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**MULTICULTURAL COUNSELING COMPETENCE AS A FUNCTION OF  
MULTICULTURAL COUNSELING TRAINING IN DOCTORAL  
COUNSELING PSYCHOLOGY PROGRAMS**

**A Dissertation**

**Submitted to the Graduate School**

**of**

**Tennessee State University**

**in**

**Partial Fulfillment of the Requirements**

**for the Degree of**

**Doctor of Philosophy**

**Sonia Campos Beck**

**December 2001**

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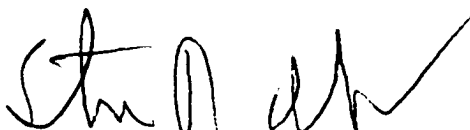
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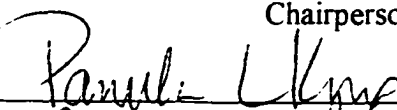
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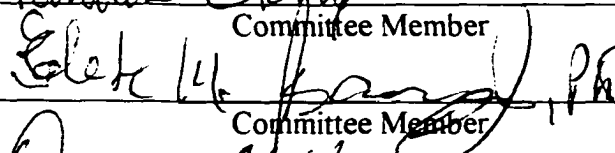
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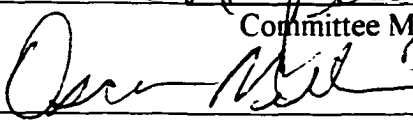
To the Graduate School:

We are submitting a dissertation by Sonia Campos Beck entitled "Multicultural Counseling Competence as a Function of Multicultural Counseling Training in Doctoral Counseling Psychology Programs". We recommend that it be accepted in partial fulfillment of the requirements for the degree, Doctor of Philosophy in Counseling Psychology.

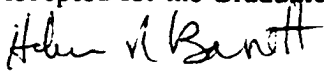
  
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## ABSTRACT

**SONIA CAMPOS BECK. Multicultural Counseling Competence as a Function of Multicultural Counseling Training in Doctoral Counseling Psychology Programs (under the direction of Dr. STEVEN OLIVAS).**

The present study investigates the level of self-reported multicultural counseling competence among pre-internship level doctoral counseling psychology students as a function of level of multicultural counseling training in their respective APA accredited academic programs. A random sample of 400 students from across the nation was asked to participate in the study. Ninety two participants completed a demographic sheet, the Multicultural Counseling Inventory (Sodowsky et al., 1994), and the Multicultural Counseling Competency Checklist (Ponterotto et al., 1995). The results obtained by the two instruments were analyzed to determine whether there is a correlation between level of self-reported multicultural counseling competence and level of multicultural counseling training provided by academic programs. In addition, the effect of level of training on both overall competence as well as the separate domains of competence was examined. It was hypothesized that there is a strong positive correlation between training and competence, that higher levels of training have a significant effect on overall competence, and that level of training affects separate domains of competence differently. Contrary to what was expected, results showed no significant correlation or effects. These results are discussed along with possible reasons for the unexpected findings.

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## CHAPTER I

### INTRODUCTION

As the United States population changes demographically, with the number of ethnic minorities growing at a fast pace, the field of psychology, along with other fields (i.e. legal, medical, educational), is faced with the task of making the necessary adjustments to accommodate the special needs of minority populations. The United States Bureau of the Census (2000) has projected that by the year 2050, the population will be composed of 24.3% Latinos, 13.2% African Americans, 8.9 % Asian/ Pacific Islanders, and .8% American Indians. Currently, the figures show a population of 11.9% Latinos, 12.2% African Americans, 3.8% Asian/ Pacific Islanders, and .7% American Indians. This means that close to half of the United States population (47.2%) will soon be composed of minorities, a change to more than double from the current percentage (18.6%).

Although mental health practitioners have been trained to use interventions designed primarily for European Americans, they are now being urged to become more inclusive and responsive to the mental health needs of minorities. This has given rise to the multicultural movement in counseling psychology, which has been reflected in the literature for the past four decades. As a result of this movement, Multicultural Counseling has emerged as what has been coined a “fourth force” in psychology (Pederson, 1991), with the first three forces being Psychodynamic, Behavioristic and

Humanistic, respectively. A summary of the history of Multicultural Counseling will be described in Chapter 2.

Due to the critical need to address cultural diversity in the training of mental health professionals, several entities have responded by establishing guidelines for service providers and for the accreditation of programs. The American Psychological Association (APA) published the Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations (APA, 1993); and the Guidelines and Principles for Accreditation of Programs in Professional Psychology (APA, 1996a). The Council for Accreditation of Counseling and Related Educational Programs (CACREP, 1994) has also outlined their guidelines. The Association for Multicultural Counseling and Development (AMCD), a division of the American Counseling Association (ACA), has a Professional Standards Committee that uses the three areas of multicultural competence (Awareness, Knowledge, and Skills), described by Sue, Bernier, Durran, Feinberg, Pederson, Smith, and Vasquez-Nuttal (1982); and Sue, Arredondo, and McDavis (1992), as the basis for developing multicultural counseling competence (MCC). No longer an option, multicultural counseling training (MCT) has become a mandate for psychology programs, a mandate clearly reflected in the documents published by the aforementioned entities.

As the new millennium begins, research suggests that MCT is growing in a positive and beneficial direction as a result of these mandates. However, mental health professionals and graduate psychology students are also reporting that although they have received some MCT, they are still feeling they have not been adequately prepared by

their training programs to work with multicultural populations. These findings will also be discussed in more detail in Chapter 2. One of the barriers for MCT identified in the literature has been the lack of specificity in the guidelines. The argument for more global and all encompassing guidelines was to provide room for flexibility and creativity in their application. However, the lack of specificity has created a problem in delineating a well sequenced and uniform training across programs. Meanwhile, researchers and experts in the field continue trying to determine more specifically what it means to be multiculturally competent, how to facilitate the development of this set of competencies, and how to determine when such competencies have been achieved. Over the years, several components of MCC have been proposed, a variety of instruments to measure individuals' MCC have been developed, and more specific guidelines written to aid training programs.

The present study represents an effort to better understand the relationship between MCT and MCC and what is needed to better train future mental health professionals to work with multicultural populations. Students who believe they have not received adequate training will not feel competent working with clients from other cultures. Students' level of MCT as well as their self-perceived MCC can be assessed throughout their doctoral education, in order to ensure adequate provision of MCT and remediation for gaps in MCC. In this study, doctoral counseling psychology students nationwide from APA accredited programs, who are at the pre-internship level, were assessed regarding current levels of MCT and MCC via self-report measures. The Multicultural Competence Checklist (Ponterroto, Alexander, and Griegar, 1995) was used to assess the

level of MCT in participants' academic programs. Students were also given the Multicultural Counseling Inventory (MCI; Sodowsky, Taffe, Gutkin, & Wise, 1994). This inventory is a self-report quantitative measure of MCC. Information gathered by these two instruments was compared to previous research and used to examine whether there is a correlation between the level of MCT offered by programs and the self-perceived levels of MCC reported by their students. More specifically, this study addresses issues such as whether greater efforts at MCT by training programs are producing greater results in the self-perceived MCC of their students, whether different levels of MCT affect overall MCC, and what domains of MCC are most affected by different levels of MCT.

A strong positive correlation between level of MCT and level of MCC is hypothesized. More specifically, higher levels of MCT provided by training programs (as reflected in the checklist scores) are predicted to produce higher levels of MCC as reported by their students (and reflected in their MCI scores). Conversely, low levels of MCT in programs are predicted to be related to the low levels of MCC reported by their students.

A second hypothesis is that a significant difference would be found between overall MCC reported by students who come from programs providing high levels of MCT as opposed to students who come from programs that have not made enough efforts to include multicultural counseling as part of their training. In other words, the difference in MCC levels (as measured by MCI and reflected in overall MCI scores) between groups of students with high MCT scores and students with low MCT scores should be

statistically significant.

A third hypothesis is that each domain of MCC would be differently affected by level of MCT. Whether a training program has provided high levels or low levels of MCT should have different effects on each domain of MCC (as reflected in scores on the four subscales of the MCI: Awareness, Knowledge, Skills, and Relationship), with some of the domains being more affected than others.

One unique aspect of this study is the pairing of the MCI and the MCT checklist, which have never been used in conjunction before. Quantitative results on MCC have been correlated to demographic and background questions included by researchers in their studies, but never to another instrument that provides a quantitative measure of MCT.

## CHAPTER II

### LITERATURE REVIEW

The following chapter will focus on the issues in Multicultural Counseling regarding what it means to be multiculturally competent, how to facilitate the development of this competence, and how to determine if competence has been achieved. Before entering into this discussion, a brief summary of the history of Multicultural Counseling will be described in order to provide a context as to what has transpired in the field of psychology to bring us to the issues that we are dealing with now. With MCT being a mandate for APA accredited doctoral psychology programs and training programs incorporating MCT in their curricula, a reasonable expectation should be that students, as a result, would be developing MCC throughout their training. It should also be reasonable to expect that at some point, probably towards the last years of their training, doctoral psychology students should achieve enough competence to work with multicultural clients. The facts are that although students are reporting that MCT is taking place in their academic programs and internships, they are still feeling they are not adequately prepared to work with multicultural populations (Mintz, Bartels, and Rideout, 1995; Pope-Davis, Reynolds, Dings, and Nielson, 1995). The same sense of not having received adequate preparation is being reported by professionals who have already graduated and completed their training (Allison, Crawford, Echemendia, and Robinson, 1994; Holcomb-McCoy & Myers, 1999). Studies investigating both MCT and MCC



with students and professionals will be discussed in this chapter. Because results show that students and professionals are still reporting inadequate preparation to work with multicultural clients despite the presence of MCT in their programs, the attention has shifted to a more scrutinizing look into Multicultural Counseling training and competence. Components of MCC will be discussed first, given these components are supposed to be the domains one needs to master in order to become a multiculturally competent counselor. Next, the development of such competence throughout one's education and training will be discussed. It will be at this point that doctoral psychology programs will be examined for an assessment of what is being offered in regards to MCT for the development of such competence and its measurement. Available instruments measuring MCC will be included in the discussion.

The issues discussed in this chapter are being presented to form a theoretical basis for this dissertation and the study being conducted. If MCT is a necessity and a mandate and programs are providing MCT to their students, at some point students should feel they have achieved a level of MCC in which they feel comfortable and confident enough to provide services to multicultural clients. If the reason for inadequate preparation is not enough MCT in their training programs, then programs that are offering more training should be producing students who feel higher levels of MCC. In addition, different levels of MCT should have different effects on overall MCC as well as on separate MCC domains. Some of the domains of MCC should be more affected than others, maybe with one domain that is most affected. Knowledge about such interactions can be helpful in developing or enhancing training programs as well as in assisting students who need

improvement in specific MCC domains. The present study can add to the body of literature and make a contribution to the field of psychology in what pertains to MCC.

### The History of Multicultural Counseling

The following section presents a brief literature review of the history of Multicultural Counseling to give the reader an overview of what has transpired in the field of psychology to bring us to where we are today.

The Multicultural Counseling movement, led by researchers and scholars, evolved from the Counseling Psychology Field. In the early portion of the 20<sup>th</sup> century, the Counseling Psychology field was just a vocational and guidance movement. It was not until years later that it expanded from vocational and career guidance to incorporate psychological counseling. During the beginning years of the counseling profession, minorities faced discrimination and prejudice that kept them from having access to the professions of their choice. They were then counseled to go into professions in which they were more likely to be accepted. For this reason, there was an absence of minorities in the personnel and guidance movement. Minorities did not hold key positions within the American Personnel and Guidance Association (APGA) and did not participate in the writing of its laws and establishment of its principles. For the same reason, the rising of the Multicultural Counseling movement was delayed in history and minorities had no part in building the foundation of the counseling profession (Jackson, 1995).

A movement toward integration in American society began after the desegregation laws were passed in the 1950's. It was also during this time (in 1952) that the APGA was officially established. Assimilating minorities into the mainstream was a main goal in

counseling. Nevertheless, this goal of assimilation never fully materialized in the United States which never became a melting pot for a large portion of the minority population. The use of theories and techniques by counselors that clashed with the cultural background of the minority clients was clearly a problem (Jackson, 1995). The history of the Multicultural Counseling movement is traced back to the 1950's, when the needs of African Americans were addressed in five articles published in the Personnel and Guidance Journal (Abreu & Atkinson, 2000). It was also in the 1950's that the Journal of Clinical Psychology published articles that included multicultural themes, and questioned the kind of relationship a majority group therapist and a minority client could have (Jackson, 1995). The civil rights movement of the 1960's brought minority concerns to the forefront. The counseling profession had to become more responsive to diversity given they had not been observing their own philosophy of "guidance for all" and the number of multicultural counselors grew in the profession. Many articles were written discussing the need of attending to multicultural counseling issues. A petition was made to the APGA in 1969 to establish an Office of Non-White Concerns (ANWC). Also in the late 1960's (in 1968 to be exact), three people of color were elected to the APGA board of directors and the Association of Black Psychologists was established. In the 1970's interest in Multicultural Counseling developed and research and articles followed on the subject. The Association of Psychologists Por La Raza ("for the race" in Spanish) was established in 1970, the Asian American Psychological Association was established in 1972, and the Society of Indian Psychologists was established in 1975. The term "minority" also expanded in meaning to include other groups suffering discrimination

and oppression. The first person of color (Thelma Daley) was elected president of the APGA and served from 1975 to 1976. After many years of being urged to endorse the interests of minorities, APA finally did so in the Vail conference of 1973. The need to address cultural diversity in the training of psychologists was recognized by APA, who defined cultural competence as a matter of ethical practice (Abreu & Atkinson, 2000). APA also established the Office of Ethnic Minority Affairs (OEMA) in 1979. It was in the 1970's as well that the ANWC was formed, providing a place for members to express their views and concerns. The Journal of Non-White Concerns was established, thus providing minorities with the opportunity to publish on the subject of Multicultural Counseling. In the 1980's, APA established the Board of Ethnic Minority Affairs (BEMA, 1981), and the Division of Ethnic Minority Affairs (Division 45, 1986). These two organizations and OEMA were key in the promotion of MCT, and the ensuing mandates codified in APA's Accreditation Handbook in 1986 (Abreu and Atkinson, 2000). APGA changed its name to American Association for Counseling and Development (AACD) in 1983 (changing its name again to American Counseling Association in 1992), and the ANWC changed its name to Association of Multicultural Counseling and Development in 1985. According to Jackson (1995), the specialty of Multicultural Counseling had its greatest growth in the 1980's and it has not stopped growing since. Born in the 1950's as a movement out of what is now the Counseling Psychology field, Multicultural Counseling has become a fourth force in Psychology.

Multicultural Competencies

In 1982, at the height of the Multicultural Counseling movement, Sue et al.

published a position paper initiating concern for establishing the necessary components that make up a multiculturally competent counselor. Sue et al. (1982) listed several characteristics with a focus on awareness of self and others, sensitivity, general counseling knowledge, knowledge of certain cultural groups as different from one's own group, and skill at verbal and non-verbal communication. These characteristics were further broken down into four descriptors of beliefs and attitudes (Awareness), three descriptors of skills (Skills), and three knowledge descriptors (Knowledge). Sue et al. (1992), later revised these competencies to include 9 proposed attitudes and beliefs (Awareness), 11 knowledge components (Knowledge), and 11 skills (Skills), in a total of 31 competencies of a multiculturally competent counselor. The definition of these three components or MCC domains (Awareness, Knowledge, and Skills) are as follows: Awareness refers to the counselor's awareness of their own assumptions and biases; Knowledge is defined as understanding the worldview of the culturally different client; and Skills refers to developing appropriate counselor interventions, strategies, and techniques. This three dimensional model of MCC with its 31 descriptors is outlined in Table 1 (p. 12).

Holcomb-McCoy (2000) criticizes the use of Sue et al.'s (1992) three-dimensional model as a guide to train multiculturally competent counselors. She mentions the lack of support for the three-dimensional model in previous factor analytic work done on various measures of multicultural counseling competencies. As examples, she included Sadowsky et al's (1994) model from their factor analysis of the MCI where they found a fourth component (Relationship); LaFramboise, Coleman, and Hernandez' (1991) three

Table 1 Multicultural Counseling Competencies (Sue et al., 1992)

	Counselor's Awareness of Own Assumptions, Values, and Bias	Understanding the Worldview of the Culturally Different Clients	Developing Appropriate Counselor Interventions Strategies and Techniques
Beliefs	<ol style="list-style-type: none"> <li>1. culturally self-aware</li> <li>2. aware of biases' influence</li> <li>3. realize personal limitations</li> <li>4. comfortable with client's racial, ethnic, cultural, and belief differences.</li> </ol>	<ol style="list-style-type: none"> <li>1. contrast own beliefs with client's in nonjudgmental fashion</li> <li>2. aware of stereotypes and preconceived notions about the different ways of racial and ethnic minority groups</li> </ol>	<ol style="list-style-type: none"> <li>1. respect client's religious or spiritual beliefs</li> <li>2. respect indigenous practices and networks</li> <li>3. value bilingualism</li> </ol>
Knowledge	<ol style="list-style-type: none"> <li>1. how counselor heritage affects definitions of normality and abnormality</li> <li>2. how oppression, racism, discrimination, and stereotypes affect counselor work, allowing counselor to acknowledge individual racism</li> <li>3. how counselor's social impact and communication style differences affect clients and how to anticipate their impact</li> </ol>	<ol style="list-style-type: none"> <li>1. have information of particular group one is working with</li> <li>2. culture's effect on personality, choices, and preferences for counseling approaches</li> <li>3. sociopolitical influences that impinge on minority life</li> </ol>	<ol style="list-style-type: none"> <li>1. how generic counseling skills may clash with cultural systems</li> <li>2. how institutional barriers hinder minority usage of mental health services</li> <li>3. potential bias in assessment instruments</li> <li>4. minority family structure hierarchies, values, and beliefs</li> <li>5. discriminatory practices in society</li> </ol>
Skills	<ol style="list-style-type: none"> <li>1. seek out educational, consultative, and training experience to enrich understanding of culturally different populations, recognizing the limitations of your competencies</li> <li>2. understand self as racial and cultural being and actively seek a nonracist identity</li> </ol>	<ol style="list-style-type: none"> <li>1. understand relevant research and latest findings on cross-cultural mental health issues, disorders, and service</li> <li>2. become actively involved with minorities outside the counseling setting so one's perspective is more than an academic or helping exercise</li> </ol>	<ol style="list-style-type: none"> <li>1. able to engage in a variety of verbal and nonverbal responses</li> <li>2. able to exercise institutional intervention skills on behalf of client</li> <li>3. consult with traditional healers or religious leaders</li> <li>4. interact in client's language</li> <li>5. aware of cultural assessment limitations and testing instruments</li> <li>6. seek to eliminate biases prejudice, and discriminatory practices</li> <li>7. educate clients in goals, expectations, rights, and counselor orientation.</li> </ol>

factor model from their development of the Cross-Cultural Counseling Inventory-Revised (CCI-R; factors found were: cross-cultural counseling skill, sociopolitical awareness, and cultural sensitivity); and Ponterroto, Rieger, Barrett, Harris, Sparks, Sanchez, and Magids' (1996) factors from when they developed their Multicultural Counseling Awareness Scale-Form B: Revised Self-Assessment (MCAS:B; factors are awareness, knowledge/skills, and social desirability). These various factors and their sources are summarized in Table 2. Holcomb-McCoy (2000) also mentions that there are

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Table 2 Multicultural Competence Factors Based on Factor Analysis

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La Framboise et al. (1991)	Sodowsky et al. (1994)	Ponterotto et al. (1996)	Holcomb-McCoy (2000)
Sociopolitical Awareness	Awareness	Awareness	Awareness
Cultural Sensitivity	Knowledge	Knowledge-Skills	Knowledge
Cross-Cultural Counseling Skills	Skills	Social Desirability	Skills
	Relationship		Racial Identity Development
			Multicultural Terminology

---

other perspectives regarding multicultural competence besides Sue et al.'s (1982) three-

dimensional framework. She mentions Pope-Davis et al. (1994); and Ridley, Mendonza, Kanitz, Angermeier, and Zenk (1994) as examples. Pope-Davis et al. (1994) suggested that competence comes from appreciation and sensitivity regarding the history, current needs, strengths, and resources of communities and individuals who have been underserved and underrepresented historically. Ridley et al. (1994) proposed a model that is based on perceptual schema theory, describing as “competent” counselors that are able to acquire, develop, and actively use an accurate perceptual schema while providing multicultural counseling. Holcomb-McCoy (2000) conducted her own factor analysis with a survey that was developed based on the Association for Multicultural Counseling and Development’s (AMCD) Multicultural Competencies and Explanatory Statements, which in turn was developed based on Sue’s (1982) three-dimensional model (Knowledge, Awareness, and Skills). She used an exploratory factor analysis to determine the underlying factors of the multicultural competence items, with the hypothesis that Sue’s three factors would emerge. Her survey was completed by 151 professional counselors who were members of the American Counseling Association. Her results revealed five multicultural competency factors. She found that besides awareness, knowledge, and skills; racial identity development and multicultural terminology were significant factors. She added that these factors were independent and should not be subsumed under the original dimensions. Holcomb-McCoy (2000) concluded that her finding was critical to the preparation of multicultural competent counselors, in that current training may be limited given it is based on only three multicultural competency components.



Because the present author used the MCC scale developed by Sadowsky, Taffe, Gutkin, and Wise (MCI, 1994) in the present investigation, their work will be discussed in more detail than the work of others throughout the present paper. This particular MCC assessment instrument was selected for the present study because of its “adequate” reliability and “superior” validity evidence as compared to the other MCC instruments available (Pope-Davis & Dings, 1995, p. 292). As Sadowsky et al. (1994) developed the Multicultural Counseling Inventory (MCI), a self-report multicultural competencies measure, they found three factors that were comparable to and thus supported in substance the three competency areas defined by Sue et al. (1992). However, they also found sufficient evidence for the existence of a fourth factor (Relationship). This fourth factor was described as the ability to develop a therapeutic relationship with the minority client. Sadowsky et al.’s (1994) four competency areas (Awareness, Knowledge, Skills, and Relationship) with their respective descriptors, some of which are slightly different from Sue et al.(1992), are outlined in Table 3. Sadowsky et al. (1994) believed that multicultural training was limited, in that it was assumed that acquiring knowledge and skills was sufficient to be a multiculturally competent counselor. These authors added that examining the impact and dynamics of a counselor’s racial and cultural attitudes in the therapeutic relationship between counselor and client was an important factor that needed to be included.

Presently, there are four instruments available to measure MCC. These are: the Multicultural Awareness-Knowledge-Skills Survey (MAKSS; D’Andrea, Daniels, and Heck, 1991), the Multicultural Counseling Inventory (MCI; Sadowsky et al., 1994), the

Table 3 Multicultural Counseling Competencies (Sodowsky et al., 1994)

Multicultural Counseling Skills	Multicultural Awareness	Multicultural Counseling Relationship	Multicultural Counseling Knowledge
Specific multicultural counseling skills	Proactive multicultural sensitivity and responsiveness	Client mistrust because of racial differences	Culturally relevant case conceptualization and treatment strategies
General counseling skills	Advocacy within institutions	Counselor comfort level with minority clients	Keeping concurrent with literature and research
Use of nontraditional assessment methods	Extensive multicultural interactions and life experiences	Counselor's counter-transference and defensive reactions	Having information about sociocultural factors of different minority groups
Counselor self-monitoring	Problem solving in unfamiliar setting	Stereotypes in counselor conceptualization of client	Innovative conceptualization and treatment
Tailoring therapy to the needs of the client	Enjoyment of multiculturalism	Counselor acceptance of diverse worldviews and styles of communication, enhancing counseling process	Examination of cultural biases
Retention of minority clients	Increased minority caseload	Making non-normative comparisons	Being abreast of current issues
Understanding own philosophy	Working understanding of major racial, ethnic, and cultural minority groups	Counselor self-examination	Considering heterogeneity of a minority group
Differentiated use of structured and nonstructured therapy	Understanding of immigrant legalities		Informed referrals and consultation
	Familiarity with nonstandard English		Self-monitoring and self-correction
	Seek consultation, workshops, and training		Application of sociopolitical history
			Assessing client's acculturation adaptation.

Multicultural Counseling Awareness Scale (MCAS-B; Ponterotto, Rieger, Barrett, Harris, and Sparks, 1994; Ponterotto, Rieger, Barrett, Harris, Sparks, Sanchez, and Magids, 1996), and the Cross-Cultural Counseling Inventory (CCCI; Hernandez & LaFramboise, 1985; CCCI-R; La Framboise, Coleman, and Hernandez, 1991). The CCCI-R is a single factor scale that provides a global measure of MCC. Because the CCCI-R was designed for evaluation of counselors by their supervisors, it was not considered for the present study. The other three instruments are self-report measures. The MAKSS is a 60-item instrument that has three scales with 20 items each, and eight extra questions for the collection of demographic data. The three subscales measure the MCC domains of Awareness, Knowledge, and Skills on a four-point rating system. Reliability was evaluated as “adequate” and validity “minimal” for this instrument (Pope-Davis & Dings, 1995, p. 292). The MCAS-B has 14 items under the domain of Awareness, and 28 items on Knowledge/Skills to be rated on a seven-point scale. It also has three Social-Social Desirability items that may invalidate the results of the questionnaire (“dummy” items meant to check whether the respondent answers items in a manner that indicates a tendency to try to appear in a favorable light). This instrument has been evaluated as having “adequate” reliability and “approaching adequacy for one scale, little for the other” on validity (Pope-Davis & Dings, 1995, p. 292). The MCI (Sodowsky et al., 1994) is a 40 item questionnaire that has four subscales and uses a four-point rating scale for the responses. These subscales cover the MCC domains of Awareness (10 items), Knowledge (11 items), Skills (11 items), and Relationship (8 items). The MCI’s “adequate” reliability and “superior” validity values are discussed in depth in Chapter 3.

As the reader can see, determining what it means to be multiculturally competent and how to know when such competence has been achieved is still open to debate. The most important component proposals have been discussed in the previous section as well as the available assessment instruments that measure when such competence has been achieved. It is noted that although there have been other proposals and other components have been added, the original components described by Sue et al. (1982, 1992) still dominate the literature. The next section is a discussion of the status of MCT in training programs: what programs are offering for the development of MCC as well as how their students are faring in the achievement of MCC.

#### Multicultural Counseling Training at Doctoral Psychology Programs

Abreu and Atkinson (2000) state that evidence suggests that mandates promoting MCT affected clinical training in the desired direction. Only a few programs offered Multicultural Counseling courses in the 1970's. In the 1980's, approximately 41% of clinical psychology training programs offered such courses although only 9% of them required their completion for graduation. In the early 1990's, 62% of clinical psychology programs offered multicultural course work and 26% of them required these courses for graduation. Eighty seven percent of counseling psychology programs offered a minimum of one diversity related course and 59% of these programs required that their students complete at least one multicultural class. By the late 1990's, 89% of doctoral counseling psychology and counselor education programs surveyed by Ponterotto (1997) responded that they required a multicultural course. Studies examining aspects of MCT and MCC in doctoral psychology programs during the mid to late 1990's will be discussed in the

following paragraphs.

Mintz et al. (1995) conducted a survey with psychology interns nationwide to assess their perceptions of the training they had received in multicultural counseling, examine differences in training across programs and internships, and determine whether there were ethnicity based differences in resources available during their training. Respondents were 268 predoctoral interns from a variety of ethnic backgrounds; clinical, counseling and other related programs; APA and non APA accredited programs and internship sites, and different type internship settings. Results revealed that the majority of the respondents rated their multicultural counseling training as “mediocre”. The majority did not have a course in multicultural counseling and reported that such a course was not required. They also reported that a large percentage of practicum and assessment courses did not include modules on multicultural issues and other core courses did not include this coverage. The majority of the students reported that their comprehensive examinations did not cover multicultural issues. Although the majority of the respondents saw ethnic minority clients, only a minority of the sampled students received direct training in multicultural counseling. Respondents of races other than White were more likely to receive encouragement to examine their own biases relating to ethnicity. Mintz et al. (1995) found noteworthy of mention that there were no differences in perception of preparation to work with other races between White and non-White respondents. Also, the majority of respondents reported that there was an “expert” on ethnic minority issues at their internship site or programs, although perhaps only interested students sought their knowledge. The majority of the respondents had role

models and over half of them had mentors, regardless of the respondent's race. On the other hand, non-White respondents were more likely to report that their mentor in graduate school was a faculty member or a supervisor at the internship site. Respondents that were conducting dissertations reported receiving the same amount of support whether their topic was on multicultural issues or not. There were no differences in training received between APA and non-APA programs and internship sites, but counseling programs and counseling center internships appeared to be providing better multicultural training than clinical programs or community mental health centers and Veteran Administration medical center internship sites. Mintz et al. (1995) caution the reader regarding their response rate of 46%, the self-report nature of their study, and the conclusions being drawn based on the questions that they asked. They conclude that although there is some good news regarding graduate training, the training received in multicultural issues is still mixed and there is a long way to go before training in multicultural issues can achieve uniformity.

Pope-Davis, Reynolds, Dings, and Nielson (1995) examined the multicultural competencies of graduate students in counseling and clinical psychology. Their sample consisted of 344 graduate students throughout the United States who completed the Multicultural Counseling Inventory (MCI), with a response rate of 67%. The MCI is a Likert-type self-report questionnaire that assesses multicultural competence in four areas: Awareness, Knowledge, Skills, and Relationship. Participants were also given a personal data sheet for demographic information. Results found counseling psychology students identified themselves as more multiculturally competent than clinical psychology

students. Counseling psychology students also reported completing an average of 1.6 multicultural courses (while clinical psychology students complete an average of 0.9), and having equal or greater amounts of experience and exposure, multicultural client hours, and multicultural supervision as compared to clinical psychology students. Ethnicity was significantly correlated with scores on Awareness and Relationship for both clinical and counseling psychology students, and with Knowledge for clinical psychology students. Increased contact with multicultural clients was more influential for counseling psychology students, and multicultural courses and supervision were valuable to clinical psychology students in reported multicultural Knowledge and Skills. Pope-Davis et al. (1995) caution about the limitations of their study such as sampling procedures, variables studied, instrument format, differing student characteristics and types of training. They conclude that although attention to multicultural issues has increased in psychology programs and within APA, students are still experiencing little exposure to multicultural issues in various formats, especially clinical psychology students.

The increased attention devoted to multicultural issues in training by counseling psychology programs around the nation has been limited to focusing on a multicultural counseling course. For this reason, researchers have tried to come up with more specific information to be used as guides in the development of MCT. For example, Ponterotto et al. (1995) developed a Multicultural Competency Checklist for counseling training programs. This checklist was developed in response to a need for guidance expressed by training directors on how to address multicultural issues besides adding multicultural

courses and recruiting more minority faculty and students. Their checklist includes 22 items covering six major themes: minority representation, curriculum issues, counseling practice and supervision, research considerations, student and faculty competency evaluation, and physical environment. These themes were taken from a theme analysis of the literature describing leading multicultural counseling programs. The authors suggest a critical mass of 30% student, faculty and staff minority representation based on previous work that determined at which point minority students feel at home in non-minority campuses. Suggestions for addressing curriculum include offering at least one required course in multicultural counseling, exposing students to a diversity of teaching methods and strategies, and using a diversity of measures for evaluating students. To help in the area of counseling practice and supervision, a critical mass of 30% minority clientele is again encouraged. Supervisors should be competent in multicultural counseling and therapy and a committee in multicultural affairs considered to oversee the program's efforts and provide support. Research in multicultural counseling should be something that faculty and students actively engage in, with openness to alternate methodologies in research. Validated multicultural counseling competency instruments should be incorporated in the progress evaluation process; as well as having multicultural issues reflected in comprehensive exams, and faculty and student ongoing evaluations. The physical environment should reflect the program's acknowledgment and appreciation of diversity and suggestions are made on how to enhance the climate in this area. Some examples are given such as having multicultural art work in visible areas and having a multicultural resource center where minority students can lounge and find multicultural



resources available. Last but not least, it is suggested that the checklist be completed not only by training directors but by program faculty as well, since they may have differing views.

Constantine, Ladany, Inman, and Ponterotto (1996) used the Multicultural Competency Checklist with counseling psychology students to assess their perception of the multicultural training in their programs. Their respondents were doctoral students from 67 APA accredited counseling psychology programs with a response rate of 33%, in a total of 168 completed surveys that were used in their analysis. Results indicated that respondents believed that competencies in the MCC were met by their programs to varying degrees. The majority reported that their program had at least one required multicultural counseling course, with 20% of the respondents indicating that their program did not have this requirement. Students also reported that their faculty used diverse teaching strategies and a variety of evaluation methods to assess performance. Eighty three percent responded that their faculty were primarily interested in multicultural research, but 90% responded that their program did not have bilingual faculty adequately represented. The majority also reported that they did not have a committee to attend to multicultural issues or a designated space for students to convene on multicultural issues. Reliable and valid assessment instruments were reportedly not used to evaluate multicultural competencies according to 75% of the respondents. About half of the respondents believed that multicultural issues were incorporated into all academic coursework. Caution is made regarding the low response rate, the potential bias from respondents possibly representing students who are more interested in multicultural

issues, and the possibility that students may not be aware of the programs efforts with multicultural issues.

Other researchers have also tried to come up with more detailed and adequately defined guidelines for training programs to use in their endeavor of training multiculturally competent psychologists. Speight, Thomas, Kennel, and Anderson (1995) attempted to operationally define multicultural training in both academic programs and internships by asking experts in the field of multicultural counseling to participate in their investigation. Their Delphi study consisted of two rounds: a first round of open-ended questions to collect qualitative data and gather a list of 10 multicultural attributes of doctoral programs and internships, and a second round to gather quantitative data by having respondents rank-order the listed multicultural criteria categories that were generated from round one. The experts were selected based on active contribution over a period of ten years to the multicultural counseling literature in the five journals most likely to publish multicultural counseling articles. Forty five panelists, out of the 91 invited, chose to participate and completed both rounds. Results showed that the expert panelists believed it was of critical importance to have a multicultural curriculum, diversity in faculty and students, and specific course content that had a broad and inclusive definition of diversity in academic programs. Diversity of clientele, a specific multicultural training program, an expressed commitment to diversity issues, and diversity of staff and supervisors were the most frequently mentioned necessary attributes for an internship site. The qualitative data showed a trend across both settings for diversity of faculty, students, supervisors and clients; as well as a

specific multicultural curriculum in the form of coursework or seminars. In terms of the quantitative analysis, “philosophy of the program” ranked highest for academic programs and “multiculturally trained staff” ranked highest for internships. Speight et al. (1995) noted that some of the items frequently mentioned in the qualitative round were ranked low in the quantitative round, and that some important items were infrequently mentioned. They explained this phenomenon as a result of the type of survey methodology that they used, whereby panelists saw better items in round two that they had not mentioned in round one and ranked them as “very important”. The authors believe that despite some limitations of their survey research, their results can provide guidance to both academic programs and internships on to how to develop effective multicultural training.

Rogers, Hoffman, and Wade (1998) conducted a study with five APA approved counseling psychology and five school psychology programs that were nominated for their reputation in MCT and reported that 90% of these programs offered a multicultural course. This study also reported that 22% of the faculty were members of a racial-ethnic minority. In addition, at least two faculty members per program were involved in multicultural teaching, and faculty were actively involved in multicultural research, routinely presented their work at national conferences, participated in multicultural committees throughout campus and believed their university training environment to be supportive of multicultural issues.

In recognition that predoctoral internship sites seem to carry the burden of providing the application of skill training and the evaluation of multicultural counseling

competence of future counselors, the next section will focus on MCT at the internship level.

### Multicultural Counseling Training at the Internship Level

Noting that internship is the primary applied experience that students receive during their doctoral training, Murphy, Wright, and Bellamy (1995) examined the amount and type of training in multicultural issues at predoctoral psychology internship training programs in university counseling center settings. Internship training directors were mailed a questionnaire developed by the authors, with 12 items on training issues and 19 items on clinical service training issues. Training directors from 53 sites participated, with a response rate of 77%. Results indicated that over 96% of the responding sites offered multicultural training, which occurred mostly in general intern seminars. Seminars focusing on multicultural topics occurred only an average of four to five hours per year and didactic presentation was the format most commonly used. Special ethnic issue seminars were less frequent, and were more likely to use case presentations, experiential exercises, and discussion along with didactic format. Over 58% of the sites that responded offered staff development programs on multicultural issues. These programs had discussion as the most common format, followed by outside speakers and didactic presentations. The most common topic of focus in all training emphasized personal and clinical self-awareness. Only three of the responding sites required that interns have ethnic clients in their caseloads. Primary supervisors were heavily relied on for supervision of work with ethnic clients. About 41% of the sites offered groups specifically for minorities, but on the average, they offered less than one ethnic

counseling group per year and intern involvement in leading such groups was low. The authors commented on how more than 97% of the training directors reported their staffs had a high to medium commitment to multicultural training, but what was actually being done in this area seemed to be very little in the authors' opinions. They concluded that there seems to be room for growth and expansion in multicultural training, although they found it encouraging that internship sites reportedly include multicultural training in their programs.

Pope-Davis et al. (1994) examined the multicultural competencies of 141 doctoral interns at university internship sites throughout the country. They used the Multicultural Counseling Awareness Scale-Revised (MCAS; Ponterotto et al., 1996) to measure knowledge-skills and awareness, and a demographic questionnaire. They found that educational variables such as supervision, multicultural workshops, and coursework were predictive of self-reported multicultural competencies in Knowledge-Skills, whereas demographic variables did not account for significant variances in multicultural competencies. Because these variables appeared to account for distinct components of competency, the authors concluded that each of the educational experiences included as variables in their study made measurable contributions to reported high levels of multicultural skills and knowledge. Of the educational variables considered, only supervision correlated with Awareness, albeit that it only accounted for 3% of the variance found. Pope-Davis et al. (1994) wondered if the MCAS is not an accurate measure of multicultural awareness developed from educational experience or if perhaps awareness is a more individually based variable that requires more explicit attention on

the part of the trainers. They also suggested that future research examine competence by observational methods in addition to self-report measures.

In a more recent study, Lee, Chalk, Conner, Kawasaki, Jannetti, LaRue, and Rodolfa (1999) mailed out a survey to university counseling internship site training directors to evaluate the current status of such training. The results reported in their study were based on the responses provided by 50 respondents. This sample was representative of states from all regions of the country, regarding ratio of APA and non-APA accredited sites, male to female director ratio, as well as diversity percentage in staff, interns and clients. Lee et al.'s (1999) degree based Likert-type-scale survey included demographic questions, emphasis on different components of multicultural training (MCT), methods of evaluation of intern competency and intern evaluation of MCT, and barriers to MCT along with suggested methods of improvement. According to the responses, most MCT is coming from seminars in multicultural counseling and encouragement for integration of multicultural issues into supervision. Emphasis is strong on the self-awareness component of multicultural competency and the preferred treatment model is general and applicable to all populations rather than a culture-specific model. Most of the interns' multicultural competency evaluation is derived from the subjective report of supervisors, rather than objective measures of competency. Feedback regarding intern's competencies is primarily provided by supervisors. Evaluation of MCT by interns is gathered from meetings with primary supervisors, written program evaluations, meetings with training directors and during seminars. Training directors in return made changes as needed in their MCT based on intern evaluations; such as increasing the number of

seminars, adding relevant readings to training, and providing training in specific models of multicultural counseling. The biggest barriers to effective MCT are reportedly lack of staff and client diversity. In summary, Lee et al. (1999) found that MCT is being conducted at the predoctoral internship level but that the degree of emphasis on MCT components varies. They caution that only about half of the total sample responded to the survey, adding that although this is a typical survey return rate and some respondents were honest about doing nothing with interns' feedback, the directors that responded may be more invested in MCT than those who did not. They also cautioned that the survey was conducted with training directors rather than including interns as well, therefore possibly biasing the results in a positive direction.

Constantine and Gloria (1999) conducted a study to examine the extent to which predoctoral internship programs are addressing multicultural issues to the applied training of future counselors and psychologists. Their study covered a variety of settings including university counseling centers, community mental health centers, Veteran's Administration medical centers, correction facilities and different types of hospitals, among others. Internship training directors (ITDs), given that they are responsible for the training experience of their interns, were mailed a Likert-type scale survey with 25 multicultural statements. Two hundred and ninety seven returned questionnaires (59% response rate) were used to gather and analyze the reported data. Respondents reported attending to multicultural issues by trying to recruit racial and ethnic minority interns, staff, and faculty; integrating multicultural issues into all curricula and experience; having interns use conceptualizations that reflect cultural sensitivity, knowledge and

skills; having a required seminar focusing on working with multicultural populations; and clinical supervision. On the other hand, they also reported that interns were not required to have taken a multicultural course before the internship; they had less than 30% total of racial minority interns, staff, and faculty; less than 30% bilingual staff and faculty; no required number or percentage of minority clients in intern caseloads; no valid or reliable assessment method of measuring intern multicultural competency; no clear productivity of multicultural research among staff and faculty; and no active committee to support and lead in multicultural issues. They found that university counseling centers reported significantly greater attention to multicultural issues, that female ITDs also reported significantly greater attention to these issues than males, and that programs with higher number of minority staff and faculty reported significant higher levels of attention to multicultural issues. They caution that respondents may be biased in that they may have more interest in multicultural issues than those who did not respond. They also caution that respondents may have provided responses that are socially desirable, and that responses may not reflect the opinion of other employees or interns.

Internship sites seem to be where future psychologists are receiving the bulk of their training on how to work with diverse clients. From the variety of internship settings available to interns, it seems that university counseling centers are providing more in terms of MCT, whether the site is APA accredited or not. Nevertheless, when one examines the training offered at university counseling centers, it appears that although MCT is being conducted, there are still many areas for growth and improvement in such training. The next section will focus on professionals who have come out of training



programs and are working in the field. They are in the position to make an appraisal of how prepared they were to work with multicultural populations in their respective jobs after the completion of their degrees.

#### Multicultural Counseling Competence at the Professional Level

Allison et al. (1994) examined the training and work experience of 266 recent recipients of Ph.D degrees in counseling and clinical psychology. Their survey focused on self-perceived competence in providing services to diverse clients, exploring variables related to their self-perceived competence, and identifying characteristics of those who provide therapy services to diverse populations. The authors used a 48-item Likert-type scale questionnaire that they developed with individuals from a variety of employment settings. Their findings revealed a wide range of self-reported competence in providing services to diverse client groups, with only a small percentage of respondents reporting perceived high levels of competence. The number of training cases with individuals from specific diversity groups was the best predictor of self-rated competence. The study also suggested that there is an association between the current number of diverse clients seen by the therapist and self-rated competence, implying that some therapists may be gaining their competence through professional work experience with particular client groups. A small number of respondents reported not feeling competent to work with specific client groups but doing so anyway, which was concerning given this constitutes unethical practice. Allison et al. (1994) caution about the self-report nature of their questionnaire, which may bias results to underestimate the number of individuals who are providing services to diverse client groups but who may not be competent to work with this

population. They conclude that although psychologists have taken steps to improve their competence in providing services to diverse populations, there is still work left to be done in order to meet APA guidelines for working with such populations.

Five years later, in a national survey, Holcomb-McCoy and Myers (1999) reported on the perceptions of practicing professional counselors of their multicultural competence and the adequacy of their pre- and in-service professional preparation. They had a 30% return rate of response on their 31-item survey with a sample of 500 professional counselors. Their sample included both masters and doctoral degree respondents, and was stratified by both ethnic background and recency of graduation. Results suggested that as a group, professional counselors perceived themselves as multiculturally competent. They found five dimensions in multicultural competencies: awareness, knowledge, skills, racial identity development, and definitions, rather than just the expected first three competency areas that are comparable to Sue et al.'s (1982, 1992). Of these five dimensions, professional counselors appeared to feel most competent on awareness, skills, and definitions, suggesting that they were most knowledgeable about their own personal worldview and less knowledgeable about their clients' cultures. They also seemed to find their graduate multicultural counseling training less than adequate. The most adequate part of their training seemed to be in defining terms and cultural awareness. Holcomb-McCoy and Myers (1999) concluded that these results seemed to suggest that counselors are acquiring their competence post degree in working with multicultural clients instead of during their training in graduate school.

Given that being a multiculturally competent counselor is a matter of ethical practice,

the previous studies leave one with the conclusion that much work is left ahead in regards to multicultural training, especially considering the growing multicultural population that is expected to reach numbers approximating almost half of the entire nation's population by the year 2050. Despite its late birth, the Multicultural Counseling Movement has made significant progress in a positive direction and taken giant strides to reach the place it is in today, 50 years later. Multicultural Counseling is now in a phase of intensification and refinement, and the literature abounds with research on a variety of important issues relating to Multicultural Counseling. As a contribution to the refinement process, the present study investigated important issues revolving around the training portion of Multicultural Counseling. Questions such as whether more training brings about more competence, whether the competence level of students who receive more training is distinguishably greater than the competence level of students that receive less training, and what domains of competence are most affected by training were entertained in this investigation. The next chapter is a discussion of how these questions were investigated and tested.

## CHAPTER III

### METHODS

#### Participants

Doctoral counseling psychology students from APA accredited programs, at the pre-internship academic level were the population targeted for this study. Students were not excluded based on whether or not they have been accepted to an internship site for the internship year of 2001. This particular population was selected because students at this academic level should be completing or be about to complete their course work and their practicum. In order to respond to the questions on the two instruments being used, students needed to be able to evaluate both the academic training and the practical training they have received, and these students were in a position to make this evaluation.

A list of all APA accredited doctoral Counseling Psychology programs was obtained from the APA website. In addition, a list of the same programs with their respective training directors' names was obtained from the training director of the investigator's program. The two lists were cross checked for current APA accreditation status. A total of 73 programs were included in this survey project. The respective program directors received a package containing four to five survey packets to be distributed to their students meeting the participant criteria. A total of 300 survey packets were sent to training directors in the Spring of 2001. Setting power at .80, at the significance level for

a Pearson correlation analysis with a small effect size of .25, a total sample of 94 students was required. Because the first mailing round of research surveys only yielded 78 completed responses, a second mailing was necessary in the late Summer of 2001. Thirty randomly selected programs out of the same list received another 100 survey packets to be distributed to target students. The second round yielded 12 responses. The response rate for this study was considerably low, with a total of 92 complete responses out of the 400 surveys sent. More specifically, this constituted a 22.5% response rate.

The participant demographic distribution described in this paragraph is summarized on Table 4 (p.36). Out of the total number of participants, there were 75 females (81.5%) and 17 males (18.5%). The mean age was 32.01 with a standard deviation of 7.79. There were 3 African American (3.3%) participants, 5 Asian/Pacific Islanders (5.4%), 64 Caucasians (69.6%), 6 Hispanics (6.5%), 9 participants who were biracial (9.8%), and 5 who identified themselves as "other" (5.4%). Participants reported a mean number of 1.76 multicultural courses taken, with a standard deviation of 2.10. The mean number of multicultural clients seen was 50.82, with a standard deviation of 91.29. The mean number of multicultural supervisors was 1.84, with a standard deviation of 1.06. The breakdown of supervisors' background is as follows: Thirty three (35.9%) participants reported not having had an African American supervisor, whereas 36 (39.1%) reported having had a supervisor of this background, and 5 participants (5.4%) did not respond to this question. There were 53 participants (57.6%) who never had an Asian/ Pacific Islander supervisor, while 16 (17.4%) reported that they had, and 23 (25%) did not respond to this item. Fifty one participants (55.4%) responded that they had not had a

Table 4. Participant Demographic Distribution

	N	Percentage	Mean	SD	Range
Age	92	-	32.01	7.79	49
Multicultural Courses	91	-	1.76	2.10	20
Multicultural Clients	82	-	50.82	91.29	499
Multicultural Supervisors	56	-	1.84	1.06	5
Women	75	81.5			
Men	17	18.5			
African American	3	3.3			
Asian/Pacific Isl.	5	5.4			
Caucasian	64	69.6			
Hispanic	6	6.5			
Native American	0	0.0			
Other Race	5	5.4			
Biracial	9	9.8			
No Multicultural Supervisor	19	20.7			
Had Multicultural Supervisor	68	73.9			
Did Not Use Multicultural Opportunities	10	10.9			
Used Multicultural Opportunities	81	88.0			

Caucasian supervisor, (where the category Caucasian was supposed to mean that the Caucasian supervisor was multicultural in relation to the participant's race/ethnic background). There were 18 participants (19.6%) who responded that they had a Caucasian supervisor and 23 (25%) who left this item blank. There were 48 (52.2%) participants who reported not having had a Hispanic supervisor, 21 (22.8%) who responded that they had, and 23 (25%) who did not respond. Sixty five participants (70.7%) never had a Native American supervisor, 4 participants (5.8%) reported that they did, and 23 (25%) did not respond. Nine participants (9.8%) responded that they had a multicultural supervisor of a background other than the ones outlined in the demographic sheet. The number of respondents in the "multicultural supervisor" section of the questionnaire is discrepant from the total number of participants because there were students who checked that they had a multicultural supervisor but did not specify the supervisor's racial background. Of the total group of 92 participants, 81 (88%) reported taking advantage of multicultural opportunities available in their program, whereas 10 participants (10.9%) admitted that they did not, and one did not respond (1.1%).

### Instruments

Two instruments were used in this investigation, along with a demographic sheet. One instrument was the MCI (Sodowsky et al., 1994), a self-report questionnaire assessing MCC (Appendix A). This instrument has a total of 40 statements covering counseling practices in multicultural counseling. The respondents indicated how accurately each statement described them as a counselor on a Likert scale, rating themselves among four choices: 1 (very inaccurate), 2 (somewhat inaccurate), 3

(somewhat accurate), and 4 (very accurate). The total score on the instrument, obtained by adding item points, yields an overall MCC score. The MCI also provides scores on four separate subscales representing the four domains of MCC (Skills, Awareness, Relationship, and Knowledge). Subscale scores are obtained by adding the items specific to each subscale, with higher scores indicating higher levels of MCC in each domain. There are 11 items covering multicultural counseling skills, 10 items on multicultural counseling awareness, 8 items on multicultural counseling relationship, and 11 multicultural counseling knowledge. The MCI was developed through exploratory factor analysis, confirmatory analysis, and tests of internal consistency. According to Sodowsky, Kuo-Jackson, Richardson, and Corey (1998), the MCI full scale has shown a mean Cronbach alpha of .87. The mean Cronbach alphas for the subscales are: .80 for Skills, .78 for Awareness, .68 for Relationship, and .77 for Knowledge. The mean interscale correlations are .34 for Skills, .30 for Awareness, .27 for Relationship, and .32 for Knowledge. These findings were derived from a series of studies summarized by the authors. Validity-related evidence gathered from Pope-Davis and Dings (1995, pp. 298-300) is as follows: 75% to 100% of raters agreed with the names selected for the four dimensions and 100% agreed that the content covered was adequate and representative for each domain. Raters who had completed multicultural lectures and reading tried to discern between multiculturally competent versus multiculturally discrepant counselors and were able to do so yielding results showing significant differences in the expected direction at the  $p < .001$  level for the MANOVA and ANOVAs on each scale and the total scale. A further study using the pre-test-post-test approach found significant



increases in discernment at the .005 level for the total scale and all other scales except Relationship. Discriminant validity was assessed by comparing participants who did more than 50% of their work in multicultural services versus those who did less. MANOVA results were significant at  $p < .001$ . ANOVAs were significant on the total scale ( $p < .001$ ), Awareness scale ( $p < .001$ ), and Relationship scale ( $p < .02$ ). The Skills and Knowledge scales approached but did not meet statistical significance at the .05 level. Factor stability data yielded “favorable” results for factor congruence and for confirmatory factor analysis, with a four-factor, oblique solution yielding a goodness-of-fit index of .84. The MCI can be considered “strong” in a criterion-referenced context, in that averaged scale scores yield “results ranging from 1.0 to 4.0 that can be referenced by each point of the scale employed.” As far as construct-related evidence validity, the instrument was evaluated as “adequate” and “favorable” by the authors; content-related evidence was considered “good for an instrument of its type”; and criterion-related evidence of validity was evaluated as “mostly favorable.” The MCI was selected for the present study because it was rated as having adequate reliability and superior validity as compared to the only other two self-report instruments available measuring MCC (Pope-Davis & Dings, 1995, p. 292). Another positive point of the MCI scale is that its items focus more directly on behaviors than attitudes compared to the other instruments.

The second instrument used in this study was the Multicultural Competency Checklist (Ponterotto et al., 1995). This questionnaire (Appendix B) has 22 items organized along six major themes: minority representation, curriculum issues, counseling practice and supervision, research considerations, student and faculty competency evaluation, and

physical environment. The respondents indicated whether their programs have either met or not met the criteria stated in each item. Although this checklist is meant for training directors and faculty members, it can also be answered by students, who can provide their assessment of the extent to which their programs have met the multicultural competencies of the checklist. Their responses will yield a total number of met and unmet items that can be used as an overall level of MCT, as well as a number of met and unmet items in the six major competence themes. There are four items on minority representation, five items on curriculum issues, three items on counseling practice and supervision, four items on research considerations, four items on student and faculty competency evaluation, and two items on physical environment. Responses on the checklist can be looked at qualitatively as well as quantitatively. Quantitative results will be used as a measure of MCT level, with higher numbers of “met” criteria indicating greater levels of MCT. High versus low MCT levels will be determined based on levels established by the present research’s findings as well as based on levels determined by previous studies (Constantine et al., 1996; Ponterotto, 1997). Constantine et al. (1996) report a mean of 10.81 (out of 22) competencies met with a standard deviation of 4.06. These authors also report that the Kuder-Richardson reliability coefficient for the entire Multicultural Competency Checklist measure was .76. No validity values were found by this researcher. The checklist was theoretically derived from a thematic analysis of the multicultural literature. This checklist was selected for the present study because it is the only objective measure of MCT available.

The demographic sheet designed for the present study contained questions regarding

age, gender, ethnicity, number of multicultural courses taken, number of multicultural clients seen, whether the respondent has had multicultural supervisors, and whether the respondent has taken advantage of the multicultural opportunities available in their program (Appendix C). Information gathered by these questions were used for comparison and discussion purposes.

### Procedure

In the Spring of 2001, training directors received a package by mail containing a cover letter (Appendix E), and four to five survey packets to be distributed among the target student population. Each packet received by the students contained a cover letter (Appendix D), a demographic sheet, the MCI, the Multicultural Competency Checklist, and a self-addressed stamped envelope for the return of the questionnaires to the present researcher. Confidentiality and anonymity were emphasized as well as the voluntary nature of participation. Participants were asked to respond within four weeks of receipt. In an effort to maximize participation, the training director of the present researcher's program sent an e-mail to training directors in the list shortly after the mailing, requesting their support in getting the packets out to their students. Because the first mailing did not yield enough responses, a second mailing was conducted in the late Summer of 2001. This time 100 packets were sent out to 30 randomly selected programs. Each training director received three to four packets for distribution. The present researcher included all responses that arrived by the last day of September 2001.

### Hypotheses

Hypothesis 1. The first hypothesis predicted that there was a strong positive

correlation between MCT and MCC levels. One variable was the level of MCT as reflected by scores on the Multicultural Competency Checklist (Ponterotto et al., 1995). The other variable was level of self-reported MCC as reflected by scores on the Multicultural Counseling Inventory (Sodowsky et al., 1994). A one-tailed Pearson-R correlation analysis was used to test this hypothesis.

Hypothesis 2. The second hypothesis predicted that students who come from programs offering high levels of MCT would report significantly higher levels of MCC than students from low MCT-level programs. The independent variable was level of MCT as reflected by the Multicultural Competency Checklist (Ponterotto et al., 1995), with three levels including “high”, “medium”, and “low”. The dependent variable was level of MCC as reflected by overall scores on the Multicultural Counseling Inventory (Sodowsky et al., 1994). A one-way ANOVA was used to test this hypothesis.

Hypothesis 3. The third hypothesis predicted that different levels of MCT would have significantly different effects on each domain of MCC (Skills, Awareness, Relationship, and Knowledge). Again, the independent variable was level of MCT as reflected by scores on the Multicultural Competency Checklist (Ponterotto et al., 1995), with three levels “high”, “medium”, and “low”. The dependent variables were levels of MCC as reflected by the four subscale scores on the Multicultural Counseling Inventory (Sodowsky et al., 1994), representing the four MCC domains. This hypothesis was tested by a one-tailed MANOVA, to be followed by a Tukey post-hoc comparison if significant results had been found.

## CHAPTER IV

### RESULTS

Hypothesis 1. The first hypothesis predicted that there was a strong positive correlation between MCT and MCC levels. One variable was the level of MCT as reflected by scores on the Multicultural Competency Checklist (Ponterotto et al., 1995). The other variable was level of self-reported MCC as reflected by scores on the Multicultural Counseling Inventory (Sodowsky et al., 1994). A one-tailed Pearson-R correlation analysis was conducted to test the relationship between the Multicultural Competency Checklist and the Multicultural Counseling Inventory scores. The results are summarized in Table 5.

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Table 5. Pearson-R Correlation Analysis

	Mean	Std. Dev.	N	r	P
MCI total score	131.22	10.74	87	-.052	.316
MCC Checklist total score	13.25	3.95	92		

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The mean MCI overall score was 131.22 (out of 160), the standard deviation 10.74, and the total number of complete responses 87 (five participants either skipped items, left a page out, or left a section unanswered). For the Multicultural Competency Checklist,

the mean score was 13.25 (out of 20), the standard deviation 3.95, and the total number of participants was 92. Hypothesis 1 was not supported. No significant correlation was found between level of multicultural counseling training and level of self-reported multicultural counseling competence as measured by the MCI and the Multicultural Competency Checklist, respectively ( $r = -.052$ ,  $p = .316$ ,  $N = 87$ ).

**Hypothesis 2.** The second hypothesis predicted that students who come from programs offering high levels of MCT would report significantly higher levels of MCC than students from low MCT-level programs. The independent variable was level of MCT as reflected by the Multicultural Competency Checklist (Ponterotto et al., 1995), with three levels including “high”, “medium”, and “low”. The dependent variable was level of MCC as reflected by overall scores on the Multicultural Counseling Inventory (Sodowsky et al., 1994). In order to test Hypothesis 2, a One-Way Analysis of Variance was conducted. Results showed no significant effect on MCI overall scores ( $F = 1.14$ ,  $df = 2$ ,  $p = .323$ ). The results of this analysis are summarized in Table 6.

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Table 6. One-Way Analysis of Variance

	Mean	Std. Dev.	N	df	F	Mean Sq.	p
Low	132.48	10.66	31	2	1.144	131.64	.323
Medium	128.76	11.16	29				
High	131.22	10.32	27				
Total	131.22	10.74	87				

---

Results indicate that the level of multicultural counseling training provided by programs did not have a significant effect on the level of participants' self-reported multicultural counseling competence.

Hypothesis 3. The third hypothesis predicted that different levels of MCT would have significantly different effects on each domain of MCC (Skills, Awareness, Relationship, and Knowledge). Again, the independent variable was level of MCT as reflected by scores on the Multicultural Competency Checklist (Ponterotto et al., 1995), with three levels: "high", "medium", and "low". The dependent variables were levels of MCC as reflected by the four subscale scores on the Multicultural Counseling Inventory (Sodowsky et al., 1994), representing the four MCC domains (Skills, Awareness, Relationship, and Knowledge). The third hypothesis was tested with a one-tailed MANOVA. No significant results were found for any of the four domains. There were no between-subject effects, that is, different levels of training did not appear to affect any of the four domains of multicultural counseling competence as measured by the Multicultural Competency Checklist and the MCI subscale scores. There was no significant effect of level of training on Skills ( $F= 1.067$ ,  $df= 2$ ,  $p= .349$ ), Awareness ( $F= .293$ ,  $df= 2$ ,  $p= .747$ ), Relationship ( $F= .932$ ,  $df= 2$ ,  $p= .398$ ), or Knowledge ( $F= .89$ ,  $df= 2$ ,  $p= .411$ ). The results are summarized on Table 7 (p. 46).

Table 7. Multiple Analysis of Variance

Competence Domain	Training Level	Mean	Std. Dev.	N	df	Mean Sq.	F	p
Skills subtotal	low	38.87	2.80	31	2	10.947	1.067	.349
	medium	37.97	3.27	29				
	high	39.14	3.54	28				
	total	38.66	3.21	88				
Awareness subtotal	low	29.81	5.19	31	2	7.131	.293	.747
	medium	28.90	4.92	29				
	high	29.68	4.64	28				
	total	29.47	4.89	88				
Relationship subtotal	low	25.68	3.52	31	2	9.543	.932	.398
	medium	24.66	3.15	29				
	high	25.61	2.86	28				
	total	25.32	3.20	88				
Knowledge subtotal	low	26.84	2.15	31	2	5.689	.898	.411
	medium	26.00	2.49	29				
	high	26.64	2.90	28				
	total	26.50	2.51	88				



## CHAPTER V

### DISCUSSION

#### Implications of Results

The finding of no significant positive relationship between multicultural counseling training and multicultural counseling competence was surprising to the present investigator. The inconsistency that respondents perceive themselves as multiculturally competent, yet perceive their training as inadequate was discussed previously in Chapter 2. Holcomb-McCoy et al. (1999) asked questions such as whether multicultural counseling competence was being acquired elsewhere rather than through graduate course work and where counselors acquired their multicultural competence if not during their academic training.

The Multicultural Competency Checklist (Ponterotto et al., 1995) has been used with other doctoral counseling psychology students by Constantine et al. (1996), and similar ratings of their APA accredited training program were found. In their study, a mean of 10.81 out of 22 competencies met ( $N= 168$ ,  $SD= 4.06$ ) was found, as compared to the present study's mean of 13.25 ( $N= 92$ ,  $SD= 3.95$ ). A comparison of Constantine's study with the present study is summarized in Table 8 (p. 48). One difference between their study and the present one is that Constantine's respondents were anywhere between the first and the third year of their training, while the present study selected students at the pre-internship level only. Rating one's training more critically than rating one's

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**Table 8. Multicultural Competency Checklist Study Comparison**

	<u>Present Study</u>	<u>Constantine et al.</u>
N	92	168
Mean Score	13.25	10.81
Standard Deviation	3.95	4.06
Mean Age	32.01 (SD= 7.79)	31.02 (SD= 6.72)
Men	17 (18.5%)	50 (29.76%)
Women	75 (81.5%)	118 (70.23%)
White	64 (69.6%)	119 (70.8%)
Hispanic	6 (6.5%)	14 (8.3%)
African-American	3 (3%)	12 (7.1%)
Asian/Pacific Islander	5 (5.4%)	10 (6.0%)
American-Indian	0 (0%)	6 (3.6%)
Biracial	9 (9.8%)	4 (2.4%)
Programs Surveyed	73	67

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competence can be a factor in this study's findings.

Negative reactions to multicultural counseling training can also be a factor in the evaluation of one's training program in the present study. Negative reactions to training evaluation have been mentioned in previous studies. Steward, Wright, Jackson, and Jo

(1998) indicated that 33.3% of the trainees enrolled in APA approved counseling psychology programs indicated in their survey that they had a negative reaction to multicultural counseling training and found it to be meaningless and unnecessary.

Other reactions addressed in the literature that may affect the evaluation of a training program are apathy and resistance to multicultural training material (Tomlinson-Clarke and Ota-Wang, 1999). These authors suggested that a didactic component of multicultural training should precede experiential activities to reduce negative feelings and facilitate readiness. Since the majority of the participants in this study were White, apathy and resistance to multicultural counseling training may indeed explain the results of this study. Factors such as racial identity attitude development have been reported to affect multicultural counseling competence (Ottavi, Pope-Davis & Dings, 1994; Vinson & Neimeyer, 2000). These authors suggested that racial identity attitude development should be considered an integral component in the planning of multicultural counseling training. Sadowsky et al. (1998) reported on other correlates of self-reported multicultural counseling competencies, such as counselor multicultural social desirability, social inadequacy, and locus of control racial ideology, among others. Allison et al. (1996) have raised the issue that even at the professional level, there are practitioners who are not adequately competent to work with particular client groups, but continue to do so. However, Allison et al.'s reported numbers did not include professionals who self-reported as being adequately competent but who indeed are not. The actual number of professionals who are not competent to work with multicultural clients but are providing services to this population may be far greater. Providing services to multicultural

minorities without having the competence to adequately work with them places the clients at risk and reinforces the negative perceptions many people have of psychologists.

A comparison of the present study's MCI scores with scores reported by two previous studies (Sodowsky et al., 1998; Pope-Davis et al., 1995) is summarized in Table 9.

A trend in the positive direction is observed in the scores from earlier to later years. The Sodowsky et al. (1998) study was conducted with university counseling center staff from 176 APA-approved university counseling centers across the nation. The Pope-Davis et al. (1995) study was conducted with graduate clinical and counseling psychology students from 130 APA-approved programs across the nation. The scores included in Table 9 are those of counseling psychology students only.

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Table 9. Multicultural Counseling Inventory Study Comparison

	Present Study (2001) students			Sodowsky et al. (1998) staff			Pope-Davis et al. (1995) students
	Mean	SD	Likert	Mean	SD	Likert	Likert
Total Score	131.22	10.74	3.28	128.99	12.24	3.22	3.05
Skills	38.59	3.19	3.50	38.56	3.63	3.50	3.35
Awareness	29.37	4.88	2.93	31.47	4.44	3.14	2.67
Relationship	25.27	3.16	3.15	25.68	3.10	3.21	3.20
Knowledge	26.49	2.5	2.40	33.29	3.83	3.02	2.99
N	87			176			159

### Limitations of the Study

Given this is the first study to pair the Multicultural Competency Checklist with the MCI, no comparisons are possible to previous studies. Had there been other studies pairing standardized quantitative measures of training with measures of competence, more reliable conclusions could be drawn. Unfortunately, the lack of standard quantitative measures to evaluate multicultural counseling training in psychology adds to already present research difficulties such as lack of consistency in the training provided across programs. More options for the quantitative measure of multicultural counseling competence are also needed. The Multicultural Competency Checklist may yield a more critical response from participants, especially if completed by students rather than training directors. Constantine et al. (1996) compared the responses of students with the responses of faculty members on the Multicultural Competency Checklist. Faculty members' percentages of met competencies were higher than students' percentages in 13 out of the 22 items. However, the MCI may yield higher self-ratings than warranted because of its correlation with a variety of influencing factors discussed in this chapter. Participants' multicultural counseling competence scores could be lower if their competence was evaluated by supervisors or clients.

The only available quantitative instrument that measures training was used in this study, and the possibility exists that the unexpected findings could be a function of the instruments used. The possibility that the Multicultural Competency Checklist may simply be a poor measure of its intended construct cannot be ruled out. The authors (Ponterotto et al., 1995) recognize that the checklist is not a complete survey, and suggest

that faculty consider expanding it by including a second page which would list the competencies not met. These items would be rated on how close they were to being met on a Likert-type scale, and action steps could be generated to guide the program in setting priorities and meeting such competencies. This addition may change total checklist scores which then would not be based on an all-or-none evaluation.

Another limitation of evaluating multicultural counseling training via the Multicultural Competence Checklist previously mentioned in the literature (Lee et al., 1999) was that training was evaluated using only data from training directors. The present study surveyed students instead, and thus has the limitation of using only training evaluation data from students. Surveying students rather than training directors may perhaps control for social desirability bias in evaluating training provided by programs. However, students may not be best suited for evaluating their own programs or their own progress, for a variety of reasons. In evaluating their training programs, students may not know what it takes, may not have a historical perspective of multicultural counseling history and their own program evolution, and may be more critical of what has been put in place by their program than the faculty that has worked to make the improvements.

Although the MCI has been deemed a robust instrument with supportive results from all studies (Sodowsky, 1996), it also has its limitations. One limitation of the MCI as a measure of multicultural counseling competence is its self-report nature. Respondents who perceive themselves as competent may not necessarily meet adequate competence levels to work with multicultural populations. Steward, Morales, Bartell, Miller, and Weeks et al. (1998) pointed out that many of the trainees that embrace the

multicultural literature as well as many who reject it tend to perceive one another as equally multiculturally competent. Moreover, their insensitivity towards other groups was not factored into their grades, which was based on other factors such as exams, papers, and attendance. In a later article, Steward et al. (1998) also discussed how multicultural counseling training did not affect the rating of culturally insensitive counselors by trainees. Without the feedback from peers and faculty, students may not have an adequate perception of their multicultural competence and sensitivity. Another limitation of the present study is that participants may have reported anticipated rather than actual behaviors or attitudes on the MCI, and they may also have selected socially desirable responses.

Other variables should be taken into consideration when evaluating the results of the study. The sampling procedure used in this study relied on training directors to distribute the instruments, therefore, no guarantee can be given that the participants were selected at random from among all students in each program. Students who responded to the survey may be simply different from those who did not respond in that they may be more interested and invested in multicultural counseling training. The order in which survey materials were found in the packet may have affected students responses, where the demographic questionnaire was first and perhaps constituted a reminder of training deficits for students, with questions such as how many multicultural counseling courses they have taken and how many multicultural clients they have seen. This variable could be controlled in the future by alternating the order of the materials as they are found in the packet.

### Future Research

The need for studies such as this one has been mentioned throughout the literature. Mintz and Bartels (1995) recommended that future research use questions on training received, along with competence instruments such as the MCI, to determine what type of training opportunities correlate with higher scores in competence. Pope-Davis et al. (1995) suggested that although issues regarding quality and amount of training are important, there remains a need to examine and evaluate the effects of training and to determine which formats and contents are more effective.

Constantine et al. (1996) suggested that future researchers should assess students' multicultural competency training prior to their entering a program and upon completion. An important variable not controlled in this study is that a baseline of students' multicultural counseling competence before they started the program was not obtained. A pre and post-training test comparison using the MCI could be a valuable addition in investigating relationships between training and competence. More information about competence development in light of program training could be obtained that way. Future researchers should examine multicultural competencies as assessed by observational methods in addition to self-report. It would be important to obtain competence evaluations from clients as well as supervisors, to validate counselors' ratings of themselves. Another important aspect of this evaluation process would be outcome studies, and whether clients of counselors who rate themselves high on multicultural competence have better outcomes from counseling. One of the criticisms of research in the advancement of multicultural counseling competence (Sodowsky et al., 1998) is that



competence has been studied through retrospective methods. These authors suggest that studies on multicultural training monitor ongoing process in treatment and its link to outcome.

### Conclusion

In conclusion, although training programs have been responsive to the need for multicultural counseling training, they still have more work to achieve the task set forth by APA mandate and operationalized in the Guidelines to Providers of Services to Ethnic, Linguistic, and Culturally Diverse Populations (APA, 1993). More research is needed to identify the nature and the extent of multicultural counseling training that is actually taking place in training programs, and the effect that such training may have on students' multicultural counseling competence. It is hoped that this study has made a contribution by adding important and updated information to the body of literature as well as introducing the pairing of two quantitative instruments to measure the impact of multicultural training on multicultural competence.

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## APPENDICES



**APPENDIX A**  
**Multicultural Counseling Inventory**

As per the author, Gargi Roysicar Sodowsky, who granted the present investigator permission to use the MCI (Sodowsky et al., 1994), this instrument is not to be appended to the present study (see contract in Appendix F) .

**APPENDIX B**  
**Multicultural Competency Checklist**

## Counseling Training Program Multicultural Competency Checklist

	Competency			
	Met	Not Met		
<b>Minority Representation</b>				
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.	_____	_____		
<b>Curriculum Issues</b>				
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 <i>how</i> 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.	_____	_____		
<b>Counseling Practice and Supervision</b>				
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.	_____	_____		
<b>Research Considerations</b>				
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.	_____
			<b>Student and Faculty Competency Evaluation</b>	
			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.	_____
			<b>Physical Environment</b>	
			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.).	_____

**APPENDIX C**

**Demographic Questionnaire**

### Demographic Questionnaire

Age \_\_\_\_\_

Female \_\_\_\_\_ Male \_\_\_\_\_

Race/Ethnicity/Nationality (Check all that apply)

African American \_\_\_\_\_  
 Asian or Pacific Islander \_\_\_\_\_  
 Caucasian (European Heritage) \_\_\_\_\_  
 Hispanic \_\_\_\_\_  
 Native American \_\_\_\_\_  
 International (please specify) \_\_\_\_\_  
 Other (please specify) \_\_\_\_\_

Psychology Program Counseling \_\_\_\_\_  
 Clinical \_\_\_\_\_

Number of formal multicultural courses taken \_\_\_\_\_

Number of multicultural clients seen \_\_\_\_\_  
 (you can refer to your internship application form to answer this question)

Have you had a multicultural supervisor? No \_\_\_\_\_ Yes \_\_\_\_\_  
 If the answer is yes, how many multicultural supervisors have you had? \_\_\_\_\_  
 What were their backgrounds? (Check all that apply)

African American \_\_\_\_\_  
 Asian or Pacific Islander \_\_\_\_\_  
 Caucasian (European Heritage) \_\_\_\_\_  
 Hispanic \_\_\_\_\_  
 Native American \_\_\_\_\_  
 International (please specify) \_\_\_\_\_  
 Other (please specify) \_\_\_\_\_

Have you taken advantage of the multicultural opportunities available in your program?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

**APPENDIX D**

**Participant Cover Letter**

Tennessee State University  
Department of Psychology  
3500 John Merritt Blvd.  
Nashville, TN 37209  
(615) 963-5141

April 12, 2001

**Dear Doctoral Student:**

My name is Sonia Campos Beck, a Ph.D. candidate in Counseling Psychology at Tennessee State University. I am conducting a study for my dissertation on Multicultural Counseling. The purpose of this research project is to examine the relationship between Multicultural Counseling Training to self-reported Multicultural Counseling Competence. While Multicultural Counseling Training is a mandate by the American Psychological Association for all accredited doctoral psychology training programs, there is much discrepancy in what is offered by programs to meet such mandate. I expect that the information gathered by my study will be useful to program coordinators and students in multicultural program development and the promotion of Multicultural Counseling Competence in doctoral psychology students.

I request your assistance in completing the enclosed questionnaires. The Multicultural Counseling Inventory will take approximately 15 minutes for you to complete. The Multicultural Competency Checklist should take approximately 10 minutes. The Demographic Questionnaire will take less than 5 minutes. Please do not write your name anywhere. Participation in this research is completely voluntary. By completing the attached questionnaires, you are consenting to participate in this study. If you choose to participate, please make sure not to leave any items unanswered.

When you finish completing the enclosed questionnaires, **please return the Multicultural Counseling Inventory, the Multicultural Competency Checklist, and the demographic sheet in the enclosed reply envelope within four weeks of receipt.**

If you would like to receive the results of the study, please write your name and address on a separate card or sheet of paper and return it (unattached) with the survey or mail it to me separately to the address on the survey return envelope. Thank you in advance for your participation!

Sincerely,

**Sonia Campos Beck, MA**  
**Doctoral Candidate**  
Tennessee State University  
Department of Psychology

**Steve Olivas, Ph.D.**  
**Dissertation Chair**  
Tennessee State University  
Department of Psychology



**APPENDIX E**

**Training Director Cover Letter**

Tennessee State University  
Department of Psychology  
3500 John Merritt Blvd.  
Nashville, TN 37209  
(615) 9673-5141

August 6, 2001

**Dear Training Director:**

My name is Sonia Campos Beck, a Ph.D. candidate in Counseling Psychology at Tennessee State University. I am conducting a study for my dissertation on Multicultural Counseling. If you remember, I sent out survey packages to you in the Spring of this year, to be distributed to your students. I thank you very much for your assistance in getting those out but I still am short on the target number of responses. I need just a few more to reach the desired power level for the statistical analysis I am running. I am thus turning to you for assistance one more time.

To refresh your memory, the purpose of this research project is to examine the relationship between Multicultural Counseling Training and self-reported Multicultural Counseling Competence. The instruments being used are the Multicultural Counseling Inventory, the Multicultural Competency Checklist and a brief Demographic Questionnaire. The population I am targeting are doctoral Counseling Psychology students from APA accredited programs who have completed their practica, completed all or most of their course work, and are at the pre-internship level (regardless of whether they were matched with an internship site for this Fall or not).

If you would please be so kind to distribute the enclosed packets to the students in your program that fit my criteria, I would really appreciate it. I am very close to having enough responses to produce a decent study. I am counting on you and your students for some help and thank you all again for the responses I already received and any further responses that may still come my way.

Sincerely,

**Sonia Campos Beck, MA**  
**Doctoral Candidate**  
Tennessee State University  
Department of Psychology

**APPENDIX F**  
**Permission to Use the**  
**Multicultural Counseling Inventory**

# Antioch New England GRADUATE SCHOOL

Gargi Roysircar-Sodowsky, Ph.D.  
Director, Multicultural Center for Research & Practice  
Department of Clinical Psychology

40 Avon Street  
Keene, NH 03431-3516  
(603) 357-3122 ext. 342  
FAX (603) 357-0718  
E-mail:  
g\_roysircar-sodowsky@antiochne.edu

## AGREEMENT FOR THE PROCEDURAL USE OF MULTICULTURAL COUNSELING INVENTORY (MCI)

- The MCI will only be used for my own research purposes.
- The entire scale will be used when administering the MCI.
- Individual items and/or subscales will not be used separately.
- Individual items and/or subscales will not be used or adapted for the development of other instruments.
- The MCI will be kept under secure conditions.
- The MCI will not be appended to written materials (e.g., dissertations, theses, teaching/instructional handouts, workshop guides, manuscripts, etc.) that are circulated for general reading.
- The MCI will not be shared with other interested parties who need to be referred to the author if they wish to use the instrument.

I understand and agree to the terms stated above. In addition, I understand and agree that a \$50.00 user fee entitles me to make unlimited copies of the MCI for one year from the date given below, for one study only.

Signature Sonia Campos Beck Date 3/19/01

Name (please print) SONIA CAMPOS BECK

Address 2764 Fleet Dr.

City, State, Zip Hermitage TN 37076

Research Topic Title Multicultural Counseling Competence as a Function of Multi-cultural Counseling Training in Doctoral Psychology Counseling and Planned use of the MCI (e.g., Dissertation, Survey of Mental Health clinical Programs. Trainees/Clinicians, etc.) dissertation

If Student, Research Supervisor's Name Steve Olivas, Ph.D

Signature of Supervisor [Signature]

Please, mail the contract and payment to Gargi Roysircar-Sodowsky at the above address.

**APPENDIX G**  
**Permission to Use the**  
**Multicultural Competency Checklist**

[MSN Home](#)

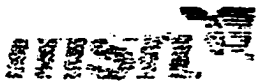
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**Subject:** MC Checklist  
**Date:** Thu, 8 Mar 2001 12:30:00 EST

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Dear Sonia,

Hoe exciting!

Yes, of course, please use the MC Checklist. Please send me a copy of the packet sent to students. I don't have a master copy so just type it over from the 95 JMCD article which I am sure you have.

Please keep me posted.

Sincerely,

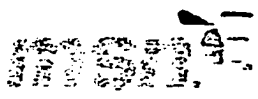
Joe Ponterotto

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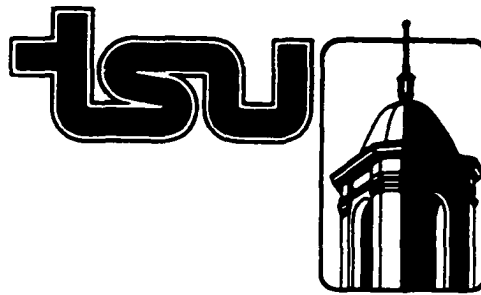
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**APPENDIX H**  
**Institutional Review Board Form**



**Office of Sponsored Research**  
Tennessee State University  
3500 John A. Merritt Blvd.  
Nashville, TN 37209-1561

To: Sonia Campos Beck  
Steve Olivas

Dept: Psychology

From: Dr. Peter Millet, Chair, Institutional Review Board

Re: Protocol # HS01-84

Date: Monday, November 19, 2001

A handwritten signature in black ink, appearing to read "Peter Millet", is written over the "From:" line of the header.

The document listed below has been carefully reviewed and found to be in compliance with OPRR document title 45, Code of Federal Regulations part 46, the protection of human subjects, as amended by Federal policy, effective August 19, 1991. This project is **approved** as it presents minimal or no research risks to the pool of impending human subjects.

**Multicultural Counseling Competence as a Function of Multicultural Counseling Training in Doctoral Clinical and Counseling Psychology Programs**

Please contact me at 963-5160 for additional information.



**APPENDIX I**  
**Glossary of Terms**

## GLOSSARY OF TERMS

**Multicultural Competency Checklist (Ponterotto et al., 1995):** A checklist developed for training programs to be used as a guide in the development of multicultural counseling training (pp. 21-24, 39-40, 47-48, 51-52).

**Multicultural Counseling:** Counseling that occurs between or among individuals from different cultural backgrounds.

**Multicultural Counseling Competence (MCC):** The necessary awareness, knowledge, and skills to work with culturally diverse populations (Sue et al., 1982).

**Multicultural Counseling Competencies:** Components or domains that make up multicultural counseling competence (pp. 10-18).

**Multicultural Counseling Inventory (MCI, Sadowsky et al., 1994):** A self-report assessment instrument developed to measure multicultural counseling competence (pp. 15-17, 20-21, 37-39, 50, 52-53, 54).

**Multicultural Counseling Movement:** A movement led by scholars in the field of psychology for the addressing and inclusion of minority and diversity concerns in practice, research, and training (pp. 8-10).

**Multicultural Counseling Training:** Training models for the preparation of multicultural counseling competent professionals.