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As society grows more diverse, future counselors will be seeing clients with complex concerns around issues of identity, belonging, and acceptance. In order to effectively serve the United States population, it is imperative to provide future counselors with adequate conceptualization tools in order to meet their clients' needs. Theoretical links exist between the importance of understanding one's own identity and culture prior to conceptualizing the culture or identity of another (Graham & Gibson, 1996; P. Hays, 2008; Lee, 2006; Sodowsky, Taffe, Gutkin, & Wise, 1994). Empirical support of these conceptual links, however, is lacking. Although models exist for exploring multicultural considerations in clients (D'Andrea & Daniels, 2001; P. Hays, 2008; Sue, 2001), current models for examining individual identity, cultural differences, and diversity in counseling clients are limiting in that they offer little in instructions of how to deal with multiple, often intersecting or contradicting identities within one individual client.

The counseling profession would benefit from a conceptual framework that assists clinicians in assessing a client's identities, but one which also allows practitioners to determine the intersection of these identities and how the client perceives these combinations. Drawing from other disciplines, one such theory that provides the perspective and understanding of the combinations and overlap of multiple identities is Social Identity Complexity (Roccas & Brewer, 2002). Developing out of theories of

Cognitive Complexity (Bieri, 1955; Tetlock, 1983), Social Identity Complexity (Roccas & Brewer, 2002) offers a theoretical framework through which counselors may better be able to recognize the complexities in themselves (Self-Identity Complexity) in order to then recognize it in others (Other-Identity Complexity). Social Identity Complexity is defined as: "a new theoretical construct that refers to an individual's subjective representation of the interrelationships among his or her multiple group identities" (Roccas & Brewer, 2002, pp. 88-89).

The present study explored potential relationships between levels of Self-Identity Complexity, Other-Identity Complexity, and Multicultural Counseling Competence in counseling students, practitioners, and counselor educators. Additionally, the study provides a conceptual framework for exploring Multicultural Counseling considerations in order to give practitioners a way to identify and assess the interactions of multiple, complex identities in themselves as well as how to address complexity in client identities.

Overall, in a sample of 100 counseling students, practitioners, and counselor educators, significant relationships were found between Self-Identity Complexity and Other-Identity Complexity, but not between those two constructs and Multicultural Counseling Competence. A lack of connection between the ability to consider one's own identity and the identity of others with one's multicultural counseling competence has implications for counseling theory, practice, and future research. The importance of considering intersections of identity did not appear to be present in current measures of multicultural counseling competence, despite increasing diversity in clients' identities

and presenting concerns. Future research is needed to continue exploring potential

measures of the ability to conceptualize intersections of identity in self and others.

EXPLORING RELATIONSHIPS BETWEEN SELF-IDENTITY COMPLEXITY,

OTHER-IDENTITY COMPLEXITY, AND MULTICULTURAL

COUNSELING COMPETENCE IN COUNSELORS

by

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APPROVAL PAGE

This dissertation, written by MYRA E. MARTIN-ADKINS, has been approved by the following committee of the Faculty of The Graduate School at The University of North Carolina at Greensboro.

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and if ever I touched a life I hope that life knows
that I know that touching was and still is and will always
be the true revolution.
- nikki giovanni

When I was four years old, I was asked the age-old question: "What do you want to be when you grow up?" My response: "A teacher by day, a doctor by night, and a mommy in between." My gratitude goes out to Mrs. Goldstein, my preschool teacher, for not only asking me the prerequisite question, but also allowing the complexity of those three dreams to continue coexisting in my four-year-old mind.

As I consider the many people who have contributed to the possibility of me reaching all three of these goals, there are countless people to thank. When specifically considering the road to this dissertation study, my initial gratitude goes out to my dissertation committee members for their encouragement, support, and challenge throughout this process. Dr. Kelly Wester, for believing in my abilities to work with complex concepts and for continually connecting my passions to those abilities in order to help motivate me to do so. Dr. José Villalba, for encouraging my passions, even when misplaced, and assuring me that they would pay off eventually. Dr. Sarah Cervenak, for challenging me to think critically about my passions beyond the world of Counseling. Dr. Holly Downs, for her loyalty and encouragement, despite significant methodological shifts in this study. All four committee members have also provided me with the model

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of how those three identities: teacher, doctor, and "mommy" (or "daddy" in Dr. Villalba's case) not only coexist, but thrive.

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CHAPTER I

INTRODUCTION

Multicultural counseling competence is a construct of concern for counselors (Bemak & Chung, 2008; Sue, Arredondo, & McDavis, 1992). Following the recommendations of the American Psychological Association's Division 17 Position Paper regarding multicultural counseling competence (Sue, Bernier, Durran, Feinberg, Pedersen, Smith, & Vasquez-Nuttall, 1982), there have been significant developments in the literature around operationalizing (Arredondo, Toporek, Brown, Jones, Locke, Sanchez, & Stadler, 1996; Sue, Arredondo, & McDavis, 1992; Sue, 2001), measuring (D. Hays, 2008; Holcomb-McCoy & Day-Vines, 2004; LaFromboise, Coleman, & Hernandez, 1991; Ponterotto, Reiger, Barrett, & Sparks, 1994; Sodowsky, Taffe, Gutkin, & Wise, 1994), and understanding the factors that affect counselors' multicultural counseling competence (Arthur & Achenbach, 2002; Burnett, Hamel, & Long, 2004; Constantine, Warren, & Miville, 2005; Ladany, Marotta, & Muse-Burke, 2001; Tomlinson-Clarke & Clarke, 2010). Traditionally, multicultural counseling competencies are thought to encompass three individual constructs of knowledge, skills, and awareness (Sue, et al., 1982). This tripartite model has become the basis for teaching multicultural counseling competencies across the Council for Accreditation of Counseling and Related Educational Programs (CACREP) accredited Master's programs and beyond (Abreu,

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Gim Chung, & Atkinson, 2000; Sue & Sue, 2008). Despite its prevalence and various

additions to the model (Sue, Arredondo, & McDavis, 1992; Arredondo, et al., 1996; Sue,

2001; Sue & Sue, 2008), it has been difficult to empirically validate (Hays, 2008;

Ponterotto, Rieger, Barrett, & Sparks, 1994). Additionally, there have been few

successful attempts to operationalize the tripartite model in a way that can be effectively

measured consistently across contexts (e.g., school settings, counseling sessions, Master's

training programs) (D. Hays, 2008; Holcomb-McCoy & Day-Vines, 2004; Ponterotto, et

al., 1994). For example, there are multiple instruments for measuring multicultural

counseling competencies, some in self-report form, others from outside observers, and

some specifically for school counselors (Holcomb-McCoy & Day-Vines, 2004), but thus

far in the literature, each context requires an additional measure. While measures and

models have been created, there is still a lack of information on what factors directly

impact the development of multicultural counseling competence.

Broken into the three components of knowledge, skills, and awareness,

multicultural counseling competence applies to practitioners and researchers across

contexts of counseling (Sue, 2001). Multicultural knowledge is defined as

"understanding and knowledge of the worldviews of culturally different individuals and

groups" (Sue, 2001, p. 798). More specifically, multicultural knowledge requires that the

individual "has good knowledge and understanding of his or her own worldview, has

specific knowledge of the cultural groups he or she works with, and understands

sociopolitical influences" (Sue, et al., 1992, p. 481). Understood to be primary to overall

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multicultural counseling competence, for a time, researchers believed that an increase in multicultural knowledge would be sufficient for working effectively with diverse clients (Sue, 2001). With the development of the tripartite model, however, skills and awareness have been recognized as additional prerequisites to multicultural counseling competence, with multicultural knowledge as necessary but not sufficient (Sue, 2001).

Multicultural skills are traditionally understood as "culturally appropriate intervention/communication skills" (Sue, 2001, p. 798). Examples of multicultural skills include the ability to communicate effectively, both verbally and nonverbally with individuals from other cultures (Sue, et al., 1992). Many researchers highlight multicultural skills as the most important element of overall competence in that knowledge and awareness mean very little to clients if they cannot be communicated through active skills (Lee, 1991; Ponterotto, et al., 1994).

Multicultural awareness, specifically, "refers to the counselor's sensitivity to her or his personal values and biases and how these may influence perceptions of the client, the client's problem, and the counseling relationship" (Ponterotto, et al., 1994, p. 317). The construct of multicultural awareness is believed to encompass multiple domains (Sue, et al., 1982). Initially described as one's "attitudes and beliefs" (Sue, et al., 1982, p. 49), the construct also has been outlined as consisting of self-awareness, other-awareness, and exposure-oriented awareness (Sodowsky, et al., 1994).

Although some researchers argue that self-awareness has received more focused attention than the other constructs within the tripartite model (Ponterotto, et al., 1994),

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other researchers contend that awareness needs further investigation, particularly around the various domains of the construct, which could include awareness of one's personal cultural background, the backgrounds of others, and an awareness of the dynamics of privilege and oppression and how those interact within the counseling relationship (D. Hays, 2008). Despite the arguments around whether or not the attention of multicultural counseling is in fact focused on the construct of awareness, there is some question as to the definition and specific operationalization of multicultural awareness, as well as major contributing factors or prerequisites to development of the construct (D. Hays, 2008; Ponterotto, et al., 1994).

In addition to the tripartite model, some researchers have noted additional factors as primary to multicultural counseling competence. For example, in the development of the Multicultural Counseling Inventory (Sodowsky, et al., 1994), factor analysis led to the recognition of multicultural relationship as a fourth variable relevant to overall multicultural counseling competence. Described as "the impact of a counselor's cultural and racial attitudes on counselor-client interactions," (Sodowsky, et al., 1994, p. 145), multicultural relationship is believed to represent the interpersonal elements present in counseling, particularly those related to cultural differences between counselor and client (Sodowsky, et al., 1994).

When considering the importance of multicultural concerns in counseling, it is imperative to acknowledge that the United States is becoming increasingly diverse. Recent estimates project that by the year 2050, 62% of children in the United States will

be of a minority ethnicity, an increase from 44% in 2010 (U.S. Census Bureau, 2010).

Also by this time, people reporting as multiracial (i.e., having two or more races) is

expected to triple and the overall percentage of the population reporting as non-Hispanic,

White American is expected to drop from 66% to 44% (Aizenman, 2008).

When discussing diversity in the United States, it is important to also consider the

existence of religious, economic, gender, political, geographic, general lifestyle, and

additional cultural differences that have perpetuated across generations. Using religion as

an example, the majority of the United States self-identified in polls as Christian (U.S.

Census Bureau, 2008).   In spite of such a large percentage reporting similar identity in

regards to religion, within-group variability in denominational affiliation creates a

plethora of rituals, practices, and belief systems. This variability exists in addition to the

remainder of United States citizens who identify with a religion other than Christianity.

Thus, identity and identity development are a complex construct and process,

respectively, as they incorporate many aspects of one's awareness.

Some researchers and theorists in counseling call for an expansive understanding

of "culture" to include extended social identity categories, past that of just race (Ancis &

Marshall, 2010; Brown, 2009; Collins, Arthur, & Wong-Wylie, 2010; D. Hays, 2008;

Nelson, Gizara, Crombach Hope, Phelps, Steward, & Weitzman, 2006; Ober, Granello, &

Henfield, 2009; Pedersen, 1991; Toporek, Ortega-Villalobos, & Pope-Davis, 2004;

Weinrach & Thomas, 2004). One such suggestion is to add social identity categories such

as gender (Brown, 2009, 2010; Kopala & Keitel, 2003; Smart, 2010), spirituality

(Cashwell & Young, 2005; Fukuyama & Sevig, 1999), social class (Liu, Soleck, Hopps, Dunston, & Pickett, 2004), age (Walsh, Olson, Ploeg, Lohfeld, & MacMillan, 2011), ability (Palombi, 2010; Smith, Foley, & Chaney, 2008), and sexual orientation (Israel & Selvidge, 2003; Singh & Burnes, 2010) to assist counselors in discussing, conceptualizing, and counseling clients. The interactions within and between social identity categories contribute to ever-growing complexity of the United States population.

Exposure to different cultures is becoming progressively more accessible in the United States and beyond. With expanded use of the Internet (18% of the world used the internet in 2006, 35% in 2011), individuals are able to access information about and from other cultures and countries from their own homes, schools, or workplaces (International Telecommunication Union, 2011). Increasing diversity and higher rates of access to that diversity may create a situation in which individuals are capable of building complex connections to cultures and experiences unlike ever before. The combinations, or intersections, of these individually basic identity categories create multifaceted webs of personal identity. Depending on situations and contexts, certain identity categories can become more or less relevant to an individual's sense of self, sometimes leading to shifts and changes that can be confusing (Roccas & Brewer, 2002). Oftentimes, complex identities encompass inherent contradictions that can lead to confusion within an individual's sense of self (Anzaldúa, 1999; Benet-Martínez & Haritatos, 2005). This confusion can often lead individuals to counseling or other mental health services

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(Phillips, 2004). As such, it is important for counselors to have an understanding of the ways in which a person's identities combine and intersect, and how contradictions between and within identities can both inhibit and foster personal growth in clients.

Intersectionality is the combination of an individual's identities, such as how a person might reconcile or meld being a female, Christian, lesbian, and mother. The idea behind the concept of intersectionality is that "people live multiple, layered identities and can simultaneously experience oppression and privilege" (Dill, McLaughlin, & Nieves, 2007, p. 629). It is the intersection of identities that becomes each individual client, a fact that requires awareness and complex assessment abilities on the part of the counselor. These intersections become increasingly complex as issues of privilege and oppression, inherent to various cultural identities, are taken into account (Brown, 2009; D. Hays, 2008; P. Hays, 2008; Nettles & Balter, 2012). With developments outside the field of counseling in understanding intersectionality, it is clear that various factors play into issues of oppression and privilege, including situation, location, and even the combination of multiple differing identities within one individual (Hays, 2008; Nettles & Balter, 2012). The concept of intersectionality has the potential to serve counselors well in their abilities to conceptualize clients in a broader way (Brown, 2009). Not only should counselors be able to consider multiple elements of individual identity at once, but also how the privilege and oppression of those identity categories can complicate or confuse clients in their understandings of self (P. Hays, 2008).

Beginning to acknowledge that clients present in counseling with various cultural beliefs, experiences, and identities, CACREP (2009) states that all counselors should be trained to become competent in multicultural counseling concerns. Often used synonymously with "Cross-Cultural Counseling," Multicultural Counseling "is most commonly identified as a distinct specialty area that focuses on counseling relationships that cross racial and ethnic boundaries" (Abreu, Gim Chung, & Atkinson, 2000, p. 642). Some researchers and theorists suggest that race-ethnicity is more important to examine than other social identity categories (Carter 1995; Sue, 2001). The idea of including race as the principal identity category of interest focuses primarily on the idea that race has been a socio-historical construct of severe divides around privilege and oppression (Carter, 1995). Although race has been undeniably divisionary in United States culture and beyond, additional social identity categories also are divided by privilege and oppression and warrant attention (Brown, 2009, 2010; Chavis & Hill, 2009; Hays & Chang, 2003; Nettles & Balter, 2012). Furthermore, race inevitably exists in relation to additional social identity categories and the relationships between those categories may influence an individual's sense of self.

Some studies have examined other social identity categories traditionally divided into binaries of privilege and oppression. Some Feminist Counseling researchers, for example, focus on developing competencies in working effectively with female clients (Brown, 2010). Scholars have also explored applying the idea of competencies in working with LGBT clients (Israel & Selvidge, 2003; Singh & Burnes, 2010) and clients

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from various religious groups (Cashwell & Young, 2005; Fukuyama & Sevig, 1999). In spite of these developments, cultural and social identity is still examined as singular identity category of wholly complex individual identities, rather than through a holistic lens.

Counseling organizations, such as CACREP, have stressed the importance of diversity and multicultural competence, which is typically broader than solely the identity category of race-ethnicity. For example, the CACREP Standards (2009) encourage a broader understanding of "diversity" to include "multicultural and pluralistic trends, including characteristics and concerns within and among diverse groups nationally and internationally (p. 90)." The CACREP Standards call for studies that encourage development of self-awareness in counselors, particularly in promoting social justice, "eliminating biases, prejudices, and processes of intentional and unintentional oppression and discrimination (p. 91)." Yet, since 2009, very few, if any, studies have explored how counselors develop self-awareness. As individuals possess complex identities, often containing both privileged and oppressed identity categories within one person, it is important to consider the intersection of these identities. It is only the intersections and combinations of identity categories that create the holistic individual, both the counselor and the client.

Intersections and combinations of identities within an individual become more complex as individuals are exposed to complex experiences (Roccas & Brewer, 2002). According to Roccas and Brewer (2002), "the most obvious factor that may affect social

identity complexity is the actual complexity of the experienced social environment" (p. 96). As society diversifies and individuals are exposed to that diversity, identities become increasingly complex (Roccas & Brewer, 2002). In order to meet the needs of progressively diverse clientele, counselors must be equipped to conceptualize individual identity, both in themselves and others, through the use of frameworks and perspectives.

There are very few examples of models in counseling that address the complexity of cultural influences on individual identity; however, two have been found. The first one is a multidimensional model, RESPECTFUL (D'Andrea & Daniels, 2001), that arose from the original tripartite framework of multicultural counseling competence (Sue, et al., 1982). D'Andrea and Daniels' goal was for counselors to consider expanded identity categories beyond race-ethnicity as holistic perspectives on clients. The identity categories of the RESPECTFUL model include: Religious/spiritual issues, Economic class issues, Sexual identity issues, Psychological developmental issues, Ethnic/racial identity issues, Chronological issues, Trauma and threats to well-being, Family issues, Unique physical issues, and Language and location of residence issues. With a similar goal, P. Hays (2008) created the ADDRESSING model, examining similar factors to that of RESPECTFUL. Specifically the ADDRESSING model asks counselors to assess Age and generational issues, Developmental disabilities, Disabilities acquired later in life, Religion and spiritual orientation, Ethnic and racial identity, Socioeconomic status, Sexual orientation, Indigenous heritage, National origin, and Gender.

Expanding the list of identity categories to consider when conceptualizing clients is an important development in working with individuals holistically. Both models fall short, however, in outlining how to address individual client identity categories concurrently, omitting instructions about how to understand if and how these identities intersect or contradict for clients. Specifically, while D'Andrea and Daniels (2001) neglect intersection altogether in their RESPECTFUL model, P. Hays (2008) does encourage counselors to consider how power dynamics are embedded in each identity category. She does not, however, offer ways to address the contradictions that may arise in those contradictions (e.g., a client who is both male—a privileged social identity, and Latino—an oppressed social identity). Another limitation of both models is that they focus primarily on the "Other-Awareness" component of Multicultural Awareness. While Hays discusses the importance of self-awareness as a pre-requisite to other-awareness, the model itself does not address self-awareness, nor is there a specific framework for identifying the intersections of identities within one's self.

Although these models provide expanded considerations for counselors to use in conceptualizing clients, they do not effectively address how to explore identity categories as interacting, intersecting entities within an ideally unified individual's sense of self. Having an understanding of the intersection of identities is the first step in developing the effective multicultural skills necessary in addressing those intersections, often contradictory or troubling, within diverse clients.

While both models provide expanded frameworks for exploring multiple elements of cultural identity in clients, critiques offer additional possible categories (Brown, 2009), suggesting that models listing identity categories consistently fall short of subjective individual experience. For example, while some clients may see their ethnic-racial identity as primary to their larger sense of self, others might claim that an identity of parent plays a larger role in their overall sense of who they are. D'Andrea & Daniels' (2001) and Hays' (2008) models, while improvements from models focused solely on racial-ethnic identity, are still limited in the social identity categories presented.

It would be helpful to the counseling profession to have a conceptual framework to assist clinicians in assessing a client's self-indicated identities, but one that also allows practitioners to assess all of the client's self-indicated identities and to determine the intersection of these identities. Looking to other disciplines, one such theory that provides the perspective and understanding of the combinations and overlap of multiple identities is Social Identity Complexity (Roccas & Brewer, 2002). Drawn from theories of Cognitive Complexity (Bieri, 1955; Erwin, 1982; Tetlock, 1983), Social Identity Complexity (Roccas & Brewer, 2002) offers a theoretical framework from Social Psychology through which counselors may better be able to recognize the complexities in themselves in order to then recognize it in others. Social Identity Complexity is defined as: "a new theoretical construct that refers to an individual's subjective representation of the interrelationships among his or her multiple group identities" (Roccas & Brewer, 2002, pp. 88-89). Examples of group identities, similar to the social identity groups or

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categories mentioned in the RESPECTFUL (D'Andrea & Daniels, 2001) and

ADDRESSING (P. Hays, 2008) frameworks, are limitless but traditionally include things

such as race, gender, nationality, religious affiliation, profession, and age or generational

position. While this theory addresses possible group identities to assess, it also offers a

method in which to examine or explain the overlap and combination of multiple

identities. Social Identity Complexity offers a lens through which various elements of

individual identity can be examined in context of their relationship to each other,

providing more holistic conceptualizations of individuals.

   The capacity to consider complex identities effectively requires higher levels of

general cognitive aptitude (Roccas & Brewer, 2002). Cognitive Complexity, defined as

"the ability to formulate an understanding of social behavior in a multidimensional way"

(Wendler & Nilsson, 2009, p. 30), has been shown to have a positive correlation with

levels of Social Identity Complexity (Roccas & Brewer, 2002). Typically considered to

exist on a continuum, individuals can possess levels of both Cognitive Complexity and

Social Identity Complexity ranging from low (relatively simplistic) to high (ability to

differentiate and integrate potentially contradictory information) (Erwin, 1982; Roccas &

Brewer, 2002). Within counseling specifically, results from prior research indicate a

relationship between lower levels of Cognitive Complexity and inability to formulate in-

depth hypotheses about client concerns (Holloway & Wolleat, 1980). Relationships also

have been demonstrated between higher levels of Cognitive Complexity and increased

case conceptualization skills (Ladany, Marotta, & Muse-Burke, 2001), ability to maintain

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objectivity with clients (Borders, 1989), and increased verbal complexity and self-confidence in counseling abilities (Fong, et al., 1997).

In much of the Multicultural Counseling literature, there is a focus on accentuating within-group similarities and exposing between-group differences (D'Andrea & Heckman, 2008; Sue, et al., 1982; Sue, Arredondo, & McDavis, 1992; Arredondo, et al., 1996; Sue & Sue, 2008). When examined through a lens of Cognitive Complexity, however, differentiation and integration of social identity categories become primary elements of effective perceptions for both within- and between-group characteristics (Roccas & Brewer, 2002; Welfare & Borders, 2010a). Differentiation is recognized as a counselor's ability to identify various elements of a client's identity (Welfare & Borders, 2010a), while integration refers to the counselor's ability to combine those various identities into a holistic understanding of the individual (Welfare & Borders, 2010a).

Social Identity Complexity is focused primarily on an individual's ability to formulate complex understandings of her or his own identity (i.e., self-identity complexity). Researchers have explored relationships between higher levels of Social Identity Complexity and increased openness to difference and tolerance for ambiguity (Miller, Brewer, & Arbuckle, 2009; Roccas & Brewer, 2002; Schmid, Hewstone, Tausch, Cairns, & Hughes, 2009). Measured using the Counselor Cognitions Questionnaire (Welfare, 2006), counselor cognitive complexity measures the number of characteristics or qualities a counselor can list when considering her or his clients (i.e., differentiation).

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When combining these two concepts, Social Identity Complexity and Counselor

Cognitive Complexity, a distinction between Self-Identity Complexity and Other-Identity

Complexity emerges. Feminist and post-structural theorists, have introduced the idea that

through acknowledgement of the existence of multiple in-group identifications in the self,

individuals can also identify the multiplicity of identity in others (Graham & Gibson,

1996; Lee, 2002). As individuals become more aware of the complexity within their own

identities, they become open to the idea that others may also possess complex identities.

Although this link has been made conceptually, it has not been examined empirically.

This type of self-awareness and its operationalization will contribute significantly to the

Multicultural Counseling literature if relationships are found between Self-Identity

Complexity and the Awareness component of Multicultural Counseling Competence.

With the theoretical grounding of Social Identity Complexity as a conceptual framework,

this study will explore relationships between Self-Identity Complexity and Other-Identity

Complexity with Multicultural Counseling Competencies in counselor trainees.

Statement of the Problem

In spite of calls to examine individuals as complex beings with various

intersecting identities (Brown, 2009; Crenshaw, 1995; Hays & Chang, 2003; Nettles &

Balter, 2012; Puar, 2007), the majority of Counseling and Counseling Psychology

textbooks most frequently used in counseling programs focus primarily on race-ethnicity

as categories of interest. Traditionally, textbooks use an approach in which chapters are

designated to various racial-ethnic groups (e.g., "Counseling African-American Clients").

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These texts (e.g., Hays & Erford, 2010; Sue & Sue, 2008) commonly offer additional chapters referring to "Other Multicultural Populations" (Sue & Sue, 2008), but generally use the terms "multicultural" or "cross-cultural" synonymously with "cross-racial." Sue and Sue's *Counseling the Culturally Diverse* (2008), used in over 50% of Counseling and Counseling Psychology programs, allocates roughly 25% of the text to chapters explaining what counselors can expect when working with individuals from specific racial-ethnic groups (Sue & Sue, 2008). Occasional mentions of how identities might interact within individuals are typically discussed in terms of multiracial or biracial individuals, rather than acknowledging that a social identity category outside of racial-ethnic identity may interact with the individual's sense of self (Sue & Sue, 2008).

As society grows more diverse, future counselors will be seeing clients with complex concerns around issues of identity and belonging. CACREP (2009) encouraged innovation within programs and consistently referred to meeting the "needs of society" (p. 20). In order to effectively serve the United States population, it is imperative to provide future counselors with adequate conceptualization tools in order to meet their client's needs. Theoretical links exist between the importance of understanding one's own identity and culture prior to conceptualizing the culture or identity of another (Graham & Gibson, 1996; P. Hays, 2008; Lee, 2002; Sodowsky, et al., 1994), but this link has not yet been explored empirically. This conceptualization includes both the ability to differentiate—or be aware of—multiple identities within oneself and ones' client, but also to integrate or understand the intersection of these identities. Currently,

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there are no examples in the counseling and psychology literature that provide the complexity necessary for conceptualizing identity holistically in this way.

Without a multifaceted conceptual framework, clients can only be seen through individualized identity categories that may not be relevant to their own understandings of who they are or may underestimate the intersections of social identities that can be both privileged and oppressed based on context. Theoretically tied to the construct of multicultural self-awareness, Self-Identity Complexity offers a new way of discussing, operationalizing, and assessing one aspect of Multicultural Counseling Competence in counselors. Strengthening the conceptual links between Self-Identity Complexity, Other-Identity Complexity, and Multicultural Counseling Competence by exploring potential relationships will provide theoretical frameworks necessary in order to better educate and assess counselor trainees in their abilities to conceptualize clients holistically and with multicultural sensitivity.

Every client that enters counseling has a myriad of social identities that intersect to create one complex identity. It is this complex identity, combined with situations and presenting concerns, which all counselors will face. As such, providing counselors-in-training with a framework for understanding these systems of complexity seems advantageous, if not obligatory.

Purpose of the Study

The present study aims to explore potential relationships between levels of Self-Identity Complexity, Other-Identity Complexity, and Multicultural Counseling Competence in counseling trainees. Additionally, the study will provide a conceptual framework for exploring multicultural counseling considerations beyond working just across racial-ethnic difference in order to give practitioners a way to identify and assess the interactions of multiple, complex identities in themselves as well as how to address complexity in client identities.

Research Questions and Hypotheses

Figure 1.

Multicultural Identity Complexity Framework
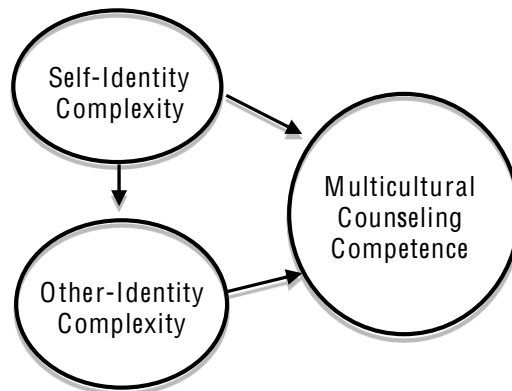
Research Question 1: What are the relationships between Self-Identity Complexity Differentiation and Integration (as measured by the Counselor Cognitions

Questionnaire—Adapted) and Other-Identity Complexity Differentiation and Integration (as measured by the Counselor Cognitions Questionnaire)?

Hypothesis 1a: Self-Identity Complexity Differentiation will be positively related to Other-Identity Complexity Differentiation, as demonstrated by higher scores on the Counselor Cognitions Questionnaire—Adapted (CCQ-A) differentiation scale correlating to higher scores on the original Counselor Cognitions Questionnaire (CCQ) differentiation scale.

Hypothesis 1b: Self-Identity Complexity Integration will be positively related to Other-Identity Complexity Integration, as demonstrated by higher scores on the Counselor Cognitions Questionnaire—Adapted (CCQ-A) integration scale correlating to higher scores on the original Counselor Cognitions Questionnaire (CCQ) integration scale.

Research Question 2: What is the relationship between Self-Identity Complexity (as measured by the Counselor Cognitions Questionnaire—Adapted), Other-Identity Complexity (as measured by the Counselor Cognitions Questionnaire), and Multicultural Counseling Competence (as measured by the Multicultural Counseling Inventory)?

Hypothesis 2: Self-Identity Complexity and Other-Identity Complexity will be positively related to Multicultural Counseling Competence.

Significance of the Study

This study aims to expand the Multicultural Counseling literature by providing a framework for examining cultural identity categories beyond racial-ethnic difference or

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any other individual element of identity. Current trends in the literature examine the effectiveness of counselors in working with various groups of individuals (e.g., People of Color, LGBTQ, Religious groups, women) and on specific topics (e.g., privilege/oppression, discrimination). There are few, if any, examples of larger conceptual frameworks available for examining the intersection of identities within an individual (Brown, 2009). The conceptual frameworks that are present do not link the ability to see and acknowledge various identities and their intersections to a counselor's Multicultural Counseling Competence. This study will demonstrate the importance of examining multiple elements of identity within the self and others in considering Multicultural Counseling Competence. By examining relationships between Self-Identity Complexity and Multicultural Counseling Competence, this study will elucidate theoretical links between Self-Identity Complexity and the Self-Awareness component of Multicultural Counseling Competence.

Prior studies have made a case for considering "culture" in a broader sense (Brown, 2009; Hays, 2008; Pedersen, 1991; Weinrach & Thomas, 2004), but there is a gap in the literature as far as *how* to consider culture broadly. Additionally, regardless of how many social identity categories counselors are encouraged to consider in conceptualizing clients, these identity categories are explored consistently in isolation, with no true understanding of how to explore the intersections of identities within the whole individual. In order to meet the needs of a diverse and diversifying population, counselor educators must have frameworks to offer counseling practitioners and trainees.

This study aims to introduce the possibility that Multicultural Counseling can be expanded to include consideration of more than just racial-ethnic identities. By illuminating the simplicity present in the way we talk about cultural difference in counseling, the study will also provide an alternative structure for more complex ways of conceptualizing counselors and clients. By integrating theories of Cognitive Complexity and Social Identity Complexity into understandings of Multicultural Counseling Competence, this study aims to further expand the ways individual identity and differences are conceptualized.

Definition of Terms

Culture: "includes traditions of thought and behavior such as language and history that can be socially acquired, shared, and passed on to new generations" (P. Hays, 2008, p. 14).

Multicultural Counseling Competence: "the counselor's acquisition of awareness, knowledge, and skills needed to function effectively in a pluralistic, democratic society (ability to communicate, interact, negotiate, and intervene on behalf of clients from diverse backgrounds), and on an organizational/societal level, advocating effectively to develop new theories, practices, policies, and organizational structures that are more responsive to all groups" (Sue, 2001, p. 802).

Multicultural Awareness: "an understanding of one's own cultural conditioning that affects the personal beliefs, values, and attitudes of a culturally diverse population" (Sue & Sue, 2008, p. 46). Within the context of counseling, it "refers to the counselor's

sensitivity to her or his personal values and biases and how these may influence

perceptions of the client, the client's problem, and the counseling relationship"

(Ponterotto, Rieger, Barrett, & Sparks, 1994, p. 317).

Multicultural Knowledge: "understanding and knowledge of the worldviews of culturally

different individuals and groups" (Sue, 2001, p. 798).

Multicultural Skills: "use of culturally appropriate intervention/communication skills"

(Sue, 2001, p. 798).

Multicultural Relationship: "the impact of a counselor's cultural and racial attitudes on

counselor-client interactions," (Sodowsky, et al., 1994, p. 145).

Cognitive Complexity: refers to "the ability to formulate an understanding of social

behavior in a multidimensional way" (Wendler & Nilsson, 2009, p. 30, quoting Bieri, et

al., 1966), which is "characterized by both differentiation and integration of potentially

conflicting beliefs and values" (Roccas & Brewer, 2002, citing Tetlock, 1983).

Differentiation: The ability to list separate and distinct identity characteristics of

an individual.

Integration: Similar to the concept of Intersectionality, integration refers to the

ways in which individuals are able to combine, categorize, and process the complexity of

characteristics within conceptualizations of one individual.

Social Identity Complexity: "refers to the nature of the subjective representation of

multiple ingroup identities (Roccas & Brewer, 2002, p. 88-89)," in which high Social

Identity Complexity "involves acknowledgement of differentiation and difference

between ingroup categories" (Roccas & Brewer, 2002, p. 93), and low Social Identity Complexity exists when "multiple identities are subjectively embedded in a single ingroup representation" (Brewer & Pierce, 2005, p. 429).

Self-Identity Complexity: the extent to which an individual can differentiate her or his unique identity characteristics and integrate those characteristics into an overall understanding of self.

Other-Identity Complexity: the extent to which an individual can differentiate unique identity characteristics in others and integrate those characteristics into an overall understanding of that individual's identity.

CHAPTER II

REVIEW OF RELATED LITERATURE

Over the past three decades, the field of counseling has encountered an increase in attention to multicultural concerns of clients and counselors alike. Spanning the breadth of the field, multicultural counseling concerns have become a primary issue in the literature, both in conceptual and empirical works (Abreu, Chung, & Atkinson, 2000; D'Andrea & Heckman, 2008; Worthington, Soth-McNett, & Moreno, 2007). Various accreditation boards have taken great measures to include standards and competencies in the requirements for successful program development (APA, 2009; CACREP, 2009), leading to calls for further studies and theoretical models to augment the quest for a more inclusive and culturally aware field (Worthington, et al., 2007). The following sections outline the development of multicultural counseling competencies, models of multicultural counseling competence, operationalizations of multicultural counseling competence, and critiques of the multicultural counseling literature up until this point. Following this outline, the review will move to developments in the literature about intersectionality, cognitive complexity, and social identity complexity.

Multicultural Counseling Competence

Approximately three decades ago, the Education and Training Committee (American Psychological Association, Division 17), consisting of Sue, Bernier, Durran, Feinberg, Pedersen, Smith, and Vasquez-Nuttall, developed a Position Paper (1982) to

address the issues of cross-cultural competence in counselors. In the paper, the authors

defined cross-cultural counseling/therapy as "any counseling relationship in which two or

more of the participants differ with respect to cultural background, values, and lifestyle"

(Sue, et al., 1982, p. 47). In spite of this broad definition, the discussion within the

Position Paper, as well as in the multicultural counseling competencies themselves,

focuses solely on race-ethnicity as the cultural identity of interest, often using the terms

"race" and "culture" interchangeably. "Culture" as a construct is never directly defined

in the Position Paper, but for the purpose of this study is defined as including "traditions

of thought and behavior such as language and history that can be socially acquired,

shared, and passed on to new generations" (P. Hays, 2008, p. 14).

Within the Position Paper (Sue, et al., 1982), the multicultural counseling

competencies are split into three subcategories of characteristics present in "the

Culturally Skilled Counseling Psychologist." These three subcategories include:

beliefs/attitudes, knowledges, and skills. The Position Paper sparked an influx in

conceptual pieces exploring the competencies and proposing potential models and

operationalizations of the competencies (Sue, Arredondo, & McDavis, 1992; Arredondo,

et al., 1996; Sue & Sue, 2008). In one such work, Sue et al. (1992) outlined the

competencies further, providing examples of what culturally competent counselors look

like. Sue et al. (1992) argued that although the multicultural competencies were offered

to the profession in the Position Paper, there was still a lack of consistency in defining,

measuring, and putting the standards into practice throughout the profession. Provided

within Sue et al.'s (1992) enhanced outline of the competencies are three overarching

designations of a "culturally competent counselor": 1) "one who is actively in the process of becoming aware of his or her own assumptions about human behavior, values, biases, preconceived notions, personal limitations, and so forth," 2) "one who actively attempts to understand the worldview of his or her culturally different client without negative judgments," and 3) "one who is in the process of actively developing and practicing appropriate, relevant, and sensitive intervention strategies and skills in working with his or her culturally different clients"(p. 481). Expanded from the three individual constructs of knowledge, skills, and awareness (Sue, et al., 1982) to include both "characteristics" and "dimensions" of "cross-cultural skills," (Sue, et al., 1992), the competencies exist on a 3 x 3 matrix (Table below).

Table 1.

Tripartite Model

Awareness of own assumptions, values, biases	Understanding Client's Worldview	Strategies & Techniques
Beliefs & Attitudes Knowledge Skills	Beliefs & Attitudes Knowledge Skills	Beliefs & Attitudes Knowledge Skills

Although the description of the expectations of cultural competence became significantly clearer in Sue and colleague's 1992 article, there was still a deficit in explaining how these competencies can be recognized or measured in counselors and other mental health professionals. Additionally, the authors consistently used the terms "multicultural" and "cross-racial" interchangeably. Maintaining the synonymous relationship between "multicultural" and "cross-racial" terminology is problematic for a

number of reasons. First, it prioritizes race-ethnicity over other identity categories,

ignoring the possibility that other identity categories outside of race-ethnicity (e.g., sexual

orientation, religious beliefs, sex, gender identity) might be more salient to a client's

identity or might intersect with other identities relevant to the client's experience or

presenting concerns. Secondly, the focus on race-ethnicity allows those in racial-ethnic

"minority" positions to avoid consideration of the privilege they might hold in other

identity categories and ways they might potentially oppress other identity groups.   This

may negate the probability that White clients may experience oppression in other areas of

their identities. As such, a race-ethnicity-only focus and discussion negates the impact of

other forms of oppression and privilege (e.g., sexism, heterosexism, age-ism) on the

counselor and client relationship.   Thirdly, focusing solely on race-ethnicity perpetuates

the belief that culture is transmitted through physical characteristics of skin color, rather

than countless additional cultural identities, which, in turn, perpetuates racial-ethnic

stereotyping. Finally, this focus on leads to an assumption that race-ethnicity is primary

to a client's cultural identity, resulting in implications that identities can be dissected in a

way that denies inherent complex intersections and assemblages within and between

individual elements.

In response to a request from the president of the Association for Multicultural

Counseling and Development (AMCD), Arredondo, Toporek, Brown, Jones, Locke,

Sanchez, and Stadler (1996) offered an expanded operationalization of the competencies,

providing examples of what culturally competent counselors look like in action as well as

ways to improve on those competencies that are lacking within individual counselors or

counselor-trainees. The authors attempted to clarify the distinction between race-ethnicity and culture, acknowledging the frequent confusion and interchangeability of the terms in the literature. In this distinction, the authors distinguish between the terms "multicultural" and "diversity." They offer differential definitions that "multiculturalism focuses on ethnicity, race, and culture," while "diversity refers to other individual, people differences including age, gender, sexual orientation, religion, physical ability, or disability, and other characteristics by which someone may prefer to self-define" (p. 45). In spite of this clarification, race-ethnicity as a cultural category is still prioritized in the article, offering little room to identify intersections of race-ethnicity with "individual, people differences." Additionally, this prioritizing does not acknowledge the shared, group dynamics present in other identity categories such as the shared experiences of a generation, the shared experiences of women, or the shared experiences of those who experience oppression outside of racism.

Some theorists (Sue, Arredondo, & McDavis, 1992; Sue & Sue, 2008) contend that including additional group identities (e.g., not just race-ethnicity) in the multicultural counseling competencies will enable "people who are uncomfortable with their own biases to avoid dealing with the hard issues related to race and racism" (Sue & Sue, 2008, p. 33). It could be argued that some individuals use avoidance as a Freudian defense mechanism when facing difficult topics (Corey, 2009), particularly around race-ethnicity (Sue & Sue, 2008). It is presumptuous to assume, however, that issues of race and racism are necessarily harder for counselors-in-training than issues of sexuality and homophobia, gender and sexism, or any other group identity and its corresponding "-ism" (Nelson,

Gizara, Crombach, Phelps, Steward, & Weitzman, 2006). For example, a 2009 study done by Green, Murphy, Blumer, and Palmanteer explored the difficulties marriage and family counselors had in working with the LGBT population. They found a significant relationship between exposure to the population and self-reported levels of comfort in working with that particular population, indicating that, for some helping professionals, identity categories outside of race and ethnicity are difficult to understand. Theorists who argue for a prioritization of racial-ethnic identity over other elements of cultural identity do not necessarily discount the importance or existence of additional identity elements, but rather believe they should only be examined through the lens of racial-ethnic culture (Ridley, Mendoza, & Kanitz, 1994).

In spite of expansions, additions, and clarifications, responses to calls for the multicultural counseling competencies and standards are still directed at cross-racial competence (CACREP, 2009). There is little to no mention of specific examples of other elements of an individual's identity that may be relevant as they enter into counseling. Additionally, this focus on race-ethnicity is provided without inclusion of the level of competence necessary for integrating various elements of an individual's identity into a holistic conceptualization.

The proposed study aims to expand conceptualizations of competence to include acknowledgement of complex patterns of thought necessary to identify and be sensitive to the intersections of identities within individuals. With groundings in the tripartite model, the three sub-constructs of multicultural knowledge, skills, and awareness, also relevant to the development of complex conceptualizations of clients, are described

below. The description includes and exploration of multicultural relationship as an additional construct of interest.

Defining Multicultural Counseling Competence

For the purposes of this study, Multicultural Counseling Competence is defined as:

> the counselor's acquisition of awareness, knowledge, and skills needed to function effectively in a pluralistic, democratic society (ability to communicate, interact, negotiate, and intervene on behalf of clients from diverse backgrounds), and on an organizational/societal level, advocating effectively to develop new theories, practices, policies, and organizational structures that are more responsive to all groups (Sue, 2001, p. 802).

Referring back to the tripartite model, this definition focuses on the development of awareness, knowledge, and skills within counselors. It acknowledges the diversity present in current society (particularly in the United States), and focuses on specific skills that counselors must possess to work effectively with such diversity. The overarching theme present in this definition is that of understanding those who are different from one's self. Also embedded is a belief that these differences are part of larger socio-cultural and historical influences that still dominate our individual interactions (e.g., institutionalized racism, sexism, and homophobia). The competencies also fall short in acknowledging potential identity differences *within* an individual, denying the high probability that one individual might experience oppression and privilege simultaneously based on two or more elements of her or his cultural identity (e.g., a White, female).

Multicultural Knowledge.

Referring to the requirements of a "culturally skilled counselor" (p. 481), Sue et al. (1992) outlined that multicultural knowledge specifically requires the individual "has good knowledge and understanding of his or her own worldview, has specific knowledge of the cultural groups he or she works with, and understands sociopolitical influences" (p. 481). Examples of this type of knowledge include: knowledge of one's own racial and cultural heritage; knowledge of the particular group with whom they are working; knowledge of the ways in which race, culture, and ethnicity may affect personality formation, career choices, manifestation of psychological disorders, help-seeking behavior, and the appropriateness or inappropriateness of counseling approaches and knowledge of minority family structures, hierarchies, values, and beliefs (Sue, et al., 1992). Although Sue and colleagues provide the possibility that other identity categories may be important to multicultural knowledge, as evidenced by the "and so forth" (p. 482) included in the above quote, discussions of multicultural knowledge focus solely on knowledge of racial-ethnic groups.

In contrast, Arredondo et al. (1996) focused on a larger number of cultural elements, arguing that an increase in multicultural knowledge "enhances the counselor's ability to more accurately understand the various cultures or elements that make up their clients' personal dimensions" (p. 12). They suggest ways to improve one's multicultural knowledge, offering reading research articles, conducting additional research, and attending professional conferences as opportunities to learn more about racial-ethnic groups. While the Arredondo and colleague's definition offers opportunities for

acknowledging additional identity categories as important, all videos, activities, and articles suggested by the authors are around topics of race-ethnicity (pp. 74-78). Although suggesting these are ways to improve multicultural knowledge, the authors overlook suggestions of possibilities for expanding cultural knowledge beyond understandings of between racial-group comparisons. Arredondo et al. (1996) did not provide specific information as to how one might improve her or his knowledge of other cultural groups (e.g., women, GLBT populations, religious minority groups). The definitions, explanations, and overall discussions of multicultural knowledge offered by Sue, Arredondo, and their respective colleagues fall short in having no descriptions of the standards of knowledge required for integrating knowledge of racial-ethnic groups into holistic conceptualizations of client identity; thus, possibly thwarting not only consideration of intersections of identity, but even any discussions of the overall complexity of client identity.

According to a survey study of 151 members of the American Counseling Association by Holcomb-McCoy and Myers (1999), when examining levels of perceived competence in the domains of multicultural counseling, counselors report feeling least competent in the realm of multicultural knowledge. A lack of competence in multicultural knowledge may lead counselors to base understandings of clients solely on their own experience (Arredondo, et al., 1996) or to an over-dependence on cultural stereotypes (Lloyd, 1987), offering little room for difference in background or perception. This may result in a narrow conceptualization of the client rather than well-rounded knowledge of the possible socio-cultural and historical influences on clients'

understandings of their own identities. For example, if a White, female counselor begins

counseling an Asian-American, male, teenage client who has difficulty maintaining eye

contact with the counselor, she may attribute that difficulty solely to the knowledge that

Asian-Americans tend to avoid eye contact when interacting with respected elders (Sue &

Sue, 2008). While this could be one explanation contributing to the client's behavior,

there could also be a number of additional influences on the behavior. For example,

perhaps the client feels a lack of self-esteem or self-worth in interacting with women, a

difficulty attributed to his identity as a male versus the Asian-American cultural belief

regarding age and elders. This lack of eye contact could be related to the stigma felt in

regards to seeing a counselor for mental health reasons (Kim & Omizo, 2003). While

there are many possible explanations as to why this client avoids eye contact, assuming

that the client's behavior is based primarily on the stereotype that Asian-Americans have

cultural meanings attributed to eye-contact may contribute to the counselor missing a

more pressing element of the client's identity that is influencing this behavior.

Multicultural Skills.

Although every section of the multicultural counseling competencies addresses

what is required to be a "culturally skilled counselor" (Arredondo, et al., 1996; Sue, et al.,

1992), the multicultural counseling competence skills section is specifically defined by

Sue et al. (1992) as "appropriate intervention strategies" (pp. 87-88) in relation to cultural

factors present in the client. Multicultural skills typically refer to the observable

behavioral elements of multicultural counseling competence rather than thoughts, beliefs,

values, or knowledge (Ridley, et al., 1994). These skills have been found to differ from

general counseling skills, showing no relationship between the acquisition of basic helping skills to the more specific multicultural counseling skills (Cates, Schaefle, Smaby, Maddux, & LeBeauf, 2007; Coleman, 1998; Ridley, et al., 1994). Actually, it has been demonstrated that when programs focus solely on general skills training rather than including specific multicultural training, students' general counseling skills increase but multicultural skills do not (Cates, et al., 2007). The findings contribute to the understanding that multicultural counseling skills are not only distinct when compared to general counseling skills, but also require an intentional type of training and integration into the overall curriculum.

Examples of multicultural skills include working to eliminate biases, prejudices, and discriminatory practices, using assessment instruments with cultural sensitivity, and educating clients to the processes of interventions (e.g., legal rights, counselor orientation, goals, expectations) (Sue, et al., 1992). Also considered appropriate multicultural behaviors are probing for cultural information, setting culturally relevant goals, and reflection of client concerns laden with cultural influences (Ridley, et al., 1994). Appropriate multicultural skills can also refer to a counselor's ability to effectively utilize multicultural theories, models, and frameworks in conceptualizing clients (Arredondo, et al., 1996).

Counselors who lack effective multicultural counseling skills can create distance and disconnects from their clients by ignoring the cultural biases inherent in assessment instruments, communicating using verbal and non-verbal styles that mismatch the client's style of communication, or by choosing therapeutic interventions that do not fit with

cultural elements that are most relevant to the client (Arredondo, et al., 1996; Cates, et al., 2007; Ridley, et al., 1994; Sue, et al., 1982). For example, consider a school counselor who would like to use a genogram activity focusing specifically on immediate family members with a student who is influenced heavily by multiple extended family members. It may be difficult for the student to explain to the counselor that his or her family does not match the counselor's expectations or understandings of what constitutes a family. In fact, the student may feel like she cannot provide this information to the counselor, as it is not what the counselor was asking or looking for, thus shutting down (i.e., creating distance and decreasing the therapeutic alliance). In this particular instance, the culturally skilled counselor would expand the genogram activity to include additional relatives that are of primary importance to the client.

Much of the research on the effectiveness of multicultural skills in counselors or counselor-trainees focuses solely on racial-ethnic factors (Castillo et al., 2007; Cates et al, 2007; Chao et al., 2011; Constantine, Juby, & Liang, 2001). As stated earlier, multicultural competence, including skills, is the ability to operate effectively within a diverse society in a way that is beneficial to clients from diverse backgrounds with no emphasis on race and ethnicity specifically. These types of considerations and abilities to function are necessary for working with all diverse groups and identities, which expand further than just race and ethnicity. For example, specific discussions and studies have suggested the necessity of having counseling skills specific to counseling women (Smart, 2010), sexual orientation minorities (Israel & Selvidge, 2003; Martell, Safren, & Prince,

2004), transgender clients (Singh & Burnes, 2010), religious minorities (Cashwell & Young, 2005), and clients with disabilities (Palombi, 2010).

Having separate competencies for specific populations can be useful for counselors when working with clients focused solely on one element of their identity. For the majority of clients, however, their identities exist as overlapping segments of who they are and the problems they face (Brown, 2009; P. Hays, 2008). It can be difficult to parcel out which identity contributes to presenting concerns, particularly when multiple elements of a client's identity may be in conflict (e.g., sexual orientation in conflict with religious orientation or belief system; individuals who have both Caucasian and African-American ancestry). As such, it is imperative to provide counselors with the frameworks and skills for working with whole, complex individuals.

Multicultural Awareness/Attitudes and Beliefs.

Multicultural awareness "refers to the counselor's sensitivity to her or his personal values and biases and how these may influence perceptions of the client, the client's problem, and the counseling relationship" (Ponterotto, Rieger, Barrett, & Sparks, 1994, p. 317). For example, counselors are able to consider questions like, "how does my own cultural background influence the way I see the world?" and, "how does my worldview relate to or differ from the worldview of my client?" Although some describe the constructs of attitudes and beliefs as interchangeable with awareness, and more specifically with self-awareness (Chao, Wei, Good, & Flores, 2011), others conceptualize awareness as consisting of multiple domains, which include awareness of one's personal cultural background, the backgrounds of others, and an awareness of the dynamics of

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privilege and oppression and how those interact within the counseling relationship (D.

Hays, 2008). In a review of multicultural competence instrumentation, D. Hays (2008)

focused on a lack of attention given to the role of privilege and oppression in measures of

multicultural awareness in counselors and counselor-trainees. She outlined a clear

argument as to the necessity of including awareness of one's own privilege into larger

conceptualizations of self-awareness. Similarly, P. Hays (2008) added that individuals

often have little difficulty identifying ways in which they are oppressed, but struggle to

recognize and work through privilege they may carry based on identity categories. By

dividing awareness into multiple sub-constructs, it is evident that the concept consists of

multiple, complex parts. Managing these sub-constructs requires a certain level of

cognitive complexity, particularly around the ability to separate one's own experience or

perspective from the worldview of the client.

Self-awareness, a term used to describe one segment of overall awareness, is

defined as "an ongoing process of reflection and learning from which counselors gain

personal understanding as well as insight into how they view clients who are culturally

diverse. Self-awareness supports the integration of both counselor and client identities

into the counseling process and the therapeutic relationship." (Collins, Arthur, &Wong-

Wylie, 2010, p. 340). With this definition of self-awareness in mind, it is clear that

counselors must develop and maintain understandings of their own identities as well as

the identities of their clients. Some researchers argue that self-awareness is a prerequisite

for other awareness (Sodowsky, et al., 1994). Having an awareness of one's own identity

categories, as well as the social markers of privilege and oppression associated with those

identity categories is primary to overall self-awareness. As such, higher levels of Self-Identity Complexity should have a positive relationship with levels of overall multicultural counseling competence.

Although some researchers argue that awareness has received more focused attention than the other constructs (i.e., knowledge and skills) within the tripartite model (Ponterotto, et al., 1994), other researchers contend that awareness needs further investigation, particularly around the various domains of awareness (awareness of one's personal cultural background, the backgrounds of others, and an awareness of the dynamics of privilege and oppression and how those interact within the counseling relationship; P. Hays, 2008). The arguments that there is a lack of clarity in definition and specific operationalization of multicultural awareness provide a call for further study of ways in which to effectively measure multicultural awareness.

There is some debate as to which of the three variables (i.e., knowledge, skills, and awareness) within the tripartite model is prerequisite to the others. Some believe that knowledge of cultural groups is primary (Sue & Sue, 2008), others believe that awareness needs to be in place to counteract using knowledge as a dependence on stereotypes (Hays, 2008), while still others believe that without the ability to put knowledge and awareness into actions, multicultural competence does not communicate to clients by transferring to practice (Ridley, et al., 1994).

Regardless of which competence must come first, without self-awareness, counselors are at risk of allowing their own values and perspectives to enter inappropriately into counseling sessions or even unintentionally imposing their values on

clients (Kelly, 1990). Specifically, counselors with low self-awareness may not recognize the importance of cultural elements in their clients' lives, neglecting to touch on topics most relevant to the clients' struggles (Ridley, Mendoza, Kanitz, Angermeier, & Zenk, 1994), or assuming that clients share their particular worldview (Ridley, Mendoza, & Kanitz, 1994). A lack of multicultural awareness has also been compared to Gilbert Wrenn's (1962) concept of "cultural encapsulation," or obliviousness to institutionalized racism (Arredondo, Tovar-Blank, & Parham, 2008), which can contribute significantly to overlooking key barriers clients face on a day-to-day basis.

Multicultural Relationship.

With the development of measures of multicultural counseling competence, various additional variables have been suggested as contributing factors to the overall construct (D. Hays, 2008; Ponterotto, Reiger, Barrett, & Sparks, 1994; Sodowsky, et al., 1994). For the purpose of this study, the variable multicultural relationship is a necessary consideration as it emerged as a variable in factor analyses of the Multicultural Counseling Inventory (Sodowsky, et al., 1994). Multicultural relationship refers to the interactions between counselor and client, particularly those related to the cultural differences between the two. As this interaction is primary to the hypothesis that an awareness of oneself contributes significantly to an awareness of others, the multicultural relationship subscale will be an important component of this study.

Often described as a multicultural skill, the ability to discuss multicultural concerns within the counseling relationship is included in understandings of the construct of multicultural relationship. Research by Ancis and Marshall (2010) on four doctoral-

level supervisees' perceptions of culturally competent supervision indicated a strong thematic relationship between discussion of multicultural issues in supervision and positive client outcomes. Particularly interesting in this finding was the fact that culturally competent supervisors were those who initiated conversations about power dynamics and cultural elements of clients. The apparent implication for counselors, then, is that this ability to discuss cultural concerns within the counselor-client relationship will also be seen as a primary piece of multicultural counseling competence.

A common theme in the literature about multicultural competence in supervision is that it is the supervisor's responsibility to initiate dialogue about cultural dynamics and concerns with the supervisee (Ancis & Marshall, 2010; Hays & Chang, 2003; Nelson, Gizara, Crombach Hope, Phelps, Steward, & Weitzman, 2006; Toporek, et al., 2004). By initiating the exchange, supervisors create a safe and open space in which multicultural conversations are seen as not only acceptable, but encouraged. It also is recommended that supervisors identify and share their own mishaps with multicultural interactions in order to normalize and model the process (Hays & Chang, 2003; Nelson, et al., 2006). Although these studies focus primarily on the supervisory relationship, the knowledge of multicultural elements developed, encouraged, and modeled in supervision can then be brought in to the counseling relationship as well.

Operationalizations and Expansions of the Tripartite Model

Since the introduction of the tripartite model in the Sue et al.'s Position Paper (1982), there have been numerous operationalizations and expansions of the model. Key examples of these are described below, with particular attention paid to expansions of the

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model to include additional contextual elements of identity. Beginning with the Arredondo and colleagues' (1996) operationalization of the competencies and addition of the Personal Dimensions of Identity Model, the following section will also include Sue's (2001) Multiple Dimensions of Cultural Competence and his Tripartite Framework/Development of Personal Identity.

Personal Dimensions of Identity (Arredondo, et al., 1996)

In an attempt to operationalize the multicultural counseling competencies, Arredondo and colleagues (1996) offered not only an in-depth outline of the competencies and their components, but also an additional framework for considering the complexity of individual identity. The Dimensions of Personal Identity Model describes individual identity as existing within three dimensions (A, B, and C). The purpose of the model is "to demonstrate the complexity and holism of individuals" (p. 11) and is outlined in Table 2 below. Each dimension focuses primarily on a different element of individual identity. The A Dimension includes those elements of our identity that are ostensibly "fixed," such as race, age, gender (read: sex), and ethnicity. The C Dimension refers to the larger "historical, political, sociocultural, and economic" (p. 7) contexts within which each individual exists. Referring back to the A and C Dimensions, the B Dimension focuses on the "consequences" (p. 9) of those two in combination. Examples of identity elements that fall within the B Dimension are educational experience, sexual orientation, and organizational memberships. Another way Arredondo et al. described the characteristics within this final dimension is that they are typically invisible identities that create potential bonds and connections between individuals. This dimension

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"represents possible shared experiences that might not be observable if one were to focus exclusively on the A Dimension" (p. 11).

Table 2.

Personal Dimensions of Identity

	Description	Examples
A Dimension	Fixed elements of identity	Race, age, sex, ethnicity
B Dimension	Consequences of A + C or A x C; potential point of connection between counselor & client	Educational experience, institutional oppression in multiple identity categories
C Dimension	Contextual elements of identity; elements out of individual control	Worldviews based on generation, wars, natural disasters, immigration & population trends, institutional oppression

This model by Arredondo et al. (1996) offers a lens for examining identity, providing a case for the importance of context in individual worldview. Additionally, the model opens a conversation about how multiple elements of an individual's identity can interact. The clarity of the model falls short, however, in outlining effective ways to integrate these conceptualizations of individual identity into practice. There may also be difficulty in applying the concept of "fixed" identity categories to all clients. Although identities like gender or sex and race-ethnicity are often considered "fixed," other theorists argue that identities are ever-shifting and non-essential and that essentializing identity categories can contribute to prejudiced attitudes and behaviors (Allport, 1954; Haslam, Rothschild, & Ernst, 2002).

Multiple Dimensions of Cultural Competence (Sue, 2001)

A later addition to the original tripartite model expanded the framework of awareness, knowledge, and skills to include the five specific racial/cultural groups in the United States as well as four foci of cultural competence (Sue, 2001). This combination leads to a 3 x 4 x 5 matrix, as shown in Table 3 below. The five racial/cultural groups are identified as: African American, Asian American, Latino American, Native American, and European American (Arredondo, et al., 1996; Sue, 2001). The four foci of cultural competence are identified as societal, organizational, professional, and individual. Described as separate dimensions of cultural competence, the first dimension is the Race-And Culture-Specific Attributes of Cultural Competence, shown below in the top row of the table. The second dimension, the Components of Cultural Competence, includes the awareness of attitude/beliefs, knowledge, and skills listed on the inner squares of the table below. Along the left-hand side of the table are the third dimension criteria, or the Foci of Cultural Competence.

Table 3.

Multiple Dimensions of Cultural Competence

Race-And Culture-Specific Attributes

	African-American	Asian American	Latino American	Native American	European American
Societal	Awareness of attitude/belief Knowledge Skill	Awareness of attitude/belief Knowledge Skill	Awareness of attitude/belief Knowledge Skill	Awareness of attitude/belief Knowledge Skill	Awareness of attitude/belief Knowledge Skill
Organizational	Awareness of attitude/belief Knowledge Skill	Awareness of attitude/belief Knowledge Skill	Awareness of attitude/belief Knowledge Skill	Awareness of attitude/belief Knowledge Skill	Awareness of attitude/belief Knowledge Skill
Professional	Awareness of attitude/belief	Awareness of attitude/belief	Awareness of attitude/belief	Awareness of attitude/belief	Awareness of attitude/belief

	Knowledge Skill	Knowledge Skill	Knowledge Skill	Knowledge Skill	Knowledge Skill
Individual	Awareness of attitude/belief Knowledge Skill	Awareness of attitude/belief Knowledge Skill	Awareness of attitude/belief Knowledge Skill	Awareness of attitude/belief Knowledge Skill	Awareness of attitude/belief Knowledge Skill

There are difficulties in the clarity of putting this theoretical framework into practice with clients, specifically in regards to how a person's identities or foci may intersect. For example, if a counselor is meeting with a client who possesses identities as both European American and Latino American, the counselor may have difficulty identifying which racial-ethnic identity to use as a primary focus. Instead, the client may require the counselor have a complex framework for understanding the intersection of those to racial-ethnic identities and what they mean for the client. Additionally, by prioritizing race-ethnicity as the identity construct of primary concern for clients, rather than acknowledging that other identity categories may be more salient to client concerns in particular contexts, this framework underemphasizes the complexity of cultural identity beyond race-ethnicity. Consider a counselor meeting with a young, bisexual, African-American female client. The counselor could use this framework for understanding that client's racial-ethnic identity, but if the client is primarily focused on the ways in which her identities as an African-American, bisexual, and female interact and intersect, this particular model is inadequate.

Tripartite Framework/Development of Personal Identity

One additional element to the Multiple Dimensions of Cultural Competence model that has been implemented to supplement and frame the concepts of multicultural competence is described as the Tripartite Framework/Development of Personal Identity (Sue, 2001, p. 793; Sue & Sue, 2008, p. 38). Sue (2001) described this addition to the 3 x 4 x 5 matrix above as a way to understand the formation of personal identity. This addition outlines individuals as being "like no other individuals," "like some other individuals," and "like all other individuals." The "like no other individuals" category includes elements of an individual's identity that are unique to his or her sense of self or experience including their genetic endowment and all unshared experiences they have had in their life (Sue, 2001). One example of how this category plays out in practice is in examining the differences between identical twins. While they may grow up in the exact same household, with incredibly similar influences, the differences that exist between them constitute elements of the "like no other individuals" category. The group level, or the "like some other individuals" category includes, but is not limited to, identity categories such as gender, race, sexual orientation, religious preference, culture, disability, geographic location, age, and socioeconomic status. At the universal level, or the "like all other individuals" category, the model describes the ability to use symbols along with concepts of self-awareness, biological and physical similarities, and common life experiences (Sue, 2001). These include experiences of birth, sadness, love, and death.

According to this model, in order to identify with clients, counselors must consider each level of "likeness" within the client's identity. For example, by asking questions such as: "How is this client unique from all others?" "What similarities does this client share with significant others in her or his life?" "What themes from this client's life resonate with larger human concerns?" Although this addition to the tripartite model offers expanded complexity for considering personal identity, the focus of the research on multicultural competence in general is primarily on the effects of the "like some other individuals" category (Sue & Sue, 2008) in its concentration on within-group similarities and between-group differences. However, in addition to limiting exploration to the group level, this model of personal identity focuses specifically on within- and between- group difference according to racial-ethnic divisions, giving little attention to other identities (e.g., caretaker, religion, education, geographical location) that may be important or influence the client's perspectives, symptoms, and values.

One rationale for omitting additional identity categories in this model is tied to a belief in counseling that all counseling is multicultural (Pedersen, 1991). Sue and Sue (2008) argued that this perspective takes away the concept of multiculturalism altogether by equating all difference as individual. While it may be important to recognize group trends, discrimination against groups, and other shared phenomena (similar to the Personal Identity category of "like some other individuals"), it is inevitable that individuals will experience these cultural phenomena differently, as each individual reality is constructed (Gergen, 1985). To assume that because two individuals share one cultural identity they share a sense of culture altogether leaves little room for complexity

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of individual identity or complexity of group dynamics, or even Arrendondo et al.'s (1996) discussion of the B Dimension of Identity.

A focus on race/ethnicity as equal to culture reinforces belief systems that categorize and group based on skin color or racial-ethnic identification. Reinforcing categorization based on race in turn reinforces racial stereotyping, a tendency often believed to get in the way of accurately meeting clients where they are or seeing them as uniquely individual (Abreu, 2001; Lloyd, 1987; Thomas & Weinrach, 1999). The focus on group similarities rather than individual differences, begs a question of whether it is possible for two people to actually match fully on every cultural level across any span of time. Despite the fact that individuals may match on certain cultural identities at certain points in time, the assumption that culture can be fully shared between two individuals is problematic, undoubtedly more so than the belief that every counseling interaction will involve some kind of cultural difference. This argument also rests on the assumption that one can only approach difference as an either/or binary: either through examining racial-ethnic background as primary to cultural difference or ignoring those influences absolutely.

One additional critique of these models is that they carry clear assumptions about the static nature of identity within the individual, whether completely unique, shared with some, or shared with all. Some theorists (Erikson, 1968; Graham & Gibson, 1996; Phinney & Ong, 2007) argue that as our identities are consistently developing, it is detrimental to focus on identity as either a static construct or a straight, unwavering, upward trajectory. These theorists offer alternative understandings of identity as fluid,

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shifting, and complex (Dill, McLaughlin, & Nieves, 2007; Graham & Gibson, 1996;

Puar, 2007). For example, although an individual might always identify as female, the

context of her female identity would shift over time as she moves from a young female to

a wife, mother, and professional. While the construct of "female" remains static, the

meaning attributed to it, its salience, and how it interacts with other elements of the

individual's identity will shift.

Etic, Emic, and Idiographic Approaches

The focus on race-ethnicity as primary or synonymous with culture is considered

part of the "emic approach" to multicultural counseling (Ridley, Mendoza, & Kanitz,

1994). Defined as an approach to training that "defines training goals and outcome

criteria from within the unique value structure, behavioral patterns, and experiential

domain of a particular cultural group" (Ridley et al., p. 241), the emic approach has been

criticized for downplaying the importance of within-group variability. Also, with a lack

of clarity around definitions of cultural groups and increasing numbers of groups that can

be considered "cultures," it is argued that the emic approach will always fall short of

providing adequate information for counselors entering the field (Ridley et al., 1994)

because it typically teaches on specifics of one cultural (often racial-ethnic) group in

terms of a "recipe" or stereotype for working with one group (Lloyd, 1987; Speight,

Myers, Cox, & Highlen, 1991). While counselors may have solid understandings of how

to work with clients from one particular cultural group, the emic approach does not

necessarily provide a framework for working with within-group differences in individual

clients (e.g., clients whose definitions or experiences of a particular identity differ from the majority of others in that particular identity group).

An alternative approach is described as the "etic" or "true universalist" approach (Ridley et al., 1994). Those who share this perspective believe that counseling theories should focus on those elements of culture that are universally shared, rather than highlighting differences between groups. The etic approach acknowledges that cultural differences do exist, but focuses on the similarities rather than the differences in working with clients from a different culture (Ridley et al., 1994). Critiques of this method argue that it allows for students and counselors to ignore the very real problems in society in regards to race (e.g., institutionalized racism, oppression, discrimination), potentially distancing themselves from the experiences and concerns of clients (Ridley, Mendoza, & Kanitz, 1994). By focusing primarily on universal constructs and experiences, the individual differences and even small group differences are ignored, which can, in turn, ignore experiences and struggles most relevant to some clients.

Although these two approaches offer the two extremes of a spectrum, one option between these two approaches is an approach referred to as the "idiographic approach" (Ridley et al., 1994, p. 242). The focus of this approach is to identify meanings the client places on connections with various cultural groups, with particular attention paid to "understanding what is useful or meaningful to the client as a person, not simply as a representative of certain cultural groups" (Ridley, et al., 1994, p. 242). If clients do not identify with all elements of their larger cultural group, counselors must be able to reconcile their own understandings of that client's identity. To do so, counselors must

possess the cognitive capacity to consider complex perspectives rather than simply

"either/or" thinking patterns (Welfare & Borders, 2010a).

Development of Multicultural Counseling Competence/Training

> Newcomers to the field of MCT [Multicultural Counseling Training] often fail to
> grasp the complexity of conceptualizing cultural variables in a way that promotes
> MCT effectiveness (Ridley, et al., 1994, p. 238).

One of the primary contributors to increased multicultural counseling competence

in counselors is multicultural training (Constantine, Juby, & Liang, 2001; D'Andrea,

Daniels, & Heck, 1991; Neville, Heppner, Louie, Thompson, Brooks, & Baker, 1996;

Pope-Davis, Reynolds, Dings, & Ottavi, 1994; Sodowsky, Kuo-Jackson, Richardson, &

Corey, 1998). Within multicultural training, counselor trainees reported experiential

activities (e.g., cross-cultural contact), videos, guest speakers, and in-class processing of

material and experiences were helpful in their development of multicultural counseling

competence (Hays, Dean, & Chang, 2007; Heppner & O'Brien, 1994). Despite reports

from students about what is helpful, and evidence that multicultural counseling training

leads to increased multicultural competence (Constantine, et al., 2001; D'Andrea, et al.,

1991; Neville, et al., 1996; Pope-Davis, et al., 1994; Sodowsky, et al., 1998), there is

disagreement as to the most effective pedagogical approaches and interventions for doing

so (D'Andrea, et al., 1992). Yet, the majority of counseling and psychology programs

offer one specific course in multicultural counseling (Ridley, Mendoza, & Kanitz, 1994;

Sue & Sue, 2008).

Some researchers argue for the effectiveness of these individual courses focused on the needs of diverse clients (Brown, Yonker, Parham, 1996; Castillo, Brossart, Reyes, Conoley, & Phoummarath, 2007; Murphy, Park, & Londsdale, 2006; Seto, Young, Becker, & Kiselica, 2006), while others highlight integration of multicultural considerations into all coursework as ideal (Ridley, Mendoza, & Kanitz, 2004). Malott (2010), in a synthesis of nine empirical studies exploring the efficaciousness of single-course designs for increasing multicultural counseling competence in counselor-trainees, found these single course designs to be successful. While effective, Malott (2010) encouraged the exploration of the specific elements of the course essential for increasing competence.

A few researchers have explored the effectiveness of course elements, particularly experiential activities and experiences, finding that overall knowledge and/or awareness tends to increase (Chao, Wei, Good, & Flores, 2011; Heppner & O'Brien, 1994). However, while students commented that experiential activities such as guest speakers and activities were helpful (Heppner & O'Brien, 1994) it is unclear if these were what contributed to increases in self-reported cognitions and attitudes per student qualitative report. Additionally, in their quantitative study, Chao et al. (2011) found that only White students had an increase in multicultural awareness, with ethnic-racial minority students experiencing no significant change. Prior to participation in the course, racial/ethnic minority trainees with lower levels of multicultural training indicated higher levels of multicultural counseling competence than their White trainee counterparts. Following the course, however, White trainees indicated higher multicultural counseling

competence than racial/ethnic minority trainees with the same multicultural training. Chao and colleagues hypothesize that racial/ethnic minorities have greater multicultural counseling competence to begin with as a result of negotiating membership in a group that often experiences discrimination. White trainees, on the other hand, may not have had these experiences and thus multicultural training with a focus on developing awareness of issues of discrimination leads to an increase in multicultural counseling competence in this population. This suggests that current training methodologies may be effective in increasing multicultural awareness in the dominant racial-ethnic group, but may fall short in their ability to deepen the self-awareness of those in minority racial-ethnic groups. However, it should be noted that in the Chao, et al. (2011) and the Heppner and O'Brien (1994) studies, the focus of courses was on racial-ethnic groups, with little to no focus on other identities or the intersection of identities within a client. Therefore, another reason for the possible lack of increase in ethnic-racial minority students is they may already possess greater self-awareness in regards to race to begin with, or that the items being measured for multicultural self-awareness in general are elements of the norm for students of color. This suggests that multicultural counseling courses do not enhance the ability to assess for, understand, or integrate client identities outside of racial-ethnic identity. Whatever the reason, with the understanding of multicultural counseling competence as an ongoing process of development, it seems current pedagogical approaches and interventions are lacking in their ability to effectively challenge and encourage growth of awareness in racial minority students. Additionally, it is clear that research is lacking in terms of what is trained outside of race-ethnicity,

particularly around the understanding and knowledge of how other client identities might interact with racial-ethnic identity.

Other Contributors to Multicultural Counseling Competence

In addition to studies of effective training methods, a number of studies have examined specific, non-pedagogical factors that contribute to increased multicultural counseling competence (Helms, 1990; Sodowsky, Kuo-Jackson, Richardson, & Corey, 1998). Gender, for example, has been found to impact multicultural counseling competence in that women tend to score higher on multicultural counseling competence measures than men (Brown, Yonker, & Parham, 1996; Carter, 1990a; Steward, Boatwright, Sauer, Baden, & Jackson, 1998). This has a number of implications for counseling, particularly considerations of multicultural counseling. Some theorists hypothesize that this trend is related to socialization processes that encourage women to value relationships and social interactions as primary signs of success (Brown, 2010). Others suggest that it is related to the fact that women have experienced an identity on the margins of mainstream expectations and thus are more understanding or empathic of the experiences of others in the margins (Constantine & Gloria, 1999; Constantine, 2000).

Often tied to in-class assignments, exposure to cultures different from one's own, especially extended exposure or "immersion" has been shown to increase multicultural counseling competence in counselors (Ridley et al., 1994). Defined as an experience in which students are placed "into a social environment in which the student has little or no prior familiarity" (Canfield, Low, & Hovestadt, 2009, p. 318), some counseling programs offer courses or other opportunities for cultural immersion through study abroad and

travel experiences (Canfield, et al., 2009). On a smaller scale, many courses in multicultural counseling require students to participate in a cultural event outside of their own cultural comfort zone.

Particularly for White counselors, a higher level of White racial identity (Helms, 1990) has correlated positively to higher self-reported multicultural counseling competence (Constantine, Warren, & Miville, 2005; Middleton, Stadler, Simpson, Guo, Brown, Crow, et al., 2005; Ottavi, Pope-Davis, & Dings, 1994). Racial identity is thought to exist on a spectrum and to be a continual process of development throughout the lifespan (Helms, 1990). The model proposed by Helms focuses particularly on six statuses a) Contact, b) Disintegration, c) Reintegration, d) Pseudo-Independence, e) Immersion-Emersion, and f) Autonomy (Helms, 1990). Although literature around development of racial identity has contributed significantly to conceptualizations of multicultural competence, this model leaves little room for diversity within individuals. For example, for individuals with multiracial backgrounds, this model, even in combination with other racial identity development models for particular racial-ethnic groups, would fall short of the individual's experience. Similarly, the model does not take into account other identities of privilege and oppression within individual experience and identity. Additionally, while racial identity and self-reported multicultural competence is related, it does not predict ability to effectively conceptualize one's client (Ladany, Inman, Constantine, & Hofheinz, 1997). Thus, self-reported competence did not reveal itself in clinical practice. This begs the question of the importance of knowledge, awareness, and skill in terms of multicultural competence, as well as brings up the

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concern as to the relevance of measuring multicultural counseling competence if higher levels of competence are not related to higher levels of case conceptualization ability. It may simply be that the measure of multicultural competence is not capturing the complexity required to appropriately conceptualize a client. Researchers of cognitive complexity in counselors and counselor-trainees have indicated significant correlations between case conceptualization abilities and higher levels of cognitive complexity (Ladany, et al., 2001). This discrepancy demonstrates a significant gap in the literature exploring relationships between cognitive complexity and multicultural counseling competence.

While multicultural counseling competency was not explored specifically, Steward, Boatwright, Sauer, Baden, and Jackson (1998) explored potential relationships between gender, White Racial Identity Development, and levels of cognitive development in a sample of 82 White counseling graduate students from three different counseling programs. Providing connections between the variables of interest and overall multicultural counseling competence, the authors created a sound argument for exploring these variables as potential answers to the question of *why* multicultural counseling training is shown to increase multicultural counseling competence. They point to a large body of literature correlating higher levels of racial identity development with higher levels of multicultural counseling competence (Ottavi, Pope-Davis, & Dings, 1994; Sabnani, Ponterotto, & Borodowsky, 1991). Additionally, the authors introduce the concept of cognitive development (or cognitive complexity) as potentially related to White racial identity development. Results indicate that lower levels of cognitive

development and gender both contribute significantly to the variance in lower levels of White racial identity. This finding suggests that counselors with dualistic thinking patterns are more likely to be in a lower stage of White racial identity development. In contrast, no significant relationship was found between higher levels of White racial identity development and higher stages of cognitive development. This may suggest that as counselors are trained to think in the binary of "part of one racial-ethnic group" versus "not part of one racial-ethnic group," patterns of dualistic thinking are reinforced. This reinforcement stands in the way of conflicting encouragement to think complexly about conceptualizing clients.

One hypothesis as to why correlations exist for lower levels of both constructs but not higher levels is related to the different skill sets required for higher scores on each measure. For example, in order to achieve a White racial identity development score in the Autonomy stage, an individual must internalize her or his positive White racial identity and appreciate similarities and differences between racial groups (Pope-Davis & Ottavi, 1994). When this stage is examined through a cognitive complexity lens, it is a relatively simplistic schema. Individuals in the Autonomy stage remain focused on racial group membership as "either/or" binaries, whether examining similarities or differences. Individuals with higher levels of cognitive complexity, in contrast, are able to tolerate ambiguity (Roccas & Brewer, 2002) of racial group membership, allowing more flexibility and complexity for individual identity. For individuals with higher levels of cognitive complexity, the either/or distinction is less useful, and measures of such distinctions less applicable. As such, there is a need for further exploration of potential

relationships between cognitive complexity and more general multicultural counseling competence.

It is important to acknowledge that definitions of cultural competence, as well as definitions of the various domains and constructs within Multicultural Counseling Competence, have created debates, discussions, and dilemmas within the counseling field (Hays, 2008; Ridley, Mendoza, Kanitz, Angermeier, & Zenk, 1994; Ridley, Baker, & Hill, 2001; Sue, 2001). Despite numerous studies providing empirical support of the tripartite structure (D'Andrea, Daniels, & Heck, 1991; Holcomb-McCoy, 2000; LaFromboise, Coleman, & Hernandez, 1991; Ponterotto, Reiger, Barrett, & Sparks, 1994;), there is inconclusive evidence as far as the accuracy of this model in fully depicting the construct of multicultural counseling competence, as other studies have shown additional components (e.g., gender; the counseling relationship; multicultural terminology; racial identity development) to be critical variables of multicultural counseling competence (Holcomb-McCoy & Myers, 1999; Sodowsky, et al., 1994). Considering the complexity of individual identity, it follows that what might be missing from multicultural frameworks is a focus on conceptualizing the complex intersections that can occur within one individual's identity.

Expanded Understanding of Culture

One of the consequences of examining individual identity holistically and understanding the complexity of human experience is that a singular understanding of culture becomes inadequate. As such, it is necessary for counselors to have the tools necessary for conceptualizing client identity complexly. In response to the arguments for

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sole consideration or primary consideration of race-ethnicity as equal to culture, there is a consistent trend in the literature of calls for expanding understandings of "culture" to include elements of identity beyond that of race-ethnicity (Brown, 2009; Collins, Arthur, & Wong-Wylie, 2010; D'Andrea & Daniels, 2001; D.Hays, 2008; P. Hays, 2008; Nettles & Balter, 2012; Pedersen, 1991; Ridley, Baker, & Hill, 2001; Weinrach & Thomas, 2004). In order to do so, counselor-trainees, counseling practitioners, and counselor educators must possess frameworks for considering various elements of identity.

While many have voiced a call for expanded understanding of culture, the conceptual frameworks for doing so are limited. Even so, some theorists have developed significantly expanded frameworks for examining individual identity when considering cultural influences and elements. The following section examines a number of these models.

Models of Multicultural Counseling Conceptualization

RESPECTFUL

First introduced as the final chapter to an edited collection of noteworthy developments in the multicultural literature (Pope-Davis & Coleman, 2001), D'Andrea and Daniels (2001) offered a "new, comprehensive, and integrative way of thinking about the persons who are directly involved in the process of counseling" (p. 417). The authors provided expanded identity categories including Religious/spiritual issues, Economic class issues, Sexual identity issues, Psychological developmental issues, Ethnic/racial identity issues, Chronological issues, Trauma and threats to well-being, Family issues, Unique physical issues, and Language and location of residence issues. Grounded in the

understanding of human development as multidimensional, the RESPECTFUL model

addresses multiple domains of identity through a useful checklist of factors to consider.

While the authors acknowledge the multiplicity of identity and the necessity of

addressing the "interface" of various identities in one individual, the RESPECTFUL list

itself does not provide a framework for analyzing those interfaces. In other words, the

model provides an outline of *what* to consider as potential elements of cultural identity,

but not *how* to do so. Additionally, although the authors allude to the complexity

involved in human identity and development, they do not address the cognitive skills and

flexibility required of counselors and clients alike in addressing such complexity.

ADDRESSING

Another recent model that has expanded understandings of culture and individual

identity is the ADDRESSING model (P. Hays, 2008). Created as a response to the ever-

shifting cultural dynamic within the United States, particularly increasing numbers of

those who fall into the category of "diverse," the ADDRESSING model offers an

expanded conceptualization of culture more so than the RESPECTFUL model (D'Andrea

& Daniels, 2001). In addition, the ADDRESSING model offers the opportunity to

consider that concepts of privilege and oppression play out in various identity categories

within one individual by acknowledging that different identity categories encompass

different levels of privilege or oppression. In other words, that it is unlikely that any one

individual will be *wholly* privileged or *wholly* oppressed.

The acronym ADDRESSING refers to the identity categories of Age and

generational issues, Developmental disabilities, Disabilities acquired later in life,

Religion and spiritual orientation, Ethnic and racial identity, Socioeconomic status, Sexual orientation, Indigenous heritage, National origin, and Gender. Hays (2008) emphasized the importance of practitioners considering these cultural dynamics within themselves as well as in their clients. She stresses self-awareness as a prerequisite to effective culturally responsive therapy or counseling. The ADDRESSING model has also been offered as an important framework to use in considering the social justice and advocacy components of counseling, conceptually tied to overall multicultural counseling concerns (Evans, 2010).

In the author's description of the importance of this model, she included a discussion of the ways privilege and oppression arise in relation to these various identity categories (see Table 4 for some of her examples).

Table 4.

The ADDRESSING Framework and Associated Oppressed & Privileged Groups

Cultural Influences	Oppressed Groups	Privileged Groups
Age and generational issues	Children, adolescents, elders	Young & Middle-aged adults
Developmental disabilities	People with developmental disabilities	Those without developmental disabilities
Disabilities acquired later in life	People with disabilities acquired later in life	People without disabilities acquired later in life
Religion and spiritual orientation	Religious/spiritual cultures in the minority	Mainstream Christian cultures
Ethnic and racial identity	Non-Whites	Whites
Socioeconomic status	People of lower status because of class, education, occupation, income, or habitat (rural/urban)	People of higher socioeconomic class, etc.
Sexual orientation	People who are gay, lesbian, bisexual, & questioning	People who are heterosexual

Indigenous heritage	Indigenous, Aboriginal, & Native people	People who are not indigenous
National origin	Refugees, immigrants, international students	United States citizens
Gender	Women, people who are transgender	Men

Although the model itself is similar to D'Andrea and Daniels' (2001) RESPECTFUL model, it is P. Hays' (2008) particular acknowledgement of privilege and oppression as a necessary lens through which practitioners can view identity in themselves and their clients that is innovative. The model acknowledges that one individual can possess both privileged and oppressed identities at the same time, a concept that is often overlooked in previous models. Similar to the RESPECTFUL model, however, the checklist format of the ADDRESSING model leaves little instruction for examining specific intersections. Not only that, but although the model outlines *what* is important to consider, it stops before describing *how* to translate these considerations into practice or specific skills. Additionally, cognitive abilities are not addressed in discussions of the model.

Privilege and Oppression.

Privilege, defined by Crethar, Rivera, and Nash (2008) is "the systematic and unearned benefits select groups of persons in society are bestowed based on specific variables" (p. 269), and is a topic of key concern when considering multicultural concerns in counseling (D. Hays, 2008; P. Hays, 2008; McIntosh, 1998). One example of privilege that is often discussed in multicultural courses is that of White privilege. McIntosh (1998) provided the metaphor of an "invisible knapsack" (p. 147) in which

White people, often unwittingly, carry various benefits, based solely on their race. She outlined the many examples of daily benefits she personally gains based on her race, while also providing suggestions for others interested in identifying the ways they unknowingly experience privilege.

The Merriam-Webster dictionary (2012) defines oppression, in stark contrast to privilege, as the "unjust or cruel exercise of authority or power." Typically discussed in regards to the experiences of marginalized groups in society, oppression is a concept that has been discussed in counseling literature for decades (Hays, Dean, & Chang, 2007; Israel, 2006; Sue, 1978; Sue, et al., 1982). Within discussions of oppression, the experiences of various marginalized groups have been explored, ranging from the elderly (Atkinson, 1980; Saucier, 2004; Walsh, Olson, Ploeg, Lohfeld, & MacMillan, 2011; Woods, 2003) to people of color (Arredondo, 1999; Sue, 1978; Thompson-Miller & Feagin, 2007) and the LGBT community (Singh & Chun, 2010; Winkelpleck & Westfeld, 1982).

In a thorough review of multicultural counseling competence assessments, D. Hays (2008) provided an argument for inclusion of considerations of privilege and oppression in measuring the larger construct of multicultural counseling competence. Pulling from an immense body of literature on privilege and oppression, Hays connected the theoretical importance of these concepts to the practical experiences of clients coming into counseling. She also tied the importance back to the original multicultural counseling competencies which note the importance of understanding "how oppression, racism, discrimination, and stereotyping affect them personally and in their work" (Sue,

et al., 1996). Privilege and oppression become particularly important topics to consider

when working with clients from a holistic perspective. As P. Hays (2008) indicated in

her ADDRESSING model, many individuals are members of identity groups that are

both privileged and oppressed, depending on context. Additionally, individuals can

possess contradictory identities containing both privilege and oppression (e.g., biracial

individuals; a White, elderly female). Without an awareness of this possibility,

background knowledge of the socio-historical implications of various identities, and

skills to put that awareness and knowledge into action, counselors may create disconnect

between themselves and their clients (Arredondo, et al., 1996; P. Hays, 2008).

Identity Salience Model

Described as an extension of Hays' ADDRESSING model, the Identity Salience

Model (Yakushko, Davidson, & Williams, 2009) offers an additional conceptual

framework for considering the intersections of various social identity categories within

one individual in counseling. The authors combine the ADDRESSING model with

Bronfenbrenner's Ecological Theory as a way of identifying the salience individuals

place on any particular social identity within any particular context or situation.

Responding to calls from psychology theorists (Reid, 2002; Silverstein, 2006) for

expanded "complex paradigms" for understanding identity, the authors work to create an

integrated framework that allows the client to determine which identity is most salient to

them rather than the counselor.

This model provides one potential outline for how to consider identity complexly

in clients. Despite providing an effective way of examining identity through "complex

paradigms," the Identity Salience Model falls short in its ability to accurately measure a clinician's ability to integrate multiple elements of a client's identity into her or his assessment or interactions with that client. Further, there is no instrumentation provided for assessing a clinician's ability to integrate multiple elements of her or his own identity. The authors provide a case example of how the theory might be used in practice and call for additional studies to examine measures of ethnic identity and gender identity in relation to this theory, but provide little explanation as to how effectiveness of the model can be measured.

While the aforementioned models offer expanded understandings of the various elements of culture within one individual, they fall short in their ability to outline the ways in which these identities interact with each other within one individual; therefore, not linking the possible knowledge and awareness to multicultural skill. One concept that has developed outside of the field of counseling in considering the multiplicity of individual identity is that of intersectionality. When integrated into the above conceptual frameworks, intersectionality provides a lens for examining privileged and oppressed identities concurrently within an individual client.

Intersectionality

> The problem with identity politics is not that it fails to transcend difference, as some critics charge, but rather the opposite—that it frequently conflates or ignores intragroup differences. (Crenshaw, 1995, p. 357)

Intersectionality, a term often attributed to feminist legal theorist Kimberlé Crenshaw (1997), is defined as the idea that "people live multiple, layered identities and

can simultaneously experience oppression and privilege" (Dill, McLaughlin, & Nieves, 2007, p. 629). While individual culture is often considered as a listed collection of specific identity categories (e.g., ADDRESSING and RESPECTFUL models), intersectionality offers the possibility that identity exists as more of a matrix. Rather than examining individual segments of a person's identity as piecemeal, separate entities, intersectionality as a framework offers the possibility of considering all identity categories simultaneously within one individual. Many theorists discuss the concept of intersectionality as a potential next step in understanding the complexity of individual identity (Brown, 2009; Crenshaw, 1997; Shields, 2008; Yakushko, Davidson, & Nutt Williams, 2009).

Historically, the concept of intersectionality arose out of feminist movements in which women of color felt excluded or as though their perspectives were devalued and ignored because they did not necessarily match the experiences of middle-class, White feminists (Crenshaw, 1995; hooks, 2000). Women of color argued that women are a heterogeneous group (Comas-Díaz, 1991) and that the concerns of feminism needed to expand to consider the oppression of additional identity categories within the feminist movement.

There are a number of instances in which examination of multiple elements of individual identity simultaneously would be necessary. For example, consider the following case example:

> A client enters counseling struggling in her relationship with her mother. The client presents as a traditionally college-aged, Latina, female who takes her education very seriously. She describes her relationship with her mother as

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"strained" in recent years and identifies the transition to college as the point at which things began to become more difficult. The client shares that, as the only daughter in a family of six, she always felt incredibly close to her mother in their shared experience of being the "only girls" in the family. Since coming to college, however, the client reports her mother becoming distant and even hostile at times when the client talks about her success in the classroom and desires to eventually run her own business. The client states that her mother typically responds by asking the client if she is dating anyone or if she has "met any nice young men" recently.

In this vignette, the client seems to have an understanding of the ways in which she and her mother bonded over the "oppression" they felt as the only women in a largely male-dominated family. The client's experiences in college, however, may be in direct contradiction to her mother's identification as a stay-at-home, working-class mother. This particular identity takes priority in the mother's sense of self, and in this case, may stand in opposition to the daughter's desire to work her way up the socioeconomic structure to a more upper-class, career-oriented position. In this case, it could even be said that the client's educational identity is one of both privilege (within the academic context) and oppression (within the family context), resulting primarily from the intersection of this identity and her identity as female. All of these considerations are identified without mention of the client's identity as Latina, which may also contribute to the cultural influences she experiences. Helping the client identify the conflict between values and cultures in the relationship she shares with her mother may give her a perspective she had not yet realized, as well as the awareness of ways to ease tension in her relationship with her mother, gain perspective into her mother's sense of self (and more importantly her own), and claim ownership over the important differences between them.

Examining identities as ever shifting offers a flexibility, individuality, and ambiguity with which many people feel uncomfortable. There can be comfort in categorizing; there is appeasement in labeling. In fact, it is a natural human tendency to try to make sense of vast amounts of information encountered on a daily basis by categorizing (Philogène, 2012). By focusing on the categories themselves, these descriptors are privileged as static ideals (Philogène, 2012), ignoring the value of the inherent journey through which our identities are constantly growing and changing.

Defined by Shields (2008) as "the mutually constitutive relations among social identities (p. 302)," intersectionality as a concept is beginning to show up across disciplines and research methodologies (Shields, 2008). With roots in Feminist theory, the concept has been applied to legal studies (Crenshaw, 1995), international business (Zander, Zander, Gaffney, & Olsson, 2010), governmental policy (Monro, 2010), and nursing (Rogers & Kelly, 2011; Van Herk, Smith, & Andrew, 2011). Traditionally applied to expanding understandings of the influence of hegemonic principles beyond those of patriarchal institutions, intersectionality offers the opportunity for consideration of multiple levels of identities and their corresponding power relations within one individual.

Within counseling and psychology, intersectionality has often been offered as a way of integrating feminist theories into therapeutic practice and conceptualizations of multicultural concerns in counseling (Chavis & Hill, 2009; Yakushko et al., 2009). Exploring the particular concerns of women's experiences with intimate partner violence, Chavis and Hill (2009) offered a revised Power and Control Wheel, which they refer to as

the Multicultural Power and Control Wheel as a tool for "considering how various systems of oppression (e.g., heterosexism, agism, ableism, racism, spirituality/religion, classism, and sexism) shape the experiences of victims of intimate partner abuse" (Chavis & Hill, 2009, p. 121). The adapted wheel offers a visual representation of considerations necessary for practitioners in considering the influences on individual clients' experiences of intimate partner abuse, as well as in considering power relations in general in light of the various "-isms" mentioned.

Smith, Foley, and Chaney (2008) offered theoretical connections for counselors and counselor educators regarding the intersections of class, race, ability, and sexual orientation, identifying all of these identity categories as portions of larger cultural identities within individuals. The authors offer suggestions of ways to integrate conversations about classism, ableism, and heterosexism into larger multicultural counseling courses and training. While these conversations offer an expanded understanding of the intersecting elements of cultural identity, again, the connections are incomplete in only offering descriptions of four particular identity categories. This may be an expansion when compared to discussions solely around race-ethnicity and privilege/oppression, but still falls short in addressing the multiplicity in individual identity. For example, a client may come in with oppressed identities in all four of the above categories (e.g., lower-class, disabled, bisexual, Latina), but express an interest in exploring issues of religious oppression she experiences within her family system. In this context, an awareness of the other areas of oppression she experiences would be potentially useful tools in exploring the feelings she experiences around her religious

beliefs. It is important to keep in mind, however, that first and foremost, the client's expressed concern is not related to any of the four identity categories stressed in this particular conceptual piece. Again, the ways in which our conversations in counseling discuss identity, culture, privilege, and oppression are limited and limiting.

When considering identities, it also is important to acknowledge that context and situation often determine the prioritizing of one identity category over another. As in the case example above, the identity of female was primary to both daughter and mother in their experience and context of the family system. Once beginning her college experience, however, the daughter's identities of student, future business-owner, and independent thinker became more important to her than the identities of wife and mother, two identities dependent on and fully overlapping with her identity as female, her own mother hoped she would adopt.

As is clear in descriptions of the various models available for examining individual identity, as well as in discussions of intersectionality in identity, a certain level of cognitive ability is needed to identify and reconcile often complicated and sometimes contradictory information into one conceptualization. With this in mind, an exploration of the theoretical underpinnings of cognitive complexity and social identity complexity is warranted.

Cognitive Complexity

In order to successfully integrate concepts of intersectionality into understandings of personal identity as well as larger conceptualization abilities, counselors must possess certain levels of cognitive complexity (Welfare & Borders, 2010a). "Cognitive complexity" or "cognitive complexity-simplicity," when considered on a spectrum, is a concept concerned with the level of differentiation of constructs within an individual's cognitions, specifically regarding her or his understanding of others (Bieri, 1955; Mayo & Crockett, 1964). An individual who is unable to differentiate well (or recognize differences) among persons is said to possess a simplistic cognitive structure, while an individual who is able to differentiate "highly among persons is considered to be cognitively complex" (Bieri, 1955, p. 263). Stated more simply, Roccas and Brewer (2002) described cognitive complexity as "characterized by both differentiation and integration of potentially conflicting beliefs and values" (p. 91).

Differentiation

Cognitive complexity is broken down into two separate processes, the first being Differentiation, and the second Integration (Bieri, 1955; Mayo & Crockett, 1964; Roccas & Brewer, 2002; Welfare & Borders, 2010a). According to recent work by Welfare and Borders (2010a), when applied to counselors, differentiation can be understood as "the number of client characteristics a counselor can recognize (p. 189)." The more client characteristics a counselor is able to identify, the higher the counselor's level of differentiation.

The construct of differentiation follows closely the RESPECTFUL and ADDRESSING models in which counselors should be able to list identity characteristics of their clients from a number of categories. Rather than focusing solely on one identity category (e.g., race-ethnicity), cognitively complex counselors are able to identify multiple characteristics that are relevant to their clients' understandings of who they are (Welfare & Borders, 2010a).

Integration

Following this initial process of identification, counselors need to move toward integration. Integration is defined by Welfare and Borders (2010a) as "understanding how those characteristics fit together and what implications they have for client needs and treatment" (p. 189). Integration is a construct that correlates conceptually with intersectionality. Examining a client holistically requires not only the ability to identify the various identity categories present in an individual (i.e., differentiation), but also the ability to assess the ways in which those identity categories interact and intersect to form that individual's overall sense of self (Welfare & Borders, 2010a). Integration focuses on a holistic conceptualization of the complexity of individual identity.

Domain Specificity

Considered unique to individual contexts rather than applicable across all areas, it is important to consider cognitive complexity as domain-specific (Crockett, 1965; Welfare & Borders, 2010b). A strong case has been made for the importance of considering various cognitive processes within the domain of counseling and counselor education with the development of the Counselor Cognitions Questionnaire (Welfare,

2006). Within the field of counseling specifically, Cognitive Complexity can assist

counselors in conceptualizing their clients, taking into account multiple elements of the

client's identity, experience, and presenting concerns (Welfare & Borders, 2010a). When

applied to conceptualization of self, it may also be possible for counselors to develop

complex understanding and awareness of their own experience, identity, and perspective.

Cognitive development has been studied in the context of multicultural counseling

in exploring potential relationships between levels of cognitive development and levels of

White racial identity development (Steward, et al., 1998). Relationships were only found

between lower stages of White racial identity development and lower levels of cognitive

development, supporting the idea that dualistic thinking patterns correlate with racist

belief systems (Steward, et al., 1998). Additionally, the fact that no relationships were

found between higher levels of cognitive development and higher stages of White racial

identity development indicates a need for further investigation of the constructs. Perhaps

the constructs of racial identity development and multicultural counseling competence are

not as directly related as early studies implied (e.g., Ottavi, et al., 1994; Sabnani,

Ponterotto, & Borodowsky, 1991), but may be mediated by levels of cognitive

complexity.

Cognitive Complexity and the CACREP Standards

In a thorough examination of the standards for CACREP-accredited programs,

there are a number of areas potentially answered by cognitive complexity and

understandings of identity complexity. The CACREP Core Standards (2009) are

peppered with expectations and requirements of broad-spectrum social and cultural

knowledge and skills. They outline the necessity for programs "promoting practices that reflect openness to growth, change and collaboration …creating and strengthening standards that reflect the needs of society, respect the diversity of instructional approaches and strategies, and encourage program improvement and best practices" (CACREP, 2009, p. 20). The standards make a clear case for innovation and development of increasingly effective approaches and practices. There is a lack of clarity, however, in that suggestions of effective evaluation tools are not provided. Additionally, as is the case in the general multicultural counseling literature, cultural awareness of self and others is conspicuously absent in its consistency of definition and operationalization (P. Hays, 2008). The CACREP standards do, however, encourage innovation within programs and consistently refer to meeting the "needs of society." As individual identities become increasingly complex with growing numbers of clients and students who fall into traditional categories of multicultural (Sue & Sue, 2008), it is a natural next step to consider the role of cognitive complexity in educating counselor-trainees.

The CACREP standards require that "the program faculty conduct[s] a systematic developmental assessment of each student's progress throughout the program, including consideration of the student's academic performance, professional development, and personal development" (CACREP, 2009, p. 85). While current assessments of multicultural counseling competence may offer an effective measure of counselors' abilities to relate to clients of a different race, measures of cognitive complexity offer additional methods for assessing counselor-trainee performance and ability in working

with diverse clients. Results from prior research indicate a relationship between lower levels of Cognitive Complexity and inability to formulate in-depth hypotheses about client concerns (Holloway & Wolleat, 1980).   The standards require programs to equip students with "counseling theories that provide the student with models to conceptualize client presentation" (p. 92). Relationships have also been demonstrated between higher levels of Cognitive Complexity and increased case conceptualization skills (Ladany, et al., 2001), ability to maintain objectivity with clients (Borders, 1989), and increased verbal complexity and self-confidence in counseling abilities (Fong, et al., 1997). Additionally, as self-awareness is one of the key foci of counselor education programs (CACREP, 2009, p. 91), providing students with opportunities to be aware of their own development may assist in multifaceted, expansive understandings of themselves.

Another key component present in the standards is an overall focus on integrating "specific experiential learning activities designed to foster students' understandings of self and culturally diverse clients" (CACREP, 2009, pp. 90-91). In order for students to effectively integrate experiences in the classroom into their own attitudes, beliefs, and understandings, they must possess the intellectual and emotional capacity required. As such, increasing students' cognitive complexity may be a prerequisite for effective counseling.

As higher levels of Cognitive Complexity in counselors have been associated with positive outcomes (Welfare & Borders, 2010a), graduate applicants scoring higher on Cognitive Complexity assessments may possess greater abilities to conceptualize clients (Ladany, et al., 2001), formulate in-depth hypotheses about client concerns (Holloway &

Wolleat, 1980), and maintain objective approaches when working with clients (Borders, 1989). Developing holistic client conceptualizations requires complexity in considering various identity elements, contextual concerns, and historically relevant factors. Ladany, et al., (2001) explored the relationships between case conceptualization integrative complexity (e.g., domain specific cognitive complexity) and developmental differences and predicted supervision style preferences. Complexity of case conceptualization was measured using a coding system in which participants were given a rating of anywhere from one to four. The authors found a significant positive relationship between amount of counseling experience and case conceptualization integrative complexity, implying that more experienced counselors (e.g., those who have spent more months seeing clients) possess greater levels of cognitive complexity and greater abilities to conceptualize their clients in a complex way.

Also included in the standards is an expectation that programs "reflect current knowledge and projected needs concerning counseling practice in a multicultural and pluralistic society" (CACREP, 2009, p. 89). In an ever shifting and growing society like the United States, it is intuitive that a focus on one element of individual identity (e.g., race) is not sufficient for preparing holistically competent counseling practitioners. Rather, adapting expectations, understandings, and standards for counseling in a "multicultural and pluralistic society" to meet the needs of an increasingly complex population is paramount to the success of the counseling profession.

The CACREP Standards clearly outline the importance of providing learning experiences with the intention of increasing self-awareness in students. As increased

Cognitive Complexity is connected with ability to create in-depth case conceptualizations

of clients (Ladany, et al., 2001), there is a strong likelihood that students with higher

levels of Cognitive Complexity would be able to develop broader conceptualizations of,

not only their clients, but also their own identities. The conceptual connections between

Cognitive Complexity and theories of Social Identity Complexity (Roccas & Brewer,

2002) provide additional theoretical support for the influence of increased Cognitive

Complexity on increased self-awareness.

Social Identity Theory

Definition of Social Identity

> …that part of an individual's self-concept which derives from his knowledge of
> his membership of a social group together with the value and emotional
> significance attached to that membership (Tajfel, 1978, p. 63).

Synonymous to Thoits and Virshup's (1997) definition of the plural, "social

identities," as "socially constructed and socially meaningful categories that are accepted

by individuals as descriptive of themselves or their group (p. 106)." Social identity is a

primary consideration for counselors in conceptualizing clients. In this definition, it is

important to note the focus on the individual's acceptance of her or his identities as fully

descriptive, rather than the designation of others as important to the individual. This self-

designation ties in nicely with the idea that clients are experts on their own lives and

experience. As such, it follows that counselors would focus primarily on the identity

categories, or social identities, that are of principal relevance to the client.

Social Identity Complexity

Drawing from theories of Cognitive Complexity and inconsistency resolution (Tetlock, 1983), Social Identity Complexity Theory (Roccas & Brewer, 2002) provides a conceptual framework for exploring how perceptions of multiple social identity group memberships can influence individuals' Social Identity Complexity. Social Identity Complexity is defined as: "a new theoretical construct that refers to an individual's subjective representation of the interrelationships among his or her multiple group identities" (Roccas & Brewer, 2002, pp. 88-89). Examples of group identities are limitless but traditionally include the categories listed in expanded multicultural models like RESPECTFUL (D'Andrea & Daniels, 2001) and ADDRESSING (P. Hays, 2008) (e.g., race, gender, nationality, religious affiliation, profession, and age or generational position).

When considering collective group identities, it is important to acknowledge that there are various levels of potential overlap between identity groups. Some identities are fully embedded within others (e.g., all Catholics are Christians), some groups have completely orthogonal relationships (e.g., Muslims and women), and others only overlap slightly (e.g., women and C.E.O.s). When identity groups overlap dramatically, there is little complexity to identifying with both groups. When there is only a partial overlap, however, there is more complexity to the identity of belonging to one or both groups. For example, most Catholics have little difficulty identifying as both Catholic and Christian, while male preschool teachers may experience internal conflict around external messages about these two identities overlapping.

According to Roccas and Brewer (2002), there is a converse relationship between perceived overlap and level of Social Identity Complexity. For example, a student who is White, female, and a future counselor may see those three identity group memberships as highly overlapping (e.g., most future counselors are women and they are also White). When faced with other future counselors who are male or non-White, this student may not consider them members of her larger social identity group, may make assumptions based on generalizations, may struggle to identify with them, and would be said to have low Social Identity Complexity. In contrast, a White, female, future counselor who perceives those three identity group memberships as separate identities will have a more flexible conceptualization of what other identities may overlap with her role as a counselor, identity as female, or membership in that particular racial group. Additionally, she will be able to identify with members from any or all social identity groups, understanding, with a higher level of Social Identity Complexity, that identity connection or group membership can be shared on complex levels of identification.
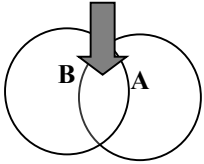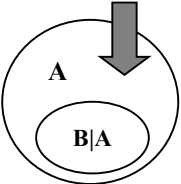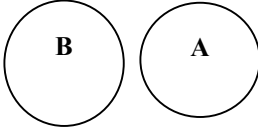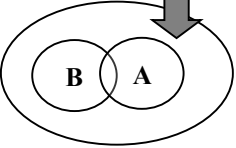
While some identity group memberships may seem apparent to onlookers (e.g., race, sex), the construct of Social Identity Complexity is most interested in the subjective perception of identity group membership. In other words, how an individual self-identifies. As such, it is important to acknowledge the various ways individuals reconcile seemingly oppositional identity group memberships within themselves. Examples of individuals with potentially contradicting identity group memberships would be those who are biracial, individuals raised with two different religious traditions, transgender individuals, or males in predominantly female occupations. In these examples and others

like them, individuals are faced with the task of reconciling their identities in some way. Borrowing from theories of Cognitive Complexity (Tetlock, 1983) and comparable to descriptions of Cognitive Consistency Resolution (Abelson, 1959), Roccas and Brewer (2002) described the methods for reconciling non-convergent identities along a continuum of least to most complex, with the most complex level of social identity being the ideal.

Comparisons of the continuum of Social Identity Complexity and that of the Cognitive Consistency Resolution are provided in Table 5 below, with lowest levels on the left (intersection) moving to most complex on the right (merger):

Table 5.

Continuums of Social Identity Complexity and Cognitive Consistency Resolution

Social Identity Complexity Terminology

INTERSECTION	DOMINANCE	COMPARTMENTALIZATION	MERGER
"defining the ingroup as the intersection of multiple group memberships." "multiple bases of group identification converge on a single social identity with one consolidated ingroup." "Social exclusion" pattern.	"adopting one primary group identification to which all other potential group identities are subordinated."	"social identities are context specific or situation specific… one group membership becomes the primary basis of social identity, whereas other group identities become primary in different contexts." One identity relevant, all others irrelevant in that particular context.	"model for representation of multiple social group identities in which non-convergent group memberships are simultaneously recognized and embraced in their most inclusive form."
Intersection of "A" & "B" as single identity	"A" as primary identification, "B" subordinated	"A" & "B" are separated and utilized only when context-relevant	Large circle contains both "A" & "B" & represents simultaneous recognition of all identities.

"Compatible elements of two cognitions are separated out and dissociated from the inconsistent elements."	"Bolstering— augmenting the commitment to one cognition over the other."	"Cognitive isolation and compartmentalizing in cognitive structures."	"The introduction of some superordinate principle that makes the inconsistent cognitions compatible."

Cognitive Consistency Resolution Terminology

On the lowest end of the spectrum, individuals may fall into the category of "intersecting" identities (no relation to the concept of "intersectionality") in which "multiple bases of group identification converge on a single social identity with one consolidated ingroup" (Roccas & Brewer, 2002, p. 90). Individuals in this pattern of reconciliation only identify with others who share both identities (e.g., the White, female counselor who only identifies with other White, female counselors). The next position along the continuum is "dominance" in which one identity group membership overpowers any additional identity group memberships (e.g., the White, female counselor identifies with any White counselors, male or female).

"Compartmentalization" refers to situations in which individuals separate identity group memberships based on situational factors (Roccas & Brewer, 2002). When one identity is useful, an individual can represent her or himself by that particular identity group and discard it when it becomes less useful (e.g., a White, female counselor who identifies with White males when it is necessary for professional purposes). The final and most complex level of reconciliation and identification is "merger" in which both identities are held simultaneously as a part of the individual's sense of self. Rather than identifying only with those in one or both of the identity groups combined, individuals at this stage are able to identify with other individuals who share either or both of their

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social identities (e.g., the White, female counselor who can relate to White females and males, as well as to females of color, counselors and non-counselors.) They, too, are capable of shifting in and out of more useful identities, but do so with an understanding that those identities are still a part of who they are, just less useful in the moment. The further an individual is along the continuum of reconciliation tactics, the more complex their social identity.

Increased Social Identity Complexity not only makes it more difficult to maintain "us versus them" ways of thinking, but has also been hypothesized to increase tolerance of ambiguity or uncertainty (Brewer, 2010; Roccas & Brewer, 2002). As a result, those with higher levels of Social Identity Complexity are more likely to be able to sit with complex problems without rushing to find a solution, to cope with the idea that people may not fit stereotypes, and to identify similarities and differences across atypical boundaries (Roccas & Brewer, 2002).

There is both a frustration and a freedom in allowing identity its essential flexibility. Individuals who are open to contradictions, ambiguities, and within-group differences are also able to accept others as both culturally involved and culturally distinct (Roccas & Brewer, 2002). The assumptions we naturally hold about groups of people can be fluid when we are able to identify the areas in which we ourselves do not match with the general assumptions others might make of our group memberships. When discussing identity, particularly in the context of people relating respectfully to each other, authors Graham and Gibson (1996) offer the following quote: "if there is no singular figure, there can be no singular other" (p. 14). In other words, if I can recognize

diversity, complexity, and contradictions in my own identity, I am more likely to be open to recognizing these things in others' identities. If my understanding of my own identity is simplistic and dualistic (e.g., "I *am* this and only this," "I am *never* this"), I am more likely to expect the same dichotomies in others. Not only does an examination of the complexities of an assumed similar group free that group from false consciousness, but it also contributes to the ability to perceive other groups as equally diverse within their visible boundaried identities (Graham & Gibson, 1996; Roccas & Brewer, 2002). With this in mind comes a reinforcement of the concept of self-awareness as prerequisite to effective cultural competence in counselors.

Self-awareness, in the context of identity language, is, for the purpose of this study, described as "Self-Identity Complexity." This concept comes out of the idea that identifying the complexity of one's own identity leads to a more open attitude toward the complexity of identity in others (Graham & Gibson, 1996; Roccas & Brewer, 2002). Roccas and Brewer (2002) found that individuals with higher levels of general Social Identity Complexity also demonstrated greater levels of tolerance for ambiguity. Tolerance for ambiguity, defined as "the way an individual (or group) perceives and processes information about ambiguous situations or stimuli when confronted by an array of unfamiliar, complex, or incongruent clues" (Furnham & Ribchester, 1995), is an important concept when considering the complexity of identity. Believed to exist on a spectrum, the construct of ambiguity tolerance (or intolerance) was developed by Frenkel-Brunswik (1949) in the mid-1900s. Individuals with lower levels of ambiguity tolerance exhibit strict black-and-white thinking patterns, often forming beliefs and

conclusions quickly with no room for flexibility or alteration. This tendency toward

dichotomizing leaves little room for cognitive complexity, whether in considerations of

the self or of others.

As described, Social Identity Complexity refers to the ways an individual

conceptualizes her or his own identity. For the purposes of this study, the concept is

discussed specifically as "Self-Identity Complexity." Taken one step further and applied

to the counseling context, the way a counselor is able to conceptualize a client's identity

is referred to as "Other-Identity Complexity."

Summary

Increasing diversity in the United States leads to a need for counselors and

counselor educators to be able to conceptualize clients complexly. According to the

Multicultural Counseling Competence literature, there is a need to expand multicultural

theories to allow for the ever-increasing complexity of individual identity, not only in

considerations of racial-ethnic identity, but in the various identity categories that

contribute to a single individual's sense of self. Feminist theorists offer the concept of

Intersectionality as an alternative to considering identities as collections of singular

categories. Intersectionality examines identity categories as multifaceted webs of

interacting parts. Developments from Social Psychology point to a theory of Social

Identity Complexity as a way of putting the concept of intersectionality into theoretical

practice. Although Social Identity Complexity focuses primarily on the ways in which an

individual considers her or his own identity, theoretical connections exist between this

capacity and the ability to do so in considering others' identities. In order to effectively

consider the existence of multiple identity categories and the ways they overlap and intersect, both in ones' self and in others, individuals must possess adequate levels of Cognitive Complexity. For counselors, this is particularly necessary as it is a professional responsibility to consider individual clients in their entirety (CACREP, 2009).

Theoretical connections have been made in various literatures between Cognitive Complexity, Social Identity Complexity, and Multicultural Counseling Competence. There is a strong need to empirically validate these conceptual relationships to fill a gap in literature and provide counselors and counselor educators with necessary frameworks for conceptualizing identities, both their own as well as others'. By examining relationships between Self-Identity Complexity, Other-Identity Complexity, and Multicultural Counseling Competence, this study aims to fill that gap in the literature by empirically supporting current conceptual connections.

CHAPTER III

METHODOLOGY

The CACREP standards (2009) for multicultural considerations in counseling

programs require innovation regarding the "projected needs concerning counseling

practice in a multicultural and pluralistic society" (CACREP, 2009, p. 89). With recent

contributions from women's studies and feminist theory regarding the importance of

intersectionality of identity in individuals, theoretical links between Social Identity

Complexity and Cognitive Complexity, and positive relationships between cognitive

complexity and case conceptualization abilities in counselors, a natural next-step is

evident. The current study explored a proposed model of relationships between Self-

Identity Complexity, Other-Identity Complexity, and Multicultural Counseling

Competence.

Research Questions and Hypotheses

Research Question 1: What is the relationship between Self-Identity Complexity

Differentiation and Integration (as measured by the Counselor Cognitions

Questionnaire—Adapted) and Other-Identity Complexity Differentiation and Integration

(as measured by the Counselor Cognitions Questionnaire)?

> Hypothesis 1a: Self-Identity Complexity Differentiation will be positively related
>
> to Other-Identity Complexity Differentiation, as demonstrated by higher scores on
>
> the Counselor Cognitions Questionnaire—Adapted (CCQ-A) Differentiation scale

correlating to higher scores on the original Counselor Cognitions Questionnaire (CCQ) Differentiation scale.

Hypothesis 1b: Self-Identity Complexity Integration will be positively related to Other-Identity Complexity Integration, as demonstrated by higher scores on the Counselor Cognitions Questionnaire—Adapted (CCQ-A) Integration scale correlating to higher scores on the original Counselor Cognitions Questionnaire (CCQ) Integration scale.

Research Question 2: What is the relationship between Self-Identity Complexity (as measured by the Counselor Cognitions Questionnaire—Adapted), Other-Identity Complexity (as measured by the Counselor Cognitions Questionnaire), and Multicultural Counseling Competence (as measured by the Multicultural Counseling Inventory)?

Hypothesis: Self-Identity Complexity and Other-Identity Complexity will be positively related to Multicultural Counseling Competence.

Participants

Participants were students in CACREP accredited counseling programs, counseling practitioners, and counselor educators who have seen or are currently seeing at least two clients (either in practice, Practicum, or Internship situations). Prior multicultural training was not a requirement to participate, but there are two questions on the demographic questionnaire (Appendix A) regarding multicultural training (e.g., "Have you completed a course in multicultural counseling?" and "Please describe any additional multicultural training you have had below") in order to control for participants' training specifically in multicultural counseling. According to G-Power, in order to

achieve a power of .80 for correlation analysis with a medium effect size at the alpha .05 level, at least 64 students were needed to participate in the study. Structural equation modeling (SEM) requires approximately 10 participants for each parameter being examined (Kline, 2005). Therefore, given that the model being examined for research question 2 (see Figure 2 on page 92) contains 19 parameters, a minimum of 190 participants was required for this study. Participants (i.e., counseling students) were recruited through purposive, convenience, and snowball sampling. The researcher contacted faculty at CACREP accredited programs who were willing to serve as representatives for their university. Additionally, a recruitment e-mail (Appendix K) was sent out to the CESNET Listserv in order to recruit current practitioners and counselor educators.

Instrumentation

Participants in this study were asked to complete a survey packet including three separate instruments and a demographic questionnaire. Self-Identity Complexity was measured using the Counselor Cognitions Questionnaire—Adapted. Other-Identity Complexity was measured using the Counselor Cognitions Questionnaire (Welfare, 2006). Multicultural Counseling Competence was measured using the Multicultural Counseling Inventory (Sodowsky, et al., 1994). These instruments, as well as the demographic questionnaire, are included in Appendices A, B, C, and D and are described below.

Counselor Cognitions Questionnaire

The Counselor Cognitions Questionnaire (CCQ; Welfare, 2006) will be used to measure Other-Identity Complexity; however, the CCQ will be adapted in order to measure Self-Identity Complexity. Both are described below.

Other-Identity Complexity.

Developed as a measure of cognitive complexity in counselors' conceptualizations of their clients, the Counselor Cognitions Questionnaire (CCQ) is based in the groundings from both cognitive complexity and developmental theories (Welfare & Borders, 2010b). It was created pulling primarily from the Role Category Questionnaire (RCQ) developed by Crockett (1965).   Construct validity of the RCQ was deemed to be sufficient and was chosen as an appropriate instrument on which to base the CCQ (Welfare & Borders, 2010a). For the CCQ, participants are given a time limit of 15 minutes to complete the instrument, which is geared toward "novice and early career counselors" (Welfare & Borders, 2010a, p. 190). Respondents are asked to list as many characteristics as possible about two of their clients (e.g., a client with whom they felt effective; a client with whom they felt less effective). Counselors are asked to provide a description so complete "that a stranger might understand the kind of people they are from the description only" (Welfare & Borders, 2010a). Characteristics reported by participants are then ranked by participants on a 5-point Likert-type scale ranging from "not at all important" (1) to "extremely important" (5) and designated as "positive," "negative," or "neutral." Finally, respondents are asked to group characteristics into larger categories.

The CCQ is scored according to the guidelines in the *Counselor Cognitions Questionnaire: Rater Training Manual* (Welfare & Borders, 2007). As there can be a great deal of variation in participant responses, raters undergo a training process in which example responses are scored and compared. Raters must achieve an initial inter-rater reliability of .90 or higher with the sample provided in the manual before using the CCQ for actual research purposes.

The CCQ, or Other-Identity Complexity, has two scores, one for Differentiation and the other for Integration. For Differentiation, raters tally the total number of distinct characteristics listed by the participant for each client, but deduct one point for any characteristic that is listed for both clients. The total score remaining is the Differentiation score.

The Integration scale is calculated by combining the scores of five separate scales: Characteristics-Valence, Characteristics-Type, Characteristics-Counseling Relationship, Number of Categories, and Categories-Counseling Relationship. In order to calculate Characteristics-Valence, raters score participant responses for a balanced ratio of positive and negative characteristics listed. If characteristics listed are over 80% positive or 80% negative, participants receive a score of zero for valence. If characteristics included are evenly positive and negative, respondents receive on point for valence. A score is then calculated for the Characteristics-Type scale by counting whether or not participants included characteristics from five particular category types. These categories include: Cognitive, Spiritual, Emotional, Contextual, and Behavioral. For the purposes of this study, an ADDRESSING category was also added (permission from the author of the

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CCQ was provided). This category includes the ten identity characteristics included in the P. Hays (2008) ADDRESSING framework (i.e., Age and generational issues, Developmental disabilities, Disabilities acquired later in life, Religion and spiritual orientation, Ethnic and racial identity, Socioeconomic status, Sexual orientation, Indigenous heritage, National origin, and Gender). Participants receive up to one point for each category (a total of 12 points) if they include a characteristic that falls within the category.

For the score on Characteristics-Counseling Relationship, the participant receives up to one point for each client if she or he includes a client description that specifically addresses the counseling relationship (for a total of two possible points). The way participants categorize the characteristics described is also a factor in scoring for Integration. On the final page of the survey, participants create categories to describe the characteristics they listed for each client. They are asked to place characteristics into relevant categories. For each category that consists of more than one characteristic, participants receive one point. Categories used to describe both clients are marked as shared categories and are worth one point each. In order to calculate the Categories-Counseling Relationship score, categories that reflect an awareness of the counseling relationship are each worth an additional point. Raw scores for Characteristics-Valence, Characteristics- Type, Characteristics- Counseling Relationship, Number of Categories, and Categories- Counseling Relationship are totaled for the overall Integration score.

Following scoring procedures, raw scores from both Differentiation scale and Integration scale can then be entered directly into statistical software for analysis.

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Sample rating forms can be found in Appendix E. Higher scores on both the

Differentiation and Integration scales of the instrument indicate higher levels of cognitive

complexity in counselors, or "Other-Identity Complexity" for this study. Lower scores

indicate lower levels of Other-Identity Complexity.

Four phases of instrument development were completed to determine initial

reliability and validity checks for the CCQ. For purposes of construct validity checks, the

instrument was assessed by seven experienced counselor educators and counselors before

being utilized in a pilot study. Minimal format changes and wording clarifications were

completed in order to make the instrument most applicable to its intended audience.

Results from initial studies indicate a significant correlation between Differentiation and

Integration scores ($r(117) = .64$, $p = .00$), suggesting that the two constructs are related

but both necessary for a complete measure of cognitive complexity (Welfare & Borders,

2010a). Additionally, a non-significant Pearson product-moment correlation between

differentiation scores on the CCQ and comparable measures indicates the domain-

specificity and necessity of the CCQ as opposed to other measures of cognitive

complexity. Results from mean scores from counselors at various levels of counseling

experience suggest significant differences based on level of experience, reinforcing

theoretical understandings that years of experience and training increase levels of

cognitive complexity (Granello, 2010; Welfare & Borders, 2010a). Inter-rater reliabilities

of .99, .96, and .95 were reported from these phases (Welfare & Borders, 2010a),

indicating adequate inter-rater agreement (Fraenkel & Wallen, 2006). The CCQ can be

found in Appendix B.

Self-Identity Complexity.

While the CCQ focuses on the counselor's cognitions about her or his client (Other-Identity Complexity), it is also important to measure the counselor's cognitions about her or his self. Therefore, the CCQ has been adapted (with the author's permission; CCQ-A) for the current study to focus on counselor Self-Identity Complexity. Participants in the current study will be given a similar prompt to the CCQ; however, instead of asking them to describe their clients they are asked to describe themselves in as much detail as possible so that a stranger might understand the kind of person they are from the description only. Participants will complete the same process of ranking the importance of characteristics and then grouping them into larger categories. Since the process involves listing characteristics of only one individual, participants will be given ten minutes to complete the instrument, which is two-thirds the time allotted for the original CCQ. This time frame was determined after consulting with the author of the CCQ (Welfare, personal communication, September 29, 2012).

Scores on the CCQ-A will be computed in a rating process similar to that of the original CCQ. Both raters will score all participants on both Differentiation and Integration. For Differentiation, raters will tally the total number of characteristics listed. Since there is only one list of characteristics, there is no need to deduct for shared characteristics.

Integration scores will be calculated by examining the valence of the categories listed, with a balanced ratio of positive to negative characteristics leading to one additional point (Characteristics-Valence). Responses will be rated based on whether or

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not characteristics fall into the categories of Cognitive, Spiritual, Emotional, Contextual, and Behavioral, with one possible point for each category (Characteristics-Types). Similar to the adaptation of the original CCQ for the purpose of this study, the ADDRESSING (P. Hays, 2008) category will also be included in the scoring of the CCQ-A, for a possible total of six points for Characteristics-Types. Since the counseling relationship is not insinuated in the instructions of the survey and since it is not as clearly relevant to the individual's understanding of her or his own identity complexity, no points will be given for counseling relationship. The ways in which participants categorize their characteristics are still relevant to the overall Integration score, however, and so each category that consists of more than one characteristic will earn an additional point. Raw scores for Characteristics-Valence, Characteristics- Types, and Number of Categories are then totaled for the overall Integration score of Self-Identity Complexity.

Raw scores for both Differentiation and Integration will be entered into statistical software for analysis. Higher Differentiation and Integration scores indicate higher levels of Self-Identity Complexity. The CCQ-A can be found in Appendix C.

Multicultural Counseling Inventory

Multicultural Counseling Competence.

The Multicultural Counseling Inventory (MCI; Sodowsky, Taffe, Gutkin, & Wise, 1994) is a self-report measure consisting of 40 items on a four-point Likert scale asking how accurately participants feel the stated items apply to her or his counseling behaviors. Originally developed by Sodowsky and colleagues (1994), it is estimated to take between 15 to 20 minutes to complete (Ponterotto, Reiger, Barrett, & Sparks, 1994). Despite

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being derived from the tripartite model of Multicultural Counseling Competence (Sue, Bernier, Durran, Feinberg, Pedersen, Smith, & Vasquez-Nuttall, 1982; Sue, Arredondo, & McDavis, 1992; Arredondo, Toporek, Brown, Jones, Locke, Sanchez, & Stadler, 1996; Sue & Sue, 2008), the scale contains four factors: Multicultural Counseling Skills, Multicultural Awareness, Multicultural Counseling Knowledge, and Multicultural Counseling Relationship, as found through a principal axis factor analysis with a varimax rotation (Sodowsky, et al., 1994). A group of "expert judges" were asked to examine the content of the items and the clarity of their relationship to the subscales. Interrater agreement was high at 75% to 100% (Sodowsky, et al., 1994).

Criterion-related validity was demonstrated through two separate studies outlined in Sodowsky and colleagues (1994) article introducing the instrument. In the first study, respondents with extensive multicultural experience scored significantly higher on two of the subscales than those with minimal multicultural experience. In the second study, students scored significantly higher on three of the four subscales on post-tests after completing a course in multicultural counseling.

In the same introductory studies, Sodowsky and fellow researchers (1994) ran oblique factor solutions for solutions ranging from one factor to four factors. They decided upon a four factor oblique solution because it accounted for 36.1% of the total variance and fit with the conceptual background on multicultural competencies. Additionally, two and three factor solutions showed considerable overlap of factors accounting for multiple competency domains (Sodowsky, et al., 1994). Factor 1, called "Multicultural Counseling Skills," had an eigenvalue of 8.31 and by itself accounted for

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19.3% of the total variance. "Multicultural Awareness," the second factor, had an eigenvalue of 3.2 and accounted for 7.4% of the variance. The third factor, "Multicultural Counseling Relationship," had an eigenvalue of 2.3 and accounted for 5.5% of the total variance. The final factor, "Multicultural Counseling Knowledge," had an eigenvalue of 1.69 and accounted for 3.9% of the total variance.

Coefficient alphas for the total scale were computed at .90 in multiple studies, indicating acceptable internal consistency (Hays, 2008; Ponterotto, et al., 1994; Sodowsky, et al., 1994). Second lowest coefficient alphas were found on Multicultural Counseling Knowledge (.79 and .78) with the Multicultural Counseling Relationship subscale having the lowest coefficient alphas at .71 and .72. The highest coefficient alphas were found on the first two factors: Multicultural Counseling Skills and Multicultural Awareness, at .83 and .81 in two separate studies reviewed in Ponterotto et al.'s (1994) overview of multicultural counseling competence measures. The MCI will be used in this study as a whole scale. Additionally, each of the four individual subscales will be examined as observed variables in the Structural Equation Model. The complete instrument is included as Appendix D.

Demographic Questionnaire

The demographic questionnaire (see Appendix A) will include questions about various identity categories to which participants might belong (i.e., gender, race/ethnicity, and age). Additionally, the demographic questionnaire will address specifics about the participants' clinical experience, asking about number of clients the participant is currently seeing, and an estimate of how many direct clinical hours the participant has

completed up to this point in their experience. Participants will also be asked to indicate

how many semesters they have successfully completed of practicum and internship as

well as an overall count of completed credit hours or courses to date. Participants will be

asked whether they have completed or are currently enrolled in a course in multicultural

counseling and given the opportunity to include information about any additional training

they have received on issues of multicultural counseling. These demographic variables

and other constructs will be considered in preliminary analyses in comparison to the

independent and dependent variables in the study prior to statistical analyses of the

research questions in order to control for the possibility of mediating identity variables.

Procedures

The survey packet was available in two separate formats: paper/pencil and online.

The online version of the survey packet was created using the survey software program

Qualtrics, Version 38768 (Qualtrics Labs Inc., Provo, UT). This software program

allows for time limitations to be set for various sections of the survey, so the instruments

that require time limits (CCQ and CCQ-A) were easily adapted to this format. Surveys

were adapted only in formatting, not in content.

Participants were recruited through purposive, convenience, and snowball

sampling. The recruitment e-mail (Appendix K) was sent to CESNET Listserv and

included a line encouraging list members to pass the invitation along to anyone who

might be eligible to participate. The researcher contacted faculty members from

CACREP-accredited Counseling programs throughout the United States through email

and personal contact at professional conferences. By requesting participation from

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faculty who are currently teaching or supervising practicum or internship students, the researcher hoped to increase potential response rates by making personal connections with an individual representative at different universities. In cases where it was feasible, the researcher conducted data collection personally. For situations in which travel was not feasible, the researcher sent informational e-mails to participating faculty representatives, providing explanations of the options of either administering the survey in paper/pencil format or providing the link to the online version of the survey. Paper and pencil survey packets included the oral script (see Appendix E) to be read out loud to potential participants prior to administration, informed consent for participants, the CCQ-A, CCQ, MCI, and the Demographic Questionnaire. All instruments can be found in Appendices A, B, C, and D. The entire administration is estimated to take between 35-45 minutes to complete. Self-addressed and stamped return envelopes will be provided to the faculty representatives for ease of return. According to the requirements of The University of North Carolina at Greensboro Institutional Review Board, participants received adequate informed consent prior to participation in the study (See Appendix F).

All faculty representatives chose to provide students with the link to the online format of the survey. The researcher was able to collect data utilizing the paper and pencil format of the survey at one location. For the paper and pencil format, segments were designated by specific color-coding and time limit indications to ensure ease of administration (i.e., Section A: CCQ-A; Section B: CCQ; Section C: MCI and Demographic Questionnaire). When collecting data, the researcher read the oral script to eligible participants and then distributed the informed consent form. Counseling students

who indicated they were interested, and were eligible to participate (i.e., have seen at least two clients), were provided with the survey packets. The researcher distributed the packets in three parts, allowing for time requirements of both the CCQ-A (Section A; 10 minutes) and the CCQ (Section B; 15 minutes). The researcher then collected those surveys and distributed the MCI and the Demographic Questionnaire (Section C). After all three sections of the survey were completed, the researcher collected responses and data was then scored and analyzed.

Analysis of Data

Preliminary analyses were run to determine any confounding demographic variables. Any confounding demographic variables were included in further relevant analyses. For research question 1, Pearson product moment correlations were run ($\alpha =$ .05) on Self-Identity Complexity Differentiation scores and Other-Identity Complexity Differentiation scores to determine if there is a relationship between the two variables. Similarly, Pearson product moment correlations were run ($\alpha = .05$) on Self-Identity Complexity Integration scores and Other-Identity Complexity Integration scores with the hope of finding a positive relationship to ascertain the construct validity of the Self-Identity Complexity measure. Research Question 2 required a Structural Equation Model (SEM) analysis to explore the relationships between independent latent variables Self-Identity Complexity and Other-Identity Complexity and dependent latent variable Multicultural Counseling Competence. The research questions, hypotheses, variables of interest, measures, and data analysis procedures are outlined in Table 6 below.

Table 6.

Research Questions, Hypotheses, Variables, Measures, Data Analysis

Research Question 1: What is the relationship between Self-Identity Complexity Differentiation and Integration and Other-Identity Complexity Differentiation and Integration?

Hypothesis	Observed Variables	Measures	Analysis
Hypothesis 1a: Self-Identity Complexity Differentiation will be positively related to Other-Identity Complexity Differentiation.	SIC Differentiation OIC Differentiation	CCQ-A (Differentiation Scale) CCQ (Differentiation Scale)	Pearson product correlation
Hypothesis 1b: Self-Identity Complexity Integration will be positively related to Other-Identity Complexity Integration.	SIC Integration OIC Integration	CCQ-A (Integration Scale) CCQ (Integration Scale)	Pearson product correlation

Research Question 2: What is the relationship between Self-Identity Complexity, Other-Identity Complexity, and Multicultural Counseling Competence?

Hypothesis	Observed Variables	Measures	Analysis
Hypothesis 2: Self-Identity Complexity and Other-Identity Complexity will be positively related to Multicultural Counseling Competence	SIC Differentiation SIC Integration OIC Differentiation OIC Integration MC Awareness MC Knowledge MC Skills MC Relationship	CCQ-A CCQ MCI	Structural Equation Model

SIC =Self-Identity Complexity, OIC =Other-Identity Complexity, MC =Multicultural Counseling

Structural Equation Modeling (SEM) was chosen as the appropriate methodology for research question 2 due to the fact that the model hypothesizes two independent latent variables and one dependent latent variable. SEM allows for the analysis of multiple variables, both latent and observed, particularly focusing on how they all relate within the larger model. SEM will also allow for the exploration of the conceptual model (i.e., the ovals in Figure 2) and the measurement model (i.e., the rectangles in Figure 2).

According to Schumaker and Lomax (2004), the process of SEM involves five specific processes: model specification, model identification, model estimation, model testing, and model modification. For the purpose of this study, model specification occurred in the development of the theoretical underpinnings for the particular proposed model (e.g., Cognitive Complexity theories, Social Identity Complexity theory, and Multicultural Counseling Competence theories and models) and is represented in Figure 2. For this model, the independent latent variable of Self-Identity Complexity emerges from the observed variables of Differentiation and Integration within the Self-Identity Complexity measure. Similarly, while Other-Identity Complexity is an independent latent variable, Differentiation and Integration scores on the Other-Identity Complexity measure are observable and measurable variables. Multicultural Counseling Competence, the dependent latent variable in this particular model, is described as containing the four observed variables as measured on the subscales of the Multicultural Counseling Inventory (Sodowsky, et al., 1994): Multicultural Awareness, Multicultural Knowledge, Multicultural Skills, and Multicultural Relationship. These variables are indicated in Figure 2 below, with latent variables represented by ovals and observed variables represented by rectangles. The black arrows represent the hypothesized parameters and the gray arrows indicate errors. The total number of parameters and error terms (i.e., 19) determines the number of participants required to accurately test the model. For the purpose of this model, at least 190 participants were needed.

Figure 2.

Structural Equation Model
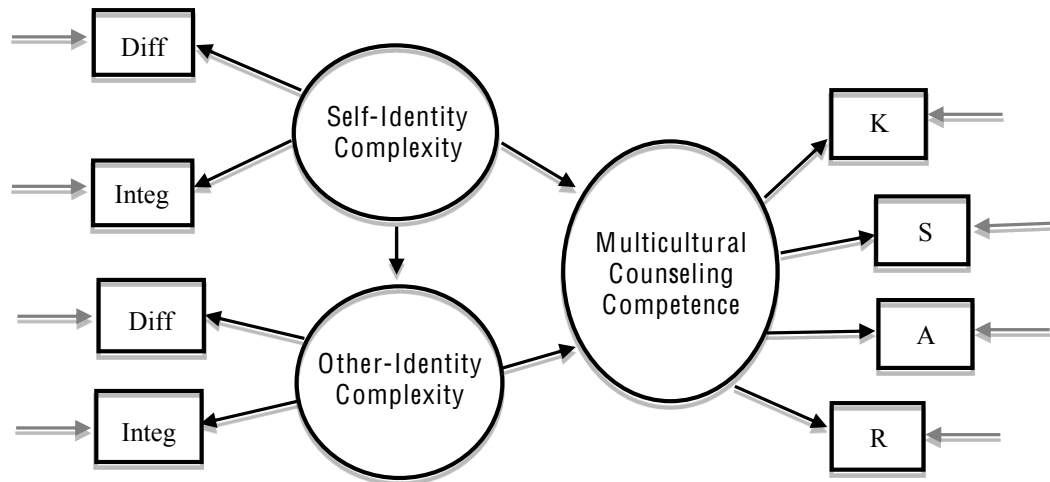
Model identification is a process through which all potential parameters are specified as free, fixed, or constrained (Schumaker & Lomax, 2004). After parameters are defined, there are three potential descriptions of the overall model identification: underidentified, just-identified, and overidentified. These steps were followed throughout the process of data analysis and model identification. Once the model has been identified as having a greater number of fixed parameters than free parameters, estimation occurs in order to determine model fit. Decisions as to whether or not the model needs to be modified will be made after the completion of statistical analyses.

Once estimation and modification are complete, analyses will be run to evaluate absolute model fit. This occurs through four processes: chi-square (with a significance level of less than .05 indicating adequate fit), the Root Mean Square Error of Approximation (RMSEA < .1), the Standardized Root Mean Square Residual (SRMR <

0.05) and the Comparative Fit Index (CFI > .90) (Kline, 2005; Schumaker & Lomax, 2004).

Limitations

The constructs of interest in this study are difficult to effectively operationalize and measure. The fact that the MCI only explains 36% of construct variance leaves approximately 65% of construct variance still to be explained. Additionally, the CCQ is a relatively new measure in the literature and is being applied to a more specific variable than general cognitive complexity. The adapted version of the instrument is also a potential limitation as it is being tested for the first time in this study. Using the best available instrumentation, the study aims to be as reliable and valid as possible, but the researcher acknowledges the limitations of these instruments.

Social desirability may be another limitation of the proposed study. With increasing amounts of attention given to issues of Multicultural Counseling Competence, there is an element of perceived social desirability in responses (Sodowsky, Kuo-Jackson, Richardson, & Corey, 1998). Individuals who have completed a Multicultural Counseling course will at least have some understanding of the ways in which they are supposed to exhibit Multicultural Counseling Competence, and may choose to answer in a socially appropriate manner. As such, social desirability is a limitation of the study.

There also are limitations of the Counselor Cognitions Questionnaire and its adapted version in that they are intended to measure a construct that is relatively fluid. Contextual influences may interfere with consistency in responses. For example, if one group of participants is given the instrument at the beginning of a class, participants may

have more patience and energy for completing the process. If a second group is given the instruments following an intensive lecture course or supervision session, levels of cognitive complexity may be influenced. One of the stated limitations of the original Counselor Cognitions Questionnaire is that individual scores may vary based on interest and investment for the instrument in that particular moment (Welfare, personal communication, September 29, 2012).

Depending on the breadth of the sample, there could be limitations as to the generalizability of the study. Ideally, participants will come from a diverse range of programs, both geographically and content or focus of the programs (e.g., Mental Health Counseling, School Counseling, Couples and Family Counseling, etc.), but there is potential for difficulty in generalizing the results to the larger population of Master's level Counseling students, not to mention students from non-CACREP accredited programs, counselors out in the field, counselor educators, or other mental health professionals.

At this point in the development of the study, there also are some practical concerns around the clarity of the instruments, particularly the Measure of Self-Identity Complexity. As it is an adapted version of a measure of an inherently complex construct, the researcher recognizes the need to provide clear and detailed instructions for the instrument. Hopefully discrepancies and confusions will be brought to light through the pilot study and appropriate adjustments, additions, and clarifications can be made.

<center>Pilot Study</center>

The researcher conducted a pilot study in which Master's level counselor-trainees were asked to complete the intended survey packet. The primary purposes of the pilot study were to test the feasibility, clarity, administration, and scoring processes of the survey packet. Additionally, a secondary purpose was to test the adapted version of the Counselor Cognitions Questionnaire (CCQ-A). As the CCQ-A had not yet been tested, the pilot study served as an opportunity to explore potential concerns or necessary alterations to the clarity of the instrument.

Research Questions and Hypotheses

The specific breakdown of research questions included in the pilot study were as follows:

Research Question 1:   Is the oral script clear and adequate in providing necessary instructions to participants?

Hypothesis: The oral script provides adequate instructions to participants.

Research Question 2: How long does the entire survey take to administer and complete?

Hypothesis: The entire survey will take no longer than 45 minutes to complete.

Research Question 3: Is a time limit of ten minutes to complete the CCQ-A adequate?

Hypothesis: Ten minutes will be an adequate amount of time for completion of the CCQ-A.

Research Question 4: Is there adequate inter-rater reliability between scorers on the Counselor Cognitions Questionnaire and Counselor Cognitions Questionnaire—Adapted?

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Hypothesis: There is adequate inter-rater reliability (of greater than .90) between

scorers on the CCQ and CCQ-A.

Research Question 5: Does the construct validity of Self-Identity Complexity (as

measured by the Counselor Cognitions Questionnaire—Adapted) appear adequate?

Hypothesis: The Differentiation and Integration scales of the Counselor

Cognitions Questionnaire—Adapted and the Differentiation and Integration scales

of the Counselor Cognitions Questionnaire will be significantly positively

correlated, falling within range of .5 to .8, indicating that similar constructs are

being measured.

Participants

Participants in the pilot study were ten second-year Master's students in the

counseling program of the University of North Carolina at Greensboro. The researcher

requested participation from three different supervision groups meeting in the Nicholas

A. Vacc Counseling and Consulting Clinic on the university campus on Wednesday,

October 17th, 2012. Of the 11 present group members, ten chose to participate (83%

response rate). Participants ranged in age from 23 to 60 years ($M = 28$, $SD = 11.343$).

Nine participants (90%) self-identified as White/Caucasian and one participant declined

to state race/ethnicity. Additionally, eight participants (80%) self-identified as female,

one as male (10%), and one declined to state. Six participants (60%) were in the Clinical

Mental Health Counseling program, three (30%) in the Marriage, Couple, and Family

Counseling program, and one (10%) reported a dual-track of both Clinical Mental Health

Counseling and Student Affairs/College Counseling. Eight of the ten participants

reported that they had only completed one full semester of practicum or internship. The remaining two participants stated that they had completed four or more semesters of practicum and internship. All participants had completed a multicultural counseling course. Only three of the ten participants (30%) had received additional multicultural training.

Instrumentation

Participants completed a survey packet consisting of three distinct sections. The first section (Section A) included the Counselor Cognitions Questionnaire—Adapted as a measure of Self-Identity Complexity. Participants were given ten minutes to complete this portion of the survey. Section B of the survey packet included the Counselor Cognitions Questionnaire (Welfare, 2006) as a measure of Other-Identity Complexity. Participants were given fifteen minutes to complete Section B. The final section of the survey (Section C) consisted of the Multicultural Counseling Inventory (Sodowsky, et al., 1994) to measure Multicultural Counseling Competence and a Demographic Questionnaire created by the researcher. Participants were not given a time limit for Section C of the survey packet and all participants completed the survey within a reasonable time frame (15-20 minutes). The surveys were divided into sections in order to simplify the time constraints of the first two instruments.

Section A: Self-Identity Complexity.

Self-Identity Complexity was measured using the adapted version of the Counselor Cognitions Questionnaire (CCQ-A; adapted with the author's permission). Participants are asked to list characteristics that describe themselves "completely so that a

stranger would be able to determine the kind of person you are from your description

only." After listing characteristics, participants indicate whether each characteristic is

"mostly positive" or "mostly negative," but are also given the option of leaving this

column blank to indicate a neutral characteristic. Each characteristic is also given a

ranking of importance using a scale of 1= not at all important to 5 = extremely important.

The final portion of the instrument requires participants to categorize their characteristics

into self-identified and labeled categories. Responses to these segments are parceled out

into total Differentiation and Integration scores.

Section B: Other-Identity Complexity.

Originally developed to measure levels of cognitive complexity in counselors, the

Counselor Cognitions Questionnaire (CCQ; Welfare, 2006) is described as a "template"

for measuring constructs of cognitive complexity in various contexts (Welfare, personal

communication, September 29, 2012). For the purpose of this study, the instrument is

being utilized to measure Other-Identity Complexity. The instrument, similar to the

adapted version, requires participants to consider two clients they know well, one with

whom they felt effective and another with whom they felt less effective. Participants are

then instructed to "describe the client as fully as you can by writing words or phrases that

explain their defining characteristics." The same prompt follows, asking participants to

describe these clients "completely so that a stranger would be able to determine the kind

of people they are from your description only." After listing characteristics, participants

mark whether each quality is negative, positive, or neutral and rank the importance on a

scale of 1 = not at all important to 5 = extremely important. This segment of the

instrument is scored for a total Differentiation score. Participants then divide the characteristics into self-labeled categories, which combined with the types of characteristics listed, leads to an overall score for Integration.

Section C: Multicultural Counseling Competence.

The Multicultural Counseling Inventory (MCI; Sodowsky, et al., 1994) was designed to measure self-reported multicultural counseling competence in counselors and counselor-trainees. The instrument includes four subscales: Multicultural Skills, Multicultural Awareness, Multicultural Knowledge, and Multicultural Relationship.

Demographic Questionnaire.

The researcher created the demographic questionnaire for the purposes of this study in order to potentially control for particular demographics that may influence levels of Self-Identity Complexity, Other-Identity Complexity, or Multicultural Counseling Competence. Included on the questionnaire are questions about age, race-ethnicity, program focus/track (i.e., Addiction Counseling; Clinical Mental Health Counseling; Marriage, Couple, and Family Counseling; Student Affairs and College Counseling; Career Counseling; Counselor Education and Supervision; and School Counseling), and information about number of clients and number of semesters of seeing clients thus far.

The researcher chose to administer the MCI and the Demographic Questionnaire in the final section of the survey in order to avoid potentially influencing participants' responses on the first two instruments. As the CCQ-A and the CCQ are asking participants to describe elements of their own identities and the identities of their clients, the researcher did not want to encourage participants to list elements of race-ethnicity or

other specific demographics by administering the MCI and Demographic Questionnaire earlier in the process.

Procedures

The administration of the pilot study took place in three separate phases. The researcher requested participation from group members of three internship supervision groups. The researcher was invited by three group supervisors to conduct the paper and pencil format of the survey around the times of their supervision sessions. The researcher read the oral script to potential participants, distributed the informed consent form, and reminded group members that participation was completely voluntary.

Following completion of the administration portion of the pilot study, the researcher scored the CCQ-A and the CCQ following the procedures outlined in the Welfare and Borders (2007) *Counselor Cognitions Questionnaire: Rater Training Manual.* The researcher recruited a first-year doctoral student at the University of North Carolina at Greensboro to be a second rater. The second rater completed the required training procedures outlined in the manual, achieving the necessary inter-rater reliability rating of greater than .90 ($r = .97$) with both the example provided and the researcher. The second rater received the completed surveys (CCQ-A and CCQ) and went through the scoring processes independently.

Both Self-Identity Complexity and Other-Identity Complexity scores were tallied using similar processes. The process begins by adding the number of individual characteristics listed, providing an additional point if there are relatively equal numbers of negative and positive characteristics. These two items are added to become the total

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Differentiation score. Participants then receive points for the types of characteristics they list, with the potential to earn up to six points for including one characteristic from each of the following categories: Behavioral, Cognitive, Contextual, Spiritual, Emotional, and, for the purposes of this particular construct and study, the added ADDRESSING category. Participants also receive one point for each unique category they list with more than one characteristic included in the final section of the instrument. These scores are summed for the total Integration score. Scoring templates allow for clarity of summation and are included in Appendix J.

Results

In Phase One of the pilot, the researcher attended a supervision group in which all three group members present agreed to participate in the study. For the second phase of the pilot study, the researcher was invited to ask members of a second supervision group to participate following completion of their usual group meeting time. Of those four group members, three agreed to participate. The third phase of the pilot study took place at the end of a third group supervision meeting. Four supervisees were present and all consented to participated. This led to a total of ten participants.

Research Question 1: Is the oral script clear and adequate in providing necessary instructions to participants?

Hypothesis: The oral script provides adequate instructions to participants.

In Phase 1 of the pilot study, participants asked a number of questions regarding the instruments and purpose of the study. One participant reflected that she did not list certain identifying characteristics about her client due to a fear of breaking

confidentiality. The researcher decided to include stronger wording about de-identifying

clients on the CCQ (i.e., using false initials or a symbol) and a sentence reinforcing the

confidentiality of the study.

During Phase 2, this information was provided in the oral script, resulting in no

questions asked. Participants completed the survey without concern. Within Phase 3,

there were a few questions about the purpose of the study, but these were generally

driven by an interest in the researcher's overall dissertation topic, rather than requiring

clarification about the survey itself.   In general, the oral script seemed adequate, but a

few additions were made. These changes can be seen highlighted on the modified oral

script in Appendix H.

Research Question 2: How long does the entire survey take to administer and complete?

Hypothesis: The entire survey will take no longer than 45 minutes to complete.

For all Phases of the pilot study, participants completed the survey within 45 minutes.

During Phase 1, due to the number of questions participants asked prior to beginning the

surveys, administration took the entire 45 minutes. Within this phase of the pilot, two of

the three participants in this group completed the entire survey packet within 35 minutes.

One group member, however, took 40 minutes and stated that it would have been helpful

if they had been informed of time constraints on instruments prior to participation.

Instructions on the time constraints were not originally placed in the oral description or

the written informed consent. After receiving verbal confirmation from the other two

group members, the researcher decided to add a description of the timing of the

instruments to the oral script in order to give participants a clear and full idea of what they could expect from participation.

Phase 3 of the pilot study also took a shorter amount of time than anticipated and all participants had completed the entire survey within 35 minutes. Based on these results, the researcher has decided to maintain the previous descriptions of how long the survey is anticipated to take.

Research Question 3: Is a time limit of ten minutes to complete the CCQ-A adequate?

Hypothesis: Ten minutes will be an adequate amount of time for completion of the CCQ-A.

In the initial phase of the pilot study, two out of three participants took significantly longer than ten minutes to complete the CCQ-A (e.g., 15-17 minutes). Due to lack of clarity in the oral instructions, the researcher found it difficult to get participants to adhere to the time restraints. After discussing this difficulty with participants, the researcher decided to include descriptions of time limits prior to distributing the instruments (as described in response to Research Question 2). Once participants in Phases 2 and 3 received instructions before beginning the survey, although one participant had difficulty completing the original CCQ in the allotted time, all participants were able to complete the full CCQ-A within ten minutes. As such, it was determined to maintain the ten minute time limit but alter the oral script to include timing descriptions.

Research Question 4: Is there adequate inter-rater reliability between scorers on the Counselor Cognitions Questionnaire and Counselor Cognitions Questionnaire—Adapted?

Hypothesis: There is adequate inter-rater reliability (of greater than .90) between

scorers on the CCQ and CCQ-A.

According to the *Counselor Cognitions Questionnaire: Rater Training Manual*

(Welfare & Borders, 2007), inter-rater reliability is determined by exploring correlations

between rater total Differentiation and Integration scores. Pearson product moment

correlations were used on Self-Identity Complexity Differentiation scores, Self-Identity

Complexity Integration scores, Other-Identity Complexity Differentiation scores, and

Other-Identity Integration scores between the two raters. Correlation results are outlined

along with descriptive statistics for the entire pilot study in Table 7 below. Adequate

inter-rater reliability was achieved on all four scores, ranging from .98 – 1.0.

Table 7.

Total Sample Score Ranges, Means, Standard Deviations, & Reliability Coefficients (N=10)

Instrument	Possible Range	Sample Range	Sample M	Sample SD	α
1. CCQ-A					Inter-rater α
a) Differentation	0 - >25	6-25	15.9	6.19	1.0
b) Integration	0 - >32	10-32	22.7	7.273	.99
2. CCQ					Inter-rater α
a) Differentiation	0 - 75	8-25	17.0	6.307	.99
b) Integration	0 - >30	8-20	12.8	3.676	.98
					Cronbach α
3. MCI	40 - 160	98-133	116.3	10.078	.80
a) Awareness	10 - 40	20 - 35	28.8	3.994	.64
b) Knowledge	11 - 44	25 - 43	32.4	5.103	.85
c) Skills	11 - 44	27 - 41	33.5	3.536	.69
d) Relationship	8 - 32	17 - 26	21.3	3.39	.73

Research Question 5: Does the construct validity of Self-Identity Complexity (as measured by the Counselor Cognitions Questionnaire—Adapted) appear adequate?

Hypothesis: The Differentiation and Integration scales of the Counselor Cognitions Questionnaire—Adapted and the Differentiation and Integration scales of the Counselor Cognitions Questionnaire will be significantly positively correlated, falling within range of .5 to .8.

Pearson product moment correlations were run on the Differentiation scores of the Counselor Cognitions Questionnaire—Adapted and the Differentiation scores of the Counselor Cognitions Questionnaire. Results indicate a significant positive correlation of

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.916 (α = .01). A strong correlation implies that the two variables, Self-Identity

Complexity Differentiation and Other-Identity Complexity Differentiation, are positively

related to the point that they may be measuring similar constructs. A Pearson product

moment correlation was also run on the Integration scores of these two measures,

indicating a significant positive correlation of .575 (α = .05). This finding matches the

original hypothesis, demonstrating that the relationship between Self- and Other-Identity

Complexity integration is positively correlated, but not to the extent that they are

measured as the same construct.

Discussion and Implications for Main Study

Sample

Initial findings from this pilot study supporting the hypotheses of the research

questions are encouraging. In spite of such a small sample, some relationships found

were significant, indicating that even with a small number of participants, relationships

exist between Self-Identity Complexity and Other-Identity Complexity (both

Differentiation and Integration scales).

Another relevant concern brought to light by the smaller pilot study is that the

sample used was primarily White, young, and female. The researcher recognizes the

need to diversify the sample and hopes to expand the sample for the larger study to

include students at Historically Black Colleges and Universities (HBCUs), students of

non-traditional graduate school age, and a larger percentage of male students.

Recognizing that primarily White, female practitioners dominate the larger field of

counseling, the researcher will take intentional steps to achieve a more diverse sample.

Administration Modifications

Since participants were able to complete the CCQ-A within the ten-minute time limit, no alterations will be made to that requirement. Due to participant feedback, however, the following statements were added to the oral script to be read to potential participants prior to informed consent:

1) *There is a portion of the survey in which you are asked to discuss clients you have seen or are currently seeing. Please use only initials or symbols to differentiate those individuals for your own use in order to maintain confidentiality.*

2) *If you consent to participate, there are three sections to the survey. The first two are time sensitive. You will have ten minutes to complete the first section and fifteen minutes to complete the second section. The third section is not time-sensitive and is estimated to take no longer than fifteen minutes.*

Due to the wide range of responses on one particular item of the Demographic Questionnaire, changes will be made to clarify the question. For the item that asks for the "approximate number of direct clinical hours completed," the word "total" will be added before the word "direct," with an additional explanation provided in italics stating "*please include all direct hours from Practicum and Internship up to this point.*" Although the majority of the participants (80%) were in the same semester of practicum, the responses to total number of credit hours completed ranged from 25 to 300.

Another alteration made to the demographic form is to parcel out the question about practicum and internship semesters completed. As a semester of practicum is different from a semester of internship, the researcher believes differentiating between

these two will contribute more specific information for comparisons and control in the final study.

In the scoring process of the pilot study, a few changes were made. One alteration was made on both the CCQ and CCQ-A for the specific purpose of this study prior to scoring (with the original author's permission). According to Welfare (personal communication; September 29, 2012), additional characteristics can be added to the original five types of characteristics (Behavioral, Cognitive, Contextual, Spiritual, Emotional). Therefore, the researcher chose to add a sixth category to include the characteristics relevant to the ADDRESSING framework (P. Hays, 2008). If participants listed any characteristic that would fall under P. Hays' (2008) ADDRESSING framework (i.e., age and generational position, developmental disabilities, disabilities acquired later in life, religion and spiritual orientation, ethnic and racial identity, socioeconomic status, sexual orientation, indigenous heritage, national origin, and gender), they received one additional point. Since there was adequate inter-rater reliability between raters on both instruments, no further training will be necessary.

CHAPTER IV

RESULTS

This chapter will provide the results from the study proposed and introduced in previous chapters. Specifically, this chapter will present the hypothesized and demonstrated relationships between the variables of interest: Self-Identity Complexity, Other-Identity Complexity, and Multicultural Counseling Competence. To begin, a full description of the number and relevant demographics of participants will be provided, as well as an outline of the data screening process. Descriptive results of the measures used will also be presented. Next, preliminary analyses will be described and research questions answered. Finally, this chapter will provide a summary of results.

Description of Participants

Participants in this study were current Master's-level and Doctoral-level counseling students, counseling practitioners, and counselor educators. A total of 100 participants completed the survey packet, either in paper and pencil format ($n = 25$) or online ($n = 75$). While 75 individuals completed the online version of the survey, 213 individuals visited the Qualtrics (Qualtrics, Provo, UT) survey site. Of those who did not complete the full online survey, 29 people completed only the first instrument (the CCQ-A). Four individuals completed all instruments except for the CCQ. Two individuals completed both the CCQ-A and CCQ, but did not complete the MCI or Demographic Questionnaire. One participant completed all but one portion of the CCQ. The

remaining 102 individuals visited the Qualtrics site, but did not complete any elements of the survey.

In addition to the 75 online participants, 25 participants completed the paper and pencil version of the survey. The survey was administered on two separate occasions at a mid-sized University in the southeast. At this university, eligible participants were invited to complete the survey outside of class time through word-of-mouth. For the initial administration, 16 first-year Master's students, one second-year Master's student, and one first-year Doctoral student completed the survey. During the second administration, seven additional first-year Master's students participated and successfully completed the survey packet, for a total of 25 paper and pencil responses.

The age range for all participants ranged from 22 to 66, with a mean age of 32.39 ($SD = 11.575$). Of the 100 participants, 81 self-identified as female and 18 self-identified as male. The remaining participant identified as "Cis-gendered female," which is a label used to designate those whose biological sex matches her or his socio-cultural gender. This participant was added to the female binary, leaving a total of 82% female participants and 18% male participants. Racial-Ethnic percentages are outlined in Table 8 below. Of the participants, 82% ($n = 82$) identified as "White/Caucasian," 3% ($n = 3$) as "Asian-American," 8% ($n = 8$) as "Black/African-American," 5% ($n = 5$) "Latin(o/a)-American," 2% ($n = 2$) "Native-American," 2% ($n = 2$) "Biracial/Multiracial," and 1% ($n = 1$) "Other."

Table 8.

Participant Racial-Ethnic Percentages

Race/Ethnicity	Participant %
White/Caucasian	82%
Black/African-American	8%
Latin(o/a)-American	5%
Asian-American	3%
Native-American	2%
Biracial/Multiracial	2%
Other	1%

The majority of participants were current Master's students (51%; $n = 51$), with current Doctoral students representing an additional 27% ($n = 27$) of participants. Of the remaining participants, 13% ($n = 13$) self-identified as licensed, Doctoral graduates and 6% ($n = 6$) licensed, Master's graduates. Only 2% ($n = 2$) of participants identified themselves as graduates of either Master's or Doctoral programs and unlicensed. Although all participants who completed the paper and pencil format of the survey identified primarily as students, respondents to the online version varied in identified primary role. While 43 (43%) participants designated "student" as their primary role, 12 (12%) designated "counselor educator" and another 14 (14%) chose "practitioner." Three respondents (3%) identified primarily as "supervisors" and the three remaining participants (3%) identified as "other," noting specifically "K-12 school counselor" and "student working in the field" as preferred primary roles. These percentages are indicated in Table 9 below.

Table 9.

Participant Primary Role Percentages

Primary Role	Participant %
Student	68%
Practitioner	14%
Counselor Educator	12%
Supervisor	3%
Other	3%

Distribution across educational focus or track also varied and is shown in Table 10 below. Of all participants who responded to the online format ($n = 75$), 46% ($n = 34$) identified "Clinical Mental Health Counseling" as their track, 25% ($n = 19$) "Counselor Education and Supervision," 21% ($n = 16$) "School Counseling," 13% ($n = 10$) "Marriage, Couple, and Family Counseling," 5% ($n = 4$) "Addiction Counseling," 5% ($n = 4$) "Student Affairs and College Counseling," and 3% ($n = 2$) "Career Counseling." The majority of participants were relatively early in their careers, with 49% ($n = 37$) "not yet practicing" and another 17% ($n = 13$) still in the first five years of practicing. The vast majority ($n = 89$) of total participants had completed a course in Multicultural Counseling, with only 11% ($n = 11$) reporting no completed course in Multicultural Counseling.

Table 10.

Participant Track Percentages

Track	Participant %
Clinical Mental Health Counseling	46%
Counselor Education & Supervision	25%
School Counseling	21%
Marriage, Couple, & Family Counseling	13%
Addiction Counseling	5%
Student Affairs & College Counseling	5%
Career Counseling	3%

Data Screening

Prior to data analysis, all variables were screened for accuracy, missing items, univariate outliers, and normality of distributions using SPSS 20.0 (IBM Corp., 2011). Missing values for items on the MCI (13 values total) were left blank, as they represented only .325% of total responses. Although there is some debate in the literature as to specific cutoff points for skewness or kurtosis, a generally accepted rule is that scores between 0 and 2 are considered acceptable (Heppner & Heppner, 2004). Upon examination of kurtosis and skewness, all subscales fell well within the range of 0-2. This indicates a normal distribution of scores. Total scores on the MCI were negatively skewed, as were scores on each of the four subscales, but all within the desired range. Similarly, kurtosis for total MCI scores was -.539 and within the desired range for all subscales as well. Specific skewness and kurtosis for the subscales and total scores on the MCI are indicated in Table 11 below.

Table 11.

Skewness and Kurtosis on the Multicultural Counseling Inventory Scale and Subscales

Subcale	Skewness	Kurtosis
MC Awareness	-.179	-.228
MC Knowledge	-.019	-.282
MC Skills	-.184	-1.007
MC Relationship	-.052	.225
MC Total	-.042	-.539

Descriptive Results of Measures

Table 12 shows the total sample score ranges, means, standard deviations, and reliability coefficients on the Counselor Cognitions Questionnaire—Adapted, Counselor Cognitions Questionnaire, and Multicultural Counseling Inventory. Reliability for the CCQ-A and the CCQ was examined by running correlations to test inter-rater reliability alpha coefficients. As is recommended by Cohen and Swerdlik (1999), internal consistency of the MCI and its subscales were tested using Cronbach's alpha coefficient. The alpha coefficient for MCI total scores was .891. The MCI subscale alpha coefficients were as follows: .737 for Awareness, .784 for Knowledge, .837 for Skills, and .696 for Relationship. All alpha coefficients fall within the expected range when compared to previously published alpha coefficients for this instrument and its subscales (Sodowsky, et al., 1994).

Table 12.

Total Sample Score Ranges, Means, Standard Deviations, & Reliability Coefficients (N = 100)

Instrument	Possible Range	Sample Range	Sample M	Sample SD	α
1. CCQ-A					Inter-rater α
a) Differentation	0 - >25	4-29	15.38	6.139	1.0
b) Integration	0 - >32	1-10	5.92	2.053	.966
2. CCQ					Inter-rater α
a) Differentiation	0 - 75	5-50	17.37	7.95	1.0
b) Integration	0 - >30	2-18	9.54	3.22	.984
					Cronbach α
3. MCI	40 - 160	90-139	115.43	10.63	.891
a) Awareness	10 - 40	16-39	28.70	4.688	.737
b) Knowledge	11 - 44	23-44	34.20	4.226	.784
c) Skills	11 - 44	26-44	36.45	4.535	.837
d) Relationship	8 - 32	14-32	24.03	3.571	.696

Scoring procedures were followed according to the *Counselor Cognitions Questionnaire: Rater Training Manual* (Welfare & Borders, 2007) when scoring the CCQ and the CCQ-A. The researcher scored all surveys, as did the second-scorer. After assessing for adequate inter-rater reliability (designated as $r \geq .90$; actual range $r = .966 - 1.0$), disparate scores were discussed, errors changed, and scores changed to reflect consensus between the two scorers.

Preliminary Analyses

Pearson product moment correlations were run on all variables. Results of these correlations are shown in Table 13. As anticipated, SIC Differentiation was significantly positively correlated with SIC Integration, OIC Differentiation, and OIC Integration ($p <$ .001), with the strongest positive correlation with OIC Differentiation. Similarly, SIC Integration was positively correlated with OIC Differentiation and OIC Integration ($p <$ .001), with the strongest correlation to OIC Integration as hypothesized. Although significant positive correlations also exist between Differentiation and Integration subscales, both in Self-Identity Complexity and Other-Identity Complexity, these correlations are all less than $r = .5$. This indicates that all subscales are related to others, while still remaining as separate constructs and without contributing to concern for multicollinearity (Mansfield & Helms, 1982).

There were also significant positive correlations between MCC Knowledge and both MCC Skills and MCC Awareness, as well as between MCC Skills and both MCC Relationship and MCC Awareness. At the $p < .01$ level, there was also a significant correlation between MCC Relationship and MCC Awareness. Although a number of correlations existed, none are "extreme" enough for concern of multicollinearity (Mansfield & Helms, 1982).

Table 13.

Summary of Pearson Product Moment Correlations of Variables (N = 100)

Variable	1	2	3	4	5	6	7	8
1. SIC Differentiation								
2. SIC Integration	.397**							
3. OIC Differentiation	.669**	.434**						
4. OIC Integration	.439**	.520**	.522**					
5. MCC Knowledge	.080	-.037	-.028	-.042				
6. MCC Skills	.143	-.082	.048	.091	.636**			
7. MCC Relationship	-.064	-.133	.018	-.048	.164	.345**		
8. MCC Awareness	-.069	-.164	-.152	-.144	.484**	.444**	.271*	

Note. $^*p < .01$; $^{**}p < .001$; SIC = Self-Identity Complexity; OIC = Other-Identity Complexity; MCC = Multicultural Counseling Competence.

Independent samples *t*-tests were run between scores on paper and pencil versions of the instrument and scores on the online version of the instrument to determine if there were any significant differences. Scores on the MCI overall showed no significant differences, but mean scores the MC Skills subscale paper and pencil version were 3.20 (*t* = -3.139) less than the online version, which was significant at the $p \le .05$ level. An outline of the subscales mean differences based on format can be seen in Table 14.

Table 14.

MCI Independent t-test of Mean Differences Based on Survey Format

Variable	Format	n	Mean	SD	Mean Difference	Sig.	t-score
MCC Knowledge	P	24	33.00	3.59			
	O	74	34.59	4.36	-1.59	.109	-1.620
MCC Skills	P	24	34.04	3.76			
	O	73	37.25	4.51	-3.20	.002	-3.139
MCC Relationship	P	25	23.76	3.58			
	O	73	24.12	3.58	-.36	.663	-.437
MCC Awareness	P	24	28.75	5.16			
	O	71	28.68	4.56	.074	.947	.066

Note. p < .05; P = paper & pencil format; O = online format

Independent sample *t*-tests were also run to determine whether there were significant differences in mean scores on the CCQ-A and CCQ paper and pencil format versus the online format. Significant differences were found on both Integration scales. For Self-Identity Complexity Integration, as measured by the CCQ-A Integration scale, there was a significant difference between means of 1.6 (*t* = 4.121). For Other-Identity Complexity Integration, as measured by the CCQ Integration scale, there was a significant difference between means of 2.11 (*t* = 2.940). The full depiction of mean differences based on survey format for the Counselor Cognitions Questionnaire and the Counselor Cognitions Questionnaire—Adapted are shown in Table 15.

Table 15.

SIC and OIC Independent t-test of Mean Differences Based on Survey Format

Variable	Format	*n*	Mean	*SD*	Mean Difference	Sig.	*t*-score
SIC Differentiation	P	25	16.88	5.09			
	O	75	14.88	6.40	2.0	.16	1.418
SIC Integration	P	25	7.12	1.53			
	O	75	5.52	2.06	1.6	.000	4.121
OIC Differentiation	P	25	20.08	4.98			
	O	75	16.47	8.56	3.6	.05	1.998
OIC Integration	P	25	11.12	2.36			
	O	75	9.01	3.31	2.11	.004	2.940

Note. $p < .05$; P = paper & pencil format; O = online format

Previous research indicates significant differences in scores of multicultural counseling competence for White students and non-White students (Chao, et al., 2011) as well as between males and females, with females scoring higher than males (Brown, Yonker, & Parham, 1996; Carter, 1990a; Steward, et al., 1998). Independent sample *t*-tests were run to explore means on all measures between White participants and non-White participants. When all instruments were examined (the MCI, CCQ, and the CCQ-A), the only significant mean difference (-1.855; *t* = -2.068) found was on the Multicultural Relationship subscale of the MCI. All other scale and subscale means, including the MCI as well as the CCQ and CCQ-A, had no significant differences. There were also no significant differences in mean scores between males and females.

Similarly, independent sample *t*-tests were run to compare means on scores of all subscales and scales between participants who identified "student" as their primary role and all other participants. This was done to parcel out whether or not experience in

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practice contributes to Self-Identity Complexity, Other-Identity Complexity, or Multicultural Counseling Competence. Although some literature points to completion of a course in multicultural counseling leading to increased multicultural counseling competence (Constantine, Juby, & Liang, 2001; D'Andrea, Daniels, & Heck, 1991; Neville, Heppner, Louie, Thompson, Brooks, & Baker, 1996; Pope-Davis, Reynolds, Dings, & Ottavi, 1994; Sodowsky, Kuo-Jackson, Richardson, & Corey, 1998), studies have not been found exploring what happens to multicultural competence over time. The only significant difference found in the data from this study was between students and non-students on Other-Identity Complexity Integration scores. Students' mean scores on this subscale were significantly higher (mean difference = 1.805; t = 2.696) than non-students.

Research Questions and Hypotheses

The primary purpose of this study was to examine potential relationships between Self-Identity Complexity, Other-Identity Complexity, and Multicultural Counseling Competence. Prior to examining all three variables in the hypothesized structural equation model, hypothesized relationships between Self-Identity Complexity and Other-Identity Complexity were tested. Following these initial correlations, confirmatory factor analysis was conducted in order to check the latent structures with their related observed variables.

Research Question 1

What is the relationship between Self-Identity Complexity Differentiation and Integration (as measured by the Counselor Cognitions Questionnaire—Adapted) and Other-Identity Complexity Differentiation and Integration (as measured by the Counselor Cognitions Questionnaire)?

Hypothesis 1a.

Self-Identity Complexity Differentiation will be positively related to Other-Identity Complexity Differentiation, as demonstrated by higher scores on the Counselor Cognitions Questionnaire—Adapted (CCQ-A) Differentiation scale correlating to higher scores on the original Counselor Cognitions Questionnaire (CCQ) Differentiation scale.

A Pearson product moment correlation was run on the Differentiation scores of the Counselor Cognitions Questionnaire—Adapted and the Differentiation scores of the Counselor Cognitions Questionnaire. Results indicate a significant positive correlation of .669 ($\alpha = .01$). This correlation implies that the two variables, Self-Identity Complexity Differentiation and Other-Identity Complexity Differentiation, are positively related, but not to the point of being the same construct, supporting the hypothesis.

Hypothesis 1b.

Self-Identity Complexity Integration will be positively related to Other-Identity Complexity Integration, as demonstrated by higher scores on the Counselor Cognitions Questionnaire—Adapted (CCQ-A) Integration scale correlating to higher scores on the original Counselor Cognitions Questionnaire (CCQ) Integration scale.

A Pearson product moment correlation was also run on the Integration scores of these two measures, indicating a significant positive correlation of .520 ($\alpha = .01$). This finding matches the original hypothesis, demonstrating that the relationship between Self- and Other-Identity Complexity integration is positively correlated, but not to the extent that they are the same construct.

Research Question 2

What is the relationship between Self-Identity Complexity (as measured by the Counselor Cognitions Questionnaire—Adapted), Other-Identity Complexity (as measured by the Counselor Cognitions Questionnaire), and Multicultural Counseling Competence (as measured by the Multicultural Counseling Inventory)?

Hypothesis 2.

Self-Identity Complexity and Other-Identity Complexity will be positively related to Multicultural Counseling Competence.

Due to a smaller sample size than anticipated, confirmatory factor analysis was run using using LISREL 8.80 (Jöreskog & Sorbom, 2007) on two separate sections of the overall model in order to check latent structures parsimoniously. As recommended by Anderson and Gerbing (1998), a two-step process beginning with confirmatory factor analysis can be used to develop acceptable measurement models prior to testing the entire structural model. Shown in Table 16 below, confirmatory factor analysis on the MCI measurement model led to a chi-square of 6.69, an RMSEA of .153, an SRMR of .0461, a CFI of .952, and a GFI of .971. Although the chi-square and RMSEA were not ideal, perhaps due to the small sample size, the SRMR, CFI, and GFI indicate an adequate

model fit in which the four observed variables are representative of one latent variable, Multicultural Counseling Competence.

Table 16.

Model-Fit Criteria for MCC Measurement Model

Model-Fit Criterion	Acceptable Level	Model
X^2	0 = perfect fit	6.69
df	≥ 1	2
p value	< .05	.035
RMSEA	.05 - .08	.153
CFI	$\geq .90$	.952
GFI	1 (perfect fit): .90 - .95 good model fit	.971
SRMR	< .05	.0461

Note. RMSEA = Root Mean Square Error of Approximation; CFI = Comparative Fit Index; GFI = Goodness-of-Fit Index; SRMR = Standardized Root Mean Square Residual.

Confirmatory factor analysis for the CCQ and CCQ-A had similar results, which are outlined below in Table 17, with a chi-square of 8.03, an RMSEA of 0.265, a CFI of .95, and a GFI of .96. Again, the chi-square and RMSEA do not fall into the desired range for absolute model fit (chi-square < .05 and RMSEA < .1) (Kline, 2005; Schumaker & Lomax, 2004), however, the remaining indices contribute to an adequate model fit in which Differentiation and Integration represent the latent variables of Self- and Other-Identity Complexity. It is possible that the lack of chi-square, RMSEA, and CFI within the desired range of scores may be the result of a small sample size.

Table 17.

Model-Fit Criteria for SIC and OIC Measurement Model

Model-Fit Criterion	Acceptable Level	Model
X^2	0 = perfect fit	8.03
df	≥ 1	1
p value	< .05	.0046
RMSEA	.05 - .08	.265
CFI	$\geq .90$	.95
GFI	1 (perfect fit): .90 - .95 good model fit	.96
SRMR	< .05	.0503

Note. RMSEA = Root Mean Square Error of Approximation; CFI = Comparative Fit Index; GFI = Goodness-of-Fit Index; SRMR = Standardized Root Mean Square Residual.

Following the preliminary confirmatory factor analysis, the entire proposed model was run using LISREL 8.80 (Jöreskog & Sorbom, 2007). As was the case for both confirmatory factor analyses, again potentially because of the small sample size, the chi-square did not indicate absolute model fit (32.15, df = 17, p = .014). The RMSEA, however, was close to the desired threshold at .0897. The SRMR, GFI, and CFI indicated absolute model fit at .076, .928, and .937, respectively. Model-fit criteria for this larger model are outlined in Table 18 below.

Table 18.

Model-Fit Criteria for MCC, SIC, and OIC

Model-Fit Criterion	Acceptable Level	Model
X^2	0 = perfect fit	32.15
df	≥ 1	17
p value	$< .05$	.014
RMSEA	.05 - .08	.0897
CFI	$\geq .90$	.937
GFI	1 (perfect fit): .90 - .95 good model fit	.928
SRMR	$< .05$	.076

Note. RMSEA = Root Mean Square Error of Approximation; CFI = Comparative Fit Index; GFI = Goodness-of-Fit Index; SRMR = Standardized Root Mean Square Residual.

With this acceptable model-fit (with CFI, GFI, and SRMR falling in the desired thresholds), particularly considering the small sample size, the researcher then examined statistical significance of the overall structural equation model by comparing individual parameter *t*-values. According to Shumaker and Lomax (2004), a *t*-value greater than 1.96 indicates statistical significance at the *p* = .05 level and a *t*-value greater than 2.33 indicates statistical significance at the *p* = .01 level. In Figure 3, all parameter *t*-values are listed. All observed variable parameters appear to be statistically significant, as does the parameter between latent variables Self-Identity Complexity and Other-Identity Complexity. These significant parameters support the hypotheses that there are positive relationships between Self-Identity Complexity and Other-Identity Complexity. The parameter between latent variables Self-Identity Complexity and Multicultural Counseling Competence was not statistically significant with a *t*-value of .01. Similarly,

the parameter between latent variables Other-Identity Complexity and Multicultural

Counseling Competence was statistically insignificant with a *t*-value of -.01. The lack of

statistically significant relationships between Self- and Other-Identity Complexity with

Multicultural Counseling Competence could be the result of an inadequate sample size,

but does not support the hypothesis that there would be positive relationships between

latent variables within the larger model. All statistically significant parameters exhibit

positive parameter coefficients, coinciding with hypothesized positive relationships

between variables.

Figure 3.

Structural Equation Model with t-values
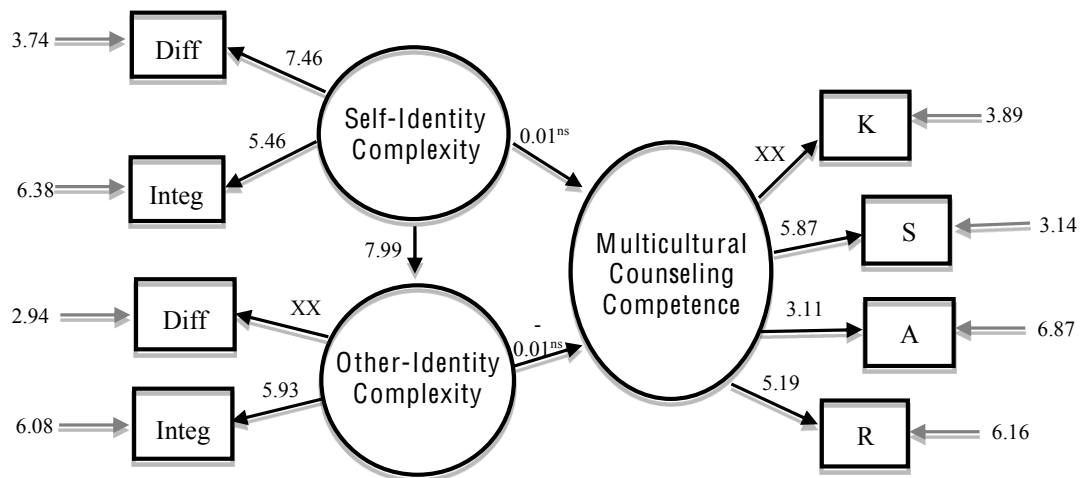
Note. A *t* value $\geq$ 1.96 is significant at the p = .05 level; A *t* value $\geq$ 2.33 is significant at the p = .01 level; ns = not significant; XX = fixed parameter.

Summary

In this chapter, the results of the study examining relationships between Self-Identity Complexity, Other-Identity Complexity, and Multicultural Counseling Competence were presented. A description of the participants was provided, along with an explanation of the data screening process and descriptive results of the measures used. In addition to reporting preliminary analysis of the data, research questions were also answered using a two-step structural equation modeling process involving confirmatory factor analyses of the measurement models followed by a test of the structural model. Results from the analyses indicate that although there are statistically significant positive relationships between all observed variables and their relevant latent variables, the only statistically significant relationship between latent variables is between Self-Identity Complexity and Other-Identity Complexity. No relationship was found between Self-Identity Complexity and Multicultural Counseling Competence or Other-Identity Complexity and Multicultural Counseling Competence. In Chapter V, a discussion of the results will be provided, along with implications of the results to previous theory and research, future theory and research, and practice.

CHAPTER V

DISCUSSION

The study exploring potential relationships between Self-Identity Complexity,

Other-Identity Complexity, and Multicultural Counseling Competence was introduced in

Chapters 1 through 3, providing a review of relevant research and an outline of the

procedures and methodology of the study. The results of the study were introduced in

Chapter 4, with particular attention paid to the statistical significance of the results. This

chapter will provide a summary and discussion of these results in relation to previous

literature, as well as implications for theory, practice, and future research, and limitations

of the study.

Summary of the Results

This study examined potential relationships between Self-Identity Complexity,

Other-Identity Complexity, and Multicultural Counseling Competence through the use of

structural equation modeling. Although it was hypothesized that there would be positive

relationships between Self-Identity Complexity, Other-Identity Complexity, and

Multicultural Counseling Competence, this larger hypothesis was not supported by the

data. There were significant relationships found, however, between smaller segments of

the larger model. Specifically, both of the latent structures hypothesized demonstrated

adequate model fit and, additionally, Self-Identity Complexity and Other-Identity

Complexity were found to have a statistically significant positive correlation, both as observed and latent variables.

Discussion of the Results

The following section provides a discussion of the results for each research question. The first section is devoted to discussing the relationship found between Self-Identity Complexity and Other-Identity Complexity, relating to Research Question 1. The second section offers further discussion of the lack of relationships between Self-Identity Complexity and Other-Identity Complexity with Multicultural Counseling Competence, as hypothesized in Hypothesis 2.

Self-Identity Complexity and Other-Identity Complexity

Hypotheses 1a and 1b were both supported by significant positive correlations between Differentiation of Self-Identity Complexity and Other-Identity Complexity as well as between Integration of Self-Identity Complexity and Other-Identity Complexity. These findings support the conceptual claim that the more complexly one can think about oneself, the more complexly one can think about others. Although this claim can be found throughout the literature, particularly in feminist theory (e.g., Graham & Gibson, 1996; Lee, 2002), no other studies were found in the literature attempting to verify that one's Self-Identity Complexity is related to one's Other-Identity Complexity empirically.

In order to explore this research question, an adapted version of the Counselor Cognitions Questionnaire (CCQ; Welfare, 2006, adapted with the author's permission) needed to be created and utilized. To date, no one had yet adapted the CCQ to measure Self-Identity Complexity (CCQ-A in the current study). A significant, positive correlation

was found between scores on subscales measuring Self-Identity Complexity Differentiation and Other-Identity Complexity Differentiation ($r = .669$). A significant, positive correlation was also found between scores on subscales measuring Self-Identity Complexity Integration and Other-Identity Complexity Integration ($r = .520$). The desired range of positive correlations for these constructs was between $r = .5$ and $r = .8$, which would indicate that the constructs are related, but not the same. The significant positive correlations found in this study ($r = .669$, $r = .520$, respectively) support the hypothesis that Self-Identity Complexity and Other-Identity Complexity are separate, but related constructs. There is still a question of whether one predicts or causes the other, but that question was beyond the scope of this study.

When exploring demographic and training factors that related to or resulted in Self-Identity Complexity and Other-Identity Complexity, it was found that no significant results existed between gender (male versus female) or race-ethnicity (White versus non-White. One significant difference was found, however between participants who identified as "student" and those who identified as any other professional identity ("practitioner," "supervisor," "counselor educator," or "other") on the Other-Identity Complexity Integration subscale. Specifically, it was found that students scored higher on the Other-Identity Complexity Integration subscale, which measures the ability for a counselor to integrate various elements and identities of a client into a holistic understanding. With higher scores than other counseling professionals, including both practitioners and educators, students had a greater ability to integrate the various client identities than other counseling professionals. There are a number of possibilities as to

why this difference existed in the data. One possibility is that while some students participated in the paper and pencil format of the instruments, all counselor educators, practitioners, and supervisors participated in the online format. There was a paper and pencil versus online significant difference found, with paper and pencil responses scoring significantly higher on the Integration subscales of both the CCQ and the CCQ-A. This may have contributed to differences in the amount of time spent categorizing and integrating the data for the purpose of the Other-Identity Complexity Integration score. Additionally, in early testing of the online format, some participants stated that it was difficult to time their responses adequately with needing to scroll down to access the full question.

Another explanation for this significant difference may be variation in training. It is possible that during training, students are encouraged to take the time to focus on client identity in depth, while practitioners, counselor educators, and supervisors have adapted to less holistic conceptualizations of clients. Also, all students who were asked to participate in the paper and pencil format were in or recently had been in practicum or internship courses working directly with clients. While practitioners would more than likely be actively seeing clients, it may not be the case for educators or other counseling professionals, who may have primary roles other than "counselor." Another explanation for the significant differences on the Integration scores between students and non-students is that training may have shifted over the years. It is possible that current students are receiving more training on ways to integrate elements of a client's identity into one, holistic understanding of that client than practitioners received in training five to

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ten years ago. Additional research with a larger sample size would be required in order to get any clear information about what led to this difference.

Multicultural Counseling Competence

For Research Question 2, the entire SEM was analyzed. Results indicate a significant relationship between Self-Identity Complexity and Other-Identity Complexity, but no relationships between Self-Identity Complexity and Multicultural Counseling Competence or between Other-Identity Complexity and Multicultural Counseling Competence. In other words, how complexly an individual thinks about her or him self was not related to Multicultural Counseling Competence. In addition, how complexly an individual thinks about others was also not related to that individual's Multicultural Counseling Competence. Previous researchers have studied differences between general counseling skills and skills specific to Multicultural Counseling Competence and found no significant relationship (Cates, et al., 2007; Coleman, 1998; Ridley, Medoza, & Kanitz, 1994), contributing to the understanding that multicultural counseling competencies are separate from general counseling competencies. Similarly, it may be true that Self-Identity Complexity and Other-Identity Complexity are related to broader counseling competence, but not the abilities indicated specifically in the current multicultural counseling competencies.

The lack of relationship between Self-Identity Complexity and Other-Identity Complexity with Multicultural Counseling Competence may be the result of the fact that the multicultural counseling competencies are not an adequate tool for assessing the complexity with which an individual considers her or his clients' identities, but rather a

counselor's knowledge, awareness, and skills in regards to one particular element of client identities (i.e., race-ethnicity). A sole focus on race-ethnicity in the multicultural counseling competencies makes sense as they emerged originally during a time when cross-racial-ethnic relationships were of particular socio-cultural importance. Following the civil rights movement of the 1960s and 1970s, the multicultural counseling competencies proposed in the 1982 Position Paper by Sue, et al. provided a necessary focus on the importance of cross-racial awareness, knowledge, and skills. Teaching counselors-in-training the awareness, knowledge, and skills necessary for working cross-racially in counseling is still relevant in the field, as is evidenced by an increase in multicultural counseling competencies after a course in multicultural counseling (Constantine, et al., 2001; D'Andrea, et al., 1991; Neville, et al., 1996; Pope-Davis, et al., 1994; Sodowsky, et al., 1998); however, also relevant is the increasing need for counselors to be able to integrate race-ethnicity into the larger scheme of cultural identities that will be present in clients. Thus, one potential reason for the lack of significant relationship between Self- and Other- Identity Complexity and Multicultural Counseling Competence in the current study is that the Multicultural Counseling Inventory (MCI; Sodowsky, et al., 1994) measured solely the knowledge, awareness, skills, and relationship of race-ethnicity between counselor and client, not the myriad other identities that result in the complex and holistic person.

An additional possibility for the lack of relationship between Self-Identity Complexity and Other-Identity Complexity with Multicultural Counseling Competence is the theoretical link between identity complexity and general cognitive complexity.

Studies have shown positive correlations between increased cognitive complexity and increased case conceptualization abilities (Ladany, et al., 2001). In contrast, studies of multicultural counseling competence and case conceptualization abilities have shown no relationship (Constantine & Ladany, 2000; Ladany, et al., 1997). Although relationships between cognitive complexity and multicultural counseling competence have not been tested empirically, they are both conceptually concerned with the ways counselors think about their clients. Even though the multicultural counseling competencies do not state this intent directly, awareness, knowledge and skills are difficult to consider without cognitions.

Implications

In Chapter 2, a theoretical connection was built between the importance of including conversations of intersectionality into multicultural counseling training, as well as between Self-Identity Complexity, Other-Identity Complexity and intersectionality. Intersectionality points to the fact that identities consist of multiple parts, all of which interact and intersect within an individual (Dill, et al., 2007). Social Identity Complexity (Roccas & Brewer, 2002) offers a theoretical framework for assessing, conceptualizing, and discussing these intersections. Given the theoretical connections, the lack of relationships between Self-Identity Complexity and Other-Identity Complexity with Multicultural Counseling Competence is surprising and has implications for theory, practice, and future research.

Implications for Theory

Since the introduction of the multicultural counseling competences in 1982, much of the literature on working effectively with culturally different clients (i.e., in relation to the counselor's culture) has highlighted the need to expand our understandings of culture to include more identity categories than just race-ethnicity (Ancis & Marshall, 2010; Brown, 2009; Collins, Arthur, & Wong-Wylie, 2010; Hays, 2008; Nelson, Gizara, Crombach Hope, Phelps, Steward, & Weitzman, 2006; Ober, Granello, & Henfield, 2009; Pedersen, 1991; Toporek, Ortega-Villalobos, & Pope-Davis, 2004; Weinrach & Thomas, 2004). These suggestions have included cultural identities such as gender (Brown, 2009, 2010; Kopala & Keitel, 2003; Smart, 2010), spirituality (Cashwell & Young, 2005; Fukuyama & Sevig, 1999), social class (Liu, et al., 2004), age (Walsh, et al., 2011), ability (Palombi, 2010; Smith, Foley, & Chaney, 2008), and sexual orientation (Israel & Selvidge, 2003; Singh & Burnes, 2010). It is not just the identification and discussion of each of these cultural identities, however, which counselors need to have awareness or competence, but also in how to successfully consider the intersections of these identities to more fully understand the client as a holistic being. The theory of Social Identity Complexity, from social psychologists Roccas and Brewer (2002), provides a more inclusive lens through which client and counselor identities might be examined. Seeing individual identity as a complex combination of uniquely intersecting identities allows for flexibility in counselors' cognitive schemas to better understand their clients, conceptualize the case more holistically and accurately, and allow clients to determine which identity characteristics are most salient to them.

Currently, as written, the multicultural counseling competencies tend to prioritize race-ethnicity as the main and sole identity of a client in the myriad of "multi-cultures" of which a client is a part. Rather than automatically prioritizing race-ethnicity as the identity category of interest, Social Identity Complexity theory provides a framework capable of addressing multiple identity categories simultaneously, as well as how to view these identities within clients or assess how the client views identities within her or him self (Roccas & Brewer, 2002). With increasing diversity in the United States (U.S. Census Bureau, 2010), as well as increasing complexity within that diversity, competencies for working with isolated identity categories are inadequate. Counselors need to possess the ability to think about themselves and their clients complexly (P. Hays, 2008). While others have shown that the ability to be cognitively complex increases our ability to conceptualize our client cases (Ladany, et al., 2001), it has not been related to our sense of multicultural competence. This study reveals that the ability to think complexly about our own identities and our clients' identities does not significantly relate to our level of multicultural counseling competence. This may be due to the fact that the MCI seems to measure competence in just one cultural identity, race-ethnicity, as some of the questions posed include "I perceive that my race causes clients to mistrust me" and "I have a working understanding of certain cultures (including African American, Native American, Hispanic, Asian American, new Third World immigrants, and international students)." Thus, it may be that no relationship was found in this study due to current methods for assessing counselor cultural competence not addressing the need to explore

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and understand the intersections of multiple cultural identities rather than a singular cultural identity.

As intersectionality is a relatively new term to use for considering identities, it may be that the multicultural counseling competencies do not include considerations of intersections that might be important additions to racial-ethnic identity in clients. Throughout the counseling field, competencies are frequently revisited and adapted, with acknowledgement to the ever-changing nature of a field so focused on working with others. For example, the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) created a set of competencies originating in 1999, that have since been revisited and revised twice, once in 2005 and again, revised and republished in 2010 (Cashwell & Watts, 2010). If the field of counseling is to remain one in which competencies for working with particular identity categories are kept separate, it may be beneficial to officially reevaluate the multicultural counseling competencies that have been in place for over 30 years, and consider that these are not cultural competencies but in fact cross-race-ethnicity competencies. That being said, there are countless cultural identity categories that might be of relevance to the clients our counselors-in-training will eventually see (e.g., age, gender, sexual orientation, religious orientation, disability/ability, relationship status, socioeconomic status). Even if competencies are created for working with each of these individualized cultural identity categories, there is still a need for some assessment of whether or not counselors are able to effectively integrate those competencies into one conceptualization of a client as well as into practice with clients. Social Identity Complexity offers a framework through which counselors

may be able to do this, as understanding the idea of intersectionality within a client is helpful when an individual claims membership in two or more identity categories that are simultaneously privileged and oppressed (Dill, et al., 2007). For example, although an Asian-American male client may experience oppression based on his identity as a person of color, his identity as male offers simultaneous privilege that might go unnoticed if racial-ethnic identity is the sole category of interest. Self-Identity Complexity and Other-Identity Complexity, especially their Integration subscales, are constructs that warrant further research and consideration as potential factors present in this ability.

Again, as the theoretical connection between how complexly one thinks of her or him self and how complexly one thinks of others had not yet been empirically demonstrated. By providing empirical support for this relationship in this study, Social Identity Complexity theory holds more weight. Additionally, it seems it is a theory of particular relevance to counselors and may be a helpful theory to develop further (e.g., contributors to Self-Identity Complexity, barriers to Self-Identity Complexity) and integrate into teaching and practice.

Implications for Practice

With developments in theory come implications for practice. As the complexity of identity of self was shown to relate to complexity of thought about others' identities, there are some practical considerations for counselor educators and practitioners. The following section is devoted to introducing these implications.

In addition to measuring an individual's multicultural counseling competence, as measured by instruments such as the Multicultural Counseling Inventory (Sodowsky, et

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al., 1994), it may be useful for counselor educators to take into account students' abilities to consider identity complexly. As these two abilities were not shown to correlate, it is possible to hypothesize that measurement of ability to consider identity complexly is lacking in current measures of overall multicultural counseling competence. Since the ability to consider a client's identity complexly is not connected to an individual's multicultural counseling competence, counselor educators may want to consider addressing intersectionality and Social Identity Complexity in addition to traditional multicultural counseling training. Currently, most multicultural books cover each racial-ethnic group in separate chapters with little to no attention given to the intersection and connection of these identities (Hays & Erford, 2010; Lee, Blando, Mizelle, & Orozco, 2007; Sue & Sue, 2008) Granted, instructors can train students on topics, such as intersectionality, that are not presented in textbooks; no studies have provided empirical information regarding how or what is taught in these multicultural courses or throughout the training curriculum in relation to the intersectionality of identities and the ability of students to think complexly about their clients' multiple identity categories.

When considering culture from an "idiographic approach" (Ridley, et al., 1994, p. 242), that is, one that considers both cultural group memberships and the meaning the individual places on that membership, counselor educators may find it useful to integrate exploration of Self-Identity Complexity and Other-Identity Complexity into courses focused on accurate and adequate case conceptualization abilities, as Self-Identity Complexity has been shown to be positively related to Other-Identity Complexity and the ability to conceptualize others complexly has been shown to positively relate to case

conceptualization abilities (Ladany, et al., 2001). This could be done by providing explanations about identity complexity and educating students about the wide variety of cultural identity categories that are present both in their own identities and in their clients' identities. Using the CCQ-A as a pre- and post-assessment with activities for increasing students' identity complexity over the course of a semester could lead to further curriculum development.

In addition, it might benefit counselors to include measures of Self-Identity Complexity as a part of intake paperwork for clients. If counselors are curious about the ways in which their clients choose to identify, or the elements of their identity that are most salient for them at this particular point in their lives, it may be helpful to have them indicate relevant cultural identity categories (as measured by the Differentiation subscale on the Counselor Cognitions Questionnaire—Adapted) prior to sessions.

One of the primary indicators of effectiveness in counseling is the level to which a client and counselor experience therapeutic working alliance (Bordin, 1994; Burkard, Juarez-Huffaker, Ajmere, 2003). Defined by Gelso and Carter (1994) as the "attachment that exists to further the work of therapy and contains participants' role expectations regarding the work of therapy" (p. 300), therapeutic working alliance implies a relational connection between client and counselor. Positive relationships have been found between client ratings of the therapeutic alliance and positive client outcomes (Horvath, 1994; Horvath & Greenberg, 1986), more so than when counselors provide ratings of the therapeutic alliance (Burkard, et al., 2003).   Some researchers have suggested that level of therapeutic alliance may be a primary consideration in discussing effectiveness in

cross-racial counseling relationships (Burkard, Ponterotto, Reynolds, & Alfonso, 1999; Burkard, et al., 2003). One possible contributor to this therapeutic alliance might be an openness to the identity of the client as defined by the client. For this reason, it might be useful to counselors to have an assessment of client identity that comes directly from the client (e.g., Self-Identity Complexity, as measured by the Counselor Cognitions Questionnaire—Adapted).

Implications for Future Research

First and foremost, a replication study with a larger sample size would be useful in determining whether or not the insignificant relationships are a result of too few participants or are similarly insignificant with an adequate sample size. Additionally, the significant differences between students and non-students on the subscale of Other-Identity Complexity Integration would be important to examine in a larger sample. Differences in mean scores for males and females, as well as White participants and non-White participants, would also be important to explore further.

Although relationships between Self-Identity Complexity and Other-Identity Complexity were strongly significant, it might be useful to explore whether this correlation exists in broader populations. Counselors and counselor educators spend a great deal of time reflecting on client identities and often endure educational rigors focused on developing self-awareness. Future studies of Self-Identity Complexity and Other-Identity Complexity in non-counselors would provide additional information about the strength of the constructs and their correlation.

Although adaptations were made in the scoring procedures for both the Counselor Cognitions Questionnaire and the Counselor Cognitions Questionnaire-Adapted in order to capture identity complexity specifically (rather than general cognitive complexity), this distinction may not have been as clear as the researcher hoped. Further instrument development on the CCQ-A and additional adaptations to the original CCQ in order to more fully capture cultural identity rather than general cognitions about clients and self will be helpful in continuing to clarify the constructs and their potential relationships to other variables in counselors.

As relationships have been found between cognitive complexity and case conceptualization abilities (Ladany, et al., 2001), but not between multicultural counseling competence and case conceptualization abilities (Constantine & Ladany, 2000; Ladany, et al., 1997), it will also benefit the field of counseling to explore potential relationships between Self-Identity Complexity and Other-Identity Complexity with case conceptualization abilities.

Further exploration of the relationship between Self-Identity Complexity, Other-Identity Complexity, and the therapeutic working alliance may also benefit the field of counseling in gaining further understandings of how these constructs interact. Examining a client's Self-Identity Complexity in relation to the counselor's Other-Identity Complexity and then assessing the therapeutic working alliance from both parties may offer insight in this particular area.

Finally, further research on contributing factors to an increase in Self-Identity Complexity and Other-Identity Complexity could lead to curriculum development.

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Whether as an addition to multicultural counseling courses or to the overall counseling curriculum, addressing and increasing identity complexity in students could contribute to CACREP Standards (2009). For example, within the CACREP Standards (2009) is the requirement that programs address "multicultural and pluralistic trends, including characteristics and concerns within and among diverse groups nationally and internationally (p. 90)." As the intersectionality of identities is a topic of increasing importance (Brown, 2009) in working with multicultural and pluralistic individuals, measures of Self-Identity Complexity and Other-Identity Complexity may give educators an assessment of whether or not this skill is present in students.

Limitations

A number of steps were taken to make this study as accurate and clear as possible, but as is true with any study, there are limitations. Sample size, generalizability, and measurement concerns are all important considerations. This section is dedicated to outlining and discussing these limitations.

In order to run the full structural equation model, a sample size of 190 to 200 was required, based on previous literature stating that ten participants are required for each parameter or that an overall total of 200 participants is ideal for any structural equation modeling (Kline, 2005; Schumaker & Lomax, 2004). With a total sample size of 100, the testing of the structural model in this study was limited, which may have led to discrepancies in the goodness of fit indices for the overall model. Even so, the relationships that did appear significant with a sample size of 100 are noteworthy. Additionally, while the required sample size for SEM was not achieved, it should be

noted that adequate sample size for correlations was achieved with a medium effect size

(.3) and Power (1 – ß err prob) of 0.876 and similar significant and non-significant

relationships were found within correlation analyses. Specifically, the Self-Identity

Complexity and Other-Identity Complexity Integration and Differentiation subscales

were not related to the Multicultural Counseling Inventory Knowledge, Awareness,

Skills, and Relationship subscales. This may provide more credibility to the SEM

findings of no relationship between Identity Complexity measures and the MCI.

Despite extensive efforts to recruit an adequate sample for this study, a number of

individuals began the online format of the survey without completing it. Of the 213

individuals who visited the Qualtrics site (Qualtrics, Provo, UT), only 75 fully completed

the survey. Some individuals completed a portion of the overall survey ($n = 36$), but

many individuals ($n = 102$) who visited the site did not complete any portion of the

survey. One potential reason for this is that the informed consent specified the

population of interest for the study more clearly than the recruitment e-mail. Interested

parties may have visited the informed consent page and discovered that they were not, in

fact, eligible to participate in the study. Also, the first two instruments (the CCQ-A and

the CCQ) are relatively complex and time consuming measures, which may have led

potential respondents to turn away from the overall survey prior to completion. One

participant contacted the researcher to report difficulties accessing the survey for a

second time, after deciding he did not have time to successfully complete the entire

survey on his first attempt. It is possible that a number of the 102 visitors to the site who

did not complete the instruments returned at a later time to fully respond but were unable to access the survey.

Another limitation of the instrumentation is that the overall process of completing the survey was quite lengthy. The complete survey packet was estimated to take between 30 and 45 minutes to complete. This estimation was accurate, as all participants who completed the survey online completed it within that time frame. Even still, 30 to 45 minutes is a relatively long amount of time to spend completing surveys and this may have contributed to the number of people who visited the site without completing the entire study.

Participants in this study were predominantly White and female. Although this is not ideal, recent studies with a similar population of interest have had comparable samples with larger representation of female and White participants (Brown-Rice & Fur, 2013; Cannon & Cooper, 2010; Healey & Hays, 2012; Lent & Schwartz, 2012). In spite of this, the lack of gender and racial diversity within the sample limits the generalizability of the findings. It is difficult to determine the geographic location of participants who completed the online version of the survey, but at least 25% of participants ($n = 25$) were located in the Southeastern United States. This concentration of participants may also influence the generalizability of the results to the larger population of counselors, but it is difficult to say without knowing the geographic location of additional participants.

There was a significant difference in mean scores on the Multicultural Skills subscale of the Multicultural Counseling Inventory between the paper and pencil format and the online format of the instrument, with significantly higher scores on the online

format of the MCI. Again, this difference may be attributed to the type of participants that completed the online version of the survey versus the paper and pencil format. It would be expected that practitioners and counselor educators would possess greater multicultural counseling skills, as they have been in the field longer than counseling students. This expectation is met with a significantly greater mean of scores on the Multicultural Skills subscale online version than the same subscale on the paper and pencil format, which was taken only by current counseling students. Further exploration of this difference would be beneficial.

Due to the significant differences in mean scores between paper and pencil format and online format of this survey on the Integration scales of both the Counselor Cognitions Questionnaire and the Counselor Cognitions Questionnaire—Adapted, further research is needed to determine if an online format of these instruments adequately measures the constructs of interest. On both the CCQ and the CCQ-A, paper and pencil scores were significantly higher on the Integration subscales. Some respondents mentioned to the researcher that they had difficulty with the online format of the instrument. One participant described difficulty knowing to look ahead to different elements of the online survey in order to adequately allot time for each section. Another participant stated that she might have completely missed the portion of the CCQ and CCQ-A that requires categorization of the characteristics. Missing these sections may have significantly altered her Integration scores on both measures, potentially skewing the overall data. Again, it will be important to continue researching the differences in

scores between the two formats of these instruments, with a particular focus on developing clearer instructions and layout for the online versions.

There were also some limitations in the instruments themselves. Although the MCI is one of the most frequently utilized measures of multicultural counseling competence (D. Hays, 2008; Ponterotto, et al., 1994), it has some limitations. First, the MCI is a self-report measure. For participants who have completed training in multicultural counseling, many of the items are clear in what a "right" answer "should" be, which may lead participants to respond in an overly positive way. Social desirability is a limitation of many self-report multicultural counseling competence measures (Constantine & Ladany, 2000). Secondly, the psychometrics for the MCI, while adequate, are not ideal (Constantine & Ladany, 2000; D. Hays, 2008; Ponterotto, et al., 1994). Validity and reliability of measures of multicultural counseling competence have been debated in the literature (D. Hays, 2008; Ponterotto, et al., 1994).

In addition to the limitations of the MCI, the CCQ and the CCQ-A present some limitations as well. The CCQ-A is an adapted measure that had never been used before. Even though inter-rater reliability scores fell well within the desired range (desired $r = .9$; actual ranged from $r = .966$ to $r = 1.0$), the instrument will need further validation and use in additional studies. Both the CCQ-A and its original version, the CCQ were adapted in scoring procedures in order to more specifically assess for Identity Complexity rather than the broader construct of cognitive complexity. Perhaps there is an additional alteration to the measures that could more accurately measure the construct to show potential relationships to multicultural counseling competence.

Some of the t-scores presented in the overall structural equation model were surprisingly high. This may be the result of the smaller sample size, but is likely due to the amount of variance unexplained by the individual measurement models. Additionally, some of this variance may relate to the discrepancies between formats of the instruments. Further research is needed to determine potential explanations for this variance.

When considering cognitive complexity as a "domain specific" construct (Crockett, 1965; Welfare & Borders, 2010b), another limitation of the study is that instruments of general counselor cognitive complexity were adapted to measure Self-Identity Complexity and Other-Identity Complexity. It may be true that these adaptations were not adequate in fully representing the specificity of identity complexity as opposed to general counseling cognitive complexity.

Significant differences in mean scores between paper and pencil and online formats are concerning. This was the first study that utilized an online format of the Counselor Cognitions Questionnaire and the first study to ever use either version of the Counselor Cognitions Questionnaire—Adapted. As such, independent sample *t*-tests were run to determine if there were any significant mean differences on scores between formats. The fact that there were significant mean differences on both Integration scales (for Self-Identity Complexity and Other-Identity Complexity) suggests that there may be something different for participants who take the survey online versus paper and pencil. One potential reason for this difference is that all participants who took the paper and pencil version of the survey were current Master's or Doctoral-level counseling students,

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while many ($n = 32$) of the participants who completed the online survey were practitioners or counselor educators. The surprising element of this possibility is that the students who completed the paper and pencil format scored significantly higher on the Integration scales than did their online counterparts. An additional possibility for this difference is the difficulty some people reported in successfully getting through all portions of the online format of the CCQ and CCQ-A. It is possible that these respondents either ran out of time to complete the instruments or missed the Integration items altogether.

Conclusion

As society is increasing in diversity, both in the breadth of cultural identities present within individuals as well as in access to different cultures, counselors are charged with the often daunting task of conceptualizing client identities holistically. Multicultural counseling competence has been and continues to be one important prerequisite for doing so, at least theoretically, but falls short in addressing potential intersections between various identity categories in one individual. The concept of intersectionality, most often talked about in feminist theory (Brown, 2009; Crenshaw, 1995; Dill, et al., 2007), offers a useful link for counselor educators and practitioners in conceptualizing the various identity categories relevant to individual clients. Additionally, Social Identity Complexity theory provides a framework for addressing multiple identity characteristics simultaneously within one's self as well as within clients (Roccas & Brewer, 2002).

The current study explored potential relationships between Self-Identity Complexity, Other-Identity Complexity, and Multicultural Counseling Competence in counselors in the hopes of providing a theoretical framework for conceptualizing clients holistically. As reported in Chapter IV, significant relationships were found between Self-Identity Complexity and Other-Identity Complexity, supporting conceptual understandings that the more complexly one thinks of one's self, the more complexly one thinks of others. Surprisingly, relationships between Self- and Other-Identity Complexity with Multicultural Counseling Competence were not supported by the data.

Empirical support for relationships between the ability to think complexly about oneself and the ability to think complexly about others has implications for counselor educators, supervisors, and practitioners. A lack of relationship between the ability to think of oneself and others complexly with scores of multicultural counseling competence, however, implies that additional frameworks for conceptualizing this breadth of diverse identities holistically is necessary. The current study supports the need for offering additional competencies or considerations of counselors' ability to integrate intersections of identities into overall conceptualizations of clients.

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APPENDIX A

DEMOGRAPHIC QUESTIONNAIRE

Demographic Questionnaire

Age: _____

Gender:

___Female   ___Male   ___Intersex   ___Decline to state

Race/ethnicity *(check all that apply)*:

___White/Caucasian   ___Black/African-American   ___Latin(o/a)-American

___Asian-American   ___Native American   ___Biracial/Multiracial

___Other   ___Decline to state

Program focus/Track:

_____ Addiction Counseling   _____ Career Counseling

_____ Clinical Mental Health Counseling   _____ Counselor Education & Supervision

_____ Marriage, Couple, & Family Counseling   _____ School Counseling

_____ Student Affairs & College Counseling

Number of clients you are <u>currently</u> seeing: _____

Approximate number of <u>direct</u> clinical hours completed: _____

("direct hours" defined as: hours spent in direct service/contact with clients)

Number of semesters of practicum & internship <u>completed</u>:

[0, currently enrolled in first]   [1]   [2]   [3]   [4+]

Completed Master's level credit hours: _____

Have you completed a course in Multicultural Counseling?

____Yes   ____No

Please describe any additional Multicultural training below:

APPENDIX B

COUNSELOR COGNITIONS QUESTIONNAIRE

Myra,

Congratulations on getting to the writing stage! You have some great ideas and a great chair to coach you through the process. I'd be happy for you to use the CCQ and adapt it as you have described. I've attached the CCQ in word doc form so you can do so easily. I also attached the scoring manual and examples of low and high complexity responses that you might see. All I ask is that you cite things appropriately (as I am certain you will) and pay it forward when you have the opportunity later in your career. ;)

Take care and keep me posted. If there is anything I can do to help along the way do not hesitate to ask.

My best,
Laura

Laura E. Welfare, PhD, LPC, ACS
Assistant Professor of Counselor Education
Virginia Tech
309 East Eggleston Hall (0302)
Blacksburg, VA 24061

Counselor Cognitions Questionnaire

This questionnaire is designed to explore how counselors describe their clients.

Please list two clients whom you know well. Use only an initial or symbol to represent each of them.

1. A client with whom you believe you were *effective*:_____
2. A client with whom you believe you were *less effective*:_____

Spend a few moments thinking about these clients and comparing and contrasting them. Think about your interactions with them and any attributes or characteristics which you might use to describe them.

In the first column on each page, describe the client as fully as you can by writing *words or phrases* that explain their defining characteristics. Do not simply put those characteristics that distinguish them from each other; rather, include all that come to mind. Describe each of them completely so that a stranger would be able to determine the kind of people they are from your description only. You do not have to use all of the space provided.

In the second column, indicate if the characteristic you listed is *mostly positive* (+) or *mostly negative* (-) in your impression of the client. If the characteristic is *neutral*, leave column two blank.

In the third column, indicate the *importance* of the characteristic to your overall impression of the client. A score of 1 = not at all important while 5 = extremely important.

Counselor Cognitions Questionnaire (page 2)

1. A client with whom you believe you were **_effective_**:_____

	Characteristic	+/-	Importance of the Characteristic Low High
1			1 2 3 4 5
2			1 2 3 4 5
3			1 2 3 4 5
4			1 2 3 4 5
5			1 2 3 4 5
6			1 2 3 4 5
7			1 2 3 4 5
8			1 2 3 4 5
9			1 2 3 4 5
10			1 2 3 4 5
11			1 2 3 4 5
12			1 2 3 4 5
13			1 2 3 4 5
14			1 2 3 4 5
15			1 2 3 4 5
16			1 2 3 4 5
17			1 2 3 4 5
18			1 2 3 4 5
19			1 2 3 4 5
20			1 2 3 4 5
21			1 2 3 4 5
22			1 2 3 4 5
23			1 2 3 4 5
24			1 2 3 4 5
25			1 2 3 4 5

Counselor Cognitions Questionnaire (page 3)

2. A client with whom you believe you were *less effective*: _____

	Characteristic	+/-	Importance of the Characteristic Low High				
1			1	2	3	4	5
2			1	2	3	4	5
3			1	2	3	4	5
4			1	2	3	4	5
5			1	2	3	4	5
6			1	2	3	4	5
7			1	2	3	4	5
8			1	2	3	4	5
9			1	2	3	4	5
10			1	2	3	4	5
11			1	2	3	4	5
12			1	2	3	4	5
13			1	2	3	4	5
14			1	2	3	4	5
15			1	2	3	4	5
16			1	2	3	4	5
17			1	2	3	4	5
18			1	2	3	4	5
19			1	2	3	4	5
20			1	2	3	4	5
21			1	2	3	4	5
22			1	2	3	4	5
23			1	2	3	4	5
24			1	2	3	4	5
25			1	2	3	4	5

Now review the characteristics you listed for each client. Consider if any of them group together or fit into categories. If so, write a *label that describes the category* and write the *numbers of the characteristics* that explain or fit within that category. You may use each characteristic in more than one category. You do not have to use all of the space provided.

1. A client with whom you believe you were *effective*:_____

Category Label	Characteristics (e.g., #2 and #7 or #1 - 4)

2. A client with whom you believe you were *less effective*:_____

Category Label	Characteristics (e.g., #2 and #7 or #1 - 4)

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APPENDIX C

COUNSELOR COGNITIONS QUESTIONNAIRE—ADAPTED

Counselor Cognitions Questionnaire Adapted Version

This questionnaire is designed to explore how counselors describe themselves.

Spend a few moments thinking about yourself and how others might describe you. Think about your interactions with others and any attributes or characteristics that they might use to describe you.

In the first column on each page, describe yourself as fully as you can by writing *words or phrases* that explain your defining characteristics. Do not simply put those characteristics that distinguish you from others; rather, include all that come to mind. Describe yourself completely so that a stranger would be able to determine the kind of person you are from your description only. You do not have to use all of the space provided.

In the second column, indicate if the characteristic you listed is *mostly positive* (+) or *mostly negative* (-) in your sense of who you are. If the characteristic is *neutral*, leave column two blank.

In the third column, indicate the *importance* of the characteristic to your overall sense of who you are. A score of 1 = not at all important while 5 = extremely important.

Counselor Cognitions Questionnaire Adapted Version (page 2)

	Characteristic	+/-	Importance of the Characteristic Low High				
1			1	2	3	4	5
2			1	2	3	4	5
3			1	2	3	4	5
4			1	2	3	4	5
5			1	2	3	4	5
6			1	2	3	4	5
7			1	2	3	4	5
8			1	2	3	4	5
9			1	2	3	4	5
10			1	2	3	4	5
11			1	2	3	4	5
12			1	2	3	4	5
13			1	2	3	4	5
14			1	2	3	4	5
15			1	2	3	4	5
16			1	2	3	4	5
17			1	2	3	4	5
18			1	2	3	4	5
19			1	2	3	4	5
20			1	2	3	4	5
21			1	2	3	4	5
22			1	2	3	4	5
23			1	2	3	4	5
24			1	2	3	4	5
25			1	2	3	4	5

Now review the characteristics you listed. Consider if any of them group together or fit into categories. If so, write a *label that describes the category* and write the *numbers of the characteristics* that explain or fit within that category. You may use each characteristic in more than one category. You do not have to use all of the space provided.

Category Label	Characteristics (e.g., #2 and #7 or #1 - 4)

APPENDIX D

MULTICULTURAL COUNSELING INVENTORY

ANTIOCH UNIVERSITY

NEW ENGLAND

40 Avon Street
Keene, New Hampshire 03431
603.283.2183

Multicultural Counseling Inventory (MCI)

Thank you for your purchase of the Multicultural Counseling Inventory (MCI).
I have enclosed the instrument for your use as outlined in the written Agreement for
Procedural Use.

For scoring purposes, I employed a Likert scale with values of 1 through 4, with 4 indicating high
multicultural competence, and 1 indicating poor multicultural competence. Item numbers 1, 2, 4,
5, 10, 15, and 19 are to be reversed. Listed below are the specific subscales and items included in
each:

Subscale 1 (11 items): Multicultural Counseling Skills, includes the following items: 18, 20, 21, 24,
26, 35, 36, 37, 38, 39, and 40.

Subscale 2 (10 items): Multicultural Awareness, includes the following items: 22, 25, 27, 28, 29,
30, 31, 32, 33, and 34.

Subscale 3 (8 items): Multicultural Counseling Relationship, includes the following items: 1, 2, 3, 4,
5, 10, 15, and 19.

Subscale 4 (11 items): Multicultural Counseling Knowledge, includes the following items: 6, 7, 8, 9,
11, 12, 13, 14, 16, 17, and 23.

Best wishes in your research endeavors.

Gargi Roysircar-Sodowsky, PhD
Professor, Department of Clinical Psychology
Director, Antioch University New England Multicultural Center

** Due to author restrictions, the MCI cannot be reprinted in full.

APPENDIX E

PILOT STUDY ORAL SCRIPT

Instructions for Administrator:

Please read the following script prior to administration of the survey. After reading the instructions aloud, please distribute Section A (purple) of the survey. After <u>ten minutes</u>, please collect Section A and distribute Section B (blue). After <u>fifteen minutes</u>, collect Section B and distribute Section C (green). Thank you for your assistance!

Oral Script for Survey Administration:

You are being asked to participate in a research study.

The study is focused on gaining a deeper understanding of the ways counselors think about themselves and their clients. You have been picked to participate because you are enrolled in a CACREP accredited program and are currently seeing clients. Your participation in this study is completely voluntary and will have no affect on your grade for this course or any other course. If you feel uncomfortable answering any questions, you can choose to leave them blank. You can also choose to stop participation at any point throughout the study.

One of the minimal anticipated risks for participating in the study is that you may not want your answers to be seen or identified as belonging to you. As such, please do not write your name anywhere on the survey packets and return completed packets to me face down so I cannot see your responses.

All information obtained in this study is strictly confidential unless disclosure is required by law.

If the questions in the survey bring up new thought processes or questions for you, please feel free to contact the researcher by email for resources or to answer any questions.

Although there are no direct benefits for participating in the study, the researcher hopes your responses will contribute to deeper understandings of ways educators can better train future counselors to assist counselors in better serving their clients.

The study consists of basic survey questions and should take no longer than 40 minutes and asks questions relevant to your understanding of yourself and your clients.

Thank you for considering participation!

APPENDIX F

PILOT STUDY INFORMED CONSENT

Project Title: Exploring Relationships Between Counselor Cognitions, Identity Complexity, and Counseling Competence

Project Director: Myra Martin-Adkins, MA

What this study is about

Your instructor has explained in the earlier verbal discussion the procedures involved in this research study. These include the purpose and what will be required of you. Any new information that comes up during the study will be provided to you if the information might affect your willingness to continue participation in the project.

What will you ask me to do if I agree to be in the study?

If you agree to participate, you will be asked to complete the enclosed survey packet. The packet is expected to take no longer than 40 minutes.

Why are you asking me?

You have been selected as a potential participant because you are currently enrolled in a CACREP-accredited Master's in Counseling program and are currently seeing clients.

Possible good things that may come out of this study

Your participation in this study may contribute significantly to the field of Counseling and the ways in which we think about individual and group identities.

Possible risks that may occur in this study

The Institutional Review Board at the University of North Carolina at Greensboro has determined that participation in this study poses minimal risk to participants.

Will I get paid for being in the study? Will it cost me anything?

There are no costs to you or payments made for participating in this study.

All of my questions

Your instructor has answered all of your current questions about you being in this study. If you have any concerns about your rights, how you are being treated or if you have questions, want more information or have suggestions, please contact Cristy McGoff in the Office of Research Compliance at UNCG at (336) 334-4231. Questions, concerns or complaints about this project or benefits or risks associated with being in this study can be answered by Myra Martin-Adkins who may be contacted at memarti4@uncg.edu.

Leaving the study

You are free to refuse to participate or to withdraw your consent to be in this study at any time. There will be no penalty or unfair treatment if you choose not to be in the study. Being in this study is completely voluntary.

My personal information

Your privacy will be protected. You will not be identified by name or other identifiable information as being part of this project. All information obtained in this study is strictly confidential unless disclosure is required by law.

What about new information/changes in the study?

If significant new information relating to the study becomes available which may relate to your willingness to continue to participate, this information will be provided to you.

Study approval

The University of North Carolina at Greensboro Institutional Review Board makes sure that studies with people follows federal rules. They have approved this study, its consent form, and the earlier verbal discussion.

My rights while in this study

If you have any concerns about your rights, how you are being treated or if you have questions, want more information or have suggestions, please contact the Office of Research Compliance at UNCG at (336) 334-4231.

By completing the enclosed packet and returning it to your instructor, you are consenting to participate in this study.

APPENDIX G

MODIFICATIONS TO DEMOGRAPHIC QUESTIONNAIRE

Demographic Questionnaire

Age: _____

Gender:

_____Female   _____Male   _____Intersex   _____Decline to state

Race/ethnicity *(check all that apply)*:

_____White/Caucasian   _____Black/African-American   _____Latin(o/a)-American

_____Asian-American   _____Native American   _____Biracial/Multiracial

_____Other   _____Decline to state

Program focus/Track:

_____ Addiction Counseling   _____ Career Counseling

_____ Clinical Mental Health Counseling   _____ Counselor Education & Supervision

_____ Marriage, Couple, & Family Counseling   _____ School Counseling

_____ Student Affairs & College Counseling

Number of clients you are <u>currently</u> seeing: _____

Approximate number of <mark>total</mark> <u>direct</u> clinical hours completed *(<mark>please include all direct hours from Practicum and Internship up to this point</mark>)*: _____

("direct hours" defined as: hours spent in direct service/contact with clients)

<mark>Number of semesters of *practicum* completed</mark>:

     [0, currently enrolled in first]   [1]   [2]   [3]   [4+]

<mark>Number of semesters of *internship* completed</mark>:

     [0, currently enrolled in first]   [1]   [2]   [3]   [4+]

Completed Master's level credit hours: _____

Have you completed a course in Multicultural Counseling?

     _____Yes   _____No

Please describe any additional Multicultural training below:

205

APPENDIX H

MODIFICATIONS TO ORAL SCRIPT

Instructions for Administrator:

Please read the following script prior to administration of the survey. After reading the instructions aloud, please distribute Section A (purple) of the survey. After ten minutes, please collect Section A and distribute Section B (blue). After fifteen minutes, collect Section B and distribute Section C (green). Thank you for your assistance!

Oral Script for Survey Administration:

You are being asked to participate in a research study.

The study is focused on gaining a deeper understanding of the ways counselors think about themselves and their clients. You have been picked to participate because you are enrolled in a CACREP accredited program and are currently seeing clients. Your participation in this study is completely voluntary and will have no affect on your grade for this course or any other course. If you feel uncomfortable answering any questions, you can choose to leave them blank. You can also choose to stop participation at any point throughout the study.

One of the minimal anticipated risks for participating in the study is that you may not want your answers to be seen or identified as belonging to you. As such, please do not write your name anywhere on the survey packets and return completed packets to me face down so I cannot see your responses.

All information obtained in this study is strictly confidential unless disclosure is required by law. *There is a portion of the survey in which you are asked to discuss clients you have seen or are currently seeing. Please use only initials or symbols to differentiate those individuals for your own use in order to maintain confidentiality.*

If the questions in the survey bring up new thought processes or questions for you, please feel free to contact the researcher by email for resources or to answer any questions.

Although there are no direct benefits for participating in the study, the researcher hopes your responses will contribute to deeper understandings of ways educators can better train future counselors to assist counselors in better serving their clients.

The study consists of basic survey questions and should take no longer than 40 minutes and asks questions relevant to your understanding of yourself and your clients.

If you consent to participate, there are three sections to the survey. The first two are time sensitive. You will have ten minutes to complete the first section and fifteen minutes to complete the second section. The third section is not time-sensitive and is estimated to take no longer than fifteen minutes.

Thank you for considering participation!

APPENDIX I

INSTITUTIONAL REVIEW BOARD APPROVAL FOR PILOT STUDY

To: Kelly Wester
Counsel and Ed Development
219 Curry Building

From: UNCG IRB

Date: 10/04/2012

RE: Notice of IRB Exemption
Exemption Category: 2.Survey, interview, public observation
Study #: 12-0344
Study Title: Exploring Relationships Between Counselor Cognitions, Identity Complexity and Couseling Competence

This submission has been reviewed by the above IRB and was determined to be exempt from further review according to the regulatory category cited above under 45 CFR 46.101(b).

Study Description:

This study will focus on gaining a deeper understanding of the ways counselors think about themselves and their clients. **Regulatory and other Findings:**

- This research meets criteria for waiver of documentation of consent per the following regulation: 45 CFR 46.117(c)(1)

Investigator's Responsibilities

Please be aware that any changes to your protocol must be reviewed by the IRB prior to being implemented. The IRB will maintain records for this study for three years from the date of the original determination of exempt status.

CC:
Myra Martin-Adkins, Counsel And Ed Development
ORC, (ORC), Non-IRB Review Contact

APPENDIX J

SCORING TEMPLATES FOR CCQ AND CCQ-A

Counselor Cognitions Questionnaire Scoring Form: *Differentiation*

Participant ID	Total # Constructs		# of Shared Constructs	Total Differentiation Score
	Effective	Less Effective		
Sample 1				

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Counselor Cognitions Questionnaire Scoring Form: *Integration*

Participant ID	Characteristics-Valence		Characteristics-Types		Characteristics-Counseling Relationship		# of Categories			Categories-Counseling Relationship		Total Integration Score
	Effective	Less Effective	Effective	Less Effective	Effective	Less Effective	Effective	Less Effective	Shared	Effective	Less Effective	
Sample 1												

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Rater Name: _____

Counselor Cognitions Questionnaire—Adapted Version Scoring Form

ID	Total # of Constructs (Total *Differentiation* Score)	Characteristics-Valence	Characteristics- Types	# of Categories	Total *Integration* Score

APPENDIX K

FULL STUDY RECRUITMENT E-MAIL

Dear fellow counselors, counselor educators, and students,

I am a third-year doctoral student at The University of North Carolina at Greensboro, conducting a dissertation study researching relationships between counselor cognitions, identity complexity, and counseling competence. I am currently seeking participants for my study. Eligible participants are current Master's or Doctoral-level Counseling students, current or retired counseling practitioners, or counselor educators. The study consists of three surveys and a brief demographic questionnaire and should take no longer than 40 minutes to complete. For those who are interested, upon completion of the surveys, there is the option of providing an e-mail address (completely separate from your individual responses) in order to enter for a chance to win one of four $25 Barnes and Noble gift cards. To participate, please follow the link below:

https://uncg.qualtrics.com/SE/?SID=SV_bk3f5dSSjE0ekCN

Please feel free to pass this e-mail along to students or other eligible participants. If you have any questions about the study, please feel free to contact me at memarti4@uncg.edu.

Thank you for your consideration!

APPENDIX L

INSTITUTIONAL REVIEW BOARD APPROVAL FOR STUDY

To: Kelly Wester
Counsel And Ed Development
219 Curry Building

From: UNCG IRB

Date: 1/30/2013

RE: Notice of IRB Exemption
Exemption Category: This study continues to meet the following exempt category: 2.Survey, interview, public observation
Study #: 12-0344
Study Title: Exploring Relationships Between Counselor Cognitions, Identity Complexity and Counseling Competence

This submission has been reviewed by the above IRB and was determined to be exempt from further review according to the regulatory category cited above under 45 CFR 46.101(b).

Study Description:

This study will focus on gaining a deeper understanding of the ways counselors think about themselves and their clients.

Regulatory and other findings:
- This research meets criteria for waiver of documentation of consent per the following regulation: 45 CFR 46.117(c)(1)

Study Specific Details: This modification, dated 1/10/13, addresses the following:

- Expansion of the study to include not only counseling students, but couseling practitioners and counselor educators.
- Addition of online version of survey.
- Addition of an incentive.
- Addition of research sites.
- Changes in demographic questionnaires.
- Changes in consent to reflect changes in protocol.
- Change in advertisement to reflect changes in protocol.

Investigator's Responsibilities

Please be aware that any changes to your protocol must be reviewed by the IRB prior to being implemented. The IRB will maintain records for this study for three years from the date of the original determination of exempt status.

CC:
Myra Martin-Adkins, Counsel And Ed Development
ORC, (ORI), Non-IRB Review Contact