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THE RELATIONSHIP BETWEEN COUNSELOR TRAINING AND  
MULTICULTURAL COMPETENCE

by  
Cheryl Colethia Holcomb

A Dissertation Submitted to  
the faculty of The Graduate School at  
The University of North Carolina at Greensboro  
in Partial Fulfillment  
of the Requirements for the Degree  
Doctor of Philosophy

Greensboro  
1996

Approved by

  
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APPROVAL PAGE

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The purpose of this study was to determine the extent to which professional counselors' perceive themselves to be multiculturally competent and to determine what factors comprise the multicultural competencies developed by the Association for Multicultural Counseling and Development (AMCD). A comparison was made between the self-perceived multicultural competence of professional counselors who graduated from programs accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) and those who graduated from non-CACREP accredited programs. The relationship between the adequacy of multicultural training that counselors received and their self-perceived multicultural competence was examined. Finally, the types of training experiences and demographic characteristics that may be related to the self-perceived multicultural competence of professional counselors were considered and analyzed.

A national survey of members of the American Counseling Association (ACA), the 60,000 member association for professional counselors was conducted. Surveys were sent to 500 professional counselors and 151 were returned (30% return rate). Descriptive statistics, factor analysis, ANOVA and MANOVA analyses were implemented to test the hypotheses.

The results indicated that professional counselors perceive themselves to be multiculturally competent yet, they

perceive their multicultural training to have been less than adequate. The factor analysis of the counselors' responses indicated that five factors of multicultural competence exist. These included: awareness, knowledge, skill, racial identity competence, and ability to define important terms. There was no significant difference between the self-perceived multicultural competence of CACREP graduates and non-CACREP graduates. Multicultural courses, informal and formal professional development activities, and advanced degree programs had a significant affect on the knowledge and racial identity dimensions/factors of multicultural competence. Ethnicity was the only demographic characteristic that was significantly related to higher levels of self-perceived multicultural competence.

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**CHAPTER I**  
**INTRODUCTION**

"Cultural diversity and pluralism in traditions and beliefs are not negative aspects of American culture; they represent who we, Americans, are. We are not a group of homogenized people from common stock. We are a land of immigrants who have brought with us to this nation, regardless of when we arrived and under what conditions---*assumptions, traditions, world views, and cultural constructions...* When one overlaps the cultural distinctiveness of Native American groups with the cultural diversity of past and continuing waves of immigrants to the nation from Europe, Africa, Latin America, Asia, and the Middle East, it becomes apparent that the implications of such pluralism must share a larger part of the national agenda in the planning for and the provision of social services, including counseling, in the future" (Herr, 1989, p. 138).

Population projections and trends for the future suggest that the growth of diverse ethnic groups will continue to increase into the next century (Baruth & Manning, 1991; Lee & Richardson, 1991). Presently, ethnic minorities comprise 50% of the total population of Texas, California, and Florida (Sue & Sue, 1990) and in major cities (e.g., New York, Washington D.C.), ethnic minority children comprise the highest percentage of public school enrollments (Hacker, 1992). More importantly, it has been predicted that by the

year 2010, ethnic minorities will become a numerical majority of the total U. S. population while White Americans will be a numerical minority (Sue, 1991). Given these changing demographics, counseling professionals in schools, agencies, and other settings will increasingly find ethnic minority persons among their client caseloads (Mau, 1995).

#### Need for the Study

Due to the effects of racism and discrimination, many ethnic minority persons find themselves at significantly lower levels of attainment than the dominant society in housing, education, occupation, and income (De La Cancela, 1985; Smith, 1985). Stress due to factors such as these put ethnic minorities at a greater risk of needing mental health or counseling interventions (Laosa, 1990; Ponterotto & Pederson, 1993). Although ethnic minorities are subjected to as much or more stress than nonminorities, they underutilize mental health services, particularly counseling services (Hunt, 1987; Sue & McKinney, 1975). Furthermore, ethnic minority persons have a significantly higher drop-out or premature termination rate in therapy than do White clients (Romero, 1985).

Numerous explanations have been offered for ethnic minority persons' underutilization of counseling services. Conflicting values between client and counselor (Root, 1985), a tendency to seek assistance from family members instead of professionals (Baruth & Manning, 1991), inability to afford mental health services (Nicks, 1985), conflicting

communication patterns (Vontress, 1976), counselors' cultural insensitivity (Ridley, Mendoza, Kanitz, Angermeier, & Zenk, 1994), biased and inappropriate psychological diagnoses (Abramowitz & Murray, 1983), and the lack of ethnic minority counselors (Ponterotto & Casas, 1987) have all been suggested in the literature as explanations for the underutilization of counseling services by clients of minority status. Counseling professionals are challenged to overcome these social barriers as well as to structure their services to optimize utilization by an increasingly multicultural clientele (Herr, 1989).

In response to the counseling profession's call for increased multicultural sensitivity and competence among its practitioners, the Association for Multicultural Counseling and Development (AMCD) Professional Standards and Certification Committee developed a set of multicultural counseling competencies to guide the profession (Arrendondo & D'Andrea, 1995). The competencies which emphasize culture, ethnicity, and race, focus on three main dimensions: (1) awareness of one's attitudes and beliefs toward culturally different clientele, (2) knowledge about culturally diverse populations, and (3) the acquisition of skills necessary to work with culturally different populations. Before this study was implemented these multicultural competencies and dimensions had not been used to determine the multicultural competence of professional counselors.

In addition to the development of multicultural

competencies, a variety of methods and models of multicultural counseling training have emerged over the past two decades (D'Andrea, Daniels, & Heck, 1991; Pederson, 1988; Ponterotto & Sabnani, 1989). These newly developed methods and models are extensive and reflect varied approaches to multiculturalism in terms of their content and process. However, a common theme throughout each training approach is an emphasis on one or a combination of the three dimensions of multicultural competence.

To ensure quality training practices among counseling programs, standards of training are provided by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). The most recent standards emphasize and require attention to issues related to the cultural diversity of today's clientele (CACREP, 1994). Because accreditation is a voluntary process, not all counselor education programs are accredited. In fact, only about one-third of all counselor preparation programs are CACREP-accredited (CACREP Connection, 1995). The intent of this study was to determine whether differences existed in the type and extent of graduates' multicultural counseling competence and training in accredited and non-accredited programs. Furthermore, this study attempted to link AMCD's multicultural counseling competencies and the training of counselors in CACREP-accredited programs.

#### Statement of the Problem

In the past, counselors have operated primarily within a

traditional, Western value-based framework (Katz, 1985). The rapid diversification of our society, however, makes it imperative for counselors to take a more multicultural and proactive stance toward meeting the needs of ethnically and culturally different clients (Sue, Arrendondo, & McDavis, 1992a). Multicultural advocates (e.g., Sue, 1990) have been pressing for change in the curricula of counselor training to include multicultural counseling competencies as a guideline for preparing multiculturally competent counselors. The first such multicultural competencies were developed by Sue (1990) in the early 1980s for the American Psychological Association. Despite early efforts by advocates and accreditation organizations, there is still a paucity of empirical data indicating the effectiveness of current multicultural training practices in counselor preparation programs. Currently, multicultural counseling training primarily includes specific courses and/or curriculum formats and minority faculty participation (Ponterotto, Alexander, & Grieger, 1995).

This study was needed in order to determine if professional counselors perceive themselves to be multiculturally competent and prepared to work with ethnically dissimilar clients. In addition, it is important for counselor trainers to know if multicultural competence is actually comprised of three dimensions--awareness, knowledge, and skills.

Because of the voluntary nature of accreditation, not

all counselor education programs are accredited. This study was unique in that it examined whether those programs that meet the 1994 CACREP standards prepare counselors who are more multiculturally competent than those programs that are not accredited. Since counseling programs, especially CACREP programs, are being challenged to prepare multiculturally competent counselors, it is important and useful for counselor educators to know which preparatory training experiences and demographic characteristics influence the self-perceived multicultural competence of professional counselors. Because this exploration is particularly vital to the advancement of multiculturalism in counseling, this study investigated the influence of five types of training experiences as well as five selected demographic characteristics on the self-perceived multicultural counseling competence of professional counselors.

#### Purpose of the Study

The primary purpose of this study was to determine the extent to which professional counselors' perceive themselves to be multiculturally competent. In addition, it was the intent of this study to compare the self-perceived multicultural competence of professional counselors who graduated from CACREP-accredited counselor education programs and those who graduated from non-CACREP accredited programs in or after 1994. The focus was on graduates in or after 1994 because the 1994 CACREP standards address multicultural issues more extensively than CACREP standards written

previously (i.e., 1988 standards). Also, this study sought to determine if professional counselors perceive their multicultural counseling training to have been adequate. A fourth purpose of this study was to determine if a relationship exists between professional counselors' self-perceived multicultural competence and the adequacy of multicultural training they received. Furthermore, this study attempted to indicate the types of training that relate to the attainment of professional counselors' self-perceived multicultural competence--either through multicultural courses, infusion of multicultural content into core counseling courses, or professional development activities including workshops as well as individual readings and life experiences. Finally, this study attempted to reveal which demographic variables predict higher self-perceived multicultural counseling competence. The primary research questions examined were:

- (1) Do professional counselors perceive themselves to be multiculturally competent?
  - (1a) What factors comprise the multicultural competencies?
  - (1b) What is the self-perceived multicultural competence of professional counselors on each of these factors?
- (2) Do professional counselors who graduated from CACREP-accredited counselor education programs (in or after 1994) perceive themselves to be more

multiculturally competent than professional counselors who graduated from non-CACREP accredited programs (in or after 1994)?

- (3) Do professional counselors perceive their multicultural counseling training to be adequate?
- (4) Is there a relationship between the self-perceived multicultural competence of professional counselors and the self-perceived adequacy of their multicultural training?
- (5) What types of training experiences relate to the self-perceived multicultural competence of professional counselors?
- (6) What demographic variables predict higher self-perceived multicultural competence of professional counselors?

#### Definition of Terms

The definition of terms used in this study are as follows:

##### Adequate

Adequate describes a quality that is "sufficient for a specific requirement" (Merriam-Webster Dictionary, 1994, p. 24).

##### Competence

Competence is the quality of being adequate, capable, and fit to meet specified requirements (Merriam-Webster Dictionary, 1994, p. 417).

Council for Accreditation of Counseling and Related  
Educational Programs (CACREP)

CACREP was incorporated in 1981 as the accrediting body that verifies attainment of high quality in counselor preparation programs (Haight, 1992). According to the Accreditation Procedures Manual and Application (CACREP, 1994), the primary purpose of accreditation is "to provide a professional judgment as to the quality of the educational institution or program and to encourage its continued improvement, thereby protecting the public against professional incompetence of its graduates" (p. 105).

Culture

Culture consists of the following components: (1) the ways in which people perceive their experiences of the world so as to give it structure, (2) the beliefs by which people explain events, (3) a set of principles for dealing with people as well as for accomplishing particular ends, and (4) peoples' value systems for establishing purposes and for keeping oneself purposefully oriented (Goodenough, 1981). Pederson and Ivey (1993) defined culture as including the ethnography, demographics, status, and affiliations that have taught each person a framework of underlying assumptions.

Diversity

The term diversity refers to "characteristics by which persons may prefer to self-define...includes but not limited to an individual's age, gender, sexual identity, religious/spiritual identification, social and economic class

background, and residential location" (Arrendondo & D'Andrea, 1995, p. 28).

### Ethnicity

Ethnicity has been defined by Yinger (1976) as "a segment of a larger society whose members are thought, by themselves and/or others, to have a common origin and to share important segments of a common culture..." (p. 200).

### Minority

The term minority has been conceptualized by Wirth (1945) as a group of people who, because of physical or cultural characteristics, are singled out from others in society for differential and unequal treatment. This definition does not revolve around numerical representation but on the lack of social, political, and economic power (Ponterotto & Pederson, 1993).

### Multicultural

The term multicultural is defined in the Accreditation Procedures Manual and Application (CACREP, 1994) as "representing a diversity including different races, economic backgrounds, ages, ethnic backgrounds, genders, sexual orientations, and physical and mental abilities. Implies a pluralistic philosophy" (p. 108). The Professional Standards and Certification Committee of the Association for Multicultural Counseling and Development (AMCD), however, suggests that multiculturalism should be focused on ethnicity, race, and culture (Arrendondo & D'Andrea, 1995). For this study, the definition suggested by the Professional

Standards and Certification Committee of AMCD will be used.

#### Multicultural Competence

Multicultural competence has been defined by Ponterotto and Casas (1987) as a counselor's "knowledge of clients' culture and status, actual experience with these clients, and the ability to devise innovative strategies vis-a-vis the unique client's needs" (p. 433).

#### Multicultural Counseling

Multicultural Counseling is a term used to describe a counseling relationship in which the counselor and client differ as a result of socialization in unique cultural or racial/ethnic environments (Locke, 1990). According to Arrendondo and D'Andrea (1995), multicultural counseling refers to "preparation and practices that integrate culture-specific awareness, knowledge and skills into counseling interactions....relates to five major cultural groups in the United States and its territories: African/Black, Asian, Caucasian/European, Hispanic/Latino and Native American or indigenous groups which have historically resided in the continental United States and its territories" (p. 28).

#### Pluralistic

CACREP (1994) defines pluralistic as "a condition of society in which numerous distinct ethnic, racial, religious, and social groups coexist and cooperatively work toward interdependence needed for the enhancement of each group" (p. 109).

### Professional Counselor

CACREP (1994) and the American Counseling Association (ACA) define a professional counselor as "a counselor who has received a master's degree or higher from an entry-level program in counselor education or a closely related field" (p. 109).

### Race

Merriam-Webster's Dictionary (1993) defines race or racial group as "a family, tribe, people or nation of the same stock" (p. 570). Commonly recognized racial groups are Caucasoid, Mongoloid, and Negroid (Atkinson, Morten, & Sue, 1989). Pederson (as cited in Ponterotto & Pederson, 1992) concluded that the race construct has been discredited as a scientific and biological term, but it remains an important political and psychological concept.

### Organization of the Study

The organization of the remainder of this study includes a review of the current literature, the methodology of the study, the results, and discussion.

In Chapter Two, the related literature is reviewed.

In Chapter Three the methodology of the study is explained. This chapter also includes a description of the participants, the instrument used to assess self-perceived multicultural competence and adequacy of training, and the procedures of the study. The chapter concludes with a discussion of the data analyses used in this study.

Chapter Four includes the results of the study.

A discussion of the results and implications are given in Chapter Five.

**CHAPTER II**  
**REVIEW OF THE RELATED LITERATURE**

If current demographic projections are accurate, by the 21st century the number of ethnic minority persons in the United States will increase from one fourth of the total population to one third (Aponte & Clifford, 1993). This drastic change in the ethnic make-up of our country will have a significant impact on counseling professionals who increasingly will encounter clients who are culturally and ethnically different (Atkinson, Thompson, & Grant, 1993; Whitfield, 1994). The term "multicultural counseling" has evolved to summarize those counseling situations in which counselors and clients differ culturally, racially, and ethnically (Herr, 1989; Vontress, 1988). As a result of these increasing encounters with ethnic minorities, it has become expected that counselor educators will incorporate multicultural content and training into their programs for the purpose of preparing multiculturally competent counselors (Atkinson et al., 1989; Ponterotto & Casas, 1987).

In this chapter, the literature relevant to the multicultural competence of professional counselors is reviewed from the following perspectives: the need for a multicultural perspective, counseling racial and ethnic minorities, multicultural counseling and competence,

multicultural counseling training, training standards and multicultural competence, and research on multicultural training and competence.

#### The Need for a Multicultural Perspective

Never before has our American society been as multiethnic, multicultural, and multilingual as it is today (Sue, 1991; Sue & Sue, 1990). Based on the statistics cited in Chapter One, this will continue to be a reality in the future. For this reason, multiculturalism in the counseling profession is no longer viewed as desirable but mandatory (Casas, 1982; Pederson, 1988; Ridley, 1985). In this section, the need for multiculturalism in counseling will be considered from two perspectives: (1) demographic changes of the U. S. population, and (2) social and personal issues related to ethnic minority status.

#### Demographic Changes

In 1990, the Census Bureau revealed that the U.S. population is rapidly undergoing radical demographic changes. For example, between 1980 and 1990, the White American population grew by only 7.7% nationally while the African American and Hispanic populations grew by 15.8% and 34.5%, respectively (Rogers, Conoley, Ponterotto, & Wiese, 1992). The Asian American population increased almost 80% in the 1980's and is the fastest growing racial group in the U.S. (Whitfield, 1994). Nevertheless, it is expected that the Latino and Hispanic populations will constitute the largest group by the year 2050-- an estimated 21% of the total U. S.

population (U.S. Census Bureau, 1992). Generally, future projections show that by the year 2000 more than one third of the total population will be comprised of non-White persons, with even higher numbers (45%) in our public schools (Sue et al., 1992a). An even more drastic projection is that by the year 2010 the racial and ethnic minority population will increase to the point of becoming a numerical majority, while White Americans, for the first time in U.S. history, will constitute only 48% of the total population--a numerical minority (Sue, 1991).

This tremendous shift of demographics in the U.S. can be attributed to two prominent trends-- immigration patterns and disproportionate birth and fertility rates between Whites and other ethnic groups (Herr, 1989; Sue et al., 1992a). Currently, the rates of immigration are the largest in U.S. history (Sue, 1991). For instance, immigration of Hispanic persons--Cubans, Mexicans, Puerto Ricans-- both through legal and illegal avenues, is predicted to contribute most to the U.S. population growth rate in the next century (Herr, 1989). Between 1959 and 1980, following the Cuban revolution, approximately 600,000 Cubans immigrated to the U. S. and more than 875,000 Cuban Americans live in the U. S. today (Gonzalez, 1991; Perez, 1985). Persons from El Salvador, Guatemala, Honduras, and the Dominican Republic make up another segment of the Hispanic population who have been emigrating to the U. S. in vast numbers to flee negative political situations in their home countries (Arrendondo,

1991).

Similarly, the large influx of Asian immigrants and refugees is contributing to the rapid diversification of the U.S. population. For instance, 60% of all Asian Americans are foreign born and more than 250,000 Asian immigrants are admitted to the U.S. yearly (Atkinson et al., 1989). With this continued immigration trend, along with higher birth rates among racial and ethnic minority groups (e.g., White Americans= 1.5 children per mother and Cambodians= 7.4 children per mother), the ethnic minority population will continue to swell at alarming rates (Bernal & Padilla, 1982; Sue et al., 1992a).

Although persons of Native American ancestry are not an immigrant population, they also have been growing in numbers. Approximately 1.5 million Native Americans live in the continental U. S. and it has been estimated that between 10 million and 20 million people in the U. S. have Native American ancestry or "blood" (Taylor, 1984). According to Trimble and Fleming (1989), the largest number of Native Americans live in California (201,000), Oklahoma (170,000), Arizona (153,000), New Mexico (105,000), and North Carolina (64,536). The Navajo, who reside on a New Mexico and Arizona reservation, is the largest tribe, with over 110,000 members (Trimble & Fleming).

African Americans are presently the largest ethnic minority group in the U.S. (Census, 1990). According to the 1990 Census, African Americans make up about 11.9% of the

total population. About half the African American population reside in southern states with the remainder in large cities of the Northeast, Midwest, and West (Hacker, 1992). It is estimated that the African American population will continue to increase considering the relative youth of the population (Baruth & Manning, 1991).

While the U.S. demographic scene is rapidly changing, social and personal issues that impact the lives of ethnic minority persons are also elevating. Since the crux of counseling is to help clients resolve their social and personal issues, counselors will be called upon to assist minority clients with their distinct and specific concerns stemming from their minority status. These social and personal issues will be discussed in the following section.

Social and Personal Issues Related to Ethnic Minority Status

It has become a social reality that prejudice and discrimination play a significant role in the lives of Americans who are classified as minorities, particularly those of diverse ethnic backgrounds (Bryson & Bardo, 1975; Vontress, 1976). Over four decades ago, Allport (1954) defined negative ethnic prejudice as "an antipathy based upon a faulty and inflexible generalization. It may be directed toward a group as a whole, or toward an individual because he [or she] is a member of that group" (p. 9). Prejudiced beliefs transform into racism when individuals exercise power against a particular racial group (Jones, 1981).

Although there are no recent figures regarding the

percentage of Americans who are prejudiced or racist, Pettigrew (1981) implemented extensive survey research to investigate the prejudice problem in the U. S. He reported that 15% of White American adults are extremely prejudiced or racist, 60% are "conforming racists," and 25% consistently support rights for other groups, in this study African Americans. Although Pettigrew's study highlighted the magnitude of prejudice in the U. S., the data is more than ten years old and focuses only on one ethnic minority group.

To assess the current status of race relations and racial tension, Ponterotto and Pederson (1993) suggested that one should consider incidents such as the 1992 Los Angeles riots and claims of "ethnic cleansing" in Bosnia. These two significant events illustrate how prejudice and racism permeate our world society. Increasing racial tension has also been documented in high schools (Sherman, 1990), on college campuses (Fisher & Hartmann, 1995; Ponterotto, Lewis, & Bullington, 1990), and in the larger community (Sue & Sue, 1990).

Also, it is evident that prejudicial attitudes and racist behaviors pervade our society by the rise of racial and cultural intolerance in the U.S. (Dees & Fiffer, 1991; Klanwatch, 1989; Sue, 1981). In 1990, there were 273 named hate groups in the U. S. and by the end of 1992, there were 346--a 27% increase (Bryant, 1994). The wave of "hate crimes" (e.g., murder, physical attacks, destruction of property) against particular ethnic groups also has increased

dramatically (Williams & Wells, 1986). Klanwatch (1992) reported that hate-motivated murders rose 25% in 1991 and hate motivated attacks against Blacks and Jews numbered over 1,000 in New York alone. From a counseling perspective, this intolerance of racial and ethnic differences increases the paranoia, suspiciousness and lack of trust among clients from historically oppressed groups (Sue, 1990).

Prejudiced beliefs often are expressed through the discriminatory actions of individuals or institutions (Ponterotto & Pederson, 1993). Bryant (1994) defined discrimination as "a deliberate, public attempt to deny one or more individuals access to some form of human endeavor (e.g., employment, travel, education) (p. 11)." For instance, discrimination has historically prevented many minority individuals (e.g., Blacks) access to housing, social services, specific professions, service in the military, and other perceived benefits of being an American citizen (Herr, 1989). Numerous studies have indicated that victims of discrimination disproportionately experience low self-esteem (Clark, 1955), drug and alcohol abuse (Trimble & Fleming, 1989), increased aggression and antisocial behavior (Bryant, 1994), and stress-related illnesses (Smith, 1985). In response to these experiences, minority persons are often encouraged to seek mental health care. Mental health providers (e.g., counselors), as a result, are becoming increasingly concerned about meeting the unique mental health needs of ethnic minorities who have experienced and suffered

because of discriminatory acts (Serafica, Schwebel, Russell, Isaac, & Myers, 1990).

As a consequence of prevalent discriminatory processes, a significant number of minority individuals suffer from extreme poverty conditions due to unemployment (Casas & Vasquez, 1989). For instance, the Hispanic and African American populations maintain lower rates of employment and income than their White American counterparts (Hacker, 1992). Interestingly, Hacker noted that among men with four years of college experience, African Americans still earn only \$798 for each \$1000 that White Americans earn with the same credentials. Furthermore, the U.S. 1990 Census data indicated that ethnic minorities are highly represented and concentrated among declining industries such as agriculture, manufacturing, and production, and are underrepresented in high-growth occupations. Even Asian Americans who have been labeled as the "model minority" are limited by the stereotype of excelling in only science and math, resulting in underrepresentation in management positions (Fukuyama & Cox, 1992). This disparity of incomes and employment has been reported as a cause for internalized anxiety, anger, frustration, and resentment among minority groups (Taylor, Tucker, Chatters, & Lewis, 1990). Moreover, many ethnic minorities experience emotions that are manifested through feelings of depression, decreases in motivation, and withdrawal (Parham & McDavis, 1987).

A social issue related in particular to the immigrant

population is the increasing support of the "English-only" movement (Altarriba, 1993). This movement to legislate English-only language policies at the local, state, and federal levels is receiving support from an increasing number of Americans (Sue et al., 1992a). In a compelling article, Padilla et al. (1991) challenged the position that speaking English should be made mandatory of all persons. They illustrated that diagnosis, treatment, and client compliance all can be positively affected if the mental health provider is able to communicate with a client in the client's native language. Furthermore, these authors concluded that (a) language considerations are important in the delivery of health and mental health services (b) bilingual education is an effective educational technique for bridging the gap between ethnic groups, and (c) the English-only movement promotes racist and anti-immigration sentiments. In general, research suggests that emotion-laden words or experiences are usually better expressed in the native language (Jin, 1990; Kline, Acosta, Austin, & Johnson, 1980; Marcos, 1988). Thus in counseling, encouraging the use of English only may hinder the expression of feelings and emotional experiences among ethnically diverse clients (Javier, 1989; Marcos & Alpert, 1976).

The acculturation process is another significant personal issue that can cause anxiety and stress among many ethnic minority persons, particularly immigrants (Griffith & Villavocencio, 1985; Kunkel, 1990). Acculturation, the

process of adapting to the rules and behavioral characteristics of another group of people, presents special challenges to immigrant persons (Rogler, Cortes, & Malgady 1991; Romero, 1981). The literature indicates that the acculturation process can greatly affect language usage (Altarriba, 1993), physical health (Syme & Berkman, 1981), decision-making skills (Smart & Smart, 1995) and occupational functioning (Smart & Smart).

Given the demographic changes of the U. S. and the social/personal issues discussed in this section, counselors will undoubtedly encounter minority clients who are experiencing distress. Thus, the development of culturally effective counseling practices among practitioners is imperative. The next section will include a discussion of the barriers that frequently thwart effective counseling efforts with ethnic minority clients.

#### Counseling Racial and Ethnic Minorities

To a large degree, racial and ethnic minority persons are dissatisfied and disillusioned with the counseling profession (Atkinson et al., 1989; Pine, 1972). Much of the criticism related to minority dissatisfaction relates to barriers in the counseling process. In this section, barriers to effective counseling with racial and ethnic minorities will be examined followed by a discussion regarding the underutilization of counseling services and early termination of minority clients.

### Barriers to Effective Counseling

"Traditional" counseling approaches and interventions when applied to clients who differ culturally from the counselor have been well-documented as barriers to effective counseling (Casas, Ponterotto, & Gutierrez, 1986; Ivey, 1987; Katz, 1985; Sue, 1990; Vontress, 1976). Counseling theories traditionally have been conceptualized in Western, individualistic terms and are not applicable to clients from minority subcultures, lower socioeconomic classes, or non-Western cultures (Ivey, 1980; Wohl, 1989). For example, values such as the Protestant work ethic, rugged individualism, competitiveness, future orientation, and self-determination are all traditional western values that are infused throughout the counseling theories (Fukuyama, 1990; Katz, 1985). Numerous studies have revealed that these Western values are not shared by many Native Americans (Sage, 1991; Trimble, 1988), African Americans (Boyd-Franklin, 1989; Richardson, 1991), Hispanic/Latino Americans (Arrendondo, 1991; Ponterotto, 1987), and Asian Americans (Cook & Chi, 1984; Lee & Mixson, 1995).

Stereotypical beliefs about ethnically different clients can also hinder the counselor-client relationship (Axelson, 1985). Stereotyping is a "simplified, generalized labeling of certain people or social groups" (Ridley, 1989, p. 59). Although some stereotypes are partially valid and offer knowledge in the understanding of a client's concerns, many stereotypes are inaccurate and faulty (Baruth & Manning,

1991). Roll, Millen, and Martinez (1980) emphasized this point when they stated, "there are some ways in which any particular Chicano is like *all* other Chicanos and there are ways in which a particular Chicano is like *some* other Chicanos and there are ways in which a particular Chicano is like *no* other Chicano" (p. 165).

As mentioned in the previous discussion regarding the "English-only" movement, one of the most obvious barriers to effective counseling with culturally different clients is language (Sue et al., 1982). Language differences manifest in several forms (Vontress, 1979). Scott and Borodovsky (1990) highlighted these forms as (a) commonality of language and ability (b) formal verbal communication (e.g., speaking to authority figures), (c) informal communication (e.g., speaking to peers and the use of slang), and (d) nonverbal communication (e.g., handshaking, eye contact, and personal space). Because language--verbal and nonverbal-- is the principal mechanism through which clients and counselors communicate their feelings and thoughts in a counseling session, language differences can be a cause of counseling ineffectiveness with culturally different clients (Altarriba, 1993; Atkinson et al., 1989).

Given the variety of discriminatory acts and negative social issues faced by minority individuals, Sue et al. (1992a) asserted that clients' perceptions and views regarding persons of Caucasian/European background can impact the White counselor-ethnic minority client relationship. For

instance, an African American client might approach counseling with a White counselor with suspicion, mistrust, resentful anxiety, and hostility because of his or her historical and current experiences with White persons (Sue & Sue, 1972; Terrell & Terrell, 1984; Vontress, 1971). In a similar manner, Zintz (1969) described how Pueblo children distrust and are suspicious of any majority group member. Vontress (1971) referred to this phenomenon among many ethnic minorities as transference in the multicultural counseling relationship.

In a similar manner, the White counseling professional might also approach counseling with racial and cultural biases and stereotypes (Corvin & Wiggins, 1989; Helms, 1990; White & Parham, 1990). Vontress (1971) called this phenomenon countertransference in the multicultural relationship. For instance, a White counselor might approach counseling with perceptions and stereotypical beliefs that minority persons are inferior, unmotivated, shy, and inheritors of a plethora of moral, social and psychological problems (Jackson, 1973; Jensen, 1969).

Differences in racial identity development between the counselor and client can also act as a barrier to effective counseling with culturally different clients (Helms, 1984; Ottavi, Pope-Davis, & Dings, 1994; Sabnani, Ponterotto, & Borodovsky, 1991; Scott & Borodovsky, 1990). Helms' racial identity theory holds that there are predictable counseling dyadic relationships based on five levels of White racial

identity development and Cross' (1971) stages of Black racial identity development. Of the possible dyads that might occur, only about half are "therapeutically viable" (Scott & Borodvsky, 1990). These viable relationships are ones in which the counselor's stage of development is at least one stage more mature than the client's. If the client's stage of racial identity is markedly more advanced than that of the counselor, then effective counseling is seriously jeopardized (Helms, 1984).

Because the barriers discussed above can inhibit the development of a positive counseling relationship between the counselor and ethnic minority client, there has been a tendency for culturally different clients to terminate counseling early and underutilize counseling services. The next section will discuss the literature related to these issues.

#### Early Termination and Underutilization of Counseling Services

It has been noted that race, culture, and ethnicity play an important role in the early termination and underutilization of counseling services (Korchin, 1980; Romero, 1985; Sue et al., 1982; Sue, Allen, & Conaway, 1978). In a comprehensive study, Sue and Associates (1978) found that African Americans, Asian Americans, Hispanics, and Native Americans terminate counseling after only one contact at a rate greater than 50% while the termination rate for clients of European descent is about 30%. Romero (1985) attributed premature termination from counseling to the

cultural insensitivity of counseling professionals as well as to the counselors' lack of adaptation to the clients' world view and frame of reference. Ridley (1989) further attributed early termination and other negative experiences of minorities in counseling to racism and the consistent preferential treatment given to majority clients over minority group clients. Research has suggested that therapy opportunities have favored the YAVIS (youthful, attractive, verbal, intelligent, successful) group and disfavored the QUOID (quiet, ugly, old, indigent, culturally dissimilar) group (Krumboltz, Becker-Haven, & Burnett, 1979; Pederson, Fukuyama, & Heath, 1989). Ethnic minority clients are frequently perceived as being in the latter group.

Besides cultural insensitivity, there is also evidence that ethnic minorities prefer discussing emotional and career concerns with parents, friends, and relatives rather than professional counselors (Atkinson, Ponterotto, & Sanchez, 1984). Chinese Americans, like many other Asian Americans, traditionally seek family assistance with personal problems rather than disclosing to outsiders. Atkinson and Gim (1989) found that more acculturated Asian American students were more likely than less acculturated students to perceive a personal need for professional mental health services. Relatedly, African Americans have traditionally utilized their families and churches as therapeutic forces (Jordan, 1991; Richardson, 1991).

In addition to cultural insensitivity, numerous authors

credit the underutilization of mental health services by culturally different persons to the lack of minority counselors in counseling and training settings (Atkinson et al., 1989; Brown & Minor, 1990; Jones, 1976; Young, Chamley, & Withers, 1990). The over representation of White, middle class counseling professionals is illustrated by the disproportionate number of White chairpersons, faculty, and students in counseling training programs (Young et al.). In 1983, Atkinson reported that compared to general population statistics, Asian Americans were underrepresented as counselor education faculty members, and African Americans and Hispanics were underrepresented as both students and faculty members in counselor education programs. This underrepresentation of racially and ethnically diverse populations in counseling training programs reinforces the perception that counseling is generally irrelevant to the needs of culturally different persons and is even more poignant and disturbing because of the increasing number of clients from diverse cultural backgrounds (D'Andrea & Daniels, 1992; Smith, 1985).

It is important to note that when ethnic minority persons do seek mental health treatment, the diagnoses and subsequent treatment that they receive are frequently different from diagnoses and treatment given to White clients (Abramowitz & Murray, 1983; Lonner & Ibrahim, 1981). Differential diagnosis and treatment is evidenced when more minority clients are assessed according to psychological

constructs which are not universal (Lonner & Sundberg, 1985), and tested with culturally inappropriate instruments (Bond, 1990; Hinkle, 1994). Presumably therefore, many minority clients terminate counseling and distrust mental health services because of their fear of being treated and diagnosed according to stereotypical characteristics of ethnic minority groups (Atkinson et al., 1989; Sue & Sue, 1972).

Clearly, counselors must respond to these counseling barriers by developing an awareness and knowledge of cultural differences and necessary counseling skills to work with ethnically dissimilar clients. To do so, counselors can benefit by becoming multiculturally competent and providing what is known as "multicultural counseling."

#### Multicultural Counseling and Competence

In this section, the term "multicultural counseling" will be defined and described. Next, the issue of competence in multicultural counseling will be discussed in three parts; first, the definition and need for multicultural counseling competence; second, the dimensions of multicultural competence and third, the multicultural counseling competencies proposed by the Association for Multicultural Counseling and Development (AMCD).

#### Multicultural Counseling, Pluralism, and Diversity

Although extensive rhetoric has focused on the need for multiculturally competent counselors, there is a lack of consensus regarding what constitutes multicultural counseling. In most cases, the term, "multicultural

counseling" implies a counseling relationship between members of two distinct groups (i.e., the "majority" group" and the "culturally different" or "minority group") (Sue & Sue, 1991). Arrendondo and D'Andrea (1995) indicated that AMCD's definition of multicultural counseling referred to counseling when applied to members of five major ethnic groups:

African/Black, Asian, Caucasian/European, Hispanic/Latino, and Native American or indigenous groups. In a much broader context, CACREP (1994) defined the term multicultural as "representing a diversity including different races, economic backgrounds, ages, ethnic backgrounds, genders, sexual orientations, and physical and mental abilities" (p. 108). The CACREP definition further emphasized the implication of a pluralistic philosophy. The term "pluralistic" in the Accreditation Procedures Manual and Application is used to "describe a condition of society in which numerous distinct ethnic, racial, religious, and social groups coexist and cooperatively work toward interdependence needed for the enhancement of each group" (CACREP, 1994, p. 109).

Within the most recent set of multicultural competencies, the AMCD Professional Standards and Certification Committee established a clear distinction between the terms "multicultural" and "diversity" (Arrendondo & D'Andrea, 1995). According to Arrendondo and D'Andrea, the committee proposed that multiculturalism focus on ethnicity, race, and culture while "diversity" refers to other characteristics by which persons may prefer to self-define.

Such characteristics might include an individual's age, gender, sexual identity, religious/spiritual identification, social and economic class background, and residential location. Hence, diversity parallels the CACREP definition of multicultural counseling.

Historically, multicultural counseling has been conceptualized by scholars and practitioners as a counseling relationship between a White American counselor and a client of a racial or ethnic minority group (Das, 1995). Rarely are there references to multicultural counseling when the counselor is a member of an ethnic minority group and the client is a White American (Speight, Myers, Cox, & Highlen, 1992). Even more rare are discussions of counseling participants from one ethnic group but representing differences (e.g., upper class Hispanic male counselor and poor Hispanic female) or, both counseling participants being from different ethnic minority groups (e.g., Native American counselor and African American client).

For the purpose of this study, the definition of multicultural counseling proposed by the Professional Standards and Certification Committee of AMCD will be used. This definition is central to the multicultural competencies proposed by AMCD as criteria for identifying multiculturally competent counselors. Therefore, multicultural counseling situations in this study will refer to persons who are culturally dissimilar because of their differing racial and ethnic backgrounds (i.e., African/Black, Hispanic/Latino,

Asian, Caucasian/European, and Native American).

#### Definition and Need for Multicultural Counseling Competence

Multicultural competence is achieved when a therapist possesses the necessary skills to work effectively with clients from various cultural backgrounds (Abernethy, 1995; Ponterotto & Casas, 1987; Sue et al., 1992a). Hence, a counselor with low multicultural competence provides counseling services with little or no regard to the counselor's or the client's ethnicity or race, believing that one should provide equal treatment to all clients, regardless of their cultural backgrounds. On the other hand, a counselor with high multicultural competence acknowledges client-counselor cultural differences and similarities as significant to the counseling process (Sodowsky, Taffe, Gutkin, & Wise, 1994).

This need for multiculturally competent counselors has been posed as ethically imperative based on the premise that multicultural counseling skills are on a level of parity with other specialized counseling skills (Ridley, 1985). Since many multicultural counseling advocates believe that multicultural counseling requires the same training and supervised experience as other counselor competencies (e.g., active listening), it is suggested that counselors who do not possess the skills to be considered multiculturally competent are acting unethically when providing services to clients of culturally different backgrounds (Cayleff, 1986).

In agreement with the above assertion, both the American

Counseling Association (1995) and the American Psychological Association (1981) have included ethical guidelines pertaining to the multicultural competence of counselors. As a result, numerous counseling programs have stressed the importance of their trainees attaining multicultural counseling competence (Hills & Strozier, 1992).

#### Dimensions of Multicultural Counseling Competence

Over the past two decades, the literature regarding multicultural counseling competence has focused on three main areas or dimensions: (a) *awareness*, (b) *knowledge*, and, (c) *skills* (Carney & Kahn, 1984; D'Andrea et al., 1991; Lee, 1991; Sue et al., 1982). The first area, *awareness*, stresses the understanding of personal world views and how counselors are the products of their own cultural conditioning. Lee (1991) further stressed that it is imperative for counselors, especially counselor trainees, to be aware of how their personal biases may or do interfere with counseling effectiveness. The goal of multicultural counseling training, therefore, is to "increase a counselor's intentionality through increasing the person's purposive control over the assumptions that guide his or her behavior, attitudes, and insights" (Pederson & Leafley, 1986, p. 138).

The second area, *knowledge*, reinforces the importance of understanding the world views of culturally different clients (Sue & Sue, 1990). It is pointed out by Sue et al. (1992a) that counselors must understand as well as respect their clients' world views. Traditionally, counseling, like other

disciplines, has accepted culturally different persons if they were willing to become acculturated and reject cultural distinctiveness (Midgette & Meggert, 1992). This "melting pot" philosophy creates negative consequences when the use of counseling techniques designed for the dominant culture are used inappropriately with clients of ethnically dissimilar backgrounds. According to Midgette and Meggert, counselor education programs cannot continue to operate on an ethnocentric philosophy which is based on conforming clients to a homogeneous model of acceptable behavior.

And finally, the skills area deals with the process of actively developing and practicing appropriate intervention strategies needed for work with culturally different clients. According to Sue et al. (1992a), studies have revealed that counseling effectiveness is improved when counselors use techniques and interventions that are consistent with the life experiences and cultural values of their clients.

To summarize the three dimensions of multicultural competence, Corvin and Wiggins (1989, p. 105) noted the following characteristics:

1. A basic assumption that individuals' ethnic or cultural background significantly influences their world view and the way in which they experience and understand life and its problems (awareness).
2. An emphasis on learning about various cultural groups (i.e., cultural world views) so there is some understanding of how an individual from a particular group may experience life and its problems

(knowledge).

3. A focus on teaching counseling skills and interventions appropriate for use with members of various ethnic groups (skills).

Essentially, if counselors acquire competence in the above dimensions--awareness, knowledge, and skills-- they will possess the characteristics and strategies necessary for effectively counseling culturally different clients (Pederson & Ivey, 1993; Ponterotto et al., 1994; Sabnani, et al., 1991; Sue, 1992).

#### Multicultural Counseling Competencies

In accordance with the previously discussed dimensions of competence, AMCD under the presidency of Dr. Thomas Parham in 1990-91, requested that the Professional Standards and Certification Committee draft a set of multicultural counseling competencies (D'Andrea, 1995; Sue et al., 1992a). Recently, the 1994-1995 AMCD Professional Standards and Certification Committee expanded the original set of competencies by including operational definitions of "diversity" and "multiculturalism" in conjunction with explanatory statements. The explanatory statements were included in the revised competencies to specifically address behaviors and activities that lead to the attainment of multicultural competence (personal communication, D. Locke, October 25, 1995).

The multicultural counseling competencies were derived by using a three X three (Characteristics X Dimensions) matrix in which the characteristics of a "culturally skilled

counselor" are cross-classified with the dimensions of multicultural competence (i.e., awareness, knowledge, and skills). The three characteristics of a culturally skilled counselor are as follows:

- (1) Counselor awareness of own cultural values and biases
- (2) Counselor awareness of client's world view
- (3) Culturally appropriate intervention strategies

In Appendix A, the 31 competencies are listed. Each competency builds on the dimensions of multicultural competence along with the counselor's own personal awareness, knowledge of clients' world views, and skills. For example, the counselor characteristic-- counselor awareness of own cultural values, and biases-- has nine competencies that specifically deal with a counselor's awareness of his/her own cultural background, knowledge about his/her own cultural heritage and the limits of his/her competencies in working with culturally different populations.

Appendix B consists of the explanatory statements.

Articles highlighting the original multicultural counseling competencies were published in both the Journal of Counseling and Development (Sue et al., 1992a) and the Journal of Multicultural Counseling and Development (Sue et al., 1992b). This was not only the first time that the attributes of a multiculturally competent counselor were defined, the competencies also established criteria for professional counselors' practice with racial and ethnic

minority clients (D'Andrea, 1995). Furthermore, AMCD leaders hoped that the competencies would be integrated into the accreditation criteria and curriculum standards of CACREP. It was noted in a recent article in Counseling Today (D'Andrea, 1995), that the members of the AMCD Professional Standards and Certification Committee intend to work with members of CACREP and the National Board for Certified Counselors (NBCC) regarding modifications of their accreditation and certification standards to include the multicultural counseling competencies.

As can be seen from this discussion, the competencies are extensive and reflect both breadth and depth of awareness, knowledge, and skills for a counselor to be considered multiculturally competent. The development of multicultural competence is dependent upon effective counselor training. This training can be provided through inservice or continuing education, or at the preservice stage of training. In the following sections, the focus is on preservice preparation in counselor education training programs, primarily at the entry level. Continuing education is incorporated in later discussion of instrumentation (see Chapter 3).

#### Multicultural Counseling Training

Current counselor education programs use a variety of models and methods to develop the competence of counselors in multicultural situations (Baruth & Manning, 1991). This section will first offer a description and discussion

regarding multicultural counseling training models and methods used in counselor education programs. Then, a review of curricula and courses in counseling programs will be given.

### Models of Training

In response to the demand for multiculturally competent counselors, counselor education programs have developed various training models that integrate multiculturalism into their existing curricula (Chambers, Lewis, & Kerezsi, 1995; D'Andrea et al., 1992; Ibrahim, Stadler, Arrendondo, & McFadden, 1986). Copeland (1982) indicated that four basic models can be used to provide training in counseling racial and ethnic minority populations. These models are categorized as follows: (a) the separate course model, (b) the area of concentration model, (c) the integration model, and (d) the interdisciplinary model. The first model consists of merely adding one course to an existing program. Although it requires only one interested faculty member, frequently there is not enough time to cover the subject matter thoroughly in one semester. Nonetheless, because this is the easiest model to implement, it is the most popular among counselor educators (D'Andrea & Daniels, 1992)

The second model, area of concentration, typically involves adding a core of courses, along with skill-building activities that focus on a particular cultural group or several groups. This model is more involved than the separate course model because an interrelated number of core

courses must be provided in addition to practicum and internship sites which serve diverse populations. Although this model is offered to all students in a given program, it is still voluntary and is selected by only those students who choose to obtain in-depth training.

The interdisciplinary model, unlike the preceding models, utilizes faculty and courses in other departments. Copeland (1982) noted that "this approach broadens the theoretical base of students by increasing their awareness of the importance of other human-service-oriented fields, such as psychology, anthropology, sociology, economics, political science, and ethnic studies" (p. 191). While this model can be effectively implemented, it is important to note that communication and cooperation with faculty of other disciplines is imperative.

The last model is not only the most difficult model to incorporate into a training program but is one of the most desirable because of its flexibility in meeting all trainees' needs. In contrast to the other models, the integration model involves cooperation from all individuals involved in the program and evaluation of total program progress. From a review of the literature pertaining to models of training, Myers and Blake (1986) encouraged the use of the integrated model in the preparation of gerontological counselors because of its demand for competence among most faculty and systematic revisions of the curriculum. Similarly, the integration model has been cited as the preferred model of

training in the preparation of culturally competent counselors (D'Andrea et al., 1991).

Swanson (1993) posited that counseling programs need a systematic philosophy of multicultural counseling training. She offered a multicultural career counseling model that includes three guiding principles: philosophy and objectives of training, commitment to multiculturalism, and flexibility in training. With these principles as a guide, training is dependent on whether the focus is at a programmatic or individual trainee level. If the counseling program desires to implement a commitment to multiculturalism at a programmatic level, training experiences encompass the overall curriculum, practicum experiences, internships, diversity in program and individual courses. If the objective of training is at the individual level, Swanson suggested that programs articulate the training philosophy, teach by example, use formal and informal opportunities, assess an individual's level of sensitivity and competence, design a deliberate plan and anticipate resistance from students.

Within the aforementioned models of training in counselor education programs, there have been numerous methods of educating and preparing counselors for work with ethnically diverse populations. Next, methods of multicultural training will be reviewed.

#### Methods of Training

Numerous methods and approaches have been developed to

enhance the multicultural skills of counselor trainees (McRae & Johnson, 1991). Interestingly, results from a survey of experts in multicultural counseling predicted that the quality of multicultural training and preparation will increase dramatically in the future (Heath, Neimeyer, & Pederson, 1988). They also purported, however, that the methods and focus of training will vary from program-to-program. This phenomenon appears to be true. The following discussion will examine the variety of methods of multicultural counseling training.

Claiming that most multicultural training strategies focus on "knowing that" cultural differences exist, Johnson (1987) has suggested that a shift towards "knowing how" to conduct effective counseling sessions with diverse clients would be beneficial. Multicultural training methods have typically included objectives such as developing awareness and knowledge about individuals who have different cultural backgrounds while only a few have focused on skill development or the dynamics of the multicultural therapeutic relationship (Ivey, 1977; Pederson, 1988).

An example of a skill-oriented method is the triad model (Pederson, 1988). This model involves a videotaped role play of three individuals; one participant plays the client, another, the counselor and the third person role-plays either a supportive ally (pro-counselor) or an antagonist (anti-counselor) who accentuates pertinent cultural factors that impact the counseling relationship (McRae & Johnson, 1991).

Because this model includes both negative and positive implications of culture, it provides for a broad understanding of the potential cultural, ethnic, and/or racial conflicts between the counselor and client. Research on the triad model has indicated that counselor trainees are more effective in the acquisition of knowledge and skills when the pro-counselor format is used. The anti-counselor, on the other hand, was more helpful to trainees in the development of sensitivity and awareness of personal biases and prejudices (Neimeyer, Fukayama, Bingham, Hall, & Mussenden, 1986).

In addition to the skill-oriented triad model, Ivey and Nwachuku (1991) generated a training method which integrated an Afrocentric method of helping (i.e., Nigerian Igbo) with microskills. The basis of Nwachuku and Ivey's theory of helping can be summarized in the following steps: (1) Examine the culture. What are the important personal and interpersonal characteristics in this culture? (2) Identify and organize concrete skills and strategies that can be used in modern helping relationships. Organize these strategies into patterns and test them in practice, and (3) Test the new helping theory and its skills in action. Ivey, Ivey, and Simek-Morgan (1993) suggested that this theory and framework can be applied to other cultural groups and can be beneficial in multicultural skill development.

Besides skill development, a growing body of literature advocates experiential contact with ethnic minority groups as

a vital element in the training process (Arrendondo-Dowd & Gonzalves, 1980; Heppner & O'Brien, 1994; Sue & Zane, 1987; Sue et al., 1982). This perspective is based on the belief that knowledge of cultural groups is insufficient if actual experience with culturally different groups is lacking. Mio (1989) reported that trainees who were matched with an immigrant student were rated as more culturally sensitive at the end of the semester. He concluded that the experiential component was the key factor to the enrichment of the students' cultural sensitivity. Nonetheless, this training method lacks skill development and studying of dynamics within a multicultural counseling relationship.

Despite the need for counselor trainees to be adequately prepared in the knowledge and skill areas, beliefs and attitudes of trainees are also a critical area in the development of cultural competence. Kelly (1990) stated that many graduate students rather concentrate on the knowledge and skills areas and not on personal awareness. He further reported that students "generally resisted attempts to explore their attitudes and beliefs about their own and other cultural groups " (p. 77). To counteract this resistance, Kelly formed a training approach that encouraged the study of beliefs and attitudes by focusing on the trainee's family-of-origin. Presumably, by focusing on the world view of one's family-of-origin, a trainee is able to examine his or her own cultural values, beliefs, and perceptions.

In a method geared towards overcoming the obstacle of

developing empathy with culturally different clients, Scott and Borodovsky (1990) proposed that the cultural boundaries between the counselor and client can be transcended by using cognitive empathy as opposed to affective empathy. Cognitive empathy enables the counselor to intellectually take the cultural role or cultural perspective of the client. Whereas in affective empathy the counselor can readily enter the client's cultural frame of reference, in cognitive empathy the counselor can only understand the client's frame of reference from a cognitive level. Scott and Borodovsky further concluded that empathy can be successfully established with clients from culturally different backgrounds only when counselors are aware of the inherent qualities and limitations of both types of empathy.

From a counselor development perspective, Carney and Kahn (1984) devised a training method that linked multicultural counseling training to five general stages of a counselor's development. Reflecting a pattern of growth in the three dimensions of multicultural competence--awareness, knowledge, and skills-- each stage of counselor development is described in terms of the challenges that it provides and the support that is needed. The challenges prompt counselors to expand on the dimensions of competence while the supports consist of the characteristics of the appropriate training environment. Essentially, this method of training emphasizes the relationship between the appropriate learning environment and the counselor's level of development.

From another developmental perspective, Sabnani, Ponterotto, and Borodovsky (1991) introduced a five-stage White identity model as a method for multicultural counseling training. Their hypothesis is that effective multicultural training occurs developmentally and sequentially. Most importantly, however, they posited that the White counselor trainee's racial identity attitude development level plays an integral part of multicultural counseling training. Their method of training includes goals and tasks for each White identity stage and are dependent on the prerequisites for successful movement through or to the next stage. This five stage White identity model stems from the integration of Helms' (1984), Carney and Kahn's (1984), Hardiman's (1982) and Ponterotto's (1988) models of multicultural training and White identity development.

#### Multicultural Counseling Curricula and Courses

Many training programs are addressing the challenge of training culturally competent counselors by offering specific courses that deal with multicultural issues (D'Andrea et al., 1992; Herr, 1989; McDavis & Parker, 1977). In fact, from 1989 to 1991, multicultural counseling courses were the most frequently added new courses to counseling curricula (Hollis & Wantz, 1990). In a classic survey, Ponterotto and Casas (1987) elicited nominations of the leading multicultural training programs in the U. S. From a panel of 20 "experts," nine programs received three to eight nominations. Interestingly, each of the nine nominated programs had the

distinct quality of requiring at least one course in multicultural issues.

Generally, multicultural courses stress either one or a combination of the three dimensions of cultural competence discussed previously--awareness, knowledge, and skills (Corvin & Wiggins, 1989; D'Andrea & Daniels, 1992; Mio, 1989). Course formats usually vary according to the dimension(s) which the individual counselor educator teaching the course chooses to emphasize. For example, courses that are designed primarily to increase students' cultural awareness will generally consist of class discussions geared towards exploring students' stereotypes, prejudices and misconceptions of other cultural groups (Parker & McDavis, 1979). Since awareness also requires the ability to see a situation from both your own and the other's viewpoint, experiential learning through cultural immersion is a classic multicultural training approach (Pederson & Ivey, 1993). Cultural immersion requires an individual to live and work in another culture and thus learn by experiencing the effect of similarities and differences between that culture and their own.

In contrast, courses that are designed to facilitate skill acquisition will often be very structured so that students are directly involved in a number of concrete learning activities such as role-playing, behavioral modeling, microskill training and critiquing of prerecorded counseling sessions (Pederson, 1988; Pederson & Ivey, 1993).

Courses focusing on students' knowledge of cultural differences, on the other hand, are designed to focus on information (i.e., values, beliefs, customs) and factual data regarding specific racial/ethnic and cultural groups. This is typically implemented through readings, lectures, and media presentations of factual information (D'Andrea et al., 1992; Mio & Morris, 1990).

Several courses have been designed that are multifaceted and comprehensive in nature (Parker, Valley, & Geary, 1986; Steward, 1992). For example, McDavis and Parker (1977) developed a course on counseling ethnic minorities that consisted of 20 two-hour class sessions. The content of their course encompassed the following six topics and experiences: (a) Awareness Group Experience (AGE), (b) Facilitating Interracial Groups (FIG), (c) Minority Student Panel, (d) Counseling Ethnic Minorities Individually (CEMI), (e) Class Projects, and (f) Ethnic Dinner. McDavis and Parker concluded, based on feedback from students, that the course was valuable because it provided an opportunity for the trainees to expand their personal awareness, gain knowledge of other cultures, and practice approaches and techniques which help establish rapport with minority clients.

This section has described and discussed various models and methods of multicultural counseling training. Attempts to standardize current training practices require special attention to national training standards. The CACREP

training standards for counselor education programs are the primary standards which affect counselor training.

#### Training Standards and Multicultural Competence

In their historical article which identified multicultural counseling competencies, Sue et al. (1992a) proposed that the multicultural competencies be adopted into the accreditation criteria of counselor education programs. Although CACREP has adopted the position that information concerning cultural, ethnic, racial, and gender differences be part of counselor education programs (Lloyd, 1990; Locke, 1990), there is no link between the standards and the previously discussed multicultural counseling competencies. This section will explore the current national standards as set by CACREP for training counselors for a multicultural society. Differences between the 1988 and 1994 standards will be highlighted.

Accreditation is a significant component of the credentialing process (Bobby & Kandor, 1992; Brooks, 1986; Haight, 1992). According to Brooks (1986), "the purpose of the accreditation or program approval component of a credentialing system is to ensure that practitioners-to-be receive proper training" (p. 245). Based on training standards developed by professional organizations (e.g., American Counseling Association), accreditation is a means to define a profession's limitations of activity (Brooks & Gerstein, 1990). Standards of training usually include three important segments: (1) a statement of the profession's

knowledge base, (2) guidelines explaining how to impart this knowledge to person's seeking the competencies necessary for entry into the profession, and (3) criteria for evaluating the acquisition of competencies (Brooks, 1986).

In the case of counselor education, CACREP is the accreditation body for both master's and doctoral level counselor education programs (Altekruse & Wittmer, 1991; Cecil & Comas, 1986; Sweeney, 1992). As of August 1995, there were 105 institutions with CACREP accreditation (CACREP Connection, 1995). According to Bobby and Kandor (1992), the number of accredited programs has steadily increased over the past decade. Nevertheless, there are a substantial number of counselor education programs that have not applied for accreditation review (Sweeney, 1992).

The Accreditation Procedures Manual and Application published by CACREP (1994) consists of an overview of the history of CACREP, five stages of the accreditation process and a listing of the CACREP standards. The standards for master's level programs include five sections--The Institution, Program Objectives and Curriculum, Clinical Instruction, Faculty and Staff, Organization and Administration, and Evaluations in the Program. Doctoral level standards are described separately.

The Program Objectives and Curriculum section consists of eight core curriculum areas in which all students are expected to have curricular experiences and demonstrated knowledge. The eight core areas of study listed in the

manual are as follows: (a) Human Growth and Development, (b) Social and Cultural Foundations, (c) Helping Relationship, (d) Group Dynamics, (e) Lifestyle and Career Development, (f) Appraisal (g) Research and Evaluation, and (h) Professional Orientation. Since a curricular experience in each of the above areas is required for every student in an accredited program, the faculty of counseling programs must ensure that each core area is integrated or infused into the curriculum (Altekruse & Wittmer, 1991).

In the 1994 CACREP standards, curricular experiences in multicultural counseling are specifically incorporated into the Social and Cultural Foundations core area. In the 1988 standards, multiculturalism is also incorporated into the Social and Cultural Foundations core area, but without ethical considerations. For instance, the 1988 CACREP standards for Social and Cultural Foundations includes studies that involve the following:

- a. socioeconomic trends and changes in society including sources of conflict, methods of conflict resolution, and responses to change;
- b. trends and changes in human roles including traditional and nontraditional male and female roles and factors influencing role development and change;
- c. multicultural and pluralistic trends including characteristics and concerns of subgroups, subgroup and societal interaction patterns, and methods of conflict resolution; and
- d. major societal concerns including stress, person abuse, substance abuse, discrimination on the basis of human characteristics such as age, race,

religious preference, physical condition, sexual preference, ethnicity, or gender, and methods for alleviating these concerns (p. 25).

According to the 1994 CACREP Standards, this knowledge area includes studies that provide an understanding of the following issues:

- a. multicultural and pluralistic trends including characteristics and concerns of diverse groups;
- b. attitudes and behavior based on such factors as age, race, religious preference, physical disability, sexual orientation, ethnicity and culture, family patterns, gender, socioeconomic status, and intellectual ability;
- c. individual, family, and group strategies with diverse populations; and
- d. ethical considerations (p. 50).

Multicultural perspectives are also included in three other core areas of the 1994 standards--Helping Relationships, Career and Lifestyle Development, and Appraisal. The Helping Relationship core area stresses studies that include "counselor or consultee characteristics and behaviors that influence helping processes including age, gender and ethnic differences..."(p. 50). The Career and Lifestyle Development area encourages studies that provide an understanding of "interrelationships among work, family, and other life roles and factors including multicultural and gender issues as related to career development" (p. 51). And finally, the Appraisal area includes studies that focus on "age, gender, ethnicity, language, disability, and culture

factors related to the assessment and evaluation of individuals and groups" (p. 51). The 1988 standards, however, include multiculturalism in only the areas of Helping Relationships and Lifestyle and Career Development. Obviously, therefore, CACREP-accredited programs are required to provide curricular experiences that promote an understanding of issues and needs of diverse clients.

Other important aspects of the 1994 accreditation standards which mention cultural issues are the clinical instruction, faculty and staff, and organization and administration sections. The section concerning clinical instruction (Section III) requires accredited programs to have clinical experiences with clients representative of the ethnic, lifestyle, and demographic diversity of their community. The 1988 standards did not mention cultural issues in the clinical instruction section.

Section IV of the 1994 standards requires that programs make an effort to recruit and retain program faculty members that are representative of the diverse cultures in the community. In addition, the 1994 standards also call for program faculty to develop a "policy to recruit students representing a multicultural and diverse society" (p. 59). The 1988 standards required programs to show "evidence that the institution has sought to recruit and/or retain program faculty members representative of the diversity among people in society (e.g., women, ethnic minorities, and persons with disabilities)" (p. 30). Furthermore, the 1988 standards

required a "written commitment to recruitment of students representing a variety of societal subgroups and subcultures" (p. 31).

The intent of the standards is that counselors who graduate from CACREP-accredited programs will have specific training in multicultural counseling, clinical experiences with diverse clientele as well as exposure to culturally different faculty members and students. Presumably, these experiences will contribute to the development of multicultural counseling competence in professional counseling. At this time, however, there is no data concerning the adequacy of the CACREP standards in the preparation of multiculturally competent professional counselors.

Clearly, counselor education and training programs which seek to meet the CACREP standards will need to address multicultural counseling issues in a variety of ways. Since the 1994 standards incorporate multiculturalism to a far greater extent than previous editions of the standards, this study will focus on the 1994 CACREP standards and counselors who graduated from training programs accredited under the 1994 standards.

In order to better understand how to determine the adequacy of the CACREP standards for the increased multicultural competence of professional counselors, a review of current outcome research regarding multicultural competence and training is needed. The next section will

review the literature pertaining to research on multicultural counseling training and competence.

#### Research on Multicultural Counseling Training and Competence

Concern has been expressed that the effectiveness of multicultural counseling training on counselors' multicultural competence has rarely been evaluated (LaFromboise, Coleman, & Hernandez, 1991; Ponterotto & Casas, 1991). In response to this concern, researchers have only recently begun to evaluate training programs and assess multicultural counseling competence. The purpose of this section, therefore, is three-fold; one, to discuss the literature surrounding the effectiveness of multicultural counseling training methods in counseling programs; two, to review the research pertaining to factors that influence multicultural counseling competence, and third, to examine the status of multicultural training in counselor training programs.

#### Effectiveness of Multicultural Counseling Training

Although a variety of multicultural training methods have been introduced into counselor education programs, a paucity of research exists that indicates the impact of such training on counselors' effectiveness and multicultural competence (Christensen, 1984). D'Andrea et al. (1991) conducted a study which assessed the impact of a comprehensive multicultural training model on the multicultural counseling awareness, knowledge, and skills of

90 graduate students enrolled in two counselor education programs. The results of this study suggested that the comprehensive training model substantially improved the participants self-reported level of multicultural awareness, knowledge, and skills. One of the most significant findings from this research involved the notable increase in students' multicultural development regardless of the length of time the training was offered (i.e., regular academic semester, intense weekend training, summer semester).

In another study, Wade and Bernstein (1991) examined the impact of multicultural training on low-income, Black female clients' perceptions of counselor credibility, attractiveness, and counseling relationship quality. The four-hour training of counselors assigned to the treatment group included an overview of issues a culturally different individual might bring to counseling, a group discussion on counselor self-awareness and the minority client, and a skill training component based on Pederson's (1985) triad model. Results revealed that clients assigned to a counselor who had received multicultural training rated their counselor higher on expertness, attractiveness, trustworthiness, satisfaction, unconditional positive regard, and empathy. Moreover, these same clients returned for more sessions than did clients assigned to counselors in the control condition.

Similar to the preceding study, Christensen (1984) examined the effects of multicultural training on the counselor's empathic responses, attending behavior, and

anxiety during interviews with culturally different clients. Thirty-one White graduate students were assigned to either treatment or no treatment conditions; treatment was an 11 hour multicultural training program based on awareness, knowledge, psychosocial issues (e.g., racism), and skills. Results based on rated videotaped excerpts indicated no significant differences between treatment and control group participants on empathy, attending behavior, and anxiety.

To date, there have been no systematic investigations examining the effects of multicultural counseling training on the attainment of the proposed multicultural competencies developed by AMCD.

#### Factors That Influence Multicultural Competence

In response to Sabnani et al.'s (1991) model of White racial identity development, Ottavi et al., (1994) tested their hypothesis that higher levels of racial identity development are related to higher levels of multicultural counseling competence. In their study, 128 White counseling students completed measures of White racial identity development (i.e., White Racial Attitude Scale) and self-reported multicultural counseling competencies (i.e., Multicultural Counseling Inventory). The results indicated that students' White racial identity development, educational level, and clinical experiences correlated moderately with multicultural competence. Ottavi et al., suggested, as a result, that racial identity development be considered a significant component in the planning of multicultural

counseling training.

Besides racial identity development, research indicates that there are other potentially important factors that influence counseling students' multicultural competence. For example, Carter (1990) found that gender could be a key factor in racial interactions. In his study, women were found to be more comfortable with racial interactions and issues than men. In a similar study, Pope-Davis and Ottavi (1994) reported that older students experienced greater discomfort with racial interactions and issues than younger students. Finally, Sodowsky, Taffe, and Gutkin (1991) found that the amount of multicultural client contact was related to higher levels of self-reported multicultural competence for practicing counseling professionals.

#### Status of Multicultural Training in Counseling Programs

Despite efforts by many well-intentioned counselor educators, traditional Anglo-American cultural values are still prevalent in both counseling and psychology training curricula (Corey, Corey, & Callanan, 1988; Katz, 1985). In 1982, Ibrahim and Thompson surveyed counselor education programs and determined that only 3% of responding programs reported having multicultural counseling as part of their core curriculum at that time. More recently, Mio and Morris (1990) reported that resistance against the inclusion of multicultural issues in required curriculum persists in many psychology programs as well.

Wyatt and Parham (1985) conducted a study sponsored by

the Subcommittee on Culturally Sensitive Models for the Board of Ethnic Minority Affairs of the American Psychological Association (APA). The study consisted of a survey designed to assess the specific types of culturally relevant course material and experiences that were offered in the clinical training of psychology graduate students. Surveys were sent to psychology graduate departments which had courses and training in ethnic minority issues ( $n = 14$ ), APA-approved internship programs ( $n = 174$ ), and APA-approved counseling doctoral training programs ( $n = 25$ ). The results indicated that the inclusion of culturally sensitive training material in seminar format ( $n = 8$ ) is marginal. In addition, courses that offered didactic and experiential exposure to ethnic minorities were even fewer in number ( $n = 6$ ).

In a recent study by Hills and Strozier (1992) in which 61 APA-accredited counseling psychology programs were evaluated, findings for the status of multicultural training in counseling psychology were reported. Of the responding programs ( $n = 49$ ), 87% offered at least one course on multicultural issues and 22% of the programs offered the opportunity for students to design a multicultural subspecialty. Interestingly, Hills and Strozier found that the representation of non-White faculty and the proportion of faculty interested in multiculturalism were higher among junior, recently hired faculty than among senior faculty. The authors concluded, therefore, that recent doctoral graduates were receiving more cultural awareness training and

more minorities were being recruited into the counseling field. Although Hills and Strozier's (1992) results are encouraging, the survey provided no information as to whether these results are a response to accreditation pressure or a result of a genuine interest and commitment to multicultural training.

In a similar evaluation of training programs, Bernal and Castro (1994) compared multicultural training data collected from directors-of-training in accredited clinical psychology programs in 1979-1980 to data collected a decade later (1990-1991). They reported that the number of programs requiring minority-related courses for the doctorate increased by 17% and there was a 10% increase of programs whose faculty members are engaged in culture-related research. In contrast with these improvements, however, was the authors' finding that non-White faculty are still very scarce. Half of the programs surveyed had no ethnic minority faculty member at all, and two thirds of the programs that had ethnic minority faculty only had one such person.

Comparable to the preceding study, Rogers, et al., (1992) surveyed program directors of 121 doctoral and nondoctoral school psychology programs to determine the status of multicultural training. The survey measured the extent to which the programs integrated multicultural themes into core courses, the number of minority-related courses offered, the extent to which students are exposed to culturally diverse clients during practica and internships,

and the representation of culturally diverse groups among faculty and students. The results illustrated that more systematic attention is being given to multicultural issues in Ph.D programs than in Ed.D, Psy.D, Ed.S or master's level programs. However, 40% of the programs sampled did not offer specific courses in minority issues nor did they integrate multicultural themes into core school psychology courses. Furthermore, almost one-third of the programs surveyed provided limited access to minority children during fieldwork experiences.

In an even more recent study that focused on the training and competence of counseling graduates, Allison, Crawford, Echemendia, Robinson, and Knepp (1994) surveyed 259 graduates of counseling and clinical psychology programs. Respondents of the survey were asked about training and professional work experiences with diverse groups (e.g., ethnic groups, economically disadvantaged, lesbians, physically disabled). The results indicated that there were low levels of competence in providing services to individuals of most ethnic minority and diverse groups. Nevertheless, more than 50% of the respondents indicated high feelings of competence in providing services to European Americans, women, and economically disadvantaged individuals. In addition, respondents in this study identified their most effective training experiences relevant to providing services to racial ethnic or other diverse groups. The top five responses were as follows: (1) having access to supervision

relevant to diverse cases, (2) having internship experiences, (3) attending a seminar, conference, workshop, or other time-limited training experience, (4) working with minority clients, and (5) taking relevant course work.

In response to the frustration of many directors of training and department chairpersons as to how to develop multicultural competence in their graduate programs, Ponterotto et al. (1995) devised a Multicultural Competency Checklist. The Checklist, which focuses on doctoral level training, consists of 22 items organized along six themes: minority representation, curriculum issues, counseling practice and supervision, research considerations, student and faculty competency evaluation, and physical environment. Although the Checklist is designed for doctoral level training, Ponterotto et al. acknowledge that the contents can be used to guide multicultural efforts in master's degree programs as well.

Although counseling programs are beginning to address multicultural issues in their curricula, little data is available concerning the inclusion of multicultural training in internship experiences. Murphy, Wright, and Bellamy (1995) implemented a study to examine the amount and type of multicultural training given to interns in university counseling centers. Their results indicated that 96.2% of the responding university counseling centers ( $n = 53$ ) offer training in multicultural issues. Most of this training occurs in general intern seminars (77.4%) and the average

time spent on multicultural issues is two to three sessions or four to five hours per year. In spite of the encouraging findings regarding the centers offering multicultural issues in training, only 5.7% ( $n = 3$ ) require interns to have ethnic or culturally different clients.

#### Summary of Literature Review

The recent demographic shift in the U. S., social influences such as discrimination and prejudice, and the impact of these conditions, make it apparent that counselors must be prepared to work with a culturally diverse clientele. It has been documented that traditional, monocultural approaches to counseling are ineffective when applied to clients from culturally different backgrounds. Many counselor education programs, therefore, have attempted to restructure their training programs to increase the multicultural competence of counselors.

The literature implies that ensuring multicultural competence of counselors is a complex task which entails, but is not limited to, multicultural courses, counseling courses infused with multicultural content, recruitment of ethnically diverse faculty and students, and clinical experiences with culturally/ethnically different clients. Multicultural counseling competencies have recently been proposed to act as a guideline for preparing culturally competent counselors while at the same time, counselor education programs have incorporated various models and methods of training counselors for work with ethnically diverse populations.

Nevertheless, there is no research indicating professional counselors' self-perceived adequateness of such training on their multicultural counseling competence.

To further ensure the multicultural competence of counselors, professional credentialing bodies, particularly CACREP, have incorporated multicultural issues into their standards. In addition to integrating multiculturalism into core subject areas, the CACREP standards require that counselor education programs have diverse faculty and student representation along with internship and practica placements that provide for clinical experiences with culturally different clients.

Despite the fact that the counselor education literature lacks data on the status and the adequacy of multicultural training in CACREP-accredited programs, the psychology literature has yielded valuable information regarding the status of multicultural training in counseling programs. Surveys of psychology training programs cover information such as multicultural courses, faculty role in training, use of training resources on and off campus, practicum and internship experiences with diverse clients, and overall importance of multicultural counseling training.

The available research does not create a link between the multicultural counseling competencies and the current training of multiculturally competent counselors in CACREP-accredited programs. Such research is needed to determine whether there is a relationship between professional

counselors' self-perceived multicultural competence and the adequateness of the multicultural counseling training they have received.

### CHAPTER III

#### METHODOLOGY

As indicated in the literature review, professional counselors increasingly will find ethnic minority individuals among their client caseloads. The literature also suggests that multicultural counseling is becoming a major focus of counselor training and is recognized as being an integral component of counselor preparation by leading counselor education accrediting bodies and divisions of the American Counseling Association (i.e., CACREP, AMCD, ACES). The extent to which professional counselors perceive themselves to be multiculturally competent has not been determined, nor has the perceived adequacy of multicultural training in counselor education programs in developing such competence been documented. Furthermore, the relationship between counselor training and self-perceived multicultural counseling competence has not been established.

In this chapter, the methodology used for examining professional counselors' self-perceived multicultural competence and the adequacy of the multicultural training they have received is described. In addition, the procedures used in the development of the National Multicultural Counseling Competence and Training Survey are presented. In the first portion of the chapter, the research hypotheses are delineated. The remainder of the chapter presents a

description of the subjects, the pilot study conducted to develop and field test the research instrument, and procedures implemented for the study. The chapter concludes with a discussion of the data analyses used in this study.

#### Hypotheses

The research questions for this study were stated in Chapter One. These questions and the hypotheses used to examine each question were as follows:

Research Question 1: Do professional counselors perceive themselves to be multiculturally competent?

The following hypothesis was used to address this question:

*Hypothesis 1: Professional counselors will not perceive themselves to be multiculturally competent.*

Research Question 1a: What factors comprise the multicultural competencies?

The following hypothesis was used to address this question:

*Hypothesis 2: The factors--awareness, knowledge, and skills--comprise the multicultural competencies.*

Research Question 1b: What is the self-perceived multicultural competence of professional counselors on each of these

factors?

The following hypotheses were used to address this question:

*Hypothesis 3: Professional counselors will not perceive themselves to be competent on the awareness dimension.*

*Hypothesis 4 Professional counselors will not perceive themselves to be competent on the knowledge dimension.*

*Hypothesis 5: Professional counselors will not perceive themselves to be competent on the skills dimension.*

As a result of a factor analysis implemented in this study, two additional factors emerged.

Therefore, the following hypotheses have been included:

*Hypothesis 6: Professional counselors will not perceive themselves to be competent on the definition of terms dimension.*

*Hypothesis 7: Professional counselors will not perceive themselves to be competent on the racial identity dimension.*

Research Question 2: Do professional counselors who

graduated from CACREP-accredited counselor education programs (in or after 1994) perceive themselves to be more multiculturally competent than professional counselors who graduated from non-CACREP accredited programs (in or after 1994)?

The following hypotheses were used to address this question:

*Hypothesis 8: There will be a statistically significant difference between the self-perceived multicultural awareness of professional counselors who graduated from CACREP-accredited programs in or after 1994 and professional counselors who graduated from non-CACREP accredited programs in or after 1994.*

*Hypothesis 9: There will be a statistically significant difference between the self-perceived multicultural knowledge of professional counselors who graduated from CACREP-accredited programs in or after 1994 and professional counselors who*

*graduated from non-CACREP  
accredited programs in or after  
1994.*

*Hypothesis 10: There will be a statistically  
significant difference between the  
self-perceived multicultural  
skill of professional counselors who  
graduated from CACREP-accredited  
programs in or after 1994 and  
professional counselors who  
graduated from non-CACREP  
accredited programs in or after  
1994.*

As a result of a factor analysis  
implemented in this study, two  
additional factors emerged.

Therefore, the following hypotheses  
have been included:

*Hypothesis 11: There will be a statistically  
significant difference between the  
self-perceived multicultural  
competence regarding definitions of  
terms of professional counselors who  
graduated from CACREP-accredited  
programs in or after 1994 and  
professional counselors who*

*graduated from non-CACREP  
accredited programs in or after  
1994.*

*Hypothesis 12: There will be a statistically  
significant difference between the  
self-perceived multicultural  
competence regarding racial identity  
of professional counselors who  
graduated from CACREP-accredited  
programs in or after 1994 and  
professional counselors who  
graduated from non-CACREP  
accredited programs in or after  
1994.*

**Research Question 3:** Do professional counselors perceive  
their multicultural counseling  
training to be adequate?  
The following hypothesis was used to  
address this question:

*Hypothesis 13: Professional counselors will  
perceive their multicultural  
counseling training to be less  
than adequate.*

**Research Question 4:** Is there a relationship between the  
self-perceived multicultural  
competence of professional

counselors and the self-perceived adequacy of their multicultural training?

The following hypotheses were used to address this question:

*Hypothesis 14: There is a statistically significant relationship between professional counselors' self-perceived multicultural awareness and the self-perceived adequacy of their training.*

*Hypothesis 15: There is a statistically significant relationship between professional counselors' self-perceived multicultural knowledge and the self-perceived adequacy of their training.*

*Hypothesis 16: There is a statistically significant relationship between professional counselors' self-perceived multicultural skill and the self-perceived adequacy of their training.*

As a result of a factor analysis implemented in this study, two additional factors emerged.

Therefore, the following hypotheses have been included:

*Hypothesis 17: There is a statistically significant relationship between professional counselors' self-perceived multicultural competence regarding definition of terms and the self-perceived adequacy of their training.*

*Hypothesis 18: There is a statistically significant relationship between professional counselors' self-perceived multicultural competence regarding racial identity and the self-perceived adequacy of their training.*

Research Question 5: What types of training experiences relate to the self-perceived multicultural competence of professional counselors?

The following hypotheses were used to address this question:

*Hypothesis 19: There is a statistically significant relationship between selected types of training experiences (i.e., multicultural courses, infused core*

*counseling courses with multicultural content, informal and formal professional development activities, advanced degree programs) and the self-perceived multicultural awareness of professional counselors.*

*Hypothesis 20: There is a statistically significant relationship between selected types of training experiences (i.e., multicultural courses, infused core counseling courses with multicultural content, informal and formal professional development activities, advanced degree programs) and the self-perceived multicultural knowledge of professional counselors.*

*Hypothesis 21: There is a statistically significant relationship between selected types of training experiences (i.e., multicultural courses, infused core counseling courses with multicultural content, informal and formal professional development activities, advanced degree*

*programs) and the self-perceived multicultural skill of professional counselors.*

As a result of a factor analysis implemented in this study, two additional factors emerged.

Therefore, the following hypotheses have been included:

*Hypothesis 22: There is a statistically significant relationship between selected types of training experiences (i.e., multicultural courses, infused core counseling courses with multicultural content, informal and formal professional development activities, advanced degree programs) and professional counselors' multicultural competence regarding definition of terms.*

*Hypothesis 23: There is a statistically significant relationship between selected types of training experiences (i.e., multicultural courses, infused core counseling courses with multicultural content, informal and formal professional development*

*activities, advanced degree programs) and professional counselors' multicultural competence regarding racial identity.*

**Research Question 6:** What demographic variables predict higher multicultural competence of professional counselors?

The following hypotheses were used to address this question:

**Hypothesis 24:** *The self-perceived multicultural awareness of professional counselors can be predicted (i.e., explained) by selected demographic variables (i.e., work setting, education level, ethnicity, gender, age).*

**Hypothesis 25:** *The self-perceived multicultural knowledge of professional counselors can be predicted (i.e., explained) by selected demographic variables (i.e., work setting, education level, ethnicity, gender, age).*

**Hypothesis 26:** *The self-perceived multicultural skill of professional counselors can be predicted (i.e., explained) by selected demographic variables (i.e., work setting, education*

level, ethnicity, gender, age).

As a result of a factor analysis implemented in this study, two additional factors emerged.

Therefore, the following hypotheses have been included:

*Hypothesis 27: Professional counselors' self-perceived multicultural competence regarding the definition of terms can be predicted (i.e., explained) by selected demographic variables (i.e., work setting, education level, ethnicity, gender, age).*

*Hypothesis 28: Professional counselors' self-perceived multicultural competence regarding racial identity can be predicted (i.e., explained) by selected demographic variables (i.e., work setting, education level, ethnicity, gender, age).*

#### Instrumentation

The instrument that was used to determine professional counselors' self-perceived multicultural competence and adequacy of training was the National Multicultural Counseling Competence and Training Survey (MCCTS) developed by the researcher. In this section, the pilot study

conducted to develop and field test the MCCTS is described.

#### Rationale for Development of the MCCTS

In the summary of the literature in Chapter 2, it was noted that there is a need to examine the relationship between multicultural counseling competence and counselor training. Furthermore, it is unknown whether professional counselors perceive themselves to be multiculturally competent and adequately trained to work with ethnically and culturally different clients. The term "multicultural competence" has been defined as counselors' knowledge of their clients' culture, their own culture, and their ability to develop appropriate counseling interventions for culturally different clients (Ponterotto & Casas, 1987). In accordance with this definition, multicultural counseling competencies have been developed by AMCD (D'Andrea & Arrendondo, 1995). The training standards for CACREP-accredited counseling programs presently are focusing on multicultural content in counseling curriculum, minority faculty and student representation, and clinical experiences with ethnic clientele (CACREP, 1994). Nevertheless, there has been no link made between AMCD's multicultural counseling competencies and multicultural counseling training in CACREP-accredited programs.

The three dimensions of multicultural counseling competence reflected in AMCD's multicultural counseling competencies are awareness of counselors' attitudes and

beliefs, *knowledge* of other cultural groups, and necessary *intervention skills* for work with culturally different clients (Sue et al., 1992a). In addition, the explanatory statements which accompany the competencies reflect these three dimensions of multicultural competence.

#### Survey Development

A review of the dimensions of multicultural counseling competence, AMCD's multicultural counseling competencies and explanatory statements, and CACREP's training standards provided the basis for the development of a detailed outline of the proposed survey's content (see Table 1). The outline was reviewed by "experts" in the field of multicultural counseling and members of the dissertation committee. These individuals included Dr. Patricia Arrendondo, Dr. Willie Baber, Dr. James Benshoff, Dr. Lloyd Bond, Dr. Sherlon Brown, Dr. Michael D'Andrea, Dr. Don C. Locke, Dr. James Fuller, Dr. Courtland C. Lee, and Dr. Jane E. Myers (see Appendix C for each person's qualifications). Each individual was asked to offer feedback and suggestions regarding the content of the outline, the inclusiveness of the proposed areas of study, and the proposed outline's relevance to the field of multicultural counseling (see Appendix D for reviewer's sheet). Positive feedback regarding the outline's content and relevance was received. However, after individual consultation with many of the aforementioned persons, the following suggestions were made regarding the outline's

content:

- (1) omit the name of graduate counseling program.
- (2) use explanatory statements instead of competency statements for self-assessment of multicultural counseling competence.
- (3) add "where training received" to the self-assessment section.
- (4) include multicultural courses offered in training.
- (5) include life experiences as a response option for "where training received."

All of the above suggestions were considered and modifications were made accordingly. The response option of "life experiences" was not included because it was not considered a training experience.

Using the outline as a guide, 65 possible items were generated. The items were then divided into six thematic parts: (1) Multicultural Counseling Curriculum in Entry-Level Graduate Program, (2) Faculty and Students in Entry-Level Program, (3) Multicultural Clinical Experiences in Entry-Level Graduate Program, (4) Post-Graduate Multicultural Training and Experience, (5) Demographic Information, and (6) Self-Assessment of Multicultural Counseling Competence and Training (see Appendix D).

Items in Parts One through Four asked participants to indicate their date of graduation, accreditation status of

program, multicultural courses offered/taken, curricular areas infused with multicultural content, proportions of ethnic minorities among faculty and student populations, clinical experiences with ethnic minority persons, number of professional development hours in multicultural counseling, and post-graduate work with ethnic minority clients.

Items in Part Five asked participants to indicate their present work position, work setting, licensure/certification credentials, education level, ethnic background, gender, age, and geographical location. Ethnicity, gender, and age were included in the survey based on Carter's (1990) suggestion that they are possible factors in the attainment of multicultural counseling competence. Geographic location was also included as a demographic item because counseling professionals living and working in strong multicultural environments may score differently from those in predominately White American regions (Sodowsky et al., 1994). Part Six consisted of two sections. The first section consisted of thirty-two self-assessment items based on AMCD's explanatory statements that accompany the multicultural competencies. Participants were instructed to read each statement and then assess their competence by using the scale, 4=*extremely competent*, 3=*competent*, 2=*somewhat competent*, and 1=*not competent*. To assess the adequacy of the training they received, participants used the scale:

Table 1

Multicultural Counseling Competence and Training Survey  
Outline

Topic	Desired Information
I. Important definitions	<p>A. Define multicultural counseling (MC)--AMCD definition</p> <p>B. Clarify what racial/ethnic groups are included in definition (African/Black, European/White, Hispanic/Latino, Asian, Native American)</p>
II. Multicultural Counseling Training Curriculum of Entry-Level Graduate Program	<p>A. Counseling Graduate Program</p> <ol style="list-style-type: none"> <li>1. Name of graduate counseling program; date of graduation</li> <li>2. Accreditation status of program-- - Yes/No; CACREP, APA, etc)</li> <li>3. Core courses for graduation-- identify those with MC content.</li> <li>4. Number of MC courses required</li> <li>5. Number of MC courses taken</li> </ol>

Table 1 (continued)

Topic	Desired Information
B. Multicultural Clinical Experiences While in Graduate Program	<ol style="list-style-type: none"> <li data-bbox="992 631 1339 908">1. Determine if practicum and internship experiences with clients of differing racial and ethnic backgrounds were required.</li> <li data-bbox="992 910 1339 1188">2 .Determine if practicum and internship experiences with clients of differing racial and ethnic backgrounds were offered.</li> <li data-bbox="992 1190 1339 1410">3. Percentage of work during internship which involved clients of ethnically different background.</li> </ol>
C. Diversification of Faculty and Students in Entry-Level Graduate Program	<ol style="list-style-type: none"> <li data-bbox="992 1603 1339 1723">1. Percentage of diverse full-time faculty representation</li> </ol>

Table 1 (continued)

Topic	Desired Information
	2. Percentage of diverse student representation
	D. Post-Graduate Multicultural Training and Experience <ol style="list-style-type: none"> <li>1. Percentage of work w/minority clientele</li> <li>2. Number of full courses taken in MC since graduation.</li> <li>3. Professional development hours in MC.</li> </ol>
III. Demographic Information	A. Present position (school counselor, private practice, counselor educator, etc.)  B. Work setting (school, college, agency, corrections facility, etc.)  C. Highest degree attained (Masters, Ed. Specialist, Doctorate)  D. Ethnic background  E. Gender

Table 1 (continued)

Topic	Desired Information
	F. Age Group
	G. Regional location of residence
IV. Counselor Qualifications	A. Licensure/ Certification
V. Self-Assessment of Multicultural Competencies	<p data-bbox="831 766 1241 880">A. Definition of multicultural competence and adequacy of training</p> <p data-bbox="831 880 1241 1661">B. Assessment Scales:</p> <ol data-bbox="904 911 1241 1661" style="list-style-type: none"> <li data-bbox="904 911 1241 1054">1. Competence Scale           <ol style="list-style-type: none"> <li data-bbox="947 942 1241 1054">1-not competent (not able to perform at this time)</li> <li data-bbox="947 1054 1241 1167">2-somewhat competent (more training needed)</li> <li data-bbox="947 1167 1241 1259">3-competent (able to perform adequately)</li> <li data-bbox="947 1259 1241 1351">4-very competent (Able to perform at a high level)</li> </ol> </li> <li data-bbox="904 1351 1241 1661">2. Training Received           <ol style="list-style-type: none"> <li data-bbox="947 1381 1241 1463">1-no training received in this area</li> <li data-bbox="947 1463 1241 1575">2-training received was less than adequate</li> <li data-bbox="947 1575 1241 1661">3-training received was adequate</li> </ol> </li> </ol>

Table 1 (continued)

Topic	Desired Information
	4-more than adequate training received
	C. Determine which training experiences contributed to the multicultural competence of professional counselors (e.g., multicultural courses, core courses).

4=*more than adequate training received*, 3=*adequate training received*, 2=*less than adequate training received*, and 1=*no training received*).

In addition to the 4-point Likert scales in Part Six, participants were also instructed to indicate where they received training regarding the competency statements. The response options listed the following types/locations of training: multicultural courses, core counseling courses infused with multicultural content, professional development activities, and advanced degree program. Section Two of Part Six consisted of eight statements which required a yes/no response. All self-assessment items--Sections One and Two--were behaviorally stated so that participants could assess their level of competence and training regarding the specific competency statement (e.g., "I can discuss...", "I am able to articulate...", "I maintain...", and "I have developed...").

Following the development of items, the initial survey was sent to three individuals for evaluation and feedback. Each individual was asked to evaluate the survey items on format, simplicity, clarity of wording, comprehensiveness of subject area, and possible ambiguity of items. Those persons included in the evaluation were the dissertation chairperson who has expertise in assessment (Dr. Jane E. Myers), a professor who has taught numerous multicultural counseling courses (Dr. Courtland C. Lee), and a member of AMCD's Professional Standards and Certification Committee (Dr. Don

C, Locke). Comments and suggestions from these persons resulted in format and wording changes. The resulting 65-item initial survey is provided in Appendix E.

Scoring Procedures. Scoring for Parts One through Four of the initial survey were obtained by implementing a series of frequency analyses. The self-assessment items (i.e., Part Six) are scored on two four-point Likert scales and a four-option response scale. Multicultural competence scale scores were obtained by adding the scale scores specific to that scale. Higher total scale scores indicated higher multicultural competence and lower total scale scores indicated low multicultural competence. Assuming that the respondent responded to each item, the range of possible scores on the multicultural competence scale was 32-128.

The adequacy of training scale required similar scoring to that of the multicultural competence scale. The adequacy of training scale scores were obtained by adding the scores for the items specific to that scale. Higher total adequacy scores indicated that a participant had experienced adequate multicultural training whereas a low total adequacy of training score indicates that a participant had received less than adequate multicultural training or no multicultural training. If the participant responded to each item, the range of possible scores on the adequacy of training scale was 32-128. The yes/no responses were also added to obtain a frequency score for "yes" responses and "no" responses.

The scores regarding "Where training received" were obtained by determining the frequency of each type of response for each participant. The four possible responses were multicultural course/s, core counseling courses infused with multicultural content, professional development activities, and advanced degree programs. The range of frequency scores for these items was 0-32.

Participants. Twenty-five surveys were distributed to doctoral level students of the University of North Carolina at Greensboro Counseling and Educational Development program and counselor educators who attended the Southern Association for Counselor Educators and Supervision in Knoxville, Tennessee (November 2-5, 1995). Doctoral level students ( $n = 22$ ) and counselor educators ( $n = 3$ ) were chosen as pilot study participants on the basis of convenience and their diverse backgrounds and experiences in various entry-level counseling programs.

A total of 17 surveys (68%) were returned. The resulting pilot sample included 11 females, 3 of whom were members of ethnic minority groups, and 6 males, 1 of whom was a ethnic minority member. Overall, 76.4% ( $n = 13$ ) of the pilot participants were European/White and 23.5% ( $n = 4$ ) were of an ethnic minority background.

Fifteen pilot participants had master's degrees, one had an Ed.S degree and one had a doctoral degree. The one participant with a doctoral degree was a counselor educator

while the remaining were doctoral level counseling students. Fifty-nine percent ( $n = 10$ ) of the participants were between the ages of 25-34, 35% ( $n = 6$ ) were between 35-44, and 6% ( $n = 1$ ) were between 45-54 years of age.

Procedures. Each participant was given a survey with an attached cover letter explaining the purpose of the study and instructions for completing the survey (see Appendix F). In addition, a feedback form was attached to each initial survey for the participants' reaction to the survey's format, difficulty, length and content. The feedback form is presented in Appendix G.

Results. Parts One through Four of the survey addressed the participants' entry-level multicultural counseling curriculum, faculty and students, clinical experiences, post-graduate multicultural training, and demographic information. The results were obtained by implementing a series of frequency analyses. These results are shown in Tables 2-5.

The self-assessment items (i.e., Part Six) were scored on two four-point Likert scales and a response choice format. Table 6 includes a summary of these scores. The correlation between the two variables--multicultural competence and adequacy of training--was moderate ( $r = .4826$ ).

A frequency analysis was undertaken for the response options to "Where training received." With a possible range of for each individual, the participants mentioned training in advanced degree programs ( $n = 240$ ) more than training from

multicultural courses ( $n = 121$ ), counseling courses infused with multicultural content ( $n = 149$ ), and professional development activities ( $n = 130$ ). The results of this analysis are shown in Table 7.

#### Modifications to the Initial Survey

Preceding the compilation of results, the survey responses were examined for completeness. Next, patterns among answers, misinterpretations of questions, and ambiguities in wording were also examined. The comments on the feedback sheet were also considered. Appendix H consists of a summary of the comments from the feedback form.

Based on the feedback, results and interpretation of data analyses, several modifications were made to the initial survey. First, revisions were made in the wording and format of the following items:

- (1) Item 4: Change "in your program" to "in your department."
- (2) Item 17: Change "What percentage of your current work is with ethnic minority clients?" to "How many clients do you work with per week?\_\_\_ How many of these clients are ethnic minorities?\_\_\_"
- (3) Scale title: Change "Training Received" to "Adequacy of Training"
- (4) Item 1 (Part 6): Change "I can identify my own ethnic/cultural heritage" to "I can discuss my own ethnic/cultural heritage."

Table 2

Multicultural Counseling Curriculum in Entry-Level Graduate Program (Pilot Study)

Curriculum Item	n	%
<b>Accreditation Status</b>		
CACREP	12	70.6
Non-CACREP	5	29.4
<b>Multicultural Course Required</b>		
Yes	6	35.3
No	11	64.7
<b>Multicultural Courses Offered</b>		
0 courses	9	52.9
1 course	8	47.1
<b>Multicultural Courses Taken</b>		
0 courses	10	58.8
1 course	7	41.2

Table 3  
Faculty and Students in Entry-Level Counseling Program  
(Pilot Study)

Item	<u>n</u>	%
<b>Number of Faculty</b>		
3	1	5.9
5	1	5.9
6	3	17.0
7	4	23.5
8	1	5.9
9	5	29.4
12	1	5.9
<b>Number of Ethnic Minority Faculty</b>		
0	11	64.7
1	2	11.8
2	4	23.5
<b>Ethnic Minority Student Population</b>		
less than 10%	11	64.7
10-25%	5	29.4
26-50%	1	5.9

Table 4

Multicultural Clinical Experiences in Entry-Level Graduate  
Program (Pilot Study)

Item	<u>n</u>	%
<b>Required Clinical Experiences With Ethnic Minority Clients</b>		
Yes	0	0
No	17	100
<b>Clinical Experiences With Ethnic Minority Clients</b>		
Yes	13	76.5
No	4	23.5
<b>Percentage of Time Working With Ethnic Minority Clients</b>		
no ethnic minority clients	4	23.5
less than 10%	3	17.6
10-25%	3	17.6
26-50%	5	29.4
51-75%	2	11.8

Table 4 (continued)

Item	<u>n</u>	%
Supervision Discussion About At Least One Ethnic Minority Client		
Yes	11	64.7
No	6	35.3

Table 5

Post-Graduate Multicultural Training and Experience  
(Pilot Study)

Item	<u>n</u>	<u>%</u>
<b>Professional Development Hours</b>		
0 hours	7	41.2
1-2 hours	8	47.1
11-20 hours	1	5.9
31 +	1	5.9
<b>Multicultural Courses Since Graduation</b>		
0 courses	14	82.4
1-2 courses	2	11.8
<b>Percentage of Work With Ethnic Minority Clientele</b>		
less than 10%	5	29.4
10-25%	3	17.6
26-50%	5	29.4
51-75%	2	11.8
76-90%	1	5.9

Table 6

Summary Scores for Multicultural Competence (MC) and Adequacy  
of Training Received (Pilot Study)

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Variable	<u>M</u>	<u>SD</u>	<u>Range of Scores</u>
MC Competence	89.88	16.48	64-117 (53)
Adequate Training Received	69.70	20.25	34-115 (79)

---

Table 7

Summary Scores for Types of Training (Pilot Study)

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Types of Training	<u>n</u>
Multicultural Course/s (MC)	121
Core Counseling Courses (CC)	149
Professional Development (PD)	130
Advanced Degree (AD)	240

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- (5) Item 23: Change from "I can describe how a counseling approach may or may not be appropriate for a specific group of people" to "I can describe the degree to which a counseling approach is appropriate for a specific group."

These modifications were made with particular attention to the intent of the item and not altering the intent. In addition, the introduction to Part Six was also revised so that the term "adequate" was clear and defined for the respondents.

Additions and deletions were made in the initial survey's self-assessment section. The review of the feedback forms revealed that the respondents lacked a place for indicating their informal training experiences. For this reason, another category entitled "informal professional development activities" (e.g., independent readings) was added to the response options for "where training received."

In addition, the statements "Do you feel that you are a multiculturally competent counselor?" Yes\_\_\_ No\_\_\_ and "Overall, Do you feel that you have received adequate multicultural training?" Yes\_\_\_ No\_\_\_ were added to the survey. The responses to these items were compared to the self-perceived multicultural competence and adequacy of training scores.

Because the intent of this study was to determine possible differences between the multicultural competence of

graduates of CACREP-accredited programs and graduates of non-CACREP-accredited programs, item 2 was reduced to two choices: CACREP and Non-CACREP. In addition, items 33-40 (Part Six, Section Two), were deleted from the survey because it was determined by a discussion with Dr. D. Locke, a member of AMCD's Professional Standards and Certification Committee, that those statements were not competency-based but behavioral statements (e.g., "I have attended at least three cultural events in the past year."). The revised survey is presented in Appendix I.

#### Sample

The sample was drawn from the population of approximately 55,281 professional counselors holding membership in the American Counseling Association. This total population includes 25,433 persons who identified themselves as counselors, 3,069 as counselor educators, 2,252 as administrators, 383 as college student affairs workers 241 as research specialists, 4,316 as students and 3,517 as other professionals.

Ethnically, ACA's membership consists of 1,690 African Americans, 421 Asian Americans, 298 Native Americans, 791 Hispanic Americans and 34,913 White Americans. The remaining portion is comprised of those members who chose the label "other." Among the members who identified their gender, ACA has 11,462 male members and 27,701 female members.

In order to provide for adequate cell sizes for data

analyses, a stratified random sample according to ethnicity and membership year was done. Ethnic minority members were oversampled by recruiting half of the sample from the membership of AMCD ( $n = 250$ ), the division of ACA that includes the the most ethnic minority members. In addition, one-half ( $n = 125$ ) of the non-AMCD and AMCD ( $n = 125$ ) members were recruited from the members who joined ACA after 1992.

The procedures of this study involved the mailing of 500 surveys to prospective participants and resulted in a final sample of 151 surveys over a six-week period (30% overall return rate).

#### Procedures

The ACA Advertising and Publicity Department supplied the researcher with a stratified sample of 500 ACA members. Because of the small percentage of ethnic minorities in the ACA membership, an attempt was made to oversample the population to assure adequate cell sizes for the data analyses. Therefore, one-half of the sample was recruited from the membership of AMCD ( $n = 250$ ), the division that includes 49% ethnic minority membership (ACA, 1995). Additionally, in an attempt to insure an adequate sample of recent graduates of CACREP programs under the 1994 standards, one-half of the non-AMCD ( $n = 125$ ) and AMCD members ( $n = 125$ ) were recruited from those members of ACA who joined after 1992. ACA provided this stratified sample.

From the 500 mailing labels obtained from ACA, 400 were

used to mail surveys to prospective participants. A survey, along with a cover letter explaining the purpose of the study and instructions for completion were mailed to each prospective participant (see Appendices I and J). In addition, a self-addressed stamped envelope for return of the survey was included in the mailing packet. After four weeks, the remaining 100 labels were mailed because the total of returned surveys was less than the acceptable rate of 150.

#### Data Analysis

Descriptive statistics, including means, standard deviations, frequencies, and percentages were completed for all items on the survey. In addition, the analyses specific to each hypothesis were completed. For all analyses, the alpha level was set at .05.

The data analyses for each research question were as follows:

Hypothesis 1: In Hypothesis 1 it was predicted that professional counselors will not perceive themselves to be multiculturally competent. To test these hypotheses, an analysis of items including response frequencies, means, and standard deviations was implemented and examined.

Hypothesis 2: A principal axis factor analysis of the items was executed to investigate underlying factors.

Hypothesis 3: The response frequencies, means, and

standard deviations for items on the awareness factor were examined.

Hypothesis 4: The response frequencies, means, and standard deviations for items on the knowledge factor were examined.

Hypothesis 5: The response frequencies, means, and standard deviations for items on the skills factor were examined.

Hypothesis 6: The response frequencies, means, and standard deviations for items on the definition of terms factor were examined.

Hypothesis 7: The response frequencies, means, and standard deviations for items on the racial identity factor were examined.

Hypothesis 8: A MANOVA was implemented to compare the awareness ratings of the graduates of CACREP-accredited programs and non-CACREP accredited programs.

Hypothesis 9: A MANOVA was implemented to compare the knowledge ratings of the graduates of CACREP-accredited programs and non-CACREP accredited programs.

Hypothesis 10: A MANOVA was implemented to compare the skill ratings of the graduates of CACREP-accredited programs and non-CACREP accredited programs.

Hypothesis 11: A MANOVA was implemented to compare the definition of terms ratings of graduates of CACREP-accredited programs and non-CACREP accredited programs.

Hypothesis 12: A MANOVA was implemented to compare the racial identity ratings of graduates of CACREP-accredited programs and non-CACREP accredited programs.

Hypothesis 13: The response frequencies, means, and standard deviations of the adequacy of training items was examined.

Hypothesis 14: A Pearson Product correlation coefficient was derived to determine the relationship between the professional counselors self-perceived multicultural awareness and adequacy of training.

Hypothesis 15: A Pearson Product correlation coefficient was derived to determine the relationship between professional counselors' self-perceived multicultural knowledge and adequacy of training.

Hypothesis 16: A Pearson Product correlation coefficient was derived to determine the relationship between the professional counselors self-perceived multicultural skill and adequacy of training.

Hypothesis 17: A Pearson Product correlation

coefficient was derived to determine the relationship between the professional counselors self-perceived multicultural competence regarding definition of terms and adequacy of training.

**Hypothesis 18:** A Pearson Product correlation coefficient was derived to determine the relationship between the professional counselors self-perceived multicultural competence regarding racial identity and adequacy of training.

**Hypothesis 19:** A series of ANOVA analyses was undertaken to determine a significant relationship between selected types of training experiences and the self-perceived multicultural awareness of professional counselors.

**Hypothesis 20:** A series of ANOVA analyses was undertaken to determine a significant relationship between selected types of training experiences and the self-perceived multicultural knowledge of professional counselors.

**Hypothesis 21:** A series of ANOVA analyses was undertaken to determine a significant relationship between selected types of training experiences and the self-perceived multicultural skill of professional counselors.

**Hypothesis 22:** A series of ANOVA analyses was undertaken to determine a significant relationship be-

tween selected types of training experiences and professional counselors multicultural competence regarding definition of terms.

**Hypothesis 23:** A series of ANOVA analyses was undertaken to determine a significant relationship between selected types of training experiences and professional counselors multicultural competence regarding racial identity.

**Hypothesis 24:** A series of MANOVA analyses was undertaken to determine if professional counselors' self-perceived multicultural awareness can be explained by selected demographic variables.

**Hypothesis 25:** A series of MANOVA analyses was undertaken to determine if professional counselors' self-perceived multicultural knowledge can be explained by selected demographic variables.

**Hypothesis 26:** A series of MANOVA analyses was undertaken to determine if professional counselors' self-perceived multicultural skill can be explained by selected demographic variables.

**Hypothesis 27:** A series of MANOVA analyses was undertaken to determine if professional counselors' self-perceived multicultural competence regarding definition of terms can be explained by selected demographic variables.

**Hypothesis 28:** A series of MANOVA analyses was under-

taken to determine if professional counselors' self-perceived multicultural competence regarding racial identity can be explained by selected demographic variables.

## CHAPTER IV

### RESULTS

This chapter presents the results of the data analyses introduced in the previous chapter. Presented first are descriptive statistics to describe the sample, their entry-level multicultural training experiences, and post-graduate multicultural counseling and training experiences. Then, results are presented to examine the hypotheses delineated in Chapter Three.

#### Description of Respondents

The National Multicultural Counseling and Training Survey was mailed to a total of 500 professional counselors (i.e., ACA members). Of the 500 surveys mailed, 156 were returned within six weeks. After the exclusion of incomplete surveys (i.e., surveys missing ten or more items), 151 remained (30% return rate).

The respondents ( $n = 151$ ) in this study reside in 46 states. All four geographic regions (see Appendix K for a complete list of states by ACA regional location) of the United States were represented, with 32 counselors from the Northeast (21.2%), 42 from the Midwest (27.8%), 49 from the South (32.4%), and 25 from the West (16.7%) (see Table 8).

The professional counselors who participated in this study work primarily in schools (31.1%), while 24.5% work in

Table 8

Professional Counselor Representation by ACA Geographic Region

Region	Sample		ACA	
	<u>n</u>	%	<u>n</u>	%
<b>Northeast</b>	<b>32</b>	<b>21.2</b>	<b>11,311</b>	<b>21</b>
New England	9	6.0	3,601	7
Middle Atlantic	23	15.2	7,710	14
<b>Midwest</b>	<b>42</b>	<b>27.8</b>	<b>13,090</b>	<b>23</b>
East North Central	28	18.5	8,516	15
West North Central	14	9.3	4,574	8
<b>South</b>	<b>49</b>	<b>32.4</b>	<b>19,421</b>	<b>34</b>
South Atlantic	35	23.1	11,862	21
East South Central	8	5.3	2,488	4
West South Central	6	4.0	5,071	9
<b>West</b>	<b>25</b>	<b>16.7</b>	<b>11,182</b>	<b>20</b>
Mountain	9	6.1	5,550	10
Pacific	16	10.6	5,632	10
<b>Virgin Islands</b>	<b>2</b>	<b>1.3</b>	<b>30</b>	
<b>Puerto Rico</b>	<b>1</b>	<b>.7</b>	<b>247</b>	
	<b><u>n</u> = 151</b>		<b><u>n</u> = 55,281</b>	

mental health agencies, 17.2% at colleges and universities, 14.6% in private practice and the remaining 12.6% indicated that their work setting is best described as business/industry, government, corrections facility or "other" (see Table 9). Although 31% of the respondents reported that they work in a school setting, only 25% indicated that the position of "school counselor" best described their present position. Forty-one percent indicated that "counselor/practitioner" best described their present position (see Table 9).

Table 10 provides an analysis of the final sample on the basis of selected demographic characteristics. From a gender perspective, the total sample included 104 (68.9%) females and 47 males (31.1%). ACA membership, in comparison, has 27,701 members who identified their gender as female (71%) and 11,462 (29%) identified themselves as male (ACA, 1995).

Oversampling of members in AMCD in relation to its actual prevalence in the total ACA population was implemented in this study for reasons discussed in the procedures section of Chapter Three. The actual representation of ethnic minorities in ACA is estimated at 7% (ACA, 1995). However, the membership of AMCD includes 49% ethnic membership. As a result of oversampling, the number of ethnic minorities in the final sample was 46 (30%), not including those respondents who identified themselves as "other." Ninety-

Table 9

Professional Counselors Work Background Representation

Characteristic	Sample		ACA	
	<u>n</u>	%	<u>n</u>	%
<b>Work Setting</b>				
School	47	31.1	9,385	25.0
Mental Health Agency/ Community Agency	37	24.5	6,226	17.0
Private Practice	22	14.6	11,438	31.0
College and University	26	17.2	6,643	18.0
Government Agency	3	2.0	1,073	3.0
Business/Industry	2	1.3	962	2.0
Employment Service	0	0	341	1.0
Corrections Facility	3	2.0	263	.7
Other	10	6.6	1,061	3.0

Table 9 (continued)

<b>Characteristic</b>	<b>Sample</b>		<b>ACA</b>	
	<b><u>n</u></b>	<b>%</b>	<b><u>n</u></b>	<b>%</b>
<b>Present Position</b>				
Counselor/Practitioner	62	41.1	25,433	73.0
Counselor Educator	13	8.6	3,069	9.0
School Counselor	38	25.2	-----	
Student Personnel Worker	4	2.6	383	1.0
Administrator	15	9.9	2,252	6.0
Researcher	2	1.3	241	.6
Consultant	2	1.3	135	.3
Other	15	9.9	3,517	10.0

Table 10

Demographic Characteristics of Respondents

Characteristic	Sample		ACA	
	<u>n</u>	%	<u>n</u>	%
<b><u>Gender</u></b>				
Female	104	68.9	21,701	71.0
Male	47	31.1	11,462	29.0
<b><u>Ethnic Background</u></b>				
African/Black	29	19.2	1,690	4.0
European/White	99	65.6	34,913	90.0
Hispanic/Latino	9	6.0	791	2.0
Asian	4	2.6	421	1.1
Native American	4	2.6	298	.8
Other	6	4.0	549	1.4
<b><u>Age Group</u></b>				
65 years +	4	2.6	-----	
55-64	14	9.3	-----	
45-54	51	33.8	-----	
35-44	42	27.8	-----	
25-34	37	24.3	-----	
24 and under	3	2.0	-----	

Table 10 (continued)

<b>Characteristic</b>	<b>Sample</b>		<b>ACA</b>	
	<b><u>n</u></b>	<b>%</b>	<b><u>n</u></b>	<b>%</b>
<b><u>Highest Earned Degree</u></b>				
Ph.D, Ed.D.	23	15.2	6,687	18
Ed.S.	7	4.6	1,067	3
M.Ed., M.A., M.S.	119	78.8	25,980	70
Other	2	1.3	3,612	9

nine (66%) of the respondents were of European/White descent, 29 (19.2%) were of African/Black descent, and 9 (6%) were of Hispanic descent. A small percentage of the respondents (5.2%) indicated an Asian or Native American background while 6 (4%) marked "other" (see Table 10). The ethnic minority respondents consisted of 13 males and 33 females. In addition to gender and ethnicity, Table 10 reveals that a majority of the respondents were either between the ages of 45 and 54 (33.8%) or 35 and 44 (27.8%).

Most of the respondents had master's degrees (78.8%) and 15.2% had doctoral degrees. The remaining respondents held either an Education Specialist degree (4.6%) or "other" degrees (1.4%) (e.g., divinity degree). Twenty-three (15.2%) respondents reported being Licensed Professional Counselors (LPC) with no other license or certification. Another 34 respondents reported being National Certified Counselors with no other certification and/or license. Thirteen respondents (8.6%), however, indicated that they were both NCCs and LPCs. Of the total sample, close to 50% of the sample were licensed or certified professional counselors (see Table 11).

Thirty percent of the respondents in this study reported AMCD (i.e., the Association for Multicultural Counseling and Development) as their primary ACA division; 21.9% reported ASCA (i.e., American School Counselor Association) as their primary division and another 11.9% reported AMHCA (i.e.,

Table 11

Professional Counselors Licensure and Certification  
Representation

Certification	<u>n</u>	<u>%</u>
National Certified Counselors (only)	34	22.5
Licensed Professional Counselors (only)	23	15.2
Both NCC and LPC	13	8.6
No reported certification/license	81	53.7

Table 12

Primary ACA Divisions Representation

Division	Sample		ACA	
	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>
AMCD	46	30.5	3,493	6
ASCA	33	21.9	9,937	18
ACES	7	4.6	2,756	5
AMHCA	18	11.9	9,214	17
IAMFC	1	.7	7,772	14
IAAOC	1	.7	2,876	5
ASGW	3	2.0	5,965	11
ASERVIC	5	3.3	4,782	8
No Response	37	24.5	-----	

American Mental Health Counselor Association).

Interestingly, 24.5% ( $n = 37$ ) of the respondents failed to indicate any ACA division memberships (see Table 12).

In response to the item regarding the date of graduation from an entry-level counseling program, 51.1% of the respondents graduated between the years 1990-1995, 27.7% graduated between 1980-1989, 15.2% between 1970-1979 and 6.1% graduated before 1970 (see Appendix L for a detailed description of graduation dates). The years of graduation ranged from 1960 to 1995 with a mean graduation year of 1986. Forty-five (30%) of the respondents graduated from their entry-level counseling programs in or after 1994. Of the 45 respondents who graduated in or after 1994, 25 were from CACREP accredited programs. A majority of the professional counselors in the total sample, however, graduated from non-CACREP accredited programs (57.6%).

#### Multicultural Counseling Curriculum in Entry-Level Graduate Program

Section One of the survey examined the multicultural counseling curriculum in the respondents' entry-level graduate program. Items regarding multicultural course requirements and offerings comprised this section.

Eighty-four (55.6%) of the respondents indicated that their entry-level counseling program did not require students to take a course that focused on multicultural issues. However, a large number of the respondents ( $n = 74$ ; 49%) reported that their entry-level counseling program offered at

least one multicultural counseling course. Fifty-five respondents (36.4%) indicated that their entry-level program offered no course that focused on multicultural issues. The remaining respondents indicated that their programs offered more than one multicultural course (see Table 13). The number of multicultural courses offered in counseling programs ranged from 0 - 6 courses with a mean of .89 courses and a standard deviation of .98. Interestingly, in response to the question, "How many of these [offered] multicultural courses did you take?", 69 (45.7%) of the respondents indicated that they had taken one of the offered multicultural courses. Only twelve (8%) respondents reported that they had taken two or more multicultural courses while enrolled in their entry-level counseling program.

In response to the items regarding multicultural content in the eight curricular areas listed in the CACREP standards, a majority of the respondents indicated that multicultural content was infused in the Helping Relationships (54.3%) and Social and Cultural Foundations (52.3%) areas. The Appraisal and Research and Program Evaluation areas were least likely to be infused with multicultural content in the respondents' entry-level counseling programs. This is evidenced by the low averages in Table 14. The "other" courses listed by respondents as being infused with multicultural content included family therapy, substance abuse, human sexuality, and consultation courses.

Table 13

Frequency of Responses for Number of Multicultural Courses  
Offered in Entry-Level Program

---

No. of Courses	<u>n</u>	%
0	55	36.4
1	74	49.0
2	13	8.6
3	5	3.3
4	2	1.3
5	1	.7
6	1	.7

---

Table 14

Data Regarding the Infusion of Multicultural Content in  
CACREP Core Curricular Areas and Other Areas

Curricular Area	<u>n</u>	<u>%</u>
<b>Human Growth and Development</b>		
Yes	68	45
No	83	55
<b>Social and Cultural Foundations</b>		
Yes	79	52.3
No	72	47.7
<b>Helping Relationships and Theories</b>		
Yes	82	54.3
No	69	45.7
<b>Group Work</b>		
Yes	48	31.8
No	103	68.2
<b>Lifestyle and Career Development</b>		
Yes	57	37.7
No	94	62.3
<b>Appraisal</b>		
Yes	35	23.2
No	116	76.8

Table 14 (continued)

---

Curricular Area	<u>n</u>	%
<b>Research and Program Evaluation</b>		
Yes	36	23.8
No	115	76.2
<b>Professional Orientation</b>		
Yes	40	26.5
No	111	73.5
<b>Other</b>		
Yes	16	10.6

---

### Faculty and Students in Entry-Level Counseling Program

This section of the survey addressed the quantity of ethnic minority faculty and students in entry-level counseling programs. In this study, the total number of faculty in counseling departments ranged from 2 to 25 with an average of 8.4 ( $SD = 4.2$ ). Sixty-five (43%) of the respondents indicated that their entry-level programs had no ethnic minority faculty members; 33 respondents (21.9%) had at least one ethnic minority faculty member; 27 respondents (17.9%) had two ethnic minority faculty members, and 23 (15.3%) respondents reported having 3 or more ethnic minority faculty members (see Table 15).

Next, the respondents were asked to indicate the percentage of ethnic minority students in their entry-level program. A majority of the respondents (51%;  $n = 77$ ) reported that ethnic minority students made up less than 10% of the students in their entry-level program. Another 43 respondents (28.5%) indicated that their program's ethnic minority student population was between 10% and 25%. Overall, most respondents reported that ethnic minority students made up less than 50% of their entry-level counseling programs (see Table 16).

### Multicultural Clinical Experiences in Entry-Level Counseling Program

Several items on the survey addressed the respondents' multicultural clinical and supervision experiences. Although 84% ( $n = 127$ ) of the respondents indicated that clinical

experiences with ethnic minority clients were not required, 79.5% ( $n = 120$ ) reported that they had clinical experiences with ethnic minority clients. Of those respondents who had clinical experiences with ethnic minority clients, 31 (20.5%) reported that they spent 10-25% of their time working with ethnic minority clients; 29 (19.2%) spent 26-50% of their time with minority clients; and 25 (16.6%) spent less than 10% of their time with ethnic minority clients.

When asked if at least one ethnic minority client was discussed in supervision, 78.8% ( $n = 119$ ) of the respondents reported "yes." The 32 respondents who indicated that they had not discussed an ethnic minority client in supervision, were asked if supervision ever focused on multicultural issues. Eight respondents (25%) answered affirmatively whereas 24 (75%) answered negatively.

#### Post-Graduate Multicultural Training and Experience

In order to examine the multicultural training and experiences of the respondents, Part Four of the survey addressed the respondents' professional development hours and the number of courses in multicultural counseling taken since graduation. This section of the survey also addressed the number of ethnic minority clients or students the respondents work with per week.

Fifty-seven (37.7%) of the respondents reported that they had not earned any professional development hours in multicultural counseling since graduation. Thirty-six

Table 15

Representation of Ethnic Minority Faculty in Entry-Level  
Counseling Programs

No. of Ethnic Minority Faculty	<u>n</u>	%
0	65	43
1	33	21.9
2	27	17.9
3	9	6.0
4	3	2.0
5	7	4.6
6	1	.7
7	2	1.3
9	1	.7
No response	7	4.6

Table 16

Ethnic Minority Student Representation in Entry-Level  
Counseling Programs

Percentage of Ethnic Minority Students	<u>n</u>	<u>%</u>
less than 10%	77	51.0
10-25%	43	28.5
26-50%	18	11.9
51-75%	7	4.6
76-90%	2	1.3
91-100%	4	2.6

(23.8%) respondents had earned between 1-10 hours and 30 (19.9%) had earned more than 31 hours of professional development training in multicultural counseling (see Table 17).

When asked about the number of multicultural counseling courses taken since graduation, a majority ( $n = 104$ ; 68.9%) of the respondents indicated that they had not taken any multicultural courses since graduation. A third of the respondents (31%;  $n = 47$ ), however, reported taking at least one multicultural counseling course since graduation (see Table 18).

Two items in Part Four of the survey inquired about the number of clients/students the respondents work with per week and the number of ethnic minorities included in their caseload. One third ( $n = 50$ ) of the respondents reported that between 0-10% of their clients/students are ethnic minorities. Conversely, 33 respondents (21.9%) indicated that more than half of their client/student caseloads consist of persons of ethnic minority status. In response to the two general questions regarding the respondents' overall perception of their multicultural competence and training, a majority of the respondents (68.2%) perceived themselves to be multiculturally competent while at the same time, almost the same number of respondents (62.3%) indicated that they had not received adequate multicultural counseling training in their entry-level programs and post-graduate experiences.

Table 17

Frequency of Professional Development Hours in Multicultural Counseling

Number of Hours	n	%
0	57	37.7
1-10	36	23.8
11-20	17	11.3
21-30	10	6.6
31+	30	19.9

Table 18

Frequency of Multicultural Courses Taken Since Graduation

---

Number of Courses	<u>n</u>	%
0	104	68.9
1-2	28	18.5
3-4	10	6.6
5+	9	6.0

---

The next section will address the twenty-eight hypotheses outlined in Chapter Three.

#### Hypotheses One and Two

The first hypothesis stated that professional counselors will not perceive themselves as multiculturally competent counselors. Part Six of the survey, entitled "Self-Assessment of Multicultural Counseling Competence and Training," examined this hypothesis. This section of the survey consisted of 32 competency items which the respondents rated using a four-point Likert scale (1 = "not competent" to 4 = "extremely competent").

Relatedly, hypothesis two stated that the factors -- awareness, knowledge, and skills -- comprise the multicultural competencies. A principal-axis factor analysis of the competence items was implemented. The resultant five factor loadings are shown in Table 21. These factors will be discussed following a review of the responses to each of the competency items. For purposes of this discussion, however, the competency items are grouped according to the five factors which emerged.

#### Hypothesis One

In order to examine the professional counselors' perceived multicultural competence in relation to each item on the survey, an analysis of items in terms of frequencies, means, and standard deviations was implemented. Table 19 illustrates the response frequencies, in percentages, for each of the competence items grouped by factors. The means

and standard deviations are presented separately in Table 20. At the end of Table 20, the mean number of persons who responded in each category of responses are given.

Overall, the ratings of the competence items were between "competent" and "extremely competent." The mean rating for competence item 1 (awareness of ethnic heritage) was 3.5 ( $SD = .63$ ). This was the highest mean of all the competence items. The next highest mean ratings were for items 10 (defining prejudice;  $M = 3.4$ ,  $SD = .64$ ), 11 (defining discrimination;  $M = 3.4$ ,  $SD = .71$ ), and 12 (defining stereotype;  $M = 3.4$ ,  $SD = .66$ ). The lowest mean score was 2.1 ( $SD = 1.02$ ) for item 19 (discussing models of Minority Identity Development). The next lowest mean score for items 20 (discussing within-group differences among ethnic minority groups) and 26 (discussing research regarding mental health and culturally different populations) was 2.2 ( $SD = 1.12$  and  $.96$ , respectively). Table 20 illustrates the mean scores for each item as well the overall mean score for each factor.

#### Hypothesis Two

The five factors identified in this study explained 62% of the variance of the competency items. The items loaded on the five factors as follows: items 16-18 and 20-32 loaded on factor one; items 1, 2, 3, 4, and 7 loaded on factor two; items 9 through 13 loaded on factor three; items 8 and 19 loaded on factor four; and items 5, 6, 14, and 15 loaded on

Table 19

Frequency of Response Choices of Competence Items

Item	<u>% of Respondents:</u>			
	Not Competent (1)	Somewhat Competent (2)	Competent (3)	Extremely Competent (4)
<u>Factor 1</u>				
(Knowledge)				
16 Stereotypical Beliefs and Counseling	0	11.9	42.4	45.0
17 Different Nonverbals	11.9	33.8	36.4	16.6
18 Different Verbals	12.6	29.8	39.7	17.2
20 Within-group Differences	27.8	31.1	19.2	20.5
21 Vocational choices	11.3	23.2	43.7	21.2
22 Help-Seeking Behaviors	6.0	21.9	40.4	30.5
23 Psychological Disorders	18.5	35.8	32.5	12.6
24 Inappropriate Counseling Approaches	11.9	31.1	41.1	13.9
25 Poverty	6.6	17.2	42.4	32.5
26 Research on Mental Health	21.2	42.4	23.2	11.9
27 Counseling and Values	8.6	22.5	44.4	23.2
28 Barriers and Counseling	7.3	13.9	41.1	35.8

Table 19 (continued)

Item	<u>% of Respondents:</u>			
	Not Competent (1)	Somewhat Competent (2)	Competent (3)	Extremely Competent (4)
<u>Factor 1 (continued)</u>				
29 Test Bias	17.9	29.1	34.4	17.2
30 Family Therapy	18.5	29.8	35.1	14.6
31 Inappropriate Helping Style	4.0	29.8	41.7	23.2
32 Racism and biases	10.6	30.5	37.1	19.9
<u>Factor 2 (Awareness)</u>				
1 Ethnic Heritage	.7	5.3	34.4	59.6
2 Psychological Processes	1.3	9.9	43.7	45.0
3 Culture and Thought	0	10.6	34.4	55.0
4 Providing Best Services	.7	13.2	49.7	35.1
7 Family's perspective	.7	7.9	37.1	51.0
<u>Factor 3 (Definition of Terms)</u>				
9 Racism	0	9.3	42.4	48.3
10 Prejudice	.7	6.6	42.4	50.3
11 Discrimination	.7	7.3	40.4	51.0
12 Stereotype	0	5.3	39.7	54.3

Table 19 (continued)

Item #	<u>% of Respondents:</u>			
	Not Competent (1)	Somewhat Competent (2)	Competent (3)	Extremely Competent (4)
<b><u>Factor 4 (Racial Identity)</u></b>				
8 White Racial Identity	22.5	26.5	32.5	17.9
19 Minority Identity Development	30.5	31.1	25.2	12.6
<b><u>Factor 5 (Skills)</u></b>				
5 Verbal Communication	2.0	9.3	47.0	39.1
6 Nonverbal Communication	2.0	11.9	39.1	43.7
13 Communication Style	1.3	21.2	42.4	33.8
14 Emotional Reactions	0	11.9	41.1	47.0
15 Stereotypical Beliefs	.7	17.9	45.0	35.8
<b><u>M</u></b>	<b>8.07</b>	<b>19.96</b>	<b>38.46</b>	<b>32.35</b>

Table 20

Means and Standard Deviations of Competence Items

<b>Factor</b>			
<b>Item</b>	<b><u>M</u></b>	<b><u>SD</u></b>	
<b>Factor 1 (Knowledge)</b>	<b>2.70</b>	<b>.91</b>	
16 Stereotypical Beliefs and Counseling	3.33	.68	
17 Different Nonverbals	2.58	.91	
18 Different Verbals	2.62	.92	
20 Within-group Differences	2.32	1.10	
21 Vocational choices	2.75	.92	
22 Help-Seeking Behaviors	2.96	.88	
23 Psychological Disorders	2.39	.93	
24 Inappropriate Counseling Approaches	2.58	.88	
25 Poverty	3.02	.88	
26 Research on Mental Health	2.26	.93	
27 Counseling and Values	2.83	.89	
28 Barriers in Counseling	3.07	.90	

Table 20 (continued)

<b>Factor</b>			
<b>Item</b>	<b><u>M</u></b>	<b><u>SD</u></b>	
<b>Factor 1 (continued)</b>			
29 Test Bias	2.51	.98	
30 Family Therapy	2.46	.96	
31 Inappropriate Helping Style	2.85	.82	
32 Determine racism and biases	2.67	.92	
<b>Factor 2 (Awareness)</b>	<b>3.38</b>	<b>.67</b>	
1 Ethnic Heritage	3.53	.63	
2 Psychological Processes	3.32	.71	
3 Culture and Thought	3.44	.68	
4 Providing Best Services	3.20	.69	
7 Family's perspective	3.43	.67	
<b>Factor 3 (Definition of Terms)</b>	<b>3.43</b>	<b>.64</b>	
9 Racism	3.39	.65	
10 Prejudice	3.42	.65	
11 Discrimination	3.42	.66	
12 Stereotype	3.49	.60	

Table 20 (continued)

<b>Factor</b>			
<b>Item</b>	<b><u>M</u></b>	<b><u>SD</u></b>	
<b>Factor 4 (Racial Identity)</b>	<b>2.33</b>	<b>1.01</b>	
8 White Racial Identity	2.46	1.03	
19 Minority Identity Development	2.20	1.02	
<b>Factor 5 (Skills)</b>	<b>3.21</b>	<b>.73</b>	
5 Verbal Communication	3.26	.71	
6 Nonverbal Communication	3.28	.76	
13 Communication Style	3.01	.78	
14 Emotional Reactions	3.35	.68	
15 Stereotypical Beliefs	3.16	.74	

**Note:** Range of means 2.20 - 3.53

factor five. An analysis of the items and the factor loadings revealed that factor one represented knowledge-based items, factor two represented awareness-based items, factor three included items that asked for definitions of terms (e.g., "I can define prejudice) and factor five represented the skill-based questions. Factor four included the only two items on the survey which addressed racial identity development (e.g., "I can discuss the counseling implications for at least two models of Minority Identity Development").

In summary, review of the item means and mean numbers of persons who responded in each category of responses indicated that professional counselors rated themselves as either "competent" or "extremely competent." Therefore, hypothesis one was not supported. Likewise, hypothesis two was not supported as five factors were found rather than three which was proposed.

#### Hypothesis Three

Hypothesis three stated that professional counselors will not perceive themselves to be competent on the awareness factor. Table 20 shows the mean ratings for the items on the awareness factor (factor 2). The awareness factor received a mean rating of 3.38 ( $SD = .67$ ), indicating that professional counselors, as a group, perceive themselves to be between "competent" and "extremely competent" on the awareness factor. Therefore, this hypothesis is not supported.

Table 21

Factor Loadings of Competence Items Following a Principal  
Axis Factor Analysis With a Oblimin Rotation

Item	<u>Factors</u>				
	1 Knowledge	2 Awareness	3 Defini- tions	4 Racial Identity	5 Skills
1	.09	<u>.65</u>	.03	-.00	-.04
2	.04	<u>.75</u>	.00	.15	-.00
3	.05	<u>.86</u>	-.00	-.02	.00
4	-.01	<u>.44</u>	-.26	-.02	-.04
5	.03	.28	-.13	.11	<u>-.46</u>
6	-.02	.48	-.18	.07	<u>-.35</u>
7	-.01	<u>.46</u>	-.27	-.22	.07
8	.12	.09	-.30	<u>.48</u>	-.01
9	.06	.02	<u>-.87</u>	.14	.01
10	-.03	.06	<u>-.95</u>	.07	.00
11	.07	.04	<u>-.82</u>	-.04	-.06
12	.06	.06	<u>-.79</u>	-.02	-.12
13	.34	.15	-.37	-.23	.10
14	.12	.38	-.17	-.30	-.30
15	.29	.25	-.11	-.27	<u>-.31</u>
16	<u>.38</u>	.17	-.14	-.16	<u>-.29</u>
17	<u>.69</u>	.12	-.08	.02	.16
18	<u>.77</u>	.11	-.08	-.06	.22
19	.52	.01	-.10	<u>.42</u>	-.10
20	<u>.77</u>	.13	.12	.18	.05
21	<u>.81</u>	.04	.05	-.04	.03

Table 21 (continued)

Item	<u>Factors</u>				
	1 Knowledge	2 Awareness	3 Defini- tions	4 Racial Identity	5 Skills
22	<u>.84</u>	-.03	-.04	-.12	-.06
23	<u>.71</u>	-.15	-.18	-.04	-.08
24	<u>.74</u>	-.10	-.15	-.08	-.08
25	<u>.54</u>	.17	-.03	.14	-.17
26	<u>.71</u>	-.08	-.00	.19	-.11
27	<u>.74</u>	.09	.11	.09	-.12
28	<u>.64</u>	-.01	-.19	-.00	-.08
29	<u>.60</u>	.09	-.03	-.02	.17
30	<u>.52</u>	.14	-.00	.17	-.09
31	<u>.59</u>	.06	.00	-.21	-.16
32	<u>.54</u>	-.03	-.25	-.02	-.20
<b>Eigen- value</b>	<b>14.97</b>	<b>2.37</b>	<b>1.14</b>	<b>.92</b>	<b>.59</b>
<b>%Variance</b>	<b>46.78</b>	<b>7.40</b>	<b>3.56</b>	<b>2.88</b>	<b>1.87</b>

## Factor Intercorrelations:

	1	2	3	4	5
1 (Knowledge)	1.000				
2 (Awareness)	.505	1.000			
3 (Definitions)	-.546	-.565	1.000		
4 (Racial Iden.)	.095	-.030	.050	1.000	
5 (Skills)	-.318	-.314	.340	-.034	1.000

#### Hypothesis Four

The fourth hypothesis stated that professional counselors will not perceive themselves to be competent on the knowledge factor (factor 1). The rating of 2.70 ( $SD = .91$ ) was the mean rating for the knowledge factor (see Table 20). This rating indicates that professional counselors perceive themselves to be between "somewhat competent" and "competent" on the knowledge dimension. Because the mean rating is not between "competent" or "extremely competent," this hypothesis is supported.

#### Hypothesis Five

The fifth hypothesis stated that professional counselors will not perceive themselves to be competent on the skills factor (factor 5). The mean rating for the items on the skills factor was 3.21 ( $SD = .73$ ), indicating that professional counselors perceive themselves to be between "competent" and "extremely competent" on the skills factor (see Table 20). This hypothesis, therefore, is not supported.

#### Hypothesis Six

Hypothesis six stated that professional counselors will not perceive themselves to be competent on the definition of terms factor (factor 3). The definition of terms dimension received the highest mean rating of 3.43 ( $SD = .64$ ) (see Table 20), indicating that professional counselors perceive themselves to be between "competent" and "extremely competent" on the definition of terms factor. Thus, this hypothesis is not supported.

### Hypothesis Seven

Hypothesis seven stated that professional counselors will not perceive themselves to be competent on the racial identity dimension (factor 4). The mean rating for this dimension was 2.33 ( $SD = 1.02$ ), suggesting that professional counselors perceive themselves to be between "somewhat competent" and "competent" on the racial identity factor (see Table 20). This hypothesis, therefore, is supported.

### Hypothesis Eight

Hypothesis eight stated that there will be a significant difference between the self-perceived multicultural awareness of professional counselors who graduated from CACREP accredited programs in or after 1994 and professional counselors who graduated from non-CACREP accredited programs in or after 1994. A MANOVA was conducted to test the difference between CACREP graduates and non-CACREP graduates on the awareness items (factor 2). No significant differences were found. Thus, this hypothesis is not maintained. The results are reported in Table 22.

### Hypothesis Nine

Hypothesis nine stated that there will be a significant difference between the self-perceived multicultural knowledge (factor 1) of professional counselors who graduated from CACREP-accredited programs in or after 1994 and professional counselors who graduated from non-CACREP accredited programs. A MANOVA was conducted to test the differences between the CACREP graduates' means and non-CACREP graduates means on the

Table 22

MANOVA of Graduates of CACREP Accredited Programs vs.  
Graduates of Non-CACREP Accredited Programs on the Five  
Factors of Self-Perceived Multicultural Competence

Factor	<u>df</u>	<u>F</u>	<u>p</u>
1 Knowledge	16,27	.93	.548
2 Awareness	5,37	1.56	.197
3 Definition of Terms	4,40	.55	.696
4 Racial Identity	2,42	2.74	.076
5 Skills	5,35	.57	.723

knowledge items. There were no significant differences found. This hypothesis, therefore, is not supported. Results are reported in Table 22.

#### Hypothesis Ten

Hypothesis ten stated that there will be a significant difference between the self-perceived multicultural skill of professional counselors who graduated from CACREP accredited programs and professional counselors who graduated from non CACREP accredited programs. A MANOVA was used to test the differences between the means of graduates of CACREP accredited programs and the means of graduates of non-CACREP accredited programs on skill items. There were no significant differences found. Hence, this hypothesis was not maintained. These results are shown in Table 22.

#### Hypothesis Eleven

Hypothesis eleven stated that there will be a significant difference between the self-perceived multicultural competence regarding definitions of terms (factor 3) of professional counselors who graduated from CACREP-accredited programs and professional counselors who graduated from non-CACREP accredited programs. A MANOVA was implemented to determine the difference between the means of graduates from CACREP programs and graduates of non-CACREP programs. No significant differences were found. Therefore, this hypothesis was not supported (see Table 22).

#### Hypothesis Twelve

Hypothesis twelve stated that there will be significant

difference between the self-perceived multicultural competence regarding racial identity (factor 4) of professional counselors' who graduated from CACREP-accredited programs and professional counselors who graduated from non-CACREP accredited programs. A MANOVA was conducted to test the difference between the means of graduates of CACREP accredited programs and graduates of non-CACREP programs. No significant differences were found; thus, this hypothesis is rejected (see Table 22).

#### Hypothesis Thirteen

Hypothesis thirteen stated that professional counselors will perceive their multicultural counseling training to be less than adequate. As with the competence ratings, an analysis of the training items was implemented to examine the extent of professional counselors' self-perceived adequacy of multicultural training. Table 23 shows the response frequencies (in percentages) for the total sample for each of the training items. Likewise, the means and standard deviations are listed in Table 24. The mean rating for items 9 (defining racism), 10 (defining prejudice), 11 (defining discrimination) and, 12 (defining stereotype) was the highest of all training means ( $M = 2.8$ ;  $SD = .95, .99, .99, \text{ and } 1.02$  respectively). The lowest mean ratings were for items 19 (discussing minority identity development models) and 20 (discussing within-group differences). The mean rating for these items was 2.0 with a standard deviation of 1.02 and 1.0 respectively. The next lowest mean rating was 2.1 for items

23 (discuss how culture affects psychological disorders;  $SD = .87$ ), 26 (discussing research regarding mental health and culturally different populations;  $SD = .92$ ), and 32 (helping clients determine if problem stems from racism;  $SD = 1$ ).

From a dimensions/factors perspective, factor 3 (definition of terms) received the highest mean rating ( $M = 2.83$ ). Factor 2 (awareness) received the next highest mean rating of 2.60 and factor 3 (skills) followed with the next highest mean rating of 2.54. Factor 4 (racial identity) and Factor 1 (knowledge) received the lowest mean ratings among the factors. Review of the item and factor means indicate that professional counselors perceive their multicultural counseling training to be between "less than adequate" and "adequate." Therefore, this hypothesis is supported.

#### Hypothesis Fourteen

Hypothesis fourteen stated that there is a significant relationship between professional counselors' self-perceived multicultural awareness (factor 2) and the self-perceived adequacy of their training. Pearson Product correlation coefficients were computed between all awareness items and the corresponding adequacy of training ratings. The correlations are presented in Table 25. All of the correlations, ranging from .27 to .39., were significant at the .01 level. Thus, this hypothesis is supported.

#### Hypothesis Fifteen

Hypothesis fifteen stated that there is a significant

Table 23

Frequency of Response Choices for Training Items

Item	<u>% of Respondents:</u>			
	No Training  (1)	Less Than Adequate Training  (2)	Adequate Training  (3)	More Than Adequate Training  (4)
<b>Factor 1 (Knowledge)</b>				
16 Stereotypical Beliefs and Counseling	11.9	23.8	43.7	19.9
17 Different Nonverbals	22.5	30.5	36.4	9.3
18 Different Verbals	23.2	31.8	34.4	9.9
20 Within-group Differences	34.4	31.1	23.8	9.3
21 Vocational choices	19.2	29.8	41.1	9.3
22 Help-Seeking Behaviors	15.9	27.2	39.1	16.6
23 Psychological Disorders	23.2	39.7	31.1	4.6
24 Inappropriate Counseling Approaches	15.9	35.8	39.7	7.3
25 Poverty	17.2	26.5	37.7	17.2
26 Research on Mental Health	19.9	43.7	25.8	8.6
27 Counseling and Values	16.6	24.5	43.7	13.9
28 Barriers and Counseling	16.6	19.9	45.0	16.6

Table 23 (continued)

Item	<u>% of Respondents:</u>			
	No Training (1)	Less Than Adequate Training (2)	Adequate Training (3)	More Than Adequate Training (4)
<b>Factor 1 (continued)</b>				
29 Test Bias	21.9	29.1	37.1	9.3
30 Family Therapy	21.9	33.1	34.4	8.6
31 Inappropriate Helping Style	17.9	35.8	35.1	9.3
32 Racism and biases	27.2	29.8	31.8	8.6
<b>Factor 2 (Awareness)</b>				
1 Ethnic Heritage	24.5	14.6	37.7	22.5
2 Psychological Processes	15.2	27.2	35.1	21.2
3 Culture and Thought	18.5	21.9	32.5	25.2
4 Providing Best Services	9.9	21.2	50.3	16.6
7 Family's perspective	23.8	23.8	33.8	14.6
<b>Factor 3 (Definition of Terms)</b>				
9 Racism	11.9	17.9	43.7	26.5
10 Prejudice	15.2	13.2	44.4	27.2
11 Discrimination	15.2	13.2	45.0	26.5
12 Stereotype	14.6	14.6	41.7	28.5

Table 23 (continued)

Item	<u>% of Respondents:</u>			
	No Training (1)	Less Than Adequate Training (2)	Adequate Training (3)	More Than Adequate Training (4)
<b>Factor 4 (Racial Identity)</b>				
8 White Racial Identity	31.1	25.2	32.5	10.6
19 Minority Identity Development	33.1	30.5	24.5	10.6
<b>Factor 5 (Skills)</b>				
5 Verbal Communication	13.2	26.5	44.4	13.2
6 Nonverbal Communication	15.2	25.2	39.7	16.6
13 Communication Style	17.9	26.5	37.7	15.9
14 Emotional Reactions	19.9	25.2	38.4	16.6
15 Stereotypical Beliefs	13.9	31.8	38.4	13.9
<b><u>M</u></b>	<b>19.3</b>	<b>26.5</b>	<b>37.4</b>	<b>20.4</b>

Table 24

Means and Standard Deviations for Training Items

<b>Factor</b>			
<b>Item</b>	<b><u>M</u></b>	<b><u>SD</u></b>	
<b>Factor 1 (Knowledge)</b>	<b>2.38</b>	<b>.92</b>	
16 Stereotypical Beliefs and Counseling	2.72	.92	
17 Different Nonverbals	2.32	.93	
18 Different Verbals	2.31	.94	
20 Within-group Differences	2.08	.98	
21 Vocational choices	2.40	.91	
22 Help-Seeking Behaviors	2.57	.95	
23 Psychological Disorders	2.17	.84	
24 Inappropriate Counseling Approaches	2.38	.84	
25 Poverty	2.55	.97	
26 Research on Mental Health	2.23	.88	
27 Counseling and Values	2.55	.93	
28 Barriers in Counseling	2.62	.96	

Table 24 (continued)

<b>Factor</b>			
<b>Item</b>	<b><u>M</u></b>	<b><u>SD</u></b>	
29 Test Bias	2.34	.93	
30 Family Therapy	2.30	.92	
31 Inappropriate Helping Style	2.36	.89	
32 Determine racism and biases	2.22	.96	
<b>Factor 2 (Awareness)</b>	<b>2.60</b>	<b>1.00</b>	
1 Ethnic Heritage	2.58	1.09	
2 Psychological Processes	2.63	.99	
3 Culture and Thought	2.65	1.06	
4 Providing Best Services	2.75	.86	
7 Family's perspective	2.40	1.02	
<b>Factor 3 (Definition of Terms)</b>	<b>2.83</b>	<b>.98</b>	
9 Racism	2.84	.95	
10 Prejudice	2.83	.99	
11 Discrimination	2.82	.99	
12 Stereotype	2.84	1.00	

Table 24 (continued)

<b>Factor</b>			
<b>Item</b>	<b><u>M</u></b>	<b><u>SD</u></b>	
<b>Factor 4 (Racial Identity)</b>	<b>2.17</b>	<b>1.00</b>	
8 White Racial Identity	2.22	1.01	
19 Minority Identity Development	2.12	1.00	
<b>Factor 5 (Skills)</b>	<b>2.54</b>	<b>.94</b>	
5 Verbal Communication	2.59	.89	
6 Nonverbal Communication	2.59	.95	
13 Communication Style	2.52	.97	
14 Emotional Reactions	2.51	.99	
15 Stereotypical Beliefs	2.53	.91	

Note: Range of means 2.08 - 2.84

relationship between professional counselors' self-perceived multicultural knowledge (factor 1) and the self-perceived adequacy of their training. Pearson Product correlation coefficients were derived between all knowledge items and the corresponding adequacy of training ratings. The correlations are reported in Table 25. All of the correlations, ranging from .41 to .79, are significant at the .01 level. Hence, this hypothesis is supported.

#### Hypothesis Sixteen

Hypothesis sixteen stated that there is a significant relationship between professional counselors' self-perceived multicultural skill (factor 5) and the self-perceived adequacy of their training. Pearson Product correlation coefficients were derived between all skill items and the corresponding adequacy of training ratings. The correlations, ranging from .30 to .56, are significant at the .01 level. Therefore, this hypothesis is supported.

#### Hypothesis Seventeen

Hypothesis seventeen stated that there is a significant relationship between professional counselors' self-perceived multicultural competence regarding definition of terms (factor 3) and the self-perceived adequacy of their training. Pearson Product correlation coefficients were derived between all "definition of terms" items and the respondents' corresponding adequacy of training ratings. The correlations, ranging from .34 to .42, are significant at the .01 level. Therefore, this hypothesis is supported.

Table 25

Correlations of Competence and Adequacy of Training Items

Item	<u>r</u>	Item	<u>r</u>
<u>Knowledge</u>		<u>Awareness</u>	
16	.41	1	.38
17	.64	2	.38
18	.74	3	.38
20	.79	4	.39
21	.64	7	.27
22	.67	<u>Definitions</u>	
23	.62	9	.34
24	.70	10	.42
25	.56	11	.40
26	.78	12	.36
27	.68	<u>Racial Identity</u>	
28	.63	8	.75
29	.76	19	.81
30	.78	<u>Skills</u>	
		5	.40
		6	.48
		13	.56
		14	.30
		15	.39

#### Hypothesis Eighteen

Hypothesis eighteen stated that there is a significant relationship between professional counselors' self-perceived multicultural competence regarding racial identity (factor 4) and the self-perceived adequacy of their training. Pearson Product correlation coefficients were derived between all "racial identity" items and the corresponding ratings of adequacy of training. The correlations are reported in Table 25. Both correlations are significant at .01 level. Hence, this hypothesis is supported.

#### Hypothesis Nineteen

Hypothesis nineteen stated that there is a statistically significant relationship between selected types of training experiences and the self-perceived multicultural awareness of professional counselors. A review of the frequencies for each type of training experience was undertaken. In addition, a series of ANOVA procedures was implemented to test the significance of the training experiences with each competency item. For further analyses, ethnicity was used in the ANOVAs to determine significant interaction effects. The results are shown in Table 26.

Review of the results indicate that there were no significant effects of training experiences on the awareness factor. Therefore, this hypothesis is not supported.

#### Hypothesis Twenty

Hypothesis twenty stated that there is a statistically significant relationship between selected types of training

experiences and the self-perceived multicultural knowledge of professional counselors. A review of the frequencies for each type of training experience was undertaken. In addition a series of ANOVA procedures was implemented to test the significance of the training experiences with the competency item. For further analyses, ethnicity was used in the ANOVAs to determine significant interaction effects. The significant training experiences are underlined in Table 26. Review of the results indicate that there were significant effects of multicultural courses (MC), formal and informal professional development activities (PDF, PDI) and advanced degree programs (AD) on the knowledge factor. There was a significant interaction effect between ethnicity and formal development activities (PDF) on item 17 ( "I can articulate the differences between the nonverbal behavior of ethnic groups"). Another significant interaction effect was found for informal professional development activities (PDI) and ethnicity on item 22 ("I can discuss how culture affects the help-seeking behaviors of clients"). Therefore, this hypothesis is supported.

#### Hypothesis Twenty-One

Hypothesis twenty-one stated that there is a statistically significant relationship between selected types of training experiences and the self-perceived multicultural skills of professional counselors. A review of the

Table 26

Frequency of Training Experiences Reported For Each  
Competence Item

Items	<u>% of Respondents</u>				
	<u>MC</u>	<u>CC</u>	<u>PDF</u>	<u>PDI</u>	<u>AD</u>
<b>1 Knowledge</b>					
16	40	35	38	47	16
17	<u>37*</u>	31	<u>33+</u>	45	14
18	39	29	31	47	<u>15*</u>
20	33	20	<u>27*</u>	<u>41*</u>	12
21	30	31	<u>31*</u>	41	<u>15*</u>
22	<u>35*</u>	34	31	<u>47+</u>	13
23	<u>32*</u>	33	<u>25*</u>	35	19
24	39	36	<u>28*</u>	39	<u>16*</u>
25	<u>40*</u>	34	<u>42*</u>	57	17
26	<u>32*</u>	32	<u>30*</u>	38	<u>17*</u>
27	<u>43*</u>	34	34	47	16
28	<u>42*</u>	38	<u>33*</u>	50	<u>17*</u>
29	<u>26*</u>	48	<u>24*</u>	<u>34*</u>	21
30	<u>28*</u>	<u>42*</u>	<u>29*</u>	<u>37*</u>	14
31	38	36	34	<u>50*</u>	17
32	33	26	<u>29*</u>	<u>50*</u>	16
<b>2 Awareness</b>					
1	31	32	29	66	14
2	33	40	31	59	18
3	31	33	31	61	16

Table 26 (continued)

Items	<u>% of Respondents</u>				
	<u>MC</u>	<u>CC</u>	<u>PDF</u>	<u>PDI</u>	<u>AD</u>
<b>2 Awareness (continued)</b>					
4	34	51	37	50	19
7	22	33	27	55	13
<b>3 Definitions</b>					
9	42	32	39	58	17
10	42	31	40	57	19
11	44	31	37	59	18
12	41	37	42	59	20
<b>4 Racial Identity</b>					
8	29	28	<u>27*</u>	<u>36*</u>	11
19	<u>33*</u>	<u>20*</u>	<u>25*</u>	<u>35*</u>	<u>14*</u>
<b>5 Skills</b>					
5	34	41	33	55	15
6	31	40	35	54	14
13	35	31	29	52	17
14	36	31	33	56	17
15	38	33	31	51	15

**Note:** \* =  $p < .001$  training effect;  $\pm$  =  $p < .001$  interaction effect, ethnicity and training  
 MC= Multicultural Courses CC= Core Courses Infused with Multicultural Content PDF= Formal Professional Development Activities PDI= Informal Professional Development Activities AD= Advanced Degree Program

frequencies for each type of training experience was undertaken. In addition a series of ANOVAs was implemented to test the significance of the training experiences with the competency item. For further analyses, ethnicity was used in the ANOVAs to determine significant interaction effects. The significant training experiences are underlined in Table 26. Review of the results indicate that there were no significant effects of training experiences on the skill factor. Therefore, this hypothesis is not supported.

#### Hypothesis Twenty-Two

Hypothesis twenty-two stated that there is a statistically significant relationship between selected types of training experiences and the self-perceived multicultural competence regarding definition of terms of professional counselors. A review of the frequencies for each type of training experience was undertaken. In addition a series of ANOVA procedures was implemented to test the significance of the training experiences with the competency item. For further analyses, ethnicity was used in the ANOVAs to determine significant interaction effects. The significant training experiences are underlined in Table 26.

Review of the results indicate that there were no significant effects of training experiences on the definition of terms factor. Therefore, this hypothesis is not supported.

#### Hypothesis Twenty-Three

Hypothesis twenty-three stated that there is a

statistically significant relationship between selected types of training experiences and the self-perceived multicultural competence regarding racial identity of professional counselors. A review of the frequencies for each type of training experience was undertaken. In addition a series of ANOVA procedures was implemented to test the significance of the training experiences with the competency item. For further analyses, ethnicity was used in the ANOVAs to determine significant interaction effects. The significant training experiences are underlined in Table 26.

Review of the results indicate that there were significant effects of training experiences on the racial identity factor. All of the selected training experiences had a significant effect on item 19 ("I can discuss the counseling implications for Minority Identity Development") and formal and informal development activities had significant effects on item 8 ("I can discuss models of White Racial Identity"). Therefore, this hypothesis is supported.

#### Hypothesis Twenty-Four

Hypothesis twenty-four stated that the self-perceived multicultural awareness of professional counselors can be explained by selected demographic variables (i.e., work setting, educational level, ethnicity, gender and age). Table 27 illustrates the results of the MANOVA implemented for this hypothesis. Ethnicity [ $F(5,60) = 2.89, p = .021$ ] produced a significant effect on the multicultural awareness of professional counselors. Gender [ $F(5,60) = .56, p = .732$ ],

age [ $F(15,166) = 1.09, p = .371$ ], education level [ $F(5,60) = .69, p = .630$ ], and work setting [ $F(5,166) = .81, p = .633$ ] yielded no significant effects on the multicultural awareness of professional counselors. None of the interactions between the variables were significant. Since ethnicity has a significant effect on the self-perceived multicultural awareness of professional counselors, this hypothesis is supported.

#### Hypothesis Twenty-Five

Hypothesis twenty-five stated that the self-perceived multicultural knowledge of professional counselors can be explained by selected demographic variables (i.e., work setting, education level, ethnicity, gender, age). The MANOVA on the self-perceived multicultural knowledge of professional counselors produced a significant effect for ethnicity [ $F(16,48) = 2.09, p = .025$ ]. Therefore, this hypothesis is supported. As can be seen in Table 27, all other demographic variables produced no significant effects on the self-perceived multicultural knowledge of professional counselors. In addition, there were no significant interaction effects.

#### Hypothesis Twenty-Six

Hypothesis twenty-six stated that the self-perceived multicultural skill of professional counselors can be explained by selected demographic variables (i.e., work setting, education level, ethnicity, gender, age). The MANOVA produced a significant effect for ethnicity [ $F(5,58)$

Table 27

MANOVA For Each Factor By Selected Demographic  
Characteristics

Factor	<u>df</u>	<u>F</u>
1 (Knowledge)		
Ethnicity	16,48	2.09*
Gender	16,48	1.20
Age	48,143	1.32
Education	16,48	.65
Work Setting	48,143	1.20
Ethnicity X Gender	16,48	1.17
Ethnicity X Age	48,143	1.00
Ethnicity X Education	16,48	1.30
Ethnicity X Work Setting	48,143	.65
2 (Awareness)		
Ethnicity	5,60	2.89*
Gender	5,60	.56
Age	15,166	1.09
Education	5,60	.69
Work Setting	5,166	.81
Ethnicity X Gender	5,60	1.10
Ethnicity X Age	15,166	.63
Ethnicity X Education	5,60	.38
Ethnicity X Work Setting	15,166	.90

Table 27 (continued)

Factor	<u>df</u>	<u>F</u>
<b>3 (Definition of Terms)</b>		
Ethnicity	4,63	2.50
Gender	4,63	2.07
Age	12,167	.51
Education	4,63	.50
Work Setting	12,167	1.76
Ethnicity X Gender	4,63	4.00*
Ethnicity X Age	12,167	1.16
Ethnicity X Education	4,63	1.07
Ethnicity X Work Setting	12,167	1.95*
<b>4 (Racial Identity Development)</b>		
Ethnicity	2,65	4.04*
Gender	2,65	1.24
Age	6,130	.90
Education	2,65	.35
Work Setting	6,130	.66
Ethnicity X Gender	2,65	1.43
Ethnicity X Age	6,130	1.09
Ethnicity X Education	2,65	.63
Ethnicity X Work Setting	6,130	1.76

Table 27 (continued)

Factor	<u>df</u>	<u>F</u>
5 (Skill Development)		
Ethnicity	5,58	5.21**
Gender	5,58	.24
Age	15,160	.80
Education	5,58	1.24
Work Setting	15,160	.94
Ethnicity X Gender	5,58	.98
Ethnicity X Age	15,160	.59
Ethnicity X Education	5,58	.94
Ethnicity X Work Setting	15,160	.67

Note: \*p < .05.

\*\*p < .01.

= 5.21,  $p = .001$ ] on self-perceived multicultural skill. Therefore, this hypothesis is maintained. The other demographic variables yielded no significant effects on multicultural skill. None of the interactions were significant.

#### Hypothesis Twenty-Seven

Hypothesis twenty-seven stated that the self-perceived multicultural competence regarding definition of terms can be explained by selected demographic variables. The MANOVAs on multicultural competence regarding definition of terms for ethnicity [ $F(4,63) = 2.50, p = .052$ ], age [ $F(12,167) = .51, p = .907$ ], gender [ $F(4,63) = 2.07, p = .095$ ], education level [ $F(4,63) = .50, p = .738$ ] and work setting [ $F(4,63) = .50, p = .738$ ] yielded no significant effects. In addition, there were no significant interaction effects. Therefore, this hypothesis is not supported.

#### Hypothesis Twenty-Eight

Hypothesis twenty-eight stated that professional counselors' self-perceived multicultural competence regarding racial identity can be explained by selected demographic variables. The MANOVA that tested this hypothesis yielded a significant effect for ethnicity [ $F(2,65) = 4.04, p = .022$ ]. Hence, this hypothesis is supported. The remaining demographic variables produced no significant effects (see Table 27). None of the interactions were significant.

#### Post-Hoc Analyses

Since ethnicity produced significant effects on all of

the factors of multicultural competence of professional counselors, ANOVAs were undertaken to test the significance of ethnicity on all competence items. The results are summarized in Table 28. Ethnicity produced a significant effect on all of the competence items except for items 6 (nonverbal communication; factor 5), 7 (discussing family's perspective on acceptable conduct; factor 2), 8 (discussing White Racial Identity Development; factor 4), 25 (discussing effects of poverty; factor 1), 26 (discussing research on mental health and culturally different populations; factor 1), and 30 (discussing culture and family therapy; factor 1). In addition, a series of MANOVAs were implemented to examine the interactions between ethnicity and the other selected demographic variables on the self-perceived multicultural competence of professional counselors. For factors 1 (knowledge) and 2 (awareness), the interactions between ethnicity and other demographic variables yielded no significant effects (see Table 27). For factor 3 (Definition of Terms), ethnicity and gender [ $F(4,63) = 4.00, p = .006$ ] and ethnicity and work setting [ $F(12,167) = 1.95, p = .032$ ] produced significant effects.

A final set of MANOVAs were used to test differences among the factors by the characteristic of "taking a multicultural course." A significant main effect was found for taking a multicultural course by the knowledge factor (factor 1) [ $F(16,125) = 1.98, p = .020$ ]. A significant main effect was also found for the racial identity factor

Table 28

Univariate Analysis of Variance for Each Item By Ethnicity

Item	<u>MS</u>	<u>F</u>	<u>Error MS</u>
<u>Factor 1 (Knowledge)</u>			
df (1,63)			
16	4.48	13.23**	.34
17	6.40	9.20**	.69
18	8.60	13.49**	.64
20	16.85	16.66**	1.01
21	8.14	11.60**	.70
22	5.40	7.11**	.76
23	5.81	7.52**	.77
24	5.81	7.79**	.74
25	3.69	4.02*	.92
26	2.41	3.04	.79
27	4.56	7.32**	.62
28	3.98	4.97*	.80
29	4.17	4.26*	.98
30	1.90	1.88	1.00
31	6.31	9.32**	.67
32	7.61	11.48**	.66

Table 28 (continued)

Item	<u>MS</u>	<u>F</u>	<u>Error MS</u>
<u>Factor 2 (Awareness)</u>			
df (1,64)			
1	2.83	10.85**	.26
2	2.84	5.72*	.50
3	3.45	9.48**	.36
4	3.11	6.81**	.46
7	.843	2.11	.40
<u>Factor 3 (Definition of Terms)</u>			
df (1,66)			
9	2.49	5.05*	.49
10	2.09	5.27*	.39
11	3.20	9.02**	.35
12	3.07	8.31**	.37
<u>Factor 4 (Racial Identity Development)</u>			
df (1,66)			
8	1.13	.85	1.34
19	7.75	7.75**	1.00
<u>Factor 5 (Skill Development)</u>			
df (1,62)			
5	2.24	4.50*	.50
6	2.02	3.26	.62
13	8.99	16.94**	.53
14	5.35	16.02**	.33
15	7.75	14.98**	.52

Note: \*p < .05. \*\*p < .01

Table 29

MANOVA of "Taking a Multicultural Counseling Course" in  
Entry-Level Program by the Five Factors

Factor	<u>df</u>	<u>F</u>	<u>p</u>
1 (Knowledge)	16,125	1.98	.020
2 (Awareness)	5,139	.20	.961
3 (Definition of Terms)	4,144	.81	.521
4 (Racial Identity Development)	2,146	3.68	.028
5 (Skills)	5,135	.14	.982

(factor 4) [ $F(2,146) = 3.68, p = .028$ ]. These results are illustrated in Table 29. For exploratory purposes, a MANOVA to determine if there were significant interaction effects between ethnicity and taking a multicultural course across the five factors was undertaken. A significant main effect was found for ethnicity on all five factors. No significant interaction effects were found (see Table 30).

#### Summary

In this chapter, the results of the data analyses were presented. Of the twenty-eight hypotheses, fourteen were supported. These included hypotheses 4, 7, 13, 14, 15, 16, 17, 18, 20, 23, 24, 25, 26, and 28. Fourteen hypotheses were not supported. These were hypotheses 1, 2, 3, 5, 6, 8, 9, 10, 11, 12, 19, 21, 22, and 27. The meaning of these results are discussed in the next chapter.

Table 30

MANOVA of "Taking MC Course" and Ethnicity on Multicultural Competence Factors

Factor	<u>df</u>	<u>F</u>	<u>p</u>
<b>Factor 1</b>			
MC Course	16,122	1.51	.105
Ethnicity	16,122	2.44	.003
MC X Ethnicity	16,122	1.17	.299
<b>Factor 2</b>			
MC Course	5,134	.085	.995
Ethnicity	5,134	4.58	.001
MC X Ethnicity	5,134	.106	.991
<b>Factor 3</b>			
MC Course	4,139	.883	.476
Ethnicity	4,139	2.74	.031
MC X Ethnicity	4,139	1.91	.112
<b>Factor 4</b>			
MC Course	2,142	2.82	.063
Ethnicity	2,142	5.55	.005
MC X Ethnicity	2,142	.486	.616

Table 30 (continued)

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Factor	<u>df</u>	<u>F</u>	<u>p</u>
<hr/>			
Factor 5			
MC Course	5,131	.102	.991
Ethnicity	5,131	5.43	<.001
MC X Ethnicity	5,131	.575	.719

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## **CHAPTER V**

### **DISCUSSION**

In this final chapter, the study is summarized, conclusions are drawn according to each of the hypotheses, and limitations are identified. Additionally, implications for counselor preparation, counseling practice, and counseling research are discussed.

This study was designed to determine the extent to which professional counselors perceive themselves to be multiculturally competent and their perception concerning the adequacy of the multicultural counseling training they have received. It was also the intent of this study to compare the self-perceived multicultural competence of professional counselors who graduated from CACREP-accredited counseling programs and those who graduated from non-CACREP accredited counseling programs. The focus was on graduates of counseling programs in or after 1994 because of the extent to which the 1994 CACREP standards address multiculturalism. Furthermore, this study sought to determine the relationship between professional counselors' self-perceived multicultural competence and the adequacy of their multicultural training. And finally, this study attempted to identify the types of training experiences and demographic variables that relate to higher levels of self-perceived multicultural competence.

Before discussing the results of this study, it is

necessary to first consider the study's limitations.

#### Limitations of the Study

The limitations of this study surround the self-report nature of the instrument and its survey design. Since the respondents in this study were volunteers, there was the possibility of selection bias. The characteristics of the subjects who responded and those who did not respond were possibly very different, causing biased results. Therefore, generalizability of this study is limited to the characteristics of those who chose to participate. However, the respondents in this study were representative of all ACA geographic regions, work settings, work positions, education levels, and most ACA divisions.

Also, generalizability of the study's results is limited by the intentional oversampling procedures used to ensure adequate cell sizes. The percentages of ethnic minority persons and recent graduates in this study do not reflect the demographics of ACA. The results, however, can be generalized to ACA's ethnic minority membership.

A third limitation of this study was social desirability. There is the possibility that the respondents may have felt as if it was socially desirable or "socially correct" to be multiculturally competent. If this was the case, then the respondents' ratings reflect their desire to be competent rather than their true self-assessment of their multicultural competence.

Exclusion of professional counselors who are not ACA members was also a further limitation of this study. Since membership in ACA is voluntary, there were professional counselors who were not included in this study simply because they are not members of ACA.

Finally, this study was limited by the fact that it included a small ( $n = 25$ ) sample of graduates of CACREP-accredited programs after 1994. Since the 1994 standards address multiculturalism extensively, it was appropriate to study graduates of programs that were approved under the 1994 standards. Although the sampling procedure in this study attempted to address this issue, there was a relatively small number of recent graduates of counseling programs ( $n = 45$ ).

Although these potential limitations may affect the generalizability of the results, the sample does fairly represent the population of the ACA, the largest organization of professional counselors in the world. The results, therefore, may be considered to be representative of professional counselors who choose to affiliate with the ACA.

Next, the hypotheses will be discussed. The hypotheses are grouped according to similar topics.

#### Hypotheses One and Two

The hypothesis that professional counselors will not perceive themselves to be multiculturally competent was rejected. Approximately 71% of the respondents rated themselves as either "competent" or "extremely competent" on

the competency items, indicating that professional counselors perceive themselves to be multiculturally competent. Based on the results of the analyses of items implemented in this study, professional counselors are most competent when discussing their own ethnic heritage (item 1) and defining the term "stereotype" (item 12).

In addition, this study revealed that five factors comprise the Multicultural Competencies and Explanatory Statements developed by AMCD. The resulting five factors that emerged were awareness, knowledge, definition of terms, racial identity, and skills. This finding suggests that the Multicultural Competencies and Explanatory Statements are comprised of more than the three dimensions outlined in the literature (i.e., awareness, knowledge, and skills). Moreover, the results imply a possible limitation in current multicultural training in counseling programs. As stated in Chapter One, most methods of multicultural training focus on either one or a combination of the three dimensions of multicultural competence---awareness, knowledge, and skills.

#### Hypotheses Three through Seven

The survey results indicate that professional counselors, as a group, perceive themselves to be between "competent" and "extremely competent" on the awareness, skills, and definition of terms factors and perceive themselves to be between "somewhat competent" and "competent" on the knowledge and racial identity factors. This lower

self-perception on the latter two factors seems to suggest that professional counselors perceive themselves to be less knowledgeable about other cultures, ethnic groups, and their clients' world views. This is surprising since it has been noted that most multicultural training strategies focus on "knowing that" cultural differences exist rather than "knowing how" to conduct effective counseling sessions with diverse clients (Johnson, 1987). In addition, the low ratings regarding racial identity development might reflect the rather recent (i.e., 1984) emergence of racial identity theories in the counseling profession.

#### Hypotheses Eight through Twelve

Hypotheses eight through twelve addressed the significant difference between the self-perceived multicultural competence of professional counselors' who graduated from CACREP versus non-CACREP accredited programs. There were no significant differences found in this study, indicating that the 1994 CACREP standards have not made a significant difference in the multicultural competence of counselors. Since the standards have not been in effect for more than two years, these results could imply that CACREP programs have not had sufficient time to fully implement the multicultural components (e.g., Social and Cultural Foundations) of the 1994 standards. Furthermore, these findings could indicate that the CACREP standards and AMCD's competencies are not linked and thus, address different

dimensions of multicultural competence. This is evidenced further by the different definitions of multiculturalism cited in Chapters One and Two. CACREP adheres to a very broad definition of multiculturalism which includes differences pertaining to gender, age, religion, and social groups. In contrast, AMCD proposes a definition of multiculturalism that relates specifically to ethnic/racial groups.

#### Hypothesis Thirteen

It seems clear from this study's results that professional counselors perceive their multicultural counseling training to be less than adequate. Approximately 46% of the respondents reported that they received either "no training" or "less than adequate" training. These findings suggest that the training received by professional counselors has not met their multicultural training needs. Defining terms and multicultural awareness training received the highest means suggesting that these are areas which training has addressed more directly.

The low ratings received by the knowledge and racial identity factors may indicate two things; one, that counselor trainers are not addressing these dimensions of multicultural competence directly; and two, that counselors feel less competent with the content of these areas and thus, perceive their training to be less than adequate. Interestingly, the knowledge and racial identity factors received the lowest

competence ratings, suggesting that these are not only areas that necessitate further training but also areas in which counselors feel the least competent.

#### Hypotheses Fourteen through Eighteen

This study suggests that there is a significant relationship between professional counselors' self-perceived multicultural competence on all factors and their perception of the adequacy of the training they received. Although the correlations found in this study were significant, many of them were fairly low, indicating that adequacy of training and the five factors of multicultural competence are related but not strongly related. Interestingly, multicultural knowledge and racial identity competence were highly correlated with adequacy of training. Hence, these findings suggest that professional counselors' who feel most competent on the knowledge and racial identity factors are more likely to feel that their training is adequate whereas professional counselors who feel competent on the multicultural awareness, skill, and the definition of terms factors are not necessarily receiving adequate training in counseling programs.

#### Hypotheses Nineteen through Twenty-Three

The findings regarding the relationship between types of training experiences and the self-perceived multicultural competence of professional counselors revealed important information pertaining to the current multicultural training

trends. The findings illustrate that multicultural courses, formal and informal professional development activities, and advanced degree programs have a significant affect on the multicultural knowledge and racial identity competence of professional counselors. Core courses infused with multicultural content, however, have virtually no affect on professional counselors' self-perceived multicultural competence when compared to the other training experiences. Nevertheless, the data does confirm the significance of training experiences such as multicultural courses, formal and informal professional development activities, and advanced degree programs. However, these training experiences are only significant on the multicultural knowledge and racial identity factors.

Surprisingly, these results contradict the 1994 CACREP standards which emphasize the importance of core counseling courses infused with multicultural content. Also, the infusion training model has been cited as the most desirable model of multicultural counseling training (Copeland, 1982). Speculatively, it may be that infusion along with multicultural courses and professional development are components of an "optimal model." Nevertheless, these findings raise the question as to why the same training experiences did not influence multicultural awareness, skills, and definition of terms.

#### Hypothesis Twenty-Four through Twenty-Eight

Striking among the findings of this study is the affect that ethnicity has on four of the five factors of multicultural competence. Racial identity was the only factor that was not influenced by ethnicity. This finding is interesting in that ethnicity seems to explain most of the variance in multicultural competence among professional counselors. It is important to remember that the ratings in this study are self-report and that ethnic minority counselors might feel expected to be multiculturally competent and thus, their ratings could be overestimates. Also, previous research (i.e., Sadowsky, et al., 1991) has shown that persons in daily contact with culturally different persons are more culturally competent. By merely being a member of an ethnic minority group in the U.S., an individual is exposed daily to ethnic/cultural differences with the dominant culture. Moreover, ethnic minority persons experience multicultural training "in vivo" or through life experiences (Lee & Richardson, 1989).

#### Post-Hoc Analyses

In general, ethnicity produced significant effects on a majority of the competence items, indicating that self-perceived multicultural competence can be explained by whether or not a counselor is an ethnic minority person.

A final set of MANOVAS were also undertaken to test the significance of taking a multicultural course on the five

factors. The findings suggest that taking a multicultural course has a significant effect on professional counselors' self-perceived multicultural knowledge (factor 1) and competence regarding racial identity (factor 4). This finding is consistent with the previously discussed results in which it was found that multicultural courses, as a type of training, had a significant effect on multicultural knowledge and racial identity competence.

#### Implications for Counselor Preparation

It is important to consider implications of this study for counseling professionals who are working with counselor trainees. The current study suggests that although professional counselors perceive themselves to be multiculturally competent, they perceive their multicultural counseling training to have been less than adequate. The findings seem to suggest that the most adequate training is evidenced in the definition of terms area. In light of these results, counselor educators should be cognizant of including multicultural training in their curriculum that focuses on all of the factors revealed in this study. Furthermore, counselor educators should consider including "in vivo" training experiences since it is possible that these experiences are related to the higher ratings of multicultural competence by ethnic minority members. Learning through experience may be a vital aspect of multicultural counseling training.

A major focus of this study was on the self-perceived multicultural competence of graduates from CACREP and non-CACREP accredited programs (in or after 1994). The results of this study indicate that there is no significant difference between the multicultural competence of graduates from CACREP versus non-CACREP programs. Although the 1994 standards have been used for only a short period of time, counselor educators in CACREP programs should assess whether their programs are actively and appropriately meeting the prescribed standards. Moreover, this finding could reflect the differences between the CACREP standards and AMCD's competencies regarding the scope of multiculturalism. Consistency between the two organizations' expectations of multiculturally competent counselors would clarify training practices and multiculturalism in the counseling profession.

The results of this study also suggest that taking a multicultural course significantly influences professional counselors' self-perceived multicultural knowledge and competence regarding racial identity. Counselor educators, therefore, should continue to encourage the development of courses that focus on multicultural issues specifically pertaining to knowledge regarding other cultural groups and models of racial identity development. More importantly, however, counselor trainers should develop basic and advanced multicultural courses that focus on all of the factors/dimensions of multicultural competence revealed in

this study.

#### Implications for Counseling Practice

It is important to consider implications of this study for practicing counselors. The current study indicates that professional counselors' perceive their training to be less than adequate. Finding adequate and effective training is an important issue for professional counselors. This study has revealed that multicultural courses, informal and formal development activities, and advanced degree programs influence the multicultural knowledge and racial identity competence of professional counselors. Thus, actively seeking and participating in multicultural training experiences is vital to the multicultural competence of professional counselors.

Regarding support needed for multicultural training, it is pivotal that counseling settings (i.e., schools, agencies, colleges) provide counselors with the support needed to attend and participate in effective training experiences. Means of support might include travel funds for professional development activities pertaining to multiculturalism in the counseling profession, and leave for counselors who want to participate in training outside of their work setting.

The findings in this study also imply that professional counselors should be proactive in the movement to institutionalize multiculturalism in the counseling profession. Professional counselors must advocate for the

inclusion of the Multicultural Competencies in all aspects of training and counseling services.

#### Implications for Counseling Research

This study has several implications for counseling research. First, a replication of this study should be implemented with a larger sample in order to confirm its findings. Since the sample size in this study was relatively small in comparison to the total population of ACA, a larger sample could possibly reveal more significant findings.

Secondly, qualitative research is needed to determine how professional counselors perceive themselves in multicultural interactions and counseling settings. Interviews would be a useful tool in understanding the significance of ethnicity and other factors that influence multicultural competence.

Thirdly, further studies examining the relationship between AMCD's Multicultural Competencies and the CACREP standards is needed. Additional research designed to determine if the competencies are based on one general underlying factor or several factors, as found in this study would be advantageous. Clearly, the future challenge for counseling professionals will be to create competencies that encompass the phenomenon of multicultural competence in counseling. Also, it would be useful to conduct this study in five years to determine if there is a significant difference between the ratings of CACREP graduates vs. non-

CACREP graduates.

Another area for research is to determine the differences between ethnic groups regarding multicultural competence. For example, comparing the self-perceived multicultural competence of African American counselors versus Hispanic counselors would yield pertinent information regarding the effect of ethnicity on multicultural competence. Similarly, future research could examine the multicultural competence of professional counselors regarding their counseling relationships with clients of specific ethnic/cultural groups.

#### Summary

In closing, if the counseling profession is to provide effective services to a rapidly changing and diverse society, ongoing effective multicultural training and the evolution of culturally competent counselors are a necessity. Counselor training programs, therefore, must provide appropriate multicultural training experiences that enrich the multicultural competence of their trainees. This study has suggested and identified several significant relationships between counselor training and multicultural competence. Because there is such a need for culturally competent counselors, it is hoped that more and expanded research in this area will be undertaken.

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## **Appendix A**

### **Multicultural Counseling Competencies**

#### **I. Counselor Awareness of Own Cultural Values and Biases**

##### **A. Attitudes and Beliefs**

1. Culturally skilled counselors believe that one's own cultural heritage is essential.
2. Culturally skilled counselors are aware of how their own cultural background and experiences have influenced attitudes, values, and biases about psychological processes.
3. Culturally skilled counselors are able to recognize the limits of their multicultural competency and expertise.
4. Culturally skilled counselors recognize their sources of discomfort with differences that exist between themselves and clients in terms of race, ethnicity, and culture.

##### **B. Knowledge**

1. Culturally skilled counselors have specific knowledge about their own racial and cultural heritage and how it personally and professionally affects their definitions and biases of normality/abnormality and the process of counseling.
2. Culturally skilled counselors possess knowledge and understanding about how oppression, racism, discrimination, and stereotyping affect them personally and in their work. This allows individuals to acknowledge their own racist attitudes, beliefs, and feelings. Although this standard applies to all groups, for White counselors it may mean that they understand how they may have directly or indirectly benefited from individual, institutional, and cultural racism as outlined in White identity development models.

3. Culturally skilled counselors possess knowledge about their social impact upon others. They are knowledgeable about communication style differences, how their style may clash with or foster the counseling process with persons of color or others different from themselves and how to anticipate the impact it may have on others.

#### C. Skills

1. Culturally skilled counselors seek out educational, consultative, and training experiences to improve their understanding and effectiveness in working with culturally different populations. Being able to recognize the limits of their competencies, they (a) seek consultation, (b) seek further training or education, (c) refer out to more qualified individuals, or resources, or (d) engage in a combination of these.
2. Culturally skilled counselors are constantly seeking to understand themselves as racial and cultural beings and are actively seeking a non-racist identity.

### II. Counselor Awareness of Client's World view

#### A. Attitudes and Beliefs

1. Culturally skilled counselors are aware of their negative and positive emotional reactions toward other racial and ethnic groups that may prove detrimental to the counseling relationship. They are willing to contrast their own beliefs and attitudes with those of their culturally different clients in a non-judgmental fashion.
2. Culturally skilled counselors are aware of their stereotypes and preconceived notions that they may hold toward other racial and ethnic minority groups.

## B. Knowledge

1. Culturally skilled counselors possess specific knowledge and information about the particular group that they are working with. They are aware of the life experiences, cultural heritage, and historical background of their culturally different clients. This particular competency is strongly linked to the "minority identity development models" available in the literature.
2. Culturally skilled counselors understand how race, culture, ethnicity, and so forth may affect personality formation, vocational choices, manifestation of psychological disorders, help seeking behavior, and the appropriateness or inappropriateness of counseling approaches.
3. Culturally skilled counselors understand and have knowledge about sociopolitical influences that impinge upon the life of racial and ethnic minorities. Immigration issues, poverty, racism, stereotyping, and powerlessness may impact self esteem and self concept influence the counseling process.

## C. Skills

1. Culturally skilled counselors should familiarize themselves with relevant research and the latest findings regarding mental health and mental disorders that affect various ethnic and racial groups. They should actively seek out educational experiences that enrich their knowledge, understanding, and cross-cultural skills for more effective counseling behavior.
2. Culturally skilled counselors become actively involved with minority individuals outside the counseling setting (community events, social and political functions, celebrations, friendships, neighborhood groups, and so forth) so that their perspective of minorities is more than an academic or helping exercise.

### III. Culturally Appropriate Intervention Strategies

#### A. Attitudes and Beliefs

1. Culturally skilled counselors respect clients' religious and/or spiritual beliefs and values, including attributions and taboos, because they affect their world views, psychosocial functioning, and expressions of distress.
2. Culturally skilled counselors respect indigenous helping practices and respect minority community intrinsic help-giving methods.
3. Culturally skilled counselors value bilingualism and do not view another language as an impediment to counseling (monolingualism may be the culprit).

#### B. Knowledge

1. Culturally skilled counselors have a clear and explicit knowledge and understanding of the generic characteristics of counseling and therapy (culture bound, class bound, and monolingual) and how they may clash with the cultural values of various minority groups.
2. Culturally skilled counselors are aware of institutional barriers that prevent minorities from using mental health services.
3. Culturally skilled counselors have knowledge of the potential bias in assessment instruments and use procedures and interpret findings keeping in mind the cultural linguistic characteristics of the clients.
4. Culturally skilled counselors have knowledge of the values, and beliefs. They are knowledgeable about the community characteristics and the resources in the community as well as the family.
5. Culturally skilled counselors should be aware of the relevant discriminatory practices at the social and community level that may be

affecting the psychological welfare of the population being served.

### C. Skills

1. Culturally skilled counselors are able to engage in a variety of verbal and nonverbal helping responses. They are able to send and receive both verbal and nonverbal messages accurately and appropriately. They are not tied down to only one method or approach to helping but recognize that helping styles and approaches may be culture bound. When they sense that their helping style is limited and potentially inappropriate, they can anticipate and ameliorate its negative impact.
2. Culturally skilled counselors are able to exercise institutional intervention skills on behalf of their clients. They can help clients determine whether a "problem" stems from racism or bias in others (the concept of healthy paranoia) so that clients do not inappropriately personalize problems.
3. Culturally skilled counselors are not averse to seeking consultation with traditional healers, religious and spiritual leaders, and practitioners in the treatment of culturally different clients when appropriate.
4. Culturally skilled counselors take responsibility for interacting in the language requested by the client and, if not feasible, make appropriate referrals. A serious problem arises when the linguistic skills of a counselor do not match the language of the client. This being the case, counselors should (a) seek a translator with cultural knowledge and appropriate professional background and (b) refer to a knowledgeable and competent bilingual counselor.
5. Culturally skilled counselors have training and expertise in the use of traditional assessment and testing instruments. They not only understand the technical aspects of the instruments but are also aware of the cultural limitations. This allows them to use test

instruments for the welfare of the diverse clients.

6. Culturally skilled counselors should attend to as well as work to eliminate biases, prejudices, and discriminatory practices. They should be cognizant of sociopolitical contexts in conducting evaluation and providing interventions and should develop sensitivity to issues of oppression, sexism, elitism, and racism.
7. Culturally skilled counselors take responsibility in educating their clients to the processes of psychological intervention, such as goals, expectations, legal rights, and the counselor's orientation.

## **Appendix B**

### **Explanatory Statements for the Multicultural Counseling Competencies**

- Can identify the culture/s to which they belong and the significance of that membership including the relationship of individuals in that group with individuals from other groups, institutionally, historically, educationally, etc.
- Can identify the specific cultural group/s from which he/she derives fundamental cultural heritage and the significant beliefs and attitudes held by those cultures that are assimilated into their own attitudes and beliefs.
- Can recognize the impact of those beliefs on their ability to respect others different from themselves.
- Can identify specific attitudes, beliefs, and values from their own heritage and cultural learning which support behaviors that demonstrate respect and valuing of differences and those that impede or hinder respect and valuing of differences.
- Actively engage in an ongoing process of challenging their own attitudes and beliefs that do not support respecting and valuing of differences.
- Can appreciate and articulate positive aspects of their own heritage that provide them with strengths in understanding differences.
- In addition to their cultural groups, can recognize the influence of other personal dimensions of identity and their role in cultural self-awareness.
- Can identify the history of their culture in relation to educational opportunities and its impact on their current world view.
- Can identify at least five personal, relevant cultural traits and can explain how each has influenced cultural values of the counselor.
- Can identify social and cultural influences on their cognitive development and current information processing styles and can contrast that with those of others.
- Can identify specific social and cultural factors and events in their history that influence their view and use of social belonging, interpretations of behavior, motivation, problem solving and decision

making methods, thoughts and behaviors (including subconscious) in relation to authority and other institutions and can contrast these with the perspectives of others.

- Can articulate the beliefs of their own cultural and religious groups around differences, such as sexual orientation, religion able bodiness, etc. and the impact of those beliefs in a counseling relationship.
- Can recognize in a counseling or teaching relationship, when and how their attitudes, beliefs and values are interfering with providing the best service to clients.
- Can identify preservice and inservice experiences which contributed to expertise and can identify current specific needs for professional development.
- Can recognize and use referral sources that demonstrate values, attitudes, and beliefs that will respect and support the client's developmental needs.
- Able to recognize their sources of comfort/discomfort with respect to differences in terms of race, ethnicity, and culture.
- Able to identify differences and is non-judgmental about those differences.
- Communicates acceptance and respect of differences both verbally and nonverbally.
- Can identify at least five specific cultural differences, the needs of culturally different clients, and how these differences are handled in the counseling relationship.
- Have knowledge regarding their heritage: in terms of language, ethnicity, knowledge regarding the context of the time period in which their ancestors entered the established United States and/or North American continent.
- Can recognize and discuss their family's and culture's perspectives of acceptable (normal) codes of conduct and what are unacceptable (abnormal) and how this may or may not vary from those of other cultures and families.
- Can identify at least five specific features of culture-of-origin and explain how those features impact their relationship with culturally different clients.
- Can specifically identify, name, and discuss privileges that they personally receive in society due to their race, socioeconomic

background, gender, physical abilities, sexual orientation, etc.

- Specifically, referring to white counselors, can discuss White Identity Development models and how they relate to one's personal experiences.
- Can provide a reasonably specific definition of racism, prejudice, discrimination and stereotype.
- Can describe a situation in which they have been judged on something other than merit. Can describe a situation in which they have judged someone on something other than merit.
- Can discuss recent research addressing issues of racism, White Identity development, anti-racism, etc. and its relation to their personal development and professional development as counselors.
- Can behaviorally define their communication style and describe both their verbal and nonverbal behaviors, interpretations of other's behaviors, and expectations.
- Can recognize the cultural bases of their communication style and the differences between their style and the styles of those people different from themselves.
- Can describe the behavioral impact and reaction of their communication style on clients different from themselves.
- Can give examples of an incident where communication broke down with a client of color and hypothesize about the causes.
- Can give 3-5 concrete examples of situations in which they modified their communication style to compliment that of a culturally different client, how they decided on the modification, and the result of that modification.
- Can recognize and identify characteristics or situations in which the counselor's limitations in cultural, personal, or religious beliefs and or issues of identity development require referral.
- Can describe objectives of at least two multicultural-related professional development activities attended over the past five years and can identify at least two adaptations to their counseling practices as result of these professional development activities.
- Has developed professional relationships with counselors from backgrounds different from their own and maintain a dialogue regarding multicultural; differences and preferences.

- Maintains an active referral list and continuously seeks new referrals relevant to different needs of clients.
- Can understand and communicate to client that the referral is being made due to the counselor's limitations rather than communicating that it is caused by the client.
- Actively consults regularly with other professionals regarding issues of culture in order to receive feedback about issues and situations and whether or where referral may be necessary.
- Actively seek out and participate in reading and activities designed to develop cultural self-awareness and work toward eliminating racism and prejudice.
- Maintain relationships with individuals different from themselves and actively engage in discussions allowing for feedback regarding the counselor's behavior concerning racial issues.
- When receiving feedback the counselor demonstrates a receptivity and willingness to learn.
- Can identify their common emotional reactions about individuals and groups different from themselves and observe their own reactions in encounters.
- Can articulate how their personal reactions and assumptions are different from those who identify with that group.
- Can identify how general emotional reactions observed in oneself could influence effectiveness in a counseling relationship.
- Can describe at least two distinct examples of cultural conflict between self and culturally different clients including how these conflicts were used as "content" for counseling.
- Can recognize their stereotyped reactions to people different than themselves.
- Can consciously attend to examples that contradict stereotypes.
- Can give examples of how their stereotypes can impact the counselor-client relationship.
- Can recognize assumptions of those in a similar cultural group but who may differ.
- Can articulate differences in nonverbal and verbal behavior of the five major different cultural groups most frequently seen in their

experience of counseling.

- Can describe at least two different models of identity development and their implications for counseling with persons of color or others who experience oppression or marginalization.
- Can understand and explain the historical point of contact with dominant society for various ethnic groups and the impact of the type of contact (enslaved, refugee, seeking economic opportunities, conquest, etc.) on current issues in society.
- Can identify within group differences and assess various aspects of each individual client to determine individual differences as well as cultural differences.
- Can discuss viewpoints of other cultural groups regarding issues such as sexual orientation, ableism, gender, aging, etc.
- Can distinguish cultural differences and expectations regarding role and responsibility in family, participation of family in career decision making, appropriate family members to be involved when seeking help, culturally acceptable means of expressing emotion and anxiety, etc.
- Based on literature, can describe and give examples of how a counseling approach may or may not be appropriate for a specific group of people.
- Can understand and explain the historical point of contact with dominant society for various ethnic groups and the impact of the type of contact (enslaved, refugee, seeking economic opportunities, conquest, etc.) on potential relationships and trust when seeking help from dominant culture institutions.
- Can describe one system of personality development, the populations on which the theory was developed, and how this system relates or does not relate to at least two culturally different populations.
- Can identify the role of gender, socioeconomic status and physical disability as they interact with personality formation across cultural groups.
- Can identify implications of concepts such as internalized oppression, institutional racism, privilege, and the historical and current political climate regarding immigration, poverty, welfare (public assistance).
- Can explain the relationship between culture and power. Can explain dynamics of at least two cultures and how factors such as poverty and powerlessness have influenced the current conditions of individuals of

those cultures.

- Can understand the economic benefits and contributions gained by the work of various groups, including migrant farm workers, to daily life of the counselor and the country at large.
- Can communicate an understanding of the unique position, constraints and needs of those clients who experience oppression.
- Can identify current issues that impact groups of people in legislation, social climate, etc. and how that affects individuals and families to whom the counselor may be providing services.
- Are aware of legal legislation issues that impact various communities and populations.
- Are aware of how documents such as Bell Curve and affirmative action legislation impact society's perception of different cultural groups.
- Can discuss recent research regarding mental health, career decision making, education, and learning, etc. that focuses on issues related to different cultural populations.
- Completed at least 15 hours/year of workshops, conferences, classes, inservice regarding multicultural counseling skills, and knowledge. These should span a variety of topics, cultures, and include discussions of wellness rather than focusing only on negative issues (medical model) related to these cultures.
- Can identify at least five multicultural experiences in which counselor has participated within past three years.
- Can identify professional growth activities and information which is presented by professionals respected and seen as credible by members of the communities being studied.
- Can describe in concrete terms how one has applied various information gained through current research in mental health, education, career choices, etc.
- Can identify at least five multicultural experiences in which counselor has participated within past three years. These include various celebrations, political events, community activities involving individuals and groups from racial and cultural backgrounds different from own, such as political fund raisers, neighborhood marches against violence.
- Actively plan experiences and activities that will contradict negative stereotypes and preconceived notions they may hold.

**Appendix C****Qualifications of Survey Outline Evaluators**

**Dr. Patricia Arrendondo**  
President of AMCD (1996-97)  
Past Member of Professional Standards and  
Certification Committee

**Dr. Willie Baber**  
Professor of Anthropology  
University of North Carolina, Greensboro

**Dr. James Benshoff**  
Associate Professor of Counselor Education  
University of North Carolina, Greensboro

**Dr. Lloyd Bond**  
Professor of Educational Research and  
Methodology  
University of North Carolina, Greensboro

**Dr. Sherlon Brown**  
President of AMCD (1995-96)  
Assistant Professor, Bowling Green State  
University

**Dr. Michael D'Andrea**  
Member of AMCD Professional Standards  
and Certification Committee  
Associate Professor of Counselor Education  
University of Hawaii

**Dr. James Fuller**  
Assistant Professor of Counselor Education  
Instructor of Multicultural Courses  
University of North Carolina, Greensboro

**Dr. Courtland C. Lee**  
Past President of AMCD  
Past Editor of the Journal of Multicultural  
Counseling and Development  
Professor of Counselor Education  
University of Virginia

**Appendix C (continued)****Dr. Don C. Locke**

Member of AMCD Professional Standards and  
Certification Committee  
Director of Adult Education, University of  
North Carolina, Asheville

**Dr. Jane E. Myers**

Past ACA President  
Past President of Association for Assessment  
in Counseling  
Professor of Counselor Education  
University of North Carolina, Greensboro

**Appendix D**  
**Reviewer's Sheet**

The enclosed outline will be used to develop items for a survey. The purpose of this survey is to assess the multicultural counseling training and competence of professional counselors.

Please review the outline and provide feedback below.

I. Content:

II. Inclusiveness of the proposed areas of study:

III. Outline's relevance to the field of multicultural counseling:

IV. Additional feedback:

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**Appendix E**  
Multicultural Counseling Competence and Training  
Initial Survey

## Multicultural Counseling Competence and Training Survey

For this survey, the terms "multicultural" and "multicultural counseling" refer to counseling when applied to clients from the five major ethnic groups listed by the Association for Multicultural Counseling and Development (AMCD) - - - African/Black, European/White, Hispanic/Latino, Asian, and Native American [Note: The term "ethnic minority" refers to all major ethnic groups except European/White.]

### **PART 1: MULTICULTURAL COUNSELING CURRICULUM IN ENTRY-LEVEL GRADUATE PROGRAM**

Please provide the following information about the counseling program where you received your entry-level counseling degree (e.g., M.Ed., M.S., Ed.S.)

1. Date of graduation from entry-level counseling program: 19\_\_\_\_\_
2. What was the accreditation status of the program when you graduated? Please check all that apply.
  1.  CACREP
  2.  APA
  3.  NCATE
  4.  Other \_\_\_\_\_
3. Did your entry-level counseling program require students to take a course that focused on multicultural counseling?
  1.  Yes
  2.  No
4. How many multicultural counseling courses were offered in your department? \_\_\_\_\_
5. How many of these multicultural counseling courses did you take? \_\_\_\_\_.
6. In which of the following curricular areas was multicultural counseling content included or infused? (Check all that apply.)
  1.  Human Growth and Development
  2.  Social and Cultural Foundations
  3.  Helping Relationships and Counseling Theories
  4.  Group Work
  5.  Lifestyle and Career Development
  6.  Appraisal
  7.  Research and Program Evaluation
  8.  Professional Orientation
  9.  Other \_\_\_\_\_

**PART 2: FACULTY AND STUDENTS IN ENTRY-LEVEL GRADUATE PROGRAM**

*Please provide the following information about the faculty and students of your entry-level counseling program.*

7. How many faculty members were in your entry-level counseling program? \_\_\_\_\_
8. How many of these faculty members were ethnic minorities? \_\_\_\_\_
9. What percentage of your program's student population would you estimate was made up of ethnic minority persons?
1.  91-100%
  2.  76-90%
  3.  51-75%
  4.  26-50%
  5.  10-25%
  6.  less than 10%

**PART 3: MULTICULTURAL CLINICAL EXPERIENCES IN ENTRY-LEVEL GRADUATE PROGRAM**

*Please provide the following information regarding your clinical training experiences (i.e., practicum, internships) in your entry-level graduate program.*

10. My program required clinical experiences with ethnic minority clients.
1.  Yes
  2.  No
11. I had clinical experiences with ethnic minority clients.
1.  Yes
  2.  No
12. If you answered "yes" on item 11, what percentage of time did you spend working with ethnic minority clients during your clinical experiences?
1.  91-100%
  2.  76-90%
  3.  51-75%
  4.  26-50%
  5.  10-25%
  6.  less than 10%
13. During supervision, did you discuss at least one ethnic minority client?
1.  Yes
  2.  No

14. If you answered "no" on item 13, did supervision ever focus on multicultural issues?

1.  Yes
2.  No

**PART 4: POST-GRADUATE MULTICULTURAL TRAINING AND EXPERIENCE**

*Please provide the following information regarding your post-graduate multicultural training and experiences.*

15. Number of professional development hours (i.e., workshops, conferences) earned in multicultural counseling since graduation.

1.  0
2.  1-10
3.  11-20
4.  21-30
5.  31+

16. Number of multicultural counseling courses taken since graduation.

1.  0
2.  1-2
3.  3-4
4.  5+

17. What percentage of your current work is with ethnic minority clients?

1.  91-100%
2.  76-90%
3.  51-75%
4.  26-50%
5.  10-25%
6.  less than 10%

**PART 5: DEMOGRAPHIC INFORMATION**

**18. Present Position:** Please check the position which best describes your primary work responsibility--check one only.

1.  Counselor/Practitioner
2.  Counselor Educator
3.  School Counselor
4.  Student Personnel Worker
5.  Administrator
6.  Researcher
7.  Consultant
8.  Other \_\_\_\_\_

**19. Work Setting:** Please check the position which best describes your work setting--check one only.

1.  School
2.  Mental Health Agency
3.  Private Practice
4.  College and University
5.  Government Agency
6.  Business/Industry
7.  Employment Service
8.  Corrections Facility
9.  Community Agency
10.  Other \_\_\_\_\_

**20. Licensure/Certification:** Please check your credentials.

1.  National Certified Counselor (NCC)
2.  Licensed Professional Counselor (LPC)
3.  Other \_\_\_\_\_

**21. Education:** Please check your highest earned degree.

1.  Ph.D., Ed.D.
2.  Ed.S.
3.  M.Ed., M.A., M.S.
4.  B.S., B.A.
5.  Other \_\_\_\_\_

**22. Ethnic Background**

1.  African/Black
2.  European/White
3.  Hispanic/Latino
4.  Asian
5.  Native American
6.  Other \_\_\_\_\_

**23. Gender**

1.  Male
2.  Female

**24. Age Group**

1.  65 years +
2.  55-64
3.  45-54
4.  35-44
5.  25-34
6.  24 and under

**25. Geographical Location:** Please write-in the state where you reside.

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**PART 6: SELF-ASSESSMENT OF MULTICULTURAL COUNSELING COMPETENCE AND TRAINING**

Listed below are competency statements based on the 1995 proposed Multicultural Counseling Competencies and Explanatory Statements developed by the Association for Multicultural Counseling and Development (AMCD) Professional Standards Committee. Please read each competency statement and evaluate your multicultural counseling competence and the training you received using the 4 point scales listed below. In addition, indicate where you received training pertaining to each competency.

Remember, the terms "multicultural," and "culture," refer to the five major ethnic groups: African/Black, European/White, Asian, Hispanic/Latino, Native American.

**Section I:**

**Competence:**

- 1 = NOT COMPETENT (Not able to perform at this time)
- 2 = SOMEWHAT COMPETENT (More training needed)
- 3 = COMPETENT (Able to perform adequately)
- 4 = EXTREMELY COMPETENT (Able to perform at a high level)

**Training Received (regarding the competency):**

- 1 = NO TRAINING RECEIVED
- 2 = LESS THAN ADEQUATE TRAINING RECEIVED
- 3 = ADEQUATE TRAINING RECEIVED
- 4 = MORE THAN ADEQUATE TRAINING RECEIVED

**Where Training Received:**

- MC = MULTICULTURAL COURSE/S IN ENTRY-LEVEL COUNSELING PROGRAM
- CC = CORE COUNSELING COURSES INFUSED WITH MULTICULTURAL CONTENT
- PD = PROFESSIONAL DEVELOPMENT ACTIVITIES (E.G., WORKSHOPS)
- AD = ADVANCED DEGREE PROGRAM (E.G., PH.D, ED.D)

	<u>Competence</u>				<u>Training Received</u>				<u>If Training Received Where? (Check all that apply.)</u>
1. I can discuss my own ethnic/cultural heritage.	1	2	3	4	1	2	3	4	MC CC PD AD
2. I am aware of how my cultural background and experiences have influenced my attitudes about psychological processes.	1	2	3	4	1	2	3	4	MC CC PD AD
3. I am able to discuss how my culture has influenced the way I think.	1	2	3	4	1	2	3	4	MC CC PD AD
4. I can recognize when my attitudes, beliefs, and values are interfering with providing the best services to my clients.	1	2	3	4	1	2	3	4	MC CC PD AD
5. I <u>verbally</u> communicate my acceptance of culturally different clients.	1	2	3	4	1	2	3	4	MC CC PD AD
6. I <u>nonverbally</u> communicate my acceptance of culturally different clients.	1	2	3	4	1	2	3	4	MC CC PD AD

**Competence:**

- 1 = NOT COMPETENT (Not able to perform at this time)  
 2 = SOMEWHAT COMPETENT (More training needed)  
 3 = COMPETENT (Able to perform adequately)  
 4 = EXTREMELY COMPETENT (Able to perform at a high level)

**Training Received (regarding the competency)**

- 1 = NO TRAINING RECEIVED  
 2 = LESS THAN ADEQUATE TRAINING RECEIVED  
 3 = ADEQUATE TRAINING RECEIVED  
 4 = MORE THAN ADEQUATE TRAINING RECEIVED

**Where Training Received:**

- MC = MULTICULTURAL COURSE/S IN ENTRY-LEVEL COUNSELING PROGRAM  
 CC = CORE COUNSELING COURSES INFUSED WITH MULTICULTURAL CONTENT  
 PD = PROFESSIONAL DEVELOPMENT ACTIVITIES (E.G., WORKSHOPS)  
 AD = ADVANCED DEGREE PROGRAM (E.G., PH.D. ED.D)

	<u>Competence</u>				<u>Training Received</u>				<u>If Training Received, Where?</u>			
	1	2	3	4	1	2	3	4	MC	CC	PD	AD
7. I can discuss my family's perspective regarding acceptable and non-acceptable codes-of-conduct.												
8. I can discuss models of White Identity Development.												
9. I can define racism.												
10. I can define prejudice.												
11. I can define discrimination.												
12. I can define stereotype.												
13. I can identify the cultural bases of my communication style.												
14. I can identify my negative and positive emotional reactions toward persons of other racial and ethnic groups.												
15. I can identify my reactions that are based on stereotypical beliefs about different ethnic groups.												
16. I can give examples of how stereotypical beliefs about culturally different persons impact the counseling relationship.												
17. I can articulate the possible differences between the nonverbal behavior of the five major ethnic groups (i.e., African/Black, Hispanic/Latino, Asian, Native American, European/White).												

**Competence.**

- 1 = NOT COMPETENT (Not able to perform at this time)  
 2 = SOMEWHAT COMPETENT (More training needed)  
 3 = COMPETENT (Able to perform adequately)  
 4 = EXTREMELY COMPETENT (Able to perform at a high level)

**Training Received** (regarding the competency):

- 1 = NO TRAINING RECEIVED  
 2 = LESS THAN ADEQUATE TRAINING RECEIVED  
 3 = ADEQUATE TRAINING RECEIVED  
 4 = MORE THAN ADEQUATE TRAINING RECEIVED

**Where Training Received:**

- MC = MULTICULTURAL COURSE/S IN ENTRY-LEVEL COUNSELING PROGRAM  
 CC = CORE COUNSELING COURSES INFUSED WITH MULTICULTURAL CONTENT  
 PD = PROFESSIONAL DEVELOPMENT ACTIVITIES (E.G., WORKSHOPS)  
 AD = ADVANCED DEGREE PROGRAM (E.G., PH.D. ED.D)

	<u>Competence</u>				<u>Training Received</u>				<u>If Training Received, Where?</u>			
	1	2	3	4	1	2	3	4	MC	CC	PD	AD
18. I can articulate the possible differences between the verbal behavior of the five major ethnic groups (i.e., African/Black, European/White, Hispanic, Asian, Native American).	1	2	3	4	1	2	3	4	MC	CC	PD	AD
19. I can discuss the counseling implications for at least two models of "Minority Identity Development."	1	2	3	4	1	2	3	4	MC	CC	PD	AD
20. I can discuss <u>within-group differences</u> among ethnic groups (e.g., low SES Puerto Rican client vs. high SES Puerto Rican client).	1	2	3	4	1	2	3	4	MC	CC	PD	AD
21. I can discuss how culture affects a client's vocational choices.	1	2	3	4	1	2	3	4	MC	CC	PD	AD
22. I can discuss how culture affects the help-seeking behaviors of clients.	1	2	3	4	1	2	3	4	MC	CC	PD	AD
23. I can discuss how culture affects the manifestation of psychological disorders.	1	2	3	4	1	2	3	4	MC	CC	PD	AD
24. I can describe the degree to which a counseling approach is appropriate for a specific group of people.	1	2	3	4	1	2	3	4	MC	CC	PD	AD
25. I can explain how factors such as poverty, and powerlessness have influenced the current conditions of at least two ethnic groups.	1	2	3	4	1	2	3	4	MC	CC	PD	AD
26. I can discuss research regarding mental health issues and culturally different populations.	1	2	3	4	1	2	3	4	MC	CC	PD	AD

**Competence:**

- 1 = NOT COMPETENT (Not able to perform at this time)  
 2 = SOMEWHAT COMPETENT (More training needed)  
 3 = COMPETENT (Able to perform adequately)  
 4 = EXTREMELY COMPETENT (Able to perform at a high level)

**Training Received** (regarding the competency):

- 1 = NO TRAINING RECEIVED  
 2 = LESS THAN ADEQUATE TRAINING RECEIVED  
 3 = ADEQUATE TRAINING RECEIVED  
 4 = MORE THAN ADEQUATE TRAINING RECEIVED

**Where Training Received:**

- MC = MULTICULTURAL COURSE/S IN ENTRY-LEVEL COUNSELING PROGRAM  
 CC = CORE COUNSELING COURSES INFUSED WITH MULTICULTURAL CONTENT  
 PD = PROFESSIONAL DEVELOPMENT ACTIVITIES (E.G., WORKSHOPS)  
 AD = ADVANCED DEGREE PROGRAM (E.G., PH.D. ED.D)

	<u>Competence</u>				<u>Training Received</u>				<u>If Training Received Where?</u>			
27. I can discuss how the counseling process may conflict with the cultural values of <u>at least two</u> ethnic groups.	1	2	3	4	1	2	3	4	MC	CC	PD	AD
28. I can list <u>at least three</u> barriers that prevent ethnic minorities from using mental health services.	1	2	3	4	1	2	3	4	MC	CC	PD	AD
29. I can discuss the potential bias of two assessment instruments frequently used in the counseling profession.	1	2	3	4	1	2	3	4	MC	CC	PD	AD
30. I can discuss family therapy from a cultural/ethnic perspective.	1	2	3	4	1	2	3	4	MC	CC	PD	AD
31. I can anticipate when my helping style is inappropriate for a culturally different client.	1	2	3	4	1	2	3	4	MC	CC	PD	AD
32. I can help clients determine whether a problem stems from racism or biases in others.	1	2	3	4	1	2	3	4	MC	CC	PD	AD

**Section 2:**

*Please read each of the following statements and check the appropriate response.*

	<b>Yes</b>	<b>No</b>
33. I have completed at least <u>15 hours per year</u> in workshops, classes, conferences, and in-services regarding multicultural counseling skills and knowledge.	—	—
34. I have developed professional relationships with counselors from culturally different backgrounds.	—	—
35. I maintain dialogue regarding multicultural issues with counselors from culturally different backgrounds.	—	—
36. I maintain an active list of appropriate sources of referral for culturally different clients.	—	—
37. I actively participate in activities designed to develop cultural self-awareness.	—	—
38. I have attended <u>at least five</u> multicultural activities within the <u>past three years</u> (community events, social and political functions, celebrations, etc.).	—	—
39. I refer my clients to other professionals (e.g., bilingual counselor) when my linguistic skills do not match the language of the client.	—	—
40. When appropriate, I seek consultation with traditional healers and spiritual leaders of culturally different clients.	—	—

## **Appendix F**

### **Multicultural Counseling Competence and Training Initial Survey Instructions**

November 1, 1995

Dear Participant,

Thank you for volunteering to participate in this research pilot study. The primary purposes of this study are (1) to assess whether professional counselors perceive themselves to be multiculturally competent in their work with culturally and ethnically dissimilar clients, and (2) to determine if professional counselors perceive their multicultural counseling training as adequate. It is hoped that the results of the study will help further advance multiculturalism in the counseling profession.

Please assist me with this project by carefully completing the enclosed 65-item survey. The survey consists of a list of statements and/or questions related to your entry-level multicultural counseling training, post-graduate multicultural counseling training, multicultural counseling competence, and demographic information. Please read the instructions for each section carefully and if you have any questions, feel free to contact me at the address or phone number below.

When you have completed the survey, please return it to me along with the attached feedback sheet. Your feedback on the survey's content and format would be helpful and greatly appreciated.

Once again, thank you for your participation and cooperation.

Sincerely,

Cheryl C. Holcomb, M.Ed., NCC  
Doctoral Student, UNC-G

cc: Jane E. Myers, Ph.D. Professor  
Doctoral Chairperson



## Appendix H

### Comments from the Pilot Study Feedback Form

Feedback Item	Comments
1. Confusing items	<ul style="list-style-type: none"> <li>a. Item 7, page 7.</li> <li>b. Need category for self-taught/readings.</li> <li>c. Items 17 &amp; 36, because I'm a counselor educator.</li> <li>d. Less than adequate training-unclear interpretation.</li> <li>e. Item 6, add category "none."</li> <li>f. Item 33, Every year? Last three years?</li> <li>g. It was hard for me to remember clearly the details about my master's level education. This would probably be difficult for others in my situation.</li> <li>h. Item 8. Are there</li> </ul>

Models of White  
Identity  
Development?

- i. Item 17. The breakdown is troubling.
  - j. Probably about roughly half of my current work is done with ethnic minority clients. I'm unsure whether to mark 3 or 4.
2. Clarity of Instructions
- a. Instructions very clear
  - b. Very clear
  - c. Item 37, I was uncertain what you meant.
3. Understandable terms
- a. Great job of defining terms.
  - b. Item 7-"codes-of-conduct."
4. Survey's length
- a. Good length.
  - b. Okay.
  - c. Just right.
  - d. Seemed fine.

## 5. Additional items for survey

- e. A bit too long.
- f. You might want to get rid of Parts 1,2,3 designations. It appears to be long.
- a. I have done independent reading about cultural issues and was unsure where to fit that in.
- b. All questions seemed appropriate.
- c. Overall, ask "I feel that I had adequate training in multicultural issues Yes\_\_ No \_\_\_."
- d. I didn't feel able to communicate that my experiences in multicultural issues come from other than formal training.
- e. Demographic Information--include membership in AMCD.

## 6. Comments

- f. Item 15 What about books read? Journal articles?  
Home study?
    - a. You may need to exclude old counselor educators.
    - b. On yes/no response, put "no" selection first to make it more difficult to use the easy answer of "yes."
    - c. Possibly list the directions/definitions of the ratings across rather than down which would match the format of responses.
    - d. Very thorough.
    - e. For Items 39 and 40, add a N/A for people that may not have been faced with those issues.
    - f. Yes, I know I have just received a "wake-up call" to seek education on multicultural issues, counseling, etc.?
-

**Appendix I**

**The Multicultural Counseling Competence and Training Survey**

For this survey, the terms "multicultural" and "multicultural counseling" refer to counseling when applied to clients from the five ethnic groups listed by the Association for Multicultural Counseling and Development (AMCD) - - - African/Black, European/White, Hispanic/Latino, Asian, and Native American.

[Note: The term "ethnic minority" refers to all ethnic groups listed by AMCD except European/White.]

**PART 1: MULTICULTURAL COUNSELING CURRICULUM IN ENTRY-LEVEL GRADUATE PROGRAM**

Please provide the following information about the counseling program where you received your entry-level counseling degree (e.g., M.Ed., M.S., Ed.S.).

1. Date of graduation from entry-level counseling program:  
19 \_\_\_\_\_

Please write in the name of the university where you received your entry-level counseling degree.

---

2. What was the accreditation status of the program when you graduated?
1. \_\_\_\_\_ CACREP  
2. \_\_\_\_\_ Non-CACREP (e.g., APA, NCATE, none)
3. Did your entry-level counseling program require students to take a course that focused on multicultural counseling?
1. \_\_\_\_\_ Yes  
2. \_\_\_\_\_ No
4. How many multicultural counseling courses were offered in your department?  
\_\_\_\_\_
5. How many of these multicultural counseling courses did you take?  
\_\_\_\_\_

6. In which of the following curricular areas was multicultural counseling content included or infused? (Check all that apply.)
1.  Human Growth and Development
  2.  Social and Cultural Foundations
  3.  Helping Relationships and Counseling Theories
  4.  Group Work
  5.  Lifestyle and Career Development
  6.  Appraisal
  7.  Research and Program Evaluation
  8.  Professional Orientation
  9.  Other \_\_\_\_\_

**PART 2: FACULTY AND STUDENTS IN ENTRY-LEVEL GRADUATE PROGRAM**

*Please provide the following information about the faculty and students of your entry-level counseling program.*

7. How many faculty members were in your entry-level counseling program?  
\_\_\_\_\_
8. How many of these faculty members were ethnic minorities?  
\_\_\_\_\_
9. What percentage of your program's student population would you estimate was made up of ethnic minority persons?
1.  91-100%
  2.  76-90%
  3.  51-75%
  4.  26-50%
  5.  10-25%
  6.  less than 10%

**PART 3: MULTICULTURAL CLINICAL EXPERIENCES IN ENTRY-LEVEL GRADUATE PROGRAM**

*Please provide the following information regarding your clinical training experiences (i.e., practicum, internships) in your entry-level graduate program.*

10. My program required clinical experiences with ethnic minority clients.
1.  Yes
  2.  No

11. I had clinical experiences with ethnic minority clients.

1.  Yes  
2.  No

12. If you answered "yes" on item 11, what percentage of time did you spend working with ethnic minority clients during your clinical experiences?

1.  91-100%  
2.  76-90%  
3.  51-75%  
4.  26-50%  
5.  10-25%  
6.  less than 10%

13. During supervision, did you discuss at least one ethnic minority client?

1.  Yes  
2.  No

14. If you answered "no" on item 13, did supervision ever focus on multicultural issues?

1.  Yes  
2.  No

**PART 4: POST-GRADUATE MULTICULTURAL TRAINING AND EXPERIENCE**

Please provide the following information regarding your post-graduate multicultural training and experiences.

15. Number of professional development hours (i.e., workshops, conferences) earned in multicultural counseling since graduation.

1.  0  
2.  1-10  
3.  11-20  
4.  21-30  
5.  31+

16. Number of multicultural counseling courses taken since graduation.

1.  0  
2.  1-2  
3.  3-4  
4.  5+

17. How many clients/students do you work with per week (give an estimate)?  
\_\_\_\_\_
18. How many of these clients/students are ethnic minorities?  
\_\_\_\_\_
19. Do you feel that you are a multiculturally competent counselor?  
1. \_\_\_ Yes  
2. \_\_\_ No
20. Overall, do you feel that you have received adequate multicultural training?  
1. \_\_\_ Yes  
2. \_\_\_ No

**PART 5: DEMOGRAPHIC INFORMATION**

21. **Present Position:** Please check the position which best describes your primary work responsibility--check one only.
1. \_\_\_ Counselor/Practitioner  
2. \_\_\_ Counselor Educator  
3. \_\_\_ School Counselor  
4. \_\_\_ Student Personnel Worker  
5. \_\_\_ Administrator  
6. \_\_\_ Researcher  
7. \_\_\_ Consultant  
8. \_\_\_ Other \_\_\_\_\_
22. **Work Setting:** Please check the position which best describes your work setting--check one only.
1. \_\_\_ School  
2. \_\_\_ Mental Health Agency  
3. \_\_\_ Private Practice  
4. \_\_\_ College and University  
5. \_\_\_ Government Agency  
6. \_\_\_ Business/Industry  
7. \_\_\_ Employment Service  
8. \_\_\_ Corrections Facility  
9. \_\_\_ Community Agency  
10. \_\_\_ Other \_\_\_\_\_

**23. Licensure/Certification:** Please check your credentials.

1.  National Certified Counselor (NCC)  
 2.  Licensed Professional Counselor (LPC)  
 3.  Other \_\_\_\_\_

**24. ACA Divisions:** Please list your ACA division memberships (e.g. ASCA, ACES, AMCD). Place an asterisk (\*) beside your primary division.

\_\_\_\_\_  
 \_\_\_\_\_

**25. Education:** Please check your highest earned degree.

1.  Ph.D., Ed.D.  
 2.  Ed.S.  
 3.  M.Ed., M.A., M.S.  
 4.  B.S., B. A.  
 5.  Other \_\_\_\_\_

**26. Ethnic Background**

1.  African/Black  
 2.  European/White  
 3.  Hispanic/Latino  
 4.  Asian  
 5.  Native American  
 6.  Other \_\_\_\_\_

**27. Gender**

1.  Male  
 2.  Female

**28. Age Group**

1.  65 years +  
 2.  55-64  
 3.  45-54  
 4.  35-44  
 5.  25-34  
 6.  24 and under

**29. Geographical Location:** Please write-in the state where you reside.

\_\_\_\_\_

**PART 6: SELF-ASSESSMENT OF MULTICULTURAL  
COUNSELING COMPETENCE AND TRAINING**

**Directions:** Listed on the next pages are competency statements based on the 1995 Multicultural Counseling Competencies and Explanatory Statements developed by the Association for Multicultural Counseling and Development (AMCD) Professional Standards Committee. Please read each competency statement and evaluate your multicultural counseling competence and the training you received regarding the specific competency using the 4 point scales listed below. In addition, indicate where you received training pertaining to each competency.

**COMPETENCE:**

- |   |   |   |
|---|---|---|
| 1 | - | Not competent (Not able to perform at this time)      |
| 2 | - | somewhat competent (More training needed)             |
| 3 | - | Competent (Able to perform adequately)                |
| 4 | - | Extremely competent (Able to perform at a high level) |

**ADEQUACY OF  
TRAINING:**

- |   |   |                                      |
|---|---|--------------------------------------|
| 1 | - | No training received                 |
| 2 | - | Less than adequate training received |
| 3 | - | Adequate training received           |
| 4 | - | More than adequate training received |

**WHERE TRAINING  
RECEIVED:**

- |      |   |   |
|------|---|---|
| MC   | - | Multicultural course/s in entry level counseling program  |
| CC   | - | Core counseling courses (e.g., group counseling, counseling theories, career counseling) including multicultural counseling content |
| PD-F | - | <del>Formal</del> professional development activities (e.g., workshops, seminars)   |
| PD-I | - | <del>Informal</del> professional development activities (e.g., independent readings, life experiences)                              |
| AD   | - | Advanced degree program (e.g., Ph.D, Ed.D.)   |

**Remember, the terms "multicultural," and "culture," refer to the five major ethnic groups: African/Black, European/White, Asian, Hispanic/Latino, Native American. The term "adequate" refers to the quality of being sufficient to complete a task--in this case, counseling ethnically diverse clients.**

Go To Next Page. .



	CONCEPTS	ABSTRACT OF TRAINING	WHERE TRAINING RECEIVED (circle all that apply)
5.	I verbally communicate my acceptance of culturally different clients.	1 2 3 4	MC CC PD-F PD-I AD
6.	I nonverbally communicate my acceptance of culturally different clients.	1 2 3 4	MC CC PD-F PD-I AD
7.	I can discuss my family's perspective regarding acceptable and non-acceptable codes-of-conduct.	1 2 3 4	MC CC PD-F PD-I AD
8.	I can discuss models of White Identity Development.	1 2 3 4	MC CC PD-F PD-I AD
9.	I can define racism.	1 2 3 4	MC CC PD-F PD-I AD
10.	I can define prejudice.	1 2 3 4	MC CC PD-F PD-I AD
11.	I can define discrimination.	1 2 3 4	MC CC PD-F PD-I AD
12.	I can define stereotype.	1 2 3 4	MC CC PD-F PD-I AD
13.	I can identify the cultural bases of my communication style.	1 2 3 4	MC CC PD-F PD-I AD
14.	I can identify my negative and positive emotional reactions toward persons of other racial and ethnic groups.	1 2 3 4	MC CC PD-F PD-I AD



	COMPETENCY	ABUNDANCY OF TRAINING	WHERE TRAINING RECEIVED (circle all that apply)
18. I can articulate the possible differences between the verbal behavior of the five major ethnic groups (i.e., African/Black, European/White, Hispanic, Asian, Native American).	1 2 3 4	1 2 3 4	MC CC PD-F PD-I AD
19. I can discuss the counseling implications for at least two models of "Minority Identity Development."	1 2 3 4	1 2 3 4	MC CC PD-F PD-I AD
20. I can discuss within-group differences among ethnic groups (e.g., low SES Puerto Rican client vs. high SES Puerto Rican client).	1 2 3 4	1 2 3 4	MC CC PD-F PD-I AD
21. I can discuss how culture affects a client's vocational choices.	1 2 3 4	1 2 3 4	MC CC PD-F PD-I AD
22. I can discuss how culture affects the help-seeking behaviors of clients.	1 2 3 4	1 2 3 4	MC CC PD-F PD-I AD
23. I can discuss how culture affects the manifestation of psychological disorders.	1 2 3 4	1 2 3 4	MC CC PD-F PD-I AD
24. I can describe the degree to which a counseling approach is appropriate for a specific group of people.	1 2 3 4	1 2 3 4	MC CC PD-F PD-I AD

<u>COMPETENCE</u>	<u>ADEQUACY OF TRAINING</u>	<u>WHERE TRAINING RECEIVED</u>
1- Not competent	1- No training received	MC- Multicultural course/s
2- Somewhat competent	2- Less than adequate training	CC- Core counseling courses
3- Competent	3- Adequate training	PD-F- Formal professional development activities (e.g., workshops, seminars)
4- Extremely competent	4- More than adequate training	PD-I- Informal professional development activities (e.g., reading, travel) AD- Advanced degree program

<u>COMPETENCE</u>	<u>ADEQUACY OF TRAINING</u>	<u>WHERE TRAINING RECEIVED (circle all that apply)</u>
25. I can explain how factors such as poverty, and powerlessness have influenced the current conditions of at least two ethnic groups.	1 2 3 4 1 2 3 4	MC CC PD-F PD-I AD
26. I can discuss research regarding mental health issues among culturally different populations.	1 2 3 4 1 2 3 4	MC CC PD-F PD-I AD
27. I can discuss how the counseling process may conflict with the cultural values of at least two ethnic groups.	1 2 3 4 1 2 3 4	MC CC PD-F PD-I AD
28. I can list at least three barriers that prevent ethnic minorities from using mental health services.	1 2 3 4 1 2 3 4	MC CC PD-F PD-I AD

	<u>CONFIDENCE</u>	<u>AGENCY OF TRAINING</u>	<u>WHERE TRAINING RECEIVED (circle all that apply)</u>				
	1 2 3 4	1 2 3 4	MC	CC	PD-F	PD-I	AD
29. I can discuss the potential bias of two assessment instruments frequently used in the counseling profession.	1 2 3 4	1 2 3 4	MC	CC	PD-F	PD-I	AD
30. I can discuss family therapy from a cultural/ethnic perspective.	1 2 3 4	1 2 3 4	MC	CC	PD-F	PD-I	AD
31. I can anticipate when my helping style is inappropriate for a culturally different client.	1 2 3 4	1 2 3 4	MC	CC	PD-F	PD-I	AD
32. I can help clients determine whether a problem stems from racism or biases in others.	1 2 3 4	1 2 3 4	MC	CC	PD-F	PD-I	AD

**PLEASE MAIL SURVEY FORM BY  
FEBRUARY 17!**

## Appendix J

### Cover Letter/Instructions for Revised Survey

#### THE NATIONAL MULTICULTURAL COUNSELING COMPETENCE AND TRAINING SURVEY

*Congratulations! You have been selected to participate in a national survey being implemented to determine the perceived multicultural competence of professional counselors. In addition, this survey also includes a list of statements and questions regarding the multicultural counseling training you received in your entry-level counseling department (i.e., M.Ed., M.S., Ed.S.), your post-graduate multicultural counseling training, and demographic information.*

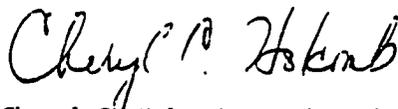
*By carefully completing this 61-item survey, you will be part of an important study in the counseling profession! The survey takes approximately 20-25 minutes to complete. When you have completed the survey, please return it anonymously in the enclosed stamped envelope by FEBRUARY 17, 1996. It's that simple!!*

*Since counselors are increasingly being called upon to provide counseling interventions with clients of various racial and ethnic backgrounds, multicultural counseling training has become a critical topic! Therefore, your participation in this study is **STRONGLY** needed.*

*If you have any questions regarding the survey, feel free to contact me at (910) 272-4435 or at the address on the back of this booklet.*

*Thank you in advance for your participation in this important research project.*

*Sincerely,*



*Cheryl C. Holcomb, M.Ed., NCC  
Doctoral Candidate  
University of North Carolina-Greensboro*

**Appendix K**  
**Geographic Location of Respondents**

<u>REGION</u>	<u>FREQUENCY</u>	<u>PERCENT</u>
<u>Northeast</u>	<b>32</b>	<b>21.2</b>
<b>New England</b>		
Maine	0	0
New Hampshire	0	0
Vermont	2	1.3
Massachusetts	3	2.0
Rhode Island	1	.7
Connecticut	3	2.0
<b>Mid-Atlantic</b>		
New York	10	6.6
New Jersey	4	2.6
Pennsylvania	9	6.0
<u>Midwest</u>	<b>42</b>	<b>27.8</b>
<b>East North Central</b>		
Ohio	11	7.3
Indiana	3	2.0
Illinois	6	4.0
Michigan	4	2.6
Wisconsin	4	2.6

**West North Central**

Minnesota	1	.7
Iowa	2	1.3
Missouri	2	1.3
North Dakota	3	2.0
South Dakota	3	2.0
Nebraska	1	.7
Kansas	2	1.3

**South****49            32.4****South Atlantic**

Delaware	1	.7
Maryland	7	4.6
District of Columbia	3	2.0
Virginia	12	7.9
West Virginia	0	0
North Carolina	3	2.0
South Carolina	3	2.0
Georgia	2	1.3
Florida	4	2.6

**East South Central**

Kentucky	1	.7
Tennessee	2	1.3
Alabama	4	2.6
Mississippi	1	.7

<b>West South Central</b>		
Arkansas	0	0
Louisiana	1	.7
Oklahoma	0	0
Texas	5	3.3
<b><u>West</u></b>	<b>25</b>	<b>16.7</b>
<b>Mountain</b>		
Montana	1	.7
Idaho	0	0
Wyoming	0	0
Colorado	3	2.0
New Mexico	1	.7
Arizona	2	1.3
Utah	1	.7
Nevada	1	.7
<b>Pacific</b>		
Washington	3	2.0
Oregon	1	.7
California	8	5.3
Alaska	2	1.3
Hawaii	2	1.3
<b>Virgin Islands</b>	<b>2</b>	<b>1.3</b>
<b>Puerto Rico</b>	<b>1</b>	<b>.7</b>

**Appendix L**  
**Frequency of Respondents' Graduation Dates**

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Graduation Year	<u>n</u>	%
1960	1	.7
1962	1	.7
1964	1	.7
1965	1	.7
1966	2	1.3
1969	2	1.3
1970	1	.7
1971	1	.7
1972	4	2.6
1973	3	2.0
1975	2	1.3
1976	2	1.3
1977	1	.7
1978	5	3.3
1979	4	2.6
1980	2	1.3
1981	5	3.3
1982	2	1.3
1983	3	2.0
1984	2	1.3

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**Appendix L (continued)**

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<b>Graduation Year</b>	<b><u>n</u></b>	<b>%</b>
1985	5	3.3
1986	3	2.0
1987	8	5.3
1988	5	3.3
1989	7	4.6
1990	5	3.3
1991	8	5.3
1992	8	5.3
1993	9	6.0
1994	17	11.3
1995	30	19.9

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