Based on these results, the impact of social desirability is more likely to be concentrated on only one of the four subscales of this measurement, therefore increasing the usefulness of this instrument as an effective tool for examining multicultural counseling competencies.

Counseling Training Program Multicultural Competency Checklist

A primary self-report measure that has been used to assess counseling psychology students' perceptions of multicultural training in their programs is the Counseling Training Program Multicultural Competency Checklist (CTPMCC) (Ponterotto, 1995). Respondents are required to answer "Met" or "Not Met" for each

question on the checklist. The CTPMCC is composed of 22 questions and is divided into 6 distinct categories: Minority Representation, Curriculum Issues, Counseling Practice and Supervision, Research Considerations, Student and Faculty Competency Evaluation, and Physical Environment. This self-report measure evaluates a number of training issues that are directly related to the construct of multicultural counseling competencies such as: the requirement of a multicultural counseling course, the number of faculty members whose primary area of research is in the area of multicultural issues, and the use of diverse teaching strategies and procedures when addressing multicultural issues. Studies that have assessed students' perceptions of the level of multicultural training in their programs by utilizing the CTPMCC have demonstrated that overall students view their programs as being multiculturally competent (Constantine, 1996). This measure has been used in numerous studies to assess perceptions of trainees and clinicians regarding the multicultural competency level of training programs and clinical settings (Ponterotto, 1997; Constantine, et al., 1996; Tomlinson-Clarke, 2000).

Research participants

This proposed study was completed by soliciting current predoctoral interns at APA- accredited university counseling centers in the United States that identify multicultural therapy as a minor or major component of their training program according to their program description on the Association of Psychology Postdoctoral and Internship Centers (APPIC) website (www.appic.org). This criteria generated 99 counseling centers. This specific population was selected because university counseling centers offer clinical services to a wide range of clients from diverse backgrounds

encompassing race, gender, sexual identity, and socioeconomic status. As a result, clinicians in these settings should be more aware of the impact of multicultural issues on the therapeutic process and the manner in which the provision of services are sensitive to the population that they serve. Secondly, the majority of predoctoral interns at university counseling centers are students in counseling psychology-training programs. Historically, the field of counseling psychology has been at the forefront in serving as an advocate for the inclusion of practices that were multiculturally appropriate and effective. As a result, counseling psychology programs place a larger emphasis on issues related to multiculturalism than other applied fields of psychology (Constantine & Gloria, 1999; Murphy, Wright, & Bellamy, 1995). Thirdly, internship training sites that identify multicultural therapy as a primary component of their training program offer training opportunities that are reflective of their commitment to this area such as weekly seminars, workshops, and multicultural outreach programming. Therefore, trainees in these types of settings are consistently exposed to multiculturalism, which in turn allows them to identify their multicultural beliefs and attitudes, expand their knowledge base regarding multicultural issues, and develop appropriate interventions that can be used when working with clients from different backgrounds.

Methodology

Participants were asked to complete the MCI, the CTPMCC, and a brief demographic questionnaire. There were 66 questions on this survey, which took approximately 15 minutes to complete. The survey was composed of the MCI (40 questions), the CTPMCC (22 questions), and a brief demographic questionnaire (4 questions). The initial estimate of the necessary participants needed to ensure proper

statistical analysis was 100-125. For example, statistical power analysis determined that the researcher needed 112 participants in order to conduct correlational analysis. Data was collected online at the following website:

https://www.surveymonkey.com/s.aspx?sm=8TVEZdlq_2fjoosJeUtXhZ3A_3d_3d

Analysis on the collected data was conducted by examining relationships and interactions between the following variables:

<u>Independent Variable (X)</u>	<u>Dependent Variable (Y)</u>
Gender	Full scale MCI score
Race	Full scale MCI score
Age	Full scale MCI score
Type of training program (Psy.D. or Ph.D.)	Full scale MCI score

<u>Independent Variable (X)</u>	<u>Dependent Variable (Y)*</u>
Gender	Subscale MCI scores (4)
Race	Subscale MCI scores (4)
Age	Subscale MCI scores (4)
Type of training program (Psy.D. or Ph.D.)	Subscale MCI scores (4)

*The MCI contains 4 separate subscales (multicultural counseling skills, multicultural counseling awareness, multicultural counseling relationship, and multicultural counseling knowledge)

Independent Variable (X)

Gender

Race

Age

Type of training program (Psy.D. or Ph.D.)

Dependent Variable (Y)

Full scale CTPMCC rating

Full scale CTPMCC rating

Full scale CTPMCC rating

Full scale CTPMCC rating

Independent Variable (X)

Gender

Race

Age

Type of training program (Psy.D. or Ph.D.)

Dependent Variable (Y)*

CTPMCC categories (6)

CTPMCC categories (6)

CTPMCC categories (6)

CTPMCC categories (6)

*The CTPMCC is composed of 6 different categories: Minority Representation, Curriculum Issues, Counseling Practice and Supervision, Research Considerations, Student and Faculty Competency Evaluation, and Physical Environment.

Each respondent had a score of 1-4 on each subscale of the MCI. The researcher analyzed each respondent's subscale scores based on the aforementioned independent variables. The researcher also analyzed each respondent's full scale MCI score based on the aforementioned variables. For the CTPMCC the researcher analyzed the respondents' ratings of their graduate programs in each category based on the stated independent variables in order to determine if these factors are related to the manner in which graduate students view their programs. The researcher hypothesized that there should be congruence between how respondents' view their personal level of multicultural competence and their views regarding their graduate training programs. Graduate programs that are rated as being proficient in the area of

multicultural counseling competency will produce graduate students that are multiculturally competent. Inversely, graduate programs that are viewed as being less proficient in areas related to multicultural counseling competency will produce trainees that are deficient in these specific areas.

Previous studies have demonstrated that clinicians from minority backgrounds demonstrate higher full-scale MCI scores than White clinicians (Sodowsky, et al., 1998). Therefore, it was hypothesized that ethnic minority interns would score higher on the MCI than White students. In addition, the roles of other demographic variables on the MCI were examined. This study will also provided additional insight about what impact specific demographic variables had on how therapists' perceived their current work settings and their training programs.

Statistical Procedures

Analyses were conducted using the following statistical procedures:

- 1) An independent samples t-test was used to determine the between group differences that exist between the various identified groups (variable-X).
- 2) Correlational analysis was used to analyze the differences between the multiple independent variables (X).

CHAPTER 4

ANALYSIS

Demographics

Three hundred emails were sent to current predoctoral psychology interns, postdoctoral residents, and training directors at ninety-two university counseling centers. These counseling centers were those previously identified as offering major or minor rotations in multicultural psychology. Email addresses and contact information for potential participants were gathered by accessing the websites for each individual counseling center. In the instances where contact information was not readily available on the university counseling center website, the names of current trainees were cross-referenced with the online university directories in order to obtain their email addresses. One hundred and one individuals accessed the online survey, resulting in a 33.6% response rate. Nine surveys were incomplete, and therefore unable to be used for the analysis, resulting in 92 completed surveys and a 91.1% completion rate for respondents who accessed the website.

Of the completed surveys, 78 (85%) of the respondents were female; 13 (14%) respondents were male. One respondent did not answer this question, thus accounting for the discrepancy in the number of total responses. Of the participants in this study, 63 (69%) identified their race as White, 12 (13%) identified their racial background as Black, 4 (4%) identified their race as Hispanic, 5 (6%) identified their racial background as Asian, 6 (7%) identified themselves as International students, and 1 (1%) respondent identified themselves as multiracial. One participant declined to answer this question

(Figure 4.1). Racial demographic statistics for graduate students that participated in the internship matching process in 2007 indicate that 78% of the applicants identified their race as White, 7% identified themselves as Black/African-American, 7% reported their racial background as Hispanic, 7% of the participants were Asian, 1% were American Indian/Alaskan Native, and 4% reported their race as other (APPIC, 2007). As a result, Blacks were overrepresented (13% versus 7%) in the sample used for this study when compared to the actual number of Black students that participated in the APPIC Match process in 2007. The other groups were roughly proportional.

Of the completed surveys, 68 (75%) of the respondents reported that they were obtaining their advanced psychology degree from a Ph.D. program; 23 (25%) participants stated that they were pursuing their advanced degree in a Psy.D. program. One respondent did not answer this question (Figure 4.2).

Regarding the variable of age, 40 respondents were between the ages of 25-29 (44%), 34 participants were between the ages of 30-34 (38%), 10 respondents were between the ages of 35-39 (11%), 3 respondents were between the ages of 40-44 (3%), 2 participants were between the ages of 45-49 (2%), and 1 (1%) respondent was above the age of 50. One respondent did not answer this question. (Figure 4.3)

Multicultural Counseling Inventory Results

The first research question examined the impact of the independent variables of gender, race, type of degree program, and age on respondents' scores on the Multicultural Counseling Inventory (MCI). The MCI is composed of 40 questions and is divided into 4 subsections: Multicultural Counseling Skills (11 items), Multicultural

Awareness (10 items), Multicultural Counseling Relationship (8 items), and Multicultural Counseling Knowledge (11 items). Each item is scored using a Likert scale with values of 1 through 4, with 4 indicating high multicultural competence, and 1 indicating poor multicultural competence. Respondents' are evaluated by computing their total score for each section and dividing the sum by the number of items.

The MCI was developed "in order to operationalize some of the proposed constructs of multicultural counseling competencies" (Sodowsky et al., 1994). The mean Cronbach's alpha for the Multicultural Counseling Skills (11 items) was reported as .80 (Sodowsky et al., 1994; Pope-Davis & Dings, 1994). The Multicultural Awareness subscale (10 items) had a reported mean Cronbach's alpha of .78 (Sodowsky et al., 1994; Pope-Davis & Dings, 1994). The mean Cronbach's alpha level for the Multicultural Counseling Relationship subscale (8 items) was reported as .68 (Sodowsky et al., 1994; Pope-Davis & Dings, 1994). The Multicultural Counseling Knowledge subscale (11 items) has a reported mean Cronbach's alpha level of .77 (Sodowsky et al., 1994; Pope-Davis & Dings, 1994). The full MCI scale has shown a reported mean Cronbach's alpha of .87 (Pope-Davis & Dings, 1994; Sodowsky et al., 1994).

For participants in this study, the mean Cronbach's alpha level for the Multicultural Counseling Skills subscale of the MCI was reported as .79. For the Multicultural Awareness subscale of the MCI the Cronbach's alpha level was reported as .82. On the MCI Multicultural Counseling Relationship subscale, the Cronbach's alpha level was reported as .78. For the MCI Multicultural Counseling Knowledge subscale, the Cronbach's alpha level was reported as .74. These results are consistent

with the reliability levels of the MCI and indicate that the items used in this study have good internal consistency.

Overall, the average score of all participants in this study on the Multicultural Skills subscale was 3.47 (SD=.33). On the Multicultural Awareness subscale, participants averaged a score of 3.19 (SD=.50); on the Multicultural Relationship subscale, participants averaged a score of 2.47 (SD=.62); and on the Multicultural Knowledge subscale, the average score was 3.33 (SD=.38).

Gender. Regarding the variable of gender, females averaged a score of 3.47 (SD=.34) on the Multicultural Counseling Skills subscale, 3.20 (SD=.49) on the Multicultural Awareness subscale, 2.45 (SD=.63) on the Multicultural Counseling Relationship subscale, and 3.31 (SD=.38) on the Multicultural Counseling Knowledge subscale. Males that participated in this study averaged a score of 3.40 (SD=.30) on the Multicultural Counseling Skills subscale, 3.08 (SD=.54) on the Multicultural Awareness subscale, 2.50 (SD=.45) on the Multicultural Counseling Relationship subscale, and 3.34 (SD=.37) on the Multicultural Counseling Knowledge subscale. An independent samples T-test indicated that there were no significant differences in the participants' level of multicultural counseling competency based on the variable of gender as assessed by their scores on the subscales of the MCI.

Race. Regarding the variable of race, Whites averaged a score of 3.45 (SD=.35) on the Multicultural Counseling Skills subscale, 3.06 (SD=.50) on the Multicultural Awareness subscale, 2.46 (SD=.58) on the Multicultural Counseling Relationship subscale, and 3.25 (SD=.35) on the Multicultural Counseling Knowledge subscale. Respondents that identified themselves as Black scored an average of 3.46 (SD=.30)

on the Multicultural Counseling Skills subscale, 3.35 (SD=.36) on the Multicultural Awareness subscale, 2.63 (SD=.58) on the Multicultural Counseling Relationship subscale, and 3.46 (SD=.41) on the Multicultural Counseling Knowledge subscale. Hispanic respondents averaged a score of 3.54 (SD=.22) on the Multicultural Counseling Skills subscale, 3.70 (SD=.12) on the Multicultural Awareness subscale, 2.25 (SD=.65) on the Multicultural Counseling Relationship subscale, and 3.50 (SD=.09) on the Multicultural Counseling Knowledge subscale. Respondents that identified their race as Asian scored an average of 3.50 (SD=.28) on the Multicultural Counseling Skills subscale, 3.46 (SD=.24) on the Multicultural Awareness subscale, 2.70 (SD=.56) on the Multicultural Counseling Relationship subscale, and 3.49 (SD=.34) on the Multicultural Counseling Knowledge subscale. Participants in this study that identified themselves as international scored an average of 3.51 (SD=.35) on the Multicultural Counseling Skills subscale, 3.43 (SD=.53) on the Multicultural Awareness subscale, 1.87 (SD=.33) on the Multicultural Counseling Relationship subscale, and 3.38 (SD=.57) on the Multicultural Counseling Knowledge subscale. Independent samples analysis indicated that no significant differences existed between participants' scores on the MCI subscales based on the variable of race.

Type of graduate degree program. Respondents that identified themselves as obtaining their graduate degrees from a Ph.D. program averaged scores of 3.44 (SD=.34) on the Multicultural Counseling Skills subscale, 3.16 (SD=.55) on the Multicultural Awareness subscale, 2.47 (SD=.62) on the Multicultural Counseling Relationship subscale, and 3.29 (SD=.39) on the Multicultural Counseling Knowledge subscale. Participants that stated they were obtaining their graduate degrees from

Psy.D. programs averaged scores of 3.53 (SD=.30) on the Multicultural Counseling Skills subscale, 3.25 (SD=.33) on the Multicultural Awareness subscale, 2.44 (SD=.56) on the Multicultural Counseling Relationship subscale, and 3.42 (SD=.33) on the Multicultural Counseling Knowledge subscale. A t-test analysis demonstrated that no significant differences existed between respondents' scores on the MCI subscales based on their type of degree program.

Age. Regarding the variable of age, participants between the ages of 25-29 scored an average of 3.39 (SD=.36) on the Multicultural Counseling Skills subscale, 3.12 (SD=.54) on the Multicultural Awareness subscale, 2.39 (SD=.55) on the Multicultural Counseling Relationship subscale, and 3.28 (SD=.36) on the Multicultural Counseling Knowledge subscale. Respondents' in the 30-34 age range scored an average of 3.58 (SD=.26) on the Multicultural Counseling Skills subscale, 3.26 (SD=.43) on the Multicultural Awareness subscale, 2.58 (SD=.66) on the Multicultural Counseling Relationship subscale, and 3.38 (SD=.37) on the Multicultural Counseling Knowledge subscale. Participants' that identified themselves in the 35-39 age range scored an average of 3.31 (SD=.35) on the Multicultural Counseling Skills subscale, 3.12 (SD=.61) on the Multicultural Awareness subscale, 2.40 (SD=.59) on the Multicultural Counseling Relationship subscale, and 3.22 (SD=.41) on the Multicultural Counseling Knowledge subscale. Respondents' that were in the 40-44 age group scored an average of 3.51 (SD=.45) on the Multicultural Counseling Skills subscale, 3.05 (SD=.59) on the Multicultural Awareness subscale, 2.80 (SD=.49) on the Multicultural Counseling Relationship subscale, and 3.20 (SD=.36) on the Multicultural Counseling Knowledge subscale. Individuals in the 45-49 age group scored an average of 3.68 (SD=.32) on the

Multicultural Counseling Skills subscale, 3.40 (SD=.28) on the Multicultural Awareness subscale, 2.00 (SD=.71) on the Multicultural Counseling Relationship subscale, and 3.50 (SD=.19) on the Multicultural Counseling Knowledge subscale. Independent samples analysis demonstrated that no significant differences existed between participants' scores on the MCI subscales based on the variable of age.

Counseling Training Program Multicultural Competency Checklist Results

The second research question examined the impact of the independent variables of gender, race, type of degree program, and age on respondents' scores on the Counseling Training Program Multicultural Competency Checklist (CTPMCC). The CTPMCC is composed of 22 items and is divided into 6 sections: Minority Representation (4 items), Curriculum Issues (5 items), Counseling Practice and Supervision (3 items), Research Considerations (4 items), Student and Faculty Competency Evaluation (4 items), and Physical Environment (2 items). Participants are asked to answer each question by indicating whether each individual competency is "met" or "not met" by their training program. This self-report measure evaluates a number of training issues that are directly related to the construct of multicultural counseling competencies such as: the requirement of a multicultural counseling course, the number of faculty members whose primary area of research is in the area of multicultural issues, and the use of diverse teaching strategies and procedures when addressing multicultural issues. This measure has been used in numerous studies to assess perceptions of trainees and clinicians regarding the multicultural competency level of training programs and clinical settings (e.g., Ponterotto, 1997; Constantine, et

al., 1996; Tomlinson-Clarke, 2000). Respondents' scores were standardized by the researcher using SPSS in order to allow for each subsection of the CTPMCC to be evaluated using the aforementioned independent variables (met=2, not met=1).

Overall, participants rated their programs as being multiculturally competent. In the area of Minority Representation, the mean score for all respondents was 6.41 (SD=1.30). The mean score on the Curriculum Issues subsection was 5.86 (SD=1.01). On the Counseling Practice and Supervision section, the overall mean score was 3.87 (SD=.90). Regarding issues related to Research Considerations, the mean score was 4.57 (SD=1.01). On the Student and Faculty Competency Evaluation, the overall mean score was 5.46 (SD=1.27). On the Physical Environment section, the mean score was 2.911 (SD=.76). An independent samples t-test demonstrated that no significant differences exist in the participants' ratings of their graduate programs based on their scores on the CTPMCC.

Gender. Female participants in this research study scored an average of 6.45 (SD=1.35) on the Minority Representation subscale, 5.81 (SD=.91) on the Curriculum issues section, 3.85 (SD=.91) on the Counseling Practice and Supervision section, 4.51 (SD=.91) on the Research Considerations component, 5.45 (SD=1.25) on the Student and Faculty Competency Evaluation section, and 2.94 (SD=.77) on the Physical Environment section. Male respondents averaged a score of 6.23 (SD=1.01) on the Minority Representation subscale, 6.15 (SD=1.46) on the Curriculum issues section, 3.92 (SD=.86) on the Counseling Practice and Supervision section, 4.92 (SD=1.50) on the Research Considerations component, 5.54 (SD=1.45) on the Student and Faculty Competency Evaluation, and 2.77 (SD=.73) on the Physical Environment section. An

independent samples t-test demonstrated that no significant differences exist in the participants' ratings of their graduate programs according to the issues addressed by the CTPMCC based on the variable of gender.

Race. Individuals that identified themselves as White scored an average of 6.30 (SD=1.27) on the Minority Representation subscale, 5.88 (SD=1.05) on the Curriculum issues section, 3.82 (SD=.91) on the Counseling Practice and Supervision section, 4.50 (SD=1.00) on the Research Considerations component, 5.42 (SD=1.30) on the Student and Faculty Competency Evaluation, and 2.85 (SD=.74) on the Physical Environment section. Black respondents averaged a score of 7.08 (SD=1.00) on the Minority Representation subscale, 6.00 (SD=1.04) on the Curriculum issues section, 4.33 (SD=.89) on the Counseling Practice and Supervision section, 4.58 (SD=.79) on the Research Considerations component, 6.09 (SD=1.14) on the Student and Faculty Competency Evaluation, and 3.45 (SD=.69) on the Physical Environment section. Hispanic respondents scored an average of 6.50 (SD=1.29) on the Minority Representation subscale, 5.75 (SD=.50) on the Curriculum issues section, 4.00 (SD=.82) on the Counseling Practice and Supervision section, 5.00 (SD=1.15) on the Research Considerations component, 5.50 (SD=1.73) on the Student and Faculty Competency Evaluation, and 2.25 (SD=.50) on the Physical Environment section. Asian participants averaged scores of 5.40 (SD=1.52) on the Minority Representation subscale, 5.40 (SD=.55) on the Curriculum Issues section, 3.40 (SD=.55) on the Counseling Practice and Supervision section, 4.40 (SD=.89) on the Research Considerations component, 4.80 (SD=.84) on the Student and Faculty Competency Evaluation, and 2.60 (SD=.55) on the Physical Environment section. Respondents that

identified their racial background as international scored an average of 6.83 (SD=1.60) on the Minority Representation subscale, 5.83 (SD=1.17) on the Curriculum Issues section, 3.83 (SD=.98) on the Counseling Practice and Supervision section, 5.16 (SD=1.60) on the Research Considerations component, 5.16 (SD=1.17) on the Student and Faculty Competency Evaluation, and 3.16 (SD=.98) on the Physical Environment section.

An independent-samples *t* test comparing the mean scores of White and Black respondents found a significant difference between the means of the two groups on the Minority Representation subsection of the CTPMCC ($t(73) = -2.020, p < .05$). The mean score for Black respondents on this subsection was significantly higher ($m = 7.08, SD = 1.00$) than the mean for White respondents ($m = 6.30, SD = 1.27$) (Figure 4.4). In comparison to White respondents, Black respondents viewed their graduate training programs as being more proficient in areas related to hiring and retaining racial/ethnic minority staff, faculty, and graduate students. An independent samples *t* test comparing the mean scores of White and Black respondents found a significant difference between the means of the two groups on the Physical Environment subsection of the CTPMCC ($t(72) = -2.502, p < .05$). The mean score for Black respondents on this subsection was significantly higher ($m = 3.45, SD = .69$) than the mean for White respondents ($m = 2.86, SD = .74$) (Figure 4.4). In comparison to White respondents, Black respondents report that they view their graduate training programs as being more proficient in providing a physical environment that is comfortable for minority students.

An independent samples *t* test comparing the mean scores of Black and Hispanic respondents found a significant difference between the means of the two groups on the

Physical Environment subsection of the CTPMCC ($t(13) = 3.178, p < .05$). The mean score for Black respondents on this subsection was significantly higher ($m = 3.45, SD = .69$) than the mean for Hispanic respondents ($m = 2.25, SD = .50$) (Figure 4.5). In comparison to Hispanic respondents, Black respondents report that they view their graduate training programs as being more proficient in providing a physical environment that is comfortable for minority students.

An independent-samples t test comparing the mean scores of Black and Asian respondents found a significant difference between the means of the two groups on the Minority Representation subsection of the CTPMCC ($t(15) = 2.731, p < .05$). The mean score for Black respondents on this subsection was significantly higher ($m = 7.08, SD = 1.00$) than the mean for Asian respondents ($m = 5.40, SD = 1.52$) (Figure 4.6). In comparison to Asian respondents, Black respondents report that they view their graduate training programs as being more proficient in hiring and retaining racial/ethnic minority staff, faculty, and graduate students. An independent-samples t test comparing the mean scores of Black and Asian respondents found a significant difference between the means of the two groups on the Counseling Practice and Supervision subsection of the CTPMCC ($t(15) = 2.162, p < .05$). The mean score for Black respondents on this subsection was significantly higher ($m = 4.33, SD = .89$) than the mean for Asian respondents ($m = 3.40, SD = .55$) (Figure 4.6). In comparison to Asian respondents, Black participants rated their graduate training programs as being more proficient in areas related to counseling practice and supervision. An independent-samples t test comparing the mean scores of Black and Asian respondents found a significant difference between the means of the two groups on the Student and Faculty

Competency Evaluation subsection of the CTPMCC ($t(14) = 2.259, p < .05$). The mean score for Black respondents on this subsection was significantly higher ($m = 6.09, SD = 1.14$) than the mean for Asian respondents ($m = 4.80, SD = .84$) (Figure 4.6). In comparison to Asian respondents, Black participants rated their graduate training programs as being more proficient in areas related to the evaluation of student and faculty levels of multicultural counseling competencies. An independent-samples t test comparing the mean scores of Black and Asian respondents found a significant difference between the means of the two groups on the Physical Environment subsection of the CTPMCC ($t(14) = 2.435, p < .05$). The mean score for Black respondents on this subsection was significantly higher ($m = 3.45, SD = .69$) than the mean for Asian respondents ($m = 2.60, SD = .55$) (Figure 4.6). In comparison to Asian respondents, Black respondents report that they view their graduate training programs as being more proficient in providing a physical environment that is comfortable for minority students. It should be noted that there were very few Asian respondents, so these findings should be interpreted with caution. Additional independent samples t -tests demonstrated that no other significant differences exist in the participants' ratings of their graduate programs according to the issues addressed by the CTPMCC based on the variable of race.

Type of graduate degree program. Individuals from Ph.D. graduate training programs scored an average of 6.51 ($SD=1.30$) on the Minority Representation subscale, 5.89 ($SD=1.04$) on the Curriculum issues section, 4.01 ($SD=.91$) on the Counseling Practice and Supervision section, 4.52 ($SD=.95$) on the Research Considerations component, 5.59 ($SD=1.33$) on the Student and Faculty Competency

Evaluation, and 2.95 (SD=.81) on the Physical Environment section. Respondents from Psy.D. programs scored an average of 6.13 (SD=1.29) on the Minority Representation subscale, 5.73 (SD=.92) on the Curriculum Issues section, 3.43 (SD=.73) on the Counseling Practice and Supervision section, 4.69 (SD=1.18) on the Research Considerations component, 5.08 (SD=1.04) on the Student and Faculty Competency Evaluation, and 2.78 (SD=.60) on the Physical Environment section. An independent samples test comparing the mean scores of participants from Ph.D. programs and Psy.D. graduate programs on the CTPMCC found a significant difference between the means of the two groups on the Counseling Practice and Supervision subsection ($t(89) = 2.778, p < .05$). The mean scores of respondents from Ph.D. graduate programs were significantly higher ($m = 4.015, SD = .91$) than respondents from Psy.D. graduate training programs ($m = 3.43, SD = .73$) (Figure 4.7). Participants from Ph.D. programs viewed their training programs as more proficient in areas related to counseling practice and supervision than participants from Psy.D. training programs. An independent samples t-test demonstrated that no other significant differences exist in the participants' ratings of their graduate programs on other subsections of the CTPMCC.

Age. Regarding the variable of age, respondents in the 25-29 age range scored an average of 6.48 (SD=1.28) on the Minority Representation subscale, 5.68 (SD=.80) on the Curriculum issues section, 3.75 (SD=.87) on the Counseling Practice and Supervision section, 4.57 (SD=.87) on the Research Considerations component, 5.53 (SD=1.21) on the Student and Faculty Competency Evaluation, and 2.79 (SD=.77) on the Physical Environment section. Individuals in the 30-34 age range scored an average of 6.35 (SD=1.32) on the Minority Representation subscale, 6.03 (SD=1.06) on the

Curriculum issues section, 3.85 (SD=.89) on the Counseling Practice and Supervision section, 4.65 (SD=1.15) on the Research Considerations component, 5.41 (SD=1.16) on the Student and Faculty Competency Evaluation, and 3.00 (SD=.70) on the Physical Environment section. Participants in the 35-39 age range scored an average of 6.80 (SD=.92) on the Minority Representation subscale, 6.10 (SD=1.52) on the Curriculum issues section, 4.40 (SD=.97) on the Counseling Practice and Supervision section, 4.30 (SD=1.06) on the Research Considerations component, 5.70 (SD=1.57) on the Student and Faculty Competency Evaluation, and 2.80 (SD=.79) on the Physical Environment section. Respondents in the 40-44 age range scored an average of 5.33 (SD=2.31) on the Minority Representation subscale, 5.00 (SD=.00) on the Curriculum issues section, 3.33 (SD=.58) on the Counseling Practice and Supervision section, 4.00 (SD=.00) on the Research Considerations component, 4.67 (SD=2.08) on the Student and Faculty Competency Evaluation, and 3.00 (SD=1.00) on the Physical Environment section. Individuals in the 45-49 age range scored an average of 5.00 (SD=.00) on the Minority Representation subscale, 6.00 (SD=1.41) on the Curriculum issues section, 3.50 (SD=.71) on the Counseling Practice and Supervision section, 4.00 (SD=.00) on the Research Considerations component, 4.00 (SD=.00) on the Student and Faculty Competency Evaluation, and 3.00 (SD=1.41) on the Physical Environment section. An independent samples t-test demonstrated that no significant differences exist in the participants' ratings of their graduate programs according to the issues addressed by the CTPMCC based on the variable of age.

Comparing results between MCI scores and CTPMCC Ratings

The third research question of this study compared the respondents' self-ratings of their level of multicultural counseling competency based on their scores on the MCI with their ratings of their graduate training programs as evidenced by their scores on the CTPMCC. A Spearman's rho correlation coefficient was calculated to analyze the relationship between participants' scores on the MCI subscales and their scores on the CTPMCC subsections. A negative correlation was found between the MCI Multicultural Counseling Skill subscale and the CTPMCC Practice and Supervision subsection ($r(89) = -.300, p < .01$), indicating a significant relationship between the two variables. Individuals that rated their graduate programs as being multiculturally competent in the area of practice and supervision rated themselves as being less proficient in the area of multicultural counseling skill (Figure 4.8 & Figure 4.10). Participants that viewed their graduate programs as demonstrating a high level of competency in the area of counseling practice and supervision indicated an increased level of awareness regarding their personal limitations in the area of developing effective multicultural counseling skills.

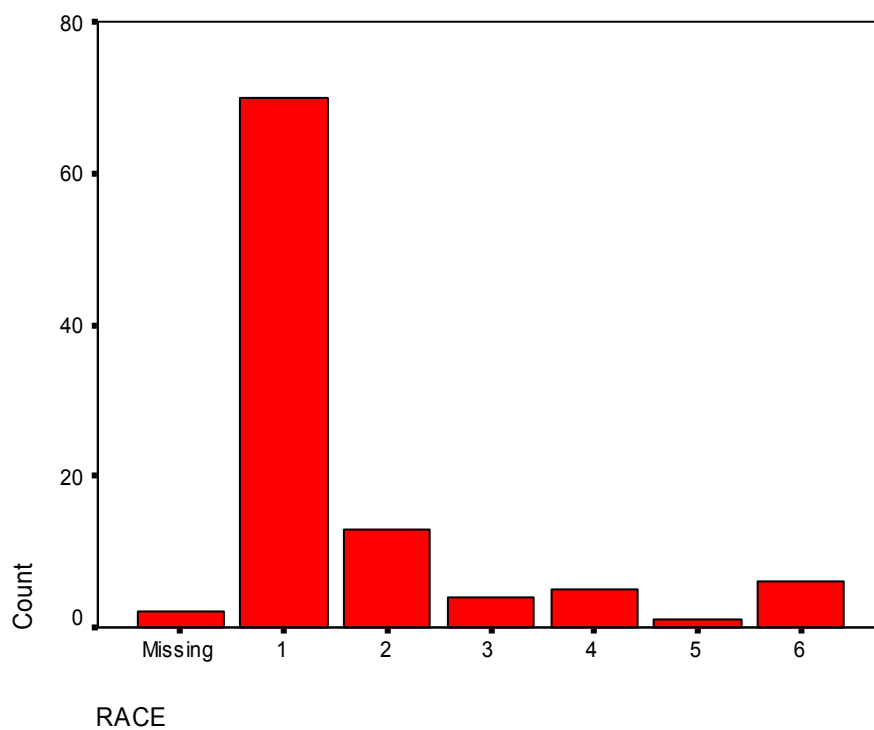
A Kendall's correlation coefficient was calculated to assess the relationship between participants' scores on the MCI subscales and their scores on the CTPMCC subsections. A negative correlation was found between the MCI Multicultural Counseling Skill subscale and the CTPMCC Practice and Supervision subsection ($\tau_b(89) = -.236, p < .01$), indicating a significant relationship between the two variables. Individuals that rated their graduate programs as being multiculturally competent in the area of practice and supervision rated themselves as being less proficient in the area of

multicultural counseling skill (Figure 4.9 & Figure 4.10). Participants that viewed their graduate programs as demonstrating a high level of competency in the area of counseling practice and supervision indicated an increased level of awareness regarding their personal limitations in the area of developing effective multicultural counseling skills.

A Kendall's correlation coefficient was calculated to assess the relationship between White participants' scores on the MCI subscales and their scores on the CTPMCC subsections. A negative correlation was found between the MCI Multicultural Counseling Skills subscale and the CTPMCC Practice and Supervision subsection ($\tau_b(63) = -.288, p < .01$), indicating a significant relationship between the two variables. Individuals that rated their graduate programs as being multiculturally competent in the area of practice and supervision rated themselves as being less proficient in the area of multicultural counseling skills (Figure 4.11). Correlational analysis also indicated that a negative relationship exists between White participants' self ratings the MCI Multicultural Counseling Skills subscale and the CTPMCC Research Considerations subsection ($\tau_b(63) = -.218, p < .05$). White participants that rated their graduate training programs as being competent in the area of research considerations rated themselves as being less proficient regarding issues related to multicultural counseling skills (Figure 4.11). A negative correlation was also observed between the MCI Multicultural Counseling Skills subscale and the Student and Faculty Competency Evaluation subsection of the CTPMCC ($\tau_b(63) = -.204, p < .05$). White participants that rated their graduate training programs as being competent in the area of student and faculty evaluation viewed themselves as being less proficient regarding issues

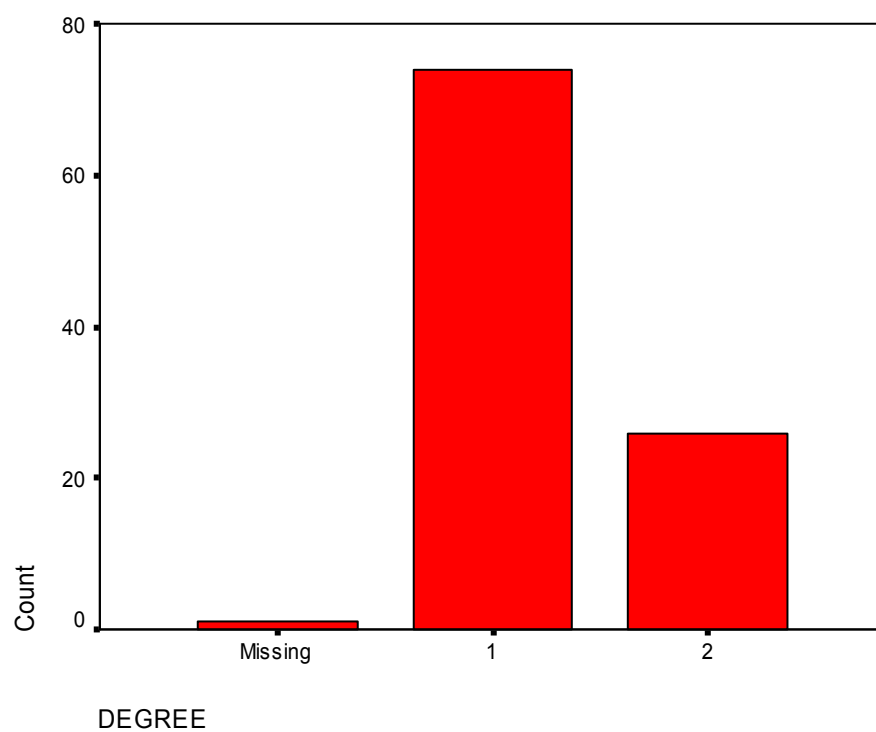
related to multicultural counseling skills. Overall, these results are consistent with previous findings in this research study and indicate that multiculturally competent graduate training programs produce students that are more aware of their limitations regarding their development of effective multicultural counseling skills.

A Kendall's correlation coefficient was calculated to assess the relationship between Black participants' scores on the MCI subscales and their scores on the CTPMCC subsections. A positive correlational relationship was indicated between the scores of Black respondents on the MCI Multicultural Awareness subscale and the CTPMCC Student and Faculty Competency Evaluation subsection ($\tau_b(12) = .581, p < .05$) (Figure 4.12). Correlational analysis also demonstrated that a positive relationship exists between Black respondents' scores on the MCI Multicultural Awareness subscale and the Physical Environment subsection of the CTPMCC ($\tau_b(12) = .767, p < .01$). Black respondents that rated themselves as being highly competent in the area of multicultural awareness also perceived their graduate training programs as being highly proficient in their attempts to maintain a physical environment that is reflective of cultural diversity (Figure 4.12). Correlational analysis also indicated that a positive relationship exists between Black respondents' scores on the MCI Multicultural Knowledge subscale and the Physical Environment subsection of the CTPMCC ($\tau_b(12) = .523, p < .05$) (Figure 4.12). These results were consistent with previously reported ratings by Black respondents of their graduate training programs. Correlational analysis was not conducted on the responses of other racial/ethnic minority groups on the MCI and the CTPMCC because there were an insufficient number of participants from these groups to conduct a valid correlational analysis.



1=White 2=Black 3=Hispanic 4=Asian 5=Multiracial 6=International

Figure 4.1- Racial demographics



1=Ph.D. 2=Psy.D.

Figure 4.2- Type of degree program

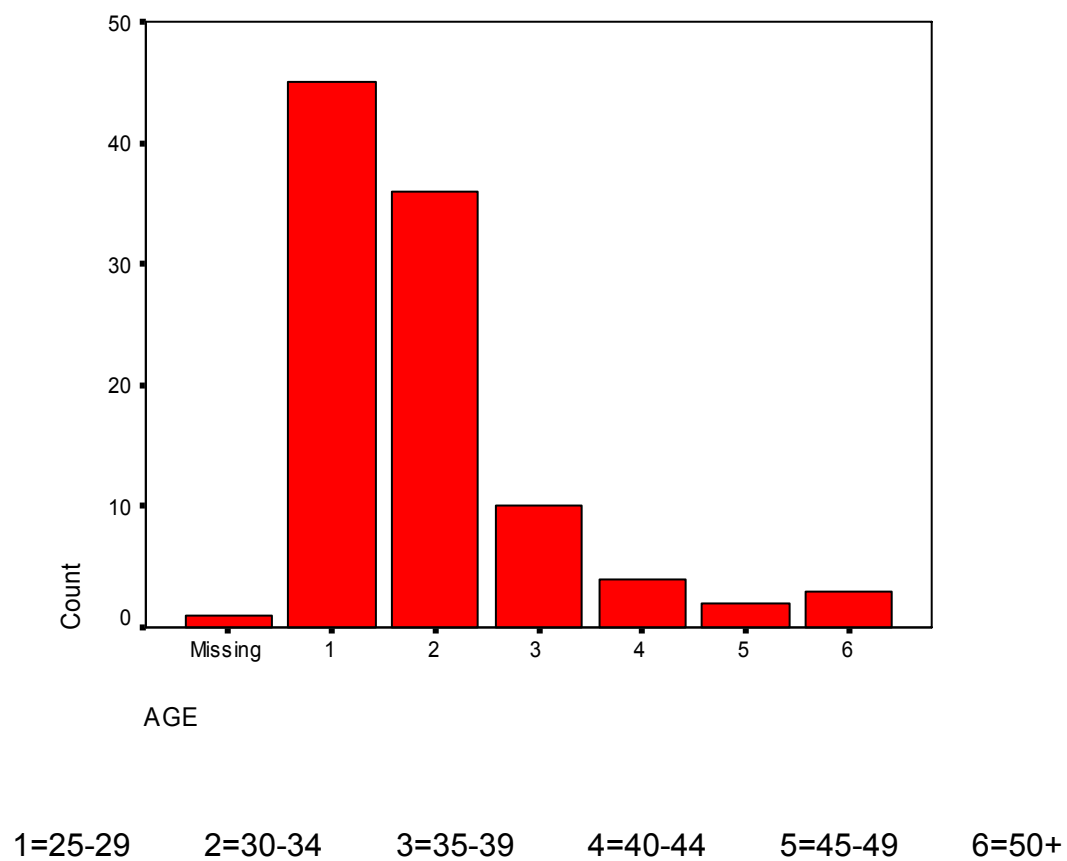


Figure 4.3- Age

		Levene's Test for Equality of Variances		t-test for Equality of Means			
		F	Sig.	t	df	Sig. (2 tailed)	Mean diff.
Minority Rep	Equal variances assumed	.476	.493	-2.020	73	.047	-.7817
	Equal variances not assumed			-2.377	18.490	.028	-.7817
Curr. Issues	Equal variances not assumed	.518	.474	-.337	73	.737	-.1111
	Equal variances not assumed			-.338	15.531	.740	-.1111
Practice and Super	Equal variances assumed	.061	.806	-1.783	73	.079	-.5079
	Equal variances not assumed			-1.810	15.708	.089	-.5079
Res. Considerations	Equal variances assumed	.095	.759	-.247	73	.806	-.0754
	Equal variances not assumed			-.289	18.342	.776	-.0754
Staff & Faculty Eval	Equal variances assumed	1.404	.240	-1.581	72	.118	-.6623
	Equal variances not assumed			-1.743	15.001	.102	-.6623
Physical Environment	Equal variances assumed	.018	.894	-2.502	72	.015	-.5974
	Equal variances not assumed			-2.630	14.327	.020	-.5974

Figure 4.4-White and Black respondents' scores on the CTPMCC

		Levene's Test for Equality of Variances		t-test for Equality of Means			
		F	Sig.	t	df	Sig. (2 tailed)	Mean diff.
Minority Rep	Equal variances assumed	.159	.696	.948	14	.359	.5833
	Equal variances not assumed			.825	4.263	.453	.5833
Curr. Issues	Equal variances not assumed	.521	.482	.454	14	.657	.2500
	Equal variances not assumed			.638	11.461	.536	.2500
Practice and Super	Equal variances assumed	.609	.448	.661	14	.519	.3333
	Equal variances not assumed			.692	5.593	.517	.3333
Res. Considerations	Equal variances assumed	3.154	.097	-.817	14	.427	-.4167
	Equal variances not assumed			-.671	3.990	.539	-.4167
Staff & Faculty Eval	Equal variances assumed	.806	.386	.780	13	.450	.5909
	Equal variances not assumed			.634	3.983	.560	.5909
Physical Environment	Equal variances assumed	1.810	.201	3.178	13	.007	1.2045
	Equal variances not assumed			3.709	7.483	.007	1.2045

Figure 4.5- Black and Hispanic respondents' scores on the CTPMCC

		Levene's Test for Equality of Variances		t-test for Equality of Means			
		F	Sig	t	df	Sig. (2 tailed)	Mean diff.
Minority Rep	Equal variances assumed	.174	.682	2.731	15	.015	1.6833
	Equal variances not assumed			2.285	5.503	.066	1.6833
Curr. Issues	Equal variances assumed	.275	.608	1.202	15	.248	.6000
	Equal variances not assumed			1.545	13.791	.145	.6000
Practice and Super	Equal variances assumed	1.265	.278	2.162	15	.047	.9333
	Equal variances not assumed			2.633	12.222	.022	.9333
Res. Considerations	Equal variances assumed	.035	.855	.419	15	.681	.1833
	Equal variances not assumed			.398	6.784	.703	.1833
Staff & Faculty Eval	Equal variances assumed	.339	.570	2.259	14	.040	1.2909
	Equal variances not assumed			2.545	10.551	.028	1.2909
Physical Environment	Equal variances assumed	.723	.409	2.435	14	.029	.8545
	Equal variances not assumed			2.663	9.776	.024	.8545

Figure 4.6- Black and Asian respondents' scores on the CTPMCC

		Levene's Test for Equality of Variances		t-test for Equality of Means			
		F	Sig.	t	df	Sig. (2 tailed)	Mean diff.
Minority Rep	Equal variances assumed	.299	.586	1.229	89	.222	.3843
	Equal variances not assumed			1.233	38.193	.225	.3843
Curr. Issues	Equal variances assumed	.002	.969	.649	89	.518	.1579
	Equal variances not assumed			.691	42.675	.494	.1579
Practice and Super	Equal variances Assumed	.518	.474	2.778	89	.007	.5799
	Equal variances not assumed			3.096	46.875	.003	.5799
Res. Considerations	Equal variances assumed	1.141	.288	-.679	89	.499	-.1662
	Equal variances not assumed			-.610	32.197	.546	-.1662
Staff & Faculty Eval	Equal variances assumed	3.836	.053	1.674	88	.098	.5101
	Equal variances not assumed			1.883	48.366	.066	.5101
Physical Environment	Equal variances assumed	1.831	.179	.940	88	.350	.1726
	Equal variances not assumed			1.085	51.173	.283	.1726

Figure 4.7- Participants' scores on CTPMCC based on type of degree program (Ph.D. or Psy.D.)

		MCI Skill	MCI Awar	MCI Rela	MCI Know
CTPMCC Min Rep	Correlation Coefficient	.034	.139	-.157	-.034
	Sig. (2-tailed)	.746	.190	.136	.748
	N	91	91	91	91
CTPMCC Curr Iss	Correlation Coefficient	-.159	-.019	-.018	-.168
	Sig. (2-tailed)	.132	.856	.867	.112
	N	91	91	91	91
CTPMCC Prac & Sup	Correlation Coefficient	-.300**	.018	-.111	-.106
	Sig. (2-tailed)	.004	.865	.293	.319
	N	91	91	91	91
CTPMCC Res Con	Correlation Coefficient	-.166	-.137	-.139	-.153
	Sig. (2-tailed)	.116	.196	.188	.147
	N	91	91	91	91
CTPMCC Fac Eval	Correlation Coefficient	-.203	-.102	-.096	-.162
	Sig. (2-tailed)	.055	.339	.367	.128
	N	90	90	90	90
CTPMCC Phy Env	Correlation Coefficient	-.151	.059	-.145	.112
	Sig. (2-tailed)	.155	.582	.172	.292
	N	90	90	90	90

** Correlation is significant at the .01 level (2-tailed).

* Correlation is significant at the .05 level (2-tailed).

Figure 4.8- Spearman's rho correlation

		MCI Skill	MCI Awar	MCI Rela	MCI Know
CTPMCC Min Rep	Correlation Coefficient	.026	.104	-.119	-.022
CTPMCC Curr Iss	Correlation Coefficient	-.128	-.018	-.017	-.137
CTPMCC Prac & Sup	Correlation Coefficient	-.236**	.009	-.089	-.083
CTPMCC Res Con	Correlation Coefficient	-.128	-.111	-.111	-.124
CTPMCC Fac Eval	Correlation Coefficient	-.158	-.075	-.074	-.125
CTPMCC Phy Env	Correlation Coefficient	-.121	.050	-.113	.089

** Correlation is significant at the .01 level (2-tailed).

* Correlation is significant at the .05 level (2-tailed).

Figure 4.9- Kendall's tau b correlation

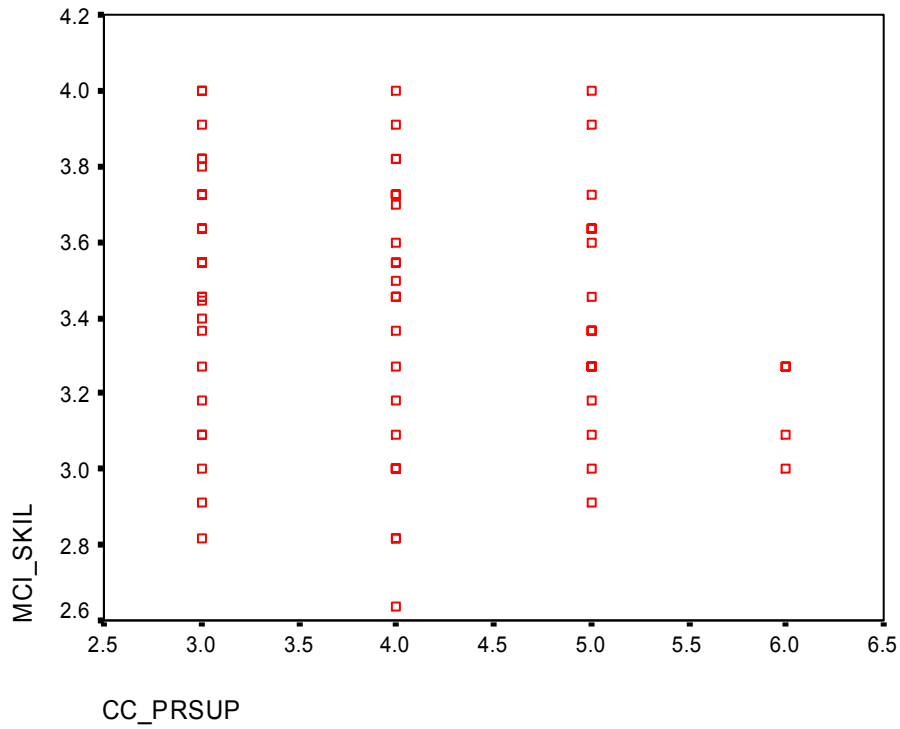


Figure 4.10- Scatterplot of correlation between participants' scores on the MCI Multicultural Counseling Skill subscale and the CTPMCC Practice and Supervision subsection

		MCI Skill	MCI Awar	MCI Rela	MCI Know
CTPMCC Min Rep	Correlation Coefficient	.020	.033	-.087	-.065
CTPMCC Curr Iss	Correlation Coefficient	-.167	-.004	.015	-.147
CTPMCC Prac & Sup	Correlation Coefficient	-.288**	-.067	-.055	-.074
CTPMCC Res Con	Correlation Coefficient	-.218*	-.199	-.099	-.143
CTPMCC Fac Eval	Correlation Coefficient	-.204*	-.141	-.075	-.201*
CTPMCC Phy Env	Correlation Coefficient	-.128	.082	-.135	.084

** Correlation is significant at the .01 level (2-tailed).

* Correlation is significant at the .05 level (2-tailed).

Figure 4.11- Kendall's tau b correlation of White respondents on the MCI and the CTPMCC

		MCI Skill	MCI Awar	MCI Rela	MCI Know
CTPMCC Min Rep	Correlation Coefficient	-.198	.246	.177	-.059
CTPMCC Curr Iss	Correlation Coefficient	-.115	.257	-.151	.038
CTPMCC Prac & Sup	Correlation Coefficient	-.308	.188	.036	-.162
CTPMCC Res Con	Correlation Coefficient	.119	.144	.254	.197
CTPMCC Fac Eval	Correlation Coefficient	.042	.581*	-.102	-.248
CTPMCC Phy Env	Correlation Coefficient	.288	.767**	-.094	.523*

** Correlation is significant at the .01 level (2-tailed).

* Correlation is significant at the .05 level (2-tailed).

Figure 4.12- Kendall's tau b correlation of Black respondents on the MCI and the CTPMCC

CHAPTER 5

Summary of the Study

Statement of the Problem

The purpose of this study was to examine the self-reported multicultural counseling competency levels of pre-doctoral interns at university counseling centers. The researcher examined the following specific issues related to multicultural counseling competencies:

- The manner in which the demographic variables of race, gender, age, and type of psychology graduate training program predict specific components of multicultural counseling competencies (i.e. multicultural counseling skills, multicultural awareness, multicultural counseling relationship, and multicultural counseling knowledge)

- The manner in which the demographic variables of race, gender, age, and type of psychology graduate training program influence the perceptions of students regarding the multicultural competency level of their graduate training programs

- The relationships that exist between therapists' self-reported levels of multicultural counseling competency and their perceptions of the multicultural competency level of their doctoral training program.

Statement of Procedures

The researcher administered the Multicultural Counseling Inventory (MCI) and the Counseling Training Program Multicultural Competency Checklist (CTPMCC) to predoctoral psychology interns at university counseling centers. The researcher chose to focus on this specific group due to the fact that previous research studies have indicated that university counseling centers demonstrate a higher level of sensitivity and awareness regarding issues related to multiculturalism in comparison to other clinical settings (Murphy, 1995). Participants for this study were solicited by email and asked to complete an online survey containing the two aforementioned measures. Three hundred emails were sent to current predoctoral psychology interns and training directors at ninety-two university counseling centers. 101 individuals accessed the online survey; 92 individuals completed the entire survey.

Research Hypotheses

The researcher hypothesized that a significant level of variance would exist regarding the assessed individual levels of multicultural counseling competency based on the identified demographic variables of race, gender, age, and type of graduate psychology degree. Specifically, individuals that identified themselves as racial/ethnic minorities would self-report significantly higher levels of multicultural competency in comparison to respondents that identified themselves as White. Additionally, the researcher hypothesized that respondents' that identified themselves as racial/ethnic minorities would rate their current graduate training programs as being less multiculturally competent than respondents' that identified themselves as White. The

researcher also hypothesized that significant differences would exist between full-scale scores on the MCI and participants' perceptions about the multicultural competency levels of their graduate training programs.

Conclusions

The findings of this research study demonstrated that the demographic variables of gender, race, age, and type of graduate degree program did not predetermine participants' self-ratings on the Multicultural Counseling Inventory (MCI).

Results from this study indicated that a significant difference exists between White and Black respondents on their ratings of their graduate programs on the Minority Representation subsection and the Physical Environment subsection of the CTPMCC. Adequate minority representation has been identified as an essential component to the establishment of a multicultural program (Sue, et al., 1992). A "critical mass" at which minority students generally feel at home on predominantly White campuses has been defined as 30% minority representation (Green, 1988). Based on these constructs, this study demonstrates that White and Black graduate students have distinctly different views regarding the representation of minorities in their psychology programs in the specific areas of faculty, students, program support staff, and the presence of bilingual faculty members. Specifically, Black graduate students view their graduate training programs as achieving a higher level of multicultural competency in these two areas than White students. Additionally, the results of this study indicate that Black participants in this study believe that their graduate training programs maintain physical environments that are appreciative of cultural diversity more frequently than

White students. Statistical analysis also demonstrated that Black students rated their graduate programs as being more competent in the areas of minority representation, counseling practice and supervision, student and faculty competency evaluation, and physical environment than their Asian peers.

The demographic variables of gender and age did not predict participants' ratings of their graduate programs in the areas examined by the CTPMCC. Statistical analysis also demonstrated that a significant level of variance exists between respondents' scores on the subsection of Counseling Practice and Supervision, based on their type of degree program. Respondents from Psy.D. programs reported lower means on this subsection of the CTPMCC than respondents from Ph.D. graduate training programs. This subsection examines issues related to the diversity of practicum students' clientele, the focus and quality of clinical supervision, and a suggested program mechanism for monitoring multicultural activities (i.e. Multicultural Affairs Committee) (Ponterotto, 1995). By utilizing the aforementioned 30% critical mass threshold, the results of this study indicate that students in Psy.D. training programs are not being exposed to a clientele that is at least 30% minority with the same frequency as students in Ph.D. programs during their practicum experiences. These results also demonstrate that issues regarding race, racism, oppression, racial identity and acculturation are not being effectively discussed or processed during supervision. In response to the question, "The program has an active "Multicultural Affairs Committee" composed of faculty and students" 40% of the respondents stated that their graduate program did not meet this criterion. Based on the lower average scores on this subscale by graduate students in Psy.D programs, the researcher concludes that many of the professional degree

programs examined in this study do not have established Multicultural Affairs committees, thus accounting for the significant statistical differences in the responses of participants' in this research study.

Correlational analysis demonstrated that a negative relationship exists between self-ratings of participants on the MCI Multicultural Counseling Skill subscale and their ratings of their graduate programs in the area of Counseling Practice and Supervision on the CTPMCC. Participants that viewed their programs as demonstrating multicultural competency in the theme of practice and supervision viewed themselves as less proficient in the construct of multicultural counseling awareness. Analysis of participants' responses on the Multicultural Counseling Skill subscale of the MCI did not indicate a statistically significant difference based on the demographic variables of gender, race, age, or type of graduate degree program. In addition, the demographic variables of gender, race, and age did not predict the response patterns of participants' on the subscales of the CTPMCC. Therefore, this negative correlation may indicate that students that view their graduate programs as highly competent in the area of counseling practice and supervision have a heightened level of awareness regarding their limitations in their development of multicultural counseling skills.

Results of Study

On the CTPMCC, respondents viewed their programs as demonstrating multicultural competence in the area of Student and Faculty Competency Evaluation. This theme examines issues related to the manner in which faculty members are evaluated in the area of multicultural issues through the use of student and peer

teaching evaluations. This section also examines whether multicultural issues are a core component of students' comprehensive and qualifying examinations, key components of case studies, and testing and assessment issues. In response to the question "The program incorporates a reliable and valid paper-and-pencil or behavioral assessment of student multicultural competency at some point in the program", 70% of the participants in this study stated that this criterion was not met in their graduate program. While the responses to this particular question did not alter the manner in which graduate students view the multicultural competency levels of their programs in this area, it is worth noting that the majority of graduate programs sampled in this study do not meet this identified criterion for multicultural counseling competency.

Hypotheses regarding the influence of the demographic variable of age were not supported by the results of this research study. It may be that over the course of the last 15 years a significant amount of research has been conducted in the area of multicultural counseling within the field of psychology. As a result, numerous advancements have taken place and these issues have become integral components of graduate training programs. Additionally, the lack of predictability associated with these variables is a direct reflection of the altering demographics of the United States as well as the educational, socioeconomic, and political gains of racial/ethnic minorities over the course of the last 20 years. Because 81% of the participants in this study were between the ages of 25-34, many of their experiences have been less influenced by the negative issues associated with issues related to multiculturalism that served as the impetus for the inclusion of multicultural constructs within the field of psychology, which would

minimize the influence of the independent variable of age on their assessed levels of multicultural counseling competency.

Hypotheses regarding the influence of the demographic variable of gender were also not supported by the results of this research study. This finding may also be a reflection of the aforementioned issues and advancements that contributed to the lack of support regarding the influence of age on the construct of multicultural counseling competency. Additionally, the small number of male participants in this research study (N=20, 20%) is a reflection of the predominance of females within the field of counseling psychology. According to information provided by APPIC, females represented 78% of the applicants in the match program in 2007 (APPIC, 2007), therefore, the number of males that participated in this research study is consistent with the demographics of predoctoral psychology interns. As a result, the low number of men that participated in this study significantly limited the amount of variance that was assessed regarding the influence of gender on this construct.

Implications

One of the primary implications of this study regards the level of discrepancy that exists between the integration of issues related to multicultural counseling in Ph.D. programs in comparison to professional psychology degree programs regarding clinical and supervision experiences. Results from this study indicate that students in professional degree programs rate their training programs as being less proficient than students in Ph.D. training programs in the area of counseling practice and supervision. Due to the fact that most Psy.D. programs are based in clinical psychology and many of

the Ph.D. students involved in this study were most likely counseling psychology students, this discrepancy can potentially be attributed to the core themes associated with these two different fields of psychology. Historically, the field of counseling psychology has viewed multiculturalism as a primary theme and area of clinical focus. As a result, students that are enrolled in counseling psychology programs would view their programs as demonstrating a higher level of multicultural counseling competence due to the level of emphasis that is placed on issues related to multiculturalism in clinical and practicum settings. According to information provided by APPIC, 1105 graduate students from Psy.D. programs were matched with a predoctoral psychology internship site in 2008, representing 42% of the total number of students that obtained an internship through participation in APPIC in 2007 (APPIC, 2007). Due to the fact that APA has identified multiculturalism as a key issue that needs to be incorporated throughout multiple aspects of all graduate training programs, this discrepancy is significant and could potentially have long-term negative effects on the multicultural competency levels of future psychologists.

Secondly, a significant discrepancy exists in the manner in which students from different racial and ethnic backgrounds view their graduate programs regarding minority representation, counseling practice and supervision, staff and faculty competency evaluation, and the presence of a physical environment that is multiculturally inclusive. Specifically, students that identified their racial/ethnic background as Black viewed their graduate programs as being more proficient in the aforementioned areas of multicultural competency than participants that identified themselves as White, Hispanic or Asian. Although this outcome was not predicted, the rationale for these observed differences is

twofold. First, students who identify themselves as Black comprise the largest racial/ethnic minority within the field of psychology. As a result, efforts by graduate training programs to create a more multiculturally inclusive environment may have primarily focused on hiring and retaining Black staff and faculty members due the fact that they are the largest minority demographic at the expense of other racial and ethnic minorities. Therefore, when students are asked to evaluate their graduate training programs in specific areas related to multicultural counseling competency, Black students provide a more proficient rating because they are consistently exposed to individuals within their training programs that represent their racial/ethnic background. Likewise, efforts to create a multiculturally supportive environment may continue to be concentrated on creating a setting that is comfortable for certain racial/ethnic minority groups (i.e. Black) at the expense of other minority groups on campus. The discrepancy between White and Black students perceptions of their programs based on the criteria examined by the CTPMCC can be attributed to the fact that multiculturalism is frequently defined by race and ethnicity. This narrow definition devalues this construct and minimizes multiple aspects of multiculturalism such as gender, religion, socioeconomic status and sexual identity. Because of this manner of conceptualization, individuals who identify themselves as White are not viewed as having a multicultural identity, and their multicultural needs are not addressed in the same manner as individuals that identify themselves as racial/ethnic minorities. Because of this disparity, White graduate students do not view their training programs as responsive to their multicultural identities and their ratings in specific areas are lower than their Black colleagues. Based on the racial demographics of graduate trainees that applied for

internship through the APPIC Match process in 2007, Black respondents were overrepresented in this study (7% versus 12%). This may be an indication of a greater level of interest in the topic of multiculturalism among Black trainees in comparison to other racial/ethnic groups, which would provide a rationale for some of the observed differences in the response patterns of Black participants on the CTPMCC. Lastly, the use of an empirically validated measure in this research study that examines students' level of multicultural counseling competency is a significant contribution to the field of psychology. Participants' disclosure that most of their graduate training programs do not utilize measures of this nature indicates a significant deficiency within training programs regarding issues related to multicultural counseling. This finding is alarming due to the fact that empirically validated measures are widely regarded as an effective method for examining this construct and researchers in the field of multicultural counseling have advocated for their inclusion in graduate training programs over the course of the last decade. Additionally, this disclosure is problematic because it raises significant concerns regarding the manner in which graduate students are being assessed in this area. The researcher hypothesizes that the multicultural counseling proficiency of graduate students is being assessed, just not in the manner prescribed by some proponents in the field of psychology (i.e. empirically validated measures). Therefore, if these issues are being addressed in an alternative manner in graduate training programs, then future research studies should continue to investigate this issue in order to determine the specific methods that are being utilized to examine this construct and ensure that graduate psychology training programs are producing multiculturally competent clinicians. If this construct is not being examined in a structured manner in

graduate training programs, then future research studies should focus on identifying the primary contributing factors to this disconnect and developing effective strategies for improving the assessment of multicultural counseling competencies during training.

The results of this study can be grounded in the theory of multicultural counseling competency, particularly the Personal Dimensions of Identity model developed by Arredondo (Arredondo & Glauner, 1992). This model is designed to communicate several premises: a) we are all multicultural individuals; b) we all possess a personal, political, and historical culture; c) we are affected by sociocultural, political, environmental, and historical events; and that d) multiculturalism intersects with multiple factors of individual diversity (Arredondo, 1996). This revised perspective of multicultural counseling competencies provided a framework for the intersection of unique group identities by dividing this concept into 3 dimensions: A=personal characteristics such as age, gender, culture and race; C=the historical, political, and sociocultural events that have had a significant impact on one's personal culture and life experiences, and B=the consequences of the A and C dimensions (Arredondo & Glauner, 1992). Although the MCI examines the primary constructs associated with multicultural counseling competencies (knowledge, awareness and skills), the incorporation of the CTPMCC acknowledges the multiple identities of individuals that are associated with multiculturalism by examining their individual experiences in their graduate training programs. The expansiveness of the Personal Dimensions of Identity model makes it difficult to assess with the use of one self-report measure, however the manner in which the CTPMCC inquires about trainees' experiences in their graduate training program implicitly acknowledges the multicultural identities of all people. The amount of credence

that this measure gives to the perception of respondents about the multicultural competency levels of their training program indicates that multiple individuals may perceive the same situation in different manners based on their unique characteristics and experiences. While some of the queries on this measure are objective, such as the Minority Representation subsection, the questions that compose the section on Research Considerations and the Physical Environment of the program are more subjective and responses to these inquiries may be greatly influenced by the personal characteristics and experiences of the respondents (i.e. research interests, participation on specific committees, knowledge of multicultural resources in the department). Additionally, if graduate training programs do not provide a physical environment that is reflective of the multiple multicultural identities of White students, then these individuals will perceive their training programs as demonstrating low levels of competency in this area.. Therefore, when examining the relationships that exist between participants' responses on these two instruments, valuable information can be gained because this study examined multiple aspects of the trainee's experiences regarding multiculturalism. Thus this study can be conceptualized according the PDI model and demonstrates the importance of the ABC interactions.

Limitations of Study

Numerous limitations were associated with this research design, which impact the manner in which the results of this study should be interpreted. Firstly, unequal sample sizes exist for all of the demographic variables that were examined in this study. While the demographic composition of the sample group in is a good approximation of

the composition of predoctoral psychology interns in university counseling centers, the disproportionate sizes of the groups involved in this study impair the ability to generalize these results and the results should be interpreted with caution. Secondly, the researcher's decision to target predoctoral psychology interns at university counseling centers that have a minor or major emphasis on multiculturalism limits the generalizability of these results because the individuals that are completing their internships in these settings most likely chose to pursue advanced clinical training in this type of environment. Thus there is a self-selection bias for students who value and seek out multicultural training. As a result, these individuals may share similar practice, training and research interests, which limits the ability of the researcher to draw conclusions about the multicultural competency levels of psychologists in other settings. Thirdly, this study did not utilize a measure of racial identity development in order to identify worldview differences among respondents from the same racial/ethnic group. This is a significant limitation of this study because it implies that all individuals from the same racial/ethnic group harbor the same views regarding their level of attachment and investment to their culture background. As a result, within-group differences and the relative salience of race are not accounted for in this study which limits the validity of the conclusions that can be drawn from these outcomes.

Another significant limitation of this study was the lack of a control group with which to compare the ratings of predoctoral interns in university counseling centers. Since most participants in this study rated themselves and their programs as being proficient in areas of multicultural counseling competency, the results were consistent with previous research studies. However, the presence of a control group or a sample

composed of clinicians from different clinical settings would have provided a more diverse sample for this study. Potentially, this may have resulted in a greater level of variance among the responses of the participants and may have produced more informative data for this study. Also, the countereffect of internship experiences on graduate students' perceptions of their graduate training programs was unaccounted for in this study. The researcher chose to solicit responses from predoctoral psychology interns after a majority of their internship contracts had been fulfilled because it provided the participants with a wider range of experiences that they could reference when assessing issues related to multicultural counseling competency. However, this strategy may have inadvertently altered the results of this study in a positive or negative manner because of the time that elapsed between the participants' graduate training experiences and their ratings of their program. The data was collected in May, after nine months of full-time training and it could be the case that interns might have viewed their graduate program differently at other times (for example before internship, after graduation, after licensure). The results of this study are limited to this time period.

Another limitation of this study was the lack of a social desirability measure that was administered in conjunction with the MCI and the CTPMCC. The issue of social desirability and the negative influence that this can have on the manner in which respondents rate themselves regarding issues related to multiculturalism has been examined in previous research studies. Previous studies have indicated that among the empirically validated measures that examine multicultural counseling competencies, the full-scale score of the MCI is less susceptible to the influence of social desirability,

however it is still a relevant issue that is an inherent drawback when attempting to quantitatively examine this construct.

Lastly, the design of the CTPMCC was a limitation of this study due to the manner in which the instrument is constructed and the specificity of the types of questions that are posed by this measurement. The CTPMCC examines respondents' perceptions about their graduate programs; however, perceptions are subjective and therefore they are not always factual. The subsection that assesses the physical environment of graduate training programs is especially problematic because the manner in which the questions are worded may make people more susceptible to assessing the presence of a multicultural resource center in other departments on campus as opposed to only within their graduate program. Additionally, data collected from this particular subsection would be more informative if perceptions were being solicited about the same graduate program in order to achieve parity among the training programs that are being evaluated. More generally it would have been instructive to have interns from the same program compare their experiences at the same training program to examine if they would have different perceptions by race, gender, age, MCI rating and type of program. Particularly interesting would be to examine the different perceptions of the same training program by White and Black trainees.

Directions for Future Research

The expansive nature of the construct of multiculturalism significantly influenced the results of this particular study. Multiculturalism encompasses issues related to race, gender, socioeconomic status, age, sexual identity, and religion; all of these topics are

important areas that can be independently examined in order to accurately determine how these issues impact the training of graduate students and the process of therapy. While the MCI and the CTPMCC are comprehensive measures that address many of these aspects, it is difficult to assess the impact of all of these constructs through the use of two instruments. The researcher chose to focus on 4 specific demographic variables for this study, 2 of which had no significant relationship with the issues examined by the instruments used in this study. Based on these results, future research studies should focus on assessing the influence of race and type of graduate degree program on issues related to multicultural counseling competencies in training and clinical settings due to the fact that these independent variables demonstrated some levels of predictability regarding participants' responses on these measures. Additionally, future research studies should examine specific constructs within multiculturalism in order to gain an in depth analysis of how these factors influence multicultural counseling competencies.

Due to the unequal sample sizes that were used in this study future research on this topic should access a broader sample in order to solicit more participants and to obtain a more diverse range of results. As previously stated, social desirability has been identified as having a negative impact on respondents' evaluations of themselves on self-report measures that assess multicultural counseling competency. Future research studies that attempt to quantitatively examine this construct should implement the use of a social desirability measure in order to ensure that participants are rating themselves in an accurate manner. Additionally, future research studies would benefit from incorporating qualitative research methods when examining this construct in order to

gain a more comprehensive and accurate depiction of clinicians' attitudes and behaviors.

Numerous differences regarding the manner in which individuals from different racial and ethnic backgrounds perceived their graduate training programs were identified in this study. Future research studies in this area should examine the within differences that exist among racial and ethnic minority students in order to ensure that graduate training programs are creating a multiculturally inclusive environment for all students from minority backgrounds. Additionally, future research studies should examine the within differences that exist among the multicultural identities of White graduate students and the manner in which these issues are addressed in graduate training programs in order to ensure that their needs are also being met during the creation of a multiculturally inclusive environment.

Future research studies should continue to examine the differences that exist regarding issues related to multicultural counseling competency in Psy.D. and Ph.D. graduate training programs in order to identify specific areas in which these disparities exist. Also, the manner in which Psy.D and Ph.D. programs are evaluated by accrediting bodies regarding the infusion of multiculturalism should be examined in order to ensure that all graduate training programs are being evaluated in an equitable manner.

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APPENDIX A

Counseling Training Program Multicultural Competency Checklist

Competency

Met Not Met

Minority Representation

1. At least 30% of faculty represent racial/ethnic minority populations.
2. At least 30% of faculty are bilingual.
3. At least 30% of students in the program represent racial/ethnic minority populations.
4. At least 30% of support staff (e.g., secretarial staff, graduate assistant pool) represent racial/ethnic minority populations.

Curriculum Issues

5. The program has a required multicultural counseling course.
6. The program has one or more additional courses in the area that are required or recommended (e.g., advanced multicultural counseling research seminar, or an advanced clinical issues course).
7. Multicultural issues are integrated into all coursework. All program faculty can specify how this is done in their courses. Furthermore, syllabi clearly reflect multicultural inclusion.
8. A diversity of teaching strategies and procedures are employed in the classroom. For example, both cooperative learning and individual achievement approaches are utilized.

9. Varied assessment methods are used to evaluate student performance and learning. For example, students complete both written assignments and oral presentations.

Counseling Practice and Supervision

10. Students are exposed to a multicultural clientele during field work. At least 30% of clients seen by students are non-White.
11. Multicultural issues are considered an important component of clinical supervision whether the supervision is conducted by program faculty or on-site supervisors. The program has a mechanism to monitor the quality of field supervision.
12. The program has an active "Multicultural Affairs Committee" composed of faculty and students. The committee provides leadership and support to the program with regard to multicultural issues.

Research Considerations

13. The program has a faculty member whose primary research interest is in multicultural issues.

14. There is clear faculty research productivity in multicultural issues. This is evidenced by faculty journal publications and conference presentations on multicultural issues.

15. Students are actively mentored in multicultural research. This is evidenced by student-faculty co-authored work on multicultural issues and completed dissertations on these issues.

16. Diverse research methodologies are apparent in faculty and student research. Both quantitative and qualitative research methods are utilized.

Student and Faculty Competency Evaluation

17. One component of students' yearly (and end of program) evaluations is their sensitivity to and knowledge of multicultural issues. The program has a mechanism for assessing this competency (e.g., relevant questions are included on student evaluation forms).
18. One component of faculty teaching evaluations is the ability to integrate multicultural issues into the course. Faculty are also assessed on their ability to make all students, regardless of cultural background, feel equally comfortable in class. The program has a mechanism to assess this competency (e.g., questions on student evaluations of professors).
19. Multicultural issues are reflected in comprehensive examinations completed by students.

20. The program incorporates a reliable and valid paper-and-pencil or behavioral assessment of student multicultural competency at some point in the program.

Physical Environment

21. The physical surroundings of the Program Area reflect an appreciation of cultural diversity. (For example, art work [posters, paintings] is multicultural in nature and readily visible to students, staff, faculty, and visitors upon entering the Program Area, faculty offices, etc.)

22. There is a "Multicultural Resource Center" of some form in the Program Area (or within the Department or Academic Unit) where students can convene. Cultural diversity is reflected in the decor of the room and in the resources available (e.g., books, journals, films, etc.).

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