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When counselors acquire (a) *awareness* of one's own enculturation and related biases, (b) *knowledge* of the worldviews and values of minority populations, and (c) *skills* for appropriate interventions, they are said to possess the multicultural counseling competence (MCC) necessary to work effectively with diverse clientele (Ponterotto et al., 1996; Sue & Sue, 2003). Cultural immersion (CI), exiting one's own cultural context and entering into the activities of an identified cultural group, is argued to be effective at increasing MCC (Goodman & West-Olatunji, 2009a, 2009b; Pedersen & Leong, 1997; Pope-Davis, Breaux, & Liu, 1997; West-Olatunji, Goodman, Mehta, & Templeton, 2011). Group process is argued to be the vehicle to increase MCC during CI; however, research to support this is lacking. There is evidence that developmental supervision approaches push trainees to progress from stereotypic thinking and limited awareness to increased awareness (Ancis & Ladany, 2001; Sabnani, Ponterotto, & Borodovsky, 1991). Thus, turning to cognitive/emotional developmental style (CEDS) processing was needed as utilizing dialectic CEDS, and all four CEDS, has been found to foster more cognitively complex thoughts (Ivey, Ivey, Myers, & Sweeney, 2005; Rigazio-DiGilio, Daniels, & Ivey, 1997), which have been correlated with MCC (Benet-Martínez, Lee, & Leu, 2006; Ishii, Gilbride, & Stensrud, 2009; Pedersen, 2000). The purpose of this study was to examine the relationships between MCC, critical components of CI, and CEDS.

The sample consisted of 493 master's-level counselor-trainees who were currently enrolled in or had completed a cross-culture counseling course, and had experience working with clients. They completed a 117-item survey packet. Overall, results supported the expected relationships between MCC, CI, and CEDS. Specifically, a one-way ANOVA indicated immersed trainees had higher mean MCC scores than their non-immersed peers. Results of correlations and multiple regression analyses indicated relationships between the critical components of CI and MCC, with pre-training and interaction emerging as more significant predictors. ANOVA results also indicated trainees with higher dialectical and sensorimotor scores had significantly greater mean MCC. In addition, trainees that could operate within all four CEDS independently, versus those that displayed an inability to operate in at least one, had greater mean MCC. Multiple regressions also were utilized to determine how well two models (a combination of CI history and dialectic score, and a combination of CI history and sensorimotor score) predicted MCC. There was not a stronger correlation between CI and MCC for trainees whose dialectic scores were significantly greater; however, there was a stronger correlation between CI and MCC for counselor-trainees who had higher sensorimotor scores. Finally, results from a two-way ANOVA (with interaction) indicated trainees who were able to operate in all four CEDSs had significantly greater mean MCC scores, regardless of immersion history.

These results have implications for counselors and counselor educators. Professional counselors who have not had an immersion experience might find CI useful in gaining KSAs. In addition, CI may be a useful training strategy for counselor educators

to utilize to foster the attainment of MCC in counselor-trainees. Both counselors and counselor-trainees may benefit from utilizing the sensorimotor and dialectic CEDS, in addition to processing in all four CEDS. In addition, since the CEDS are taken from the DCT model, these preliminary findings provide support for the use of DCT in both training and practice.

Finally, these results have implications for future research. Researchers could explore the impact of additional multicultural counseling training, counseling experience, and working with culturally diverse others on MCC, particularly what types of MCT directly correspond to the observed increase in MCC. Research is needed on international students and their perpetual immersion to elucidate what processes account for their enhanced MCC. Further work is also needed to clarify the impact of specific CI activities on particular domains of MCC. Additionally, there is a need for more effective means of measuring both CI and CEDS. Lastly, these results suggest that future experimental designs of intentional process group structure (using CEDS) to enhance MCC during CI merit attention.

THE RELATIONSHIPS BETWEEN MULTICULTURAL COUNSELING COMPETENCE, CULTURAL IMMERSION, & COGNITIVE/ EMOTIONAL DEVELOPMENTAL STYLES: IMPLICATIONS FOR MULTICULTURAL COUNSELING TRAINING

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CHAPTER I

INTRODUCTION

Culturally diverse populations are habitually underserved by our mental health system (Burnett, Long, & Horne, 2005; Chung & Bemak, 2002; Goodman & West-Olatunji, 2009b; Pedersen, 1991; Reynolds, 2001; Sue, Arredondo, & McDavis, 1992; Sue & Sue, 2003). Evidence of health disparities reveals a gap in both physical and mental health outcomes for majority and minority populations (U.S. Department of Health and Human Services, 2001). In 2006, minorities had a higher prevalence of psychological distress than Caucasians, but were half as likely to receive mental health care (U.S. Office of Minority Health, 2010). Suicide attempts and completions are significantly more frequent in minority groups (U.S. Office of Minority Health, 2010). In addition to the mental health needs of minorities, Professional Counselors should be particularly concerned with the attrition rate of persons of color (Cheung & Snowden, 1990; Sue, 1990; Sue & Sue, 2003; Worthington, Soth-McNett, & Moreno, 2007; Zane, Enomoto, & Chun, 1994), with 50% not returning after the first session (Garrett et al., 2001; Priest; 1994; Sue & Sue, 2003). As a consequence, attention to the development of multicultural counseling competence (MCC) in counselor training is imperative.

Although standards set by the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2008) require multicultural counseling instruction in the counseling curriculum, counselor-trainees remain unprepared to

respond to the needs of minority populations (Allison, Crawford, Echemendia, Robinson, & Knepp, 1994; Ancis & Sanchez-Hucles, 2000; Arthur & Januszkowski, 2001; Goodman & West-Olatunji, 2009b; M. K. Johnson, Searight, Handal, & Gibbons, 1993; Ponterotto, 1988). Based on self-reports, beginning counselors in particular feel unprepared to work with culturally diverse clients (Allison et al., 1994; Arthur & Januszkowski, 2001; Holcomb-McCoy & Myers, 1999) and are found to possess racial and gender biases along with limited awareness, knowledge, and skills (Ancis & Sanchez-Hucles, 2000; M. K. Johnson et al., 1993; Ponterotto, 1988); the three dimensions of MCC. Evidence-based strategies for enhancing MCC in counselor trainees are needed. Cultural immersion (CI), direct contact with another culture in its context, is argued to increase all three domains of MCC in counselor-trainees (Abreu, Gim Chung, & Atkinson, 2000; Alexander, Kruczek, & Ponterotto, 2005; Goodman & West-Olatunji, 2009b; Ribeiro, 2004) and their ability to respond to diverse clientele (DeRicco & Sciarra, 2005; Holcomb-McCoy & Myers, 1999; Pope-Davis et al., 1997; Sodowsky, Taffe, Gutkin, & Wise, 1994) by enabling counselor-trainees to directly experience how diverse groups define and view themselves (Burnett, Hamel, & Long, 2004).

CI requires stepping out of one's own culture and comfort zone and entering (immersing oneself) into the activities of an identified cultural group (Abreu et al., 2000). CI has been utilized across disciplines, in traditional on-campus courses, internet based courses, study abroad courses (Canfield, Low, & Hovestadt, 2009), disaster response outreach immersion (Goodman & West-Olatunji, 2008, 2009a, 2009b), international immersion (Alexander et al., 2005; Gaines-Hanks & Grayman, 2009; Ishii et al., 2009;

Kambuto & Nganga, 2008), and domestic immersion (DeRicco & Sciarra, 2005; Pope-Davis et al., 1997). CI has gained extensive popularity as a MCC training strategy in the counseling field (Alexander et al., 2005; Boyle, Nakerud, & Kilpatrick, 1999; Kambutu & Nganga, 2008; Tesoriero, 2006). Arthur and Achenbach (2002) and more recently West-Olatunji and colleagues (2011) argued that the process group (a venue to reflect upon one's own biases and judgments in understanding one's experiences while immersed) is the vehicle to increase MCC during CI, however, research to support this argument is lacking. There is evidence that developmental supervision approaches push trainees to progress from stereotypic thinking and limited awareness of personal prejudices to increased awareness (being able to view the client in context) by generating more cognitively complex conceptualizations (Ancis & Ladany, 2001; Sabnani et al., 1991). Trainees with higher levels of cognitive complexity are able to take multiple perspectives, apply counseling skills effectively, reflect on their own thinking, tolerate ambiguity, and recognize their own limitations (Granello, 2010; Welfare & Borders, 2010) which are all essential to gaining knowledge, skills, and awareness. To date, no strategies for process group structure or utilizing developmental supervisory techniques have been proposed to promote MCC during CI. While there is evidence that counselor-trainees increase MCC through CI, it is unclear how and what reflective processes foster this change.

Ivey, Ivey, Myers, and Sweeney (2005) presented Developmental Counseling and Therapy (DCT) as a model for understanding how individuals make meaning of their experiences both cognitively and affectively. DCT is a theoretical description of

cognitive development, and a developmental counseling approach whereby counselors evaluate the cognitive level of clients and intentionally select counseling interventions to facilitate client development. DCT enables clinicians to understand their own cognitive/emotional developmental style (CEDS) preferences in addition to understanding the CEDS preferences of their clients, which enables counselors to intentionally select interventions based on their clients' styles. Based on research using DCT with clients (Marszalek & Cashwell, 1998), counselors (Barrio Minton & Myers, 2008), and in supervision (Rigazio-DiGilio et al., 1997), it appears that the DCT paradigm may offer a holistic way of both viewing and enhancing cognitive/emotional development.

DCT may provide a tangible, measurable means for structuring process groups to promote cognitive complexity and MCC development through a CI experience. Piagetian constructs such as assimilation and accommodation underpin both the DCT model (Ivey, 2000) and CI studies that describe how counselor-trainees often struggle to integrate new information encountered during immersion with their existing worldview (Merta, Stringham, & Ponterotto, 1988). An intentional processing model such as DCT may more effectively assist counselor-trainees in challenging their worldviews, understanding their CI field experiences, and generalizing new knowledge to their work with clients. To date, no studies have directly addressed the possible links between DCT processing styles and the developmental acquisition of MCC in any context, including CI.

In this chapter, a rationale for a study analyzing the relationships between MCC, CI, and CEDS is presented. First, research on these constructs is provided. Second, a

statement of the problem is given. Third, the purpose of the study is described. Fourth, research questions are presented. Fifth, the significance of the study to the counseling profession is described. Sixth, definitions of terms are provided, followed by the organization of the study.

Research on MCC, CI, and CEDS

In this section, the multicultural counseling literature is outlined, including a description of Sue and colleagues (1982, 1992, 2001, 2003) Tripartite model and pertinent research supporting the model. Second, CI research is provided along with Pope-Davis and colleagues' (1997) multicultural immersion experience (MIE) model which outlines several critical components of CI. Third, research on DCT is provided, underscoring four CEDS, or modes of processing life events (sensorimotor, concrete, formal, and dialectic).

Multicultural Counseling Competence (MCC)

When counselors acquire (a) awareness of their own enculturation and related biases, (b) knowledge of the worldviews and values of culturally diverse populations, and (c) skills for interventions with diverse clientele (Arrendondo et al., 1996), they are said to possess the MCC necessary to work effectively with diverse clientele (Pedersen & Ivey, 1993; Ponterotto et al., 1996; Sue et al., 1982, 1992; Sue & Sue, 2003). While some studies have validated all three domains of MCC (D'Andrea, Daniels, & Heck, 1991; Sodowsky et al., 1994), others have justified only two of the three (Holcomb-McCoy & Day-Vines, 2004; Holcomb-McCoy & Myers, 1999; Ponterotto, Casas, Suzuki, & Alexander, 2010). Some studies have advocated for the expansion (Holcomb-McCoy &

Myers, 1999; Sodowsky et al., 1994) or revision (Constantine & Ladany, 2001) of the awareness, knowledge, and skills structure, but the vast majority of literature has accepted this framework as a valid conceptualization of MCC (Arredondo, Rosen, Rice, Perez, & Tovar-Gamero, 2005; Parades, 2007; Pope-Davis et al., 1997). While research on the tripartite model is sparse, research utilizing the model is extensive.

Ponterotto, Fuertes, and Chen (2000) conducted a comprehensive review of the models of MCC and identified two main areas of MCC research: (a) studies that addressed the effects of culturally responsive/consistent behavior and (b) correlations of MCC obtained from instruments designed to operationalize the MCC model. Ponterotto and colleagues (2000) concluded that a central question remains unanswered, “Do counselors who possess these competencies evidence improved counseling outcome with clients across cultures?” (p. 641).

Worthington and colleagues (2007) sought to address that question through a 20-year content analysis of MCC research (75 studies). They argued Atkinson and Lowe’s (1995) and Ponterotto and colleagues’ (2000) reviews provided evidence to support Sue and colleagues’ (1982) tripartite model through a group of studies that examined the effects of culturally responsive verbal behavior on client evaluations of their counselor. The studies demonstrate that culturally consistent and responsive counselor verbalizations positively impact client outcomes (Atkinson, Casas, & Abreu, 1992; Atkinson & Matsushita, 1991; Gim, Atkinson, & Kim, 1991; Poston, Craine, & Atkinson, 1991; Thompson, Worthington, & Atkinson, 1994). However, they are based solely on analogue research utilizing pseudo-clients (Worthington et al., 2007).

Only two studies (Constantine & Ladany, 2001; Constantine, Gloria, & Ladany, 2002) utilized real clients to investigate the impact of MCCs. Constantine and Ladany (2001) found racial and ethnic minority counselor-trainees were rated higher in multicultural competence than their white American peers. They also found that prior multicultural training predicted observer rated MCCs. Constantine and colleagues (2002) found that minority clients' ratings of counselors' MCCs predicted significant variance in ratings of counseling satisfaction. In addition, several other studies indicated that culturally responsive services impact service delivery. Wade and Bernstein (1991) found that clients assigned to counselors with cultural-sensitive training returned for more sessions, expressed greater satisfaction with counseling, and perceived counselors to be more credible. Gim et al. (1991) reported that counselors who acknowledged the importance of ethnicity and the clients' cultural values were rated as more credible and culturally competent. Sodowsky (1991) showed counselors who were culturally consistent with clients of a particular Asian culture were rated as more expert and trustworthy by observers from that cultural heritage. Fourteen years later, Sodowsky (née Roysircar) reported that the working alliance is positively impacted by a counselor's MCCs (Roysircar, Gard, Hubbell, & Ortega, 2005).

Worthington and colleagues (2007) went on to summarize three process research studies: Thompson and Jenal (1994), Kim, Li, and Liang (2002), and Worthington, Mobley, Franks, and Tan (2000). Thompson and Jenal (1994) qualitatively analyzed counseling interactions in dyads. Counselors had been instructed to be race-avoidant in their work with African American clients. The majority of clients had difficulty

communicating concerns regarding race or racism. Kim and colleagues (2002) found that Asian American clients who worked with a counselor who emphasized immediate resolution of problems (deemed more culturally congruent) rated the working alliance higher than clients whose counselor emphasized the attainment of insight. Worthington and colleagues (2000) found that counselors who more frequently used cultural referents in their verbalizations were rated higher on the MCCs by trained observers.

Through reviewing the empirical process and outcome research that existed up to that time (2007), Worthington and colleagues argued that research has, "consistently shown that counselors who possess MCCs evidence improved counseling processes and outcomes with clients across racial and ethnic differences" (p. 358). This was the central question charged by Ponterotto and colleagues in 2000. Positive results were obtained in regards to client perceptions of counselors, client outcomes, attrition, and self-disclosure when counselors exhibited MCCs (Worthington et al., 2007). However, these studies are not without limitations. In addition to many being analog designs, the studies mentioned also suffer from low external validity, because they utilized convenience sampling. In addition, self-report instruments are predominantly used to measure counselors' MCCs (Ponterotto et al., 2000).

D'Andrea and Heckman (2008) also synthesized the literature when they conducted a 40 year review (from 1967 to 2007) of multicultural counseling outcome research. Their analysis contended that Atkinson and Lowe's (1995) review was critical along with Atkinson's earlier work (1983) which together resulted in the identification of 18 outcome studies related to counselor MCC. Four categories of research articles

emerged: (a) preference for counselor ethnicity and racial background, (b) counselor/therapist biases, (c) counseling process (e.g., clients' perceptions of counselors' credibility, trustworthiness, and expertise in counseling), and (d) measures of counseling outcome (D'Andrea & Heckman, 2008). These earlier investigations focused on minority clients' reports of satisfaction with and perceived helpfulness of counseling, use of mental health services, dropout rates, and measures of improvement in different aspects of clients' psychological and behavioral functioning. Only three of the 18 total multicultural counseling outcome studies identified in Atkinson (1983) and Atkinson and Lowe's (1995) reviews included measures of culturally different clients' psychological functioning as a dependent variable. In contrast, 31 of the 53 recent multicultural counseling outcome studies identified by D'Andrea and Heckman (2008) researched changes in different aspects of the participants' psychological or behavioral functioning. D'Andrea and Heckman (2008) argued that this focus, on the types of psychological and behavioral changes culturally diverse clients manifest as a result of participating in counseling, aids counselors in addressing the challenges faced working in today's rapidly changing society.

While there has been extensive research utilizing Sue and colleagues' (1982) Tripartite model, it has been criticized for focusing on cultural, racial, and ethnic differences (Weinrach & Thomas, 2002). Other cultural identities such as gender, socioeconomic status, sexual orientation, religion, physical/mental ability, etc. are omitted from earlier versions of the model. However, there are counter arguments that this emphasis is a necessary first step in challenging a beginning trainees' monocultural

worldview (Garrett et al., 2001; Sue, 1978; Torres-Rivera, Phan, & Maddux, 2001). Further, there is practical evidence through counseling simulations that supports the usefulness of cultural/ethnic specific statements in counseling (Atkinson & Lowe, 1995; Ponterotto et al., 2000). The tripartite model is argued to be empirically supported (Mollen, Ridley, & Hill, 2003), and considered to be the most influential multicultural model in the counseling field (Aberu et al., 2000; Ponterotto et al., 2010). This model has been foundational for multicultural training strategies (Roysircar et al., 2003), MCC research (Arredondo et al., 1996; Priest, 1994; Sue & Sue, 2003), multicultural counseling competency assessment instruments (D'Andrea et al., 1991; Ponterotto, Sanchez, & Magids, 1991; Ponterotto et al., 1996; Sodowsky, 1996; Sodowsky et al., 1994), and even other multicultural counseling competency models (Arredondo et al., 1996; Lee, 2012; Sue, 2001).

Cultural Immersion (CI)

Cultural immersion (CI) is argued to be one of the most effective methods of increasing MCC among counselor-trainees (Abreu et al., 2000; Canfield et al., 2009; Gillin & Young, 2009; Goodman & West-Olatunji, 2008, 2009a, 2009b; Majewski & Turner, 2007; Pedersen & Leong, 1997; Pope-Davis et al., 1997; Ribeiro, 2004). CI positions trainees to immerse into the activities of an identified cultural group (Canfield et al., 2009) which is argued to be transformative (Kottler, 1997). Counselor-trainees who experience CI are argued to gain genuine cultural understanding (Arthur & Achenbach, 2002; Toporek, Ortega-Villalobos, & Pope-Davis, 2004), increased knowledge of how groups define and view themselves (Burnett et al., 2004; Pope-Davis et al., 1997), and

increased awareness of one's own biases, values, and worldview (Abreu et al., 2000; Alexander et al., 2005; Goodman & West-Olatunji, 2009b; Ribeiro, 2004). After briefly explaining Pope-Davis et al.'s (1997) multicultural immersion experience (MIE) model for CI, research grounded in the MIE phases are provided to support the critical components of immersion, underscoring the role of the process group in increasing MCC.

Pope-Davis et al.'s (1997) MIE model is grounded in the conditions of successful intergroup contact (Allport, 1954), and is widely cited among CI studies (Canfield et al., 2009; DeRicco & Sciarra, 2005; Goodman & West-Olatunji, 2008, 2009a, 2009b). The MIE model underscores critical components for intentional CI: (a) pre-deployment training, (b) sustained time in the field, (c) interaction with culturally diverse others, (d) genuineness/depth of relationships formed, and (e) reflection. The three phases of the MIE include: (a) pre-immersion planning and initial reflecting, (b) immersion with continued reflection, and (c) debriefing, evaluation, and meaning making (Pope-Davis et al., 1997). To provide support for the effectiveness of CI as a training method for increasing counselor-trainees' MCC, research findings from several studies grounded in the MIE are presented along with the limitations of these studies that indicate areas for further research.

Goodman, West-Olatunji, and their colleagues (2008, 2009a, 2009b, 2011) qualitatively explored critical consciousness as a training tool to provide culturally competent disaster response counseling services and found 6 themes: (a) MCC, (b) group cohesion, (c) mentoring, (d) transformation, (e) self-care, and (f) critical consciousness. They stated that trainees, "engaged in 3-4 hours of group process and reflection time

daily" and reported that trainees, "frequently engaged in dialectic process with their peers and clinical supervisor" (Goodman & West-Olatunji, 2009a, p. 461). However, there was no explanation as to how dialectic thinking was fostered in their study or how students came to exhibit new levels of MCC and critical consciousness.

Ishii and colleagues (2009) used grounded theory to analyze journals written during a CI as part of a multicultural course. Their analysis resulted in five categories: cognitive, affective, perceptual, empathy, and cultural dissonance. The cognitive reactions category contained three subcategories: comparing, describing concepts and experiences, and contextualizing (Ishii et al., 2009). The main theme in this category was knowledge acquisition that included: understanding course concepts, connecting course materials with observations and personal experiences, and integrating contextual information. Ishii and colleagues (2009) argued these categories required different levels of information processing. Comparing requires knowledge of a particular concept in order to make a comparison, whereas describing concepts and experiences requires not only conceptual knowledge but also understanding whereby one connected knowledge to one's personal experiences. Contextualizing involves conceptual knowledge and the ability to apply knowledge in a particular context. Thus, the three categories represented a progressively more complex cognitive process. Ishii and colleagues (2009) drew from Perry (1970) to argue that trainees with higher levels of cognitive complexity may become increasingly capable of integrating multiple factors and viewing a phenomenon within a context. Ishii and colleagues (2009) agreed with Pedersen's (2000) contention that cognitive complexity is an important factor in cultural competence because it allows

counselors to incorporate the intricacies and impacts of culture into the counseling process.

Ishii and colleagues (2009) argued that emotions evoked through CI led to trainee avoidance of reflection regarding diversity issues. Ishii and colleagues drew upon the works of Helms (1990) and Roysircar (2004) when they reiterated the importance of processing affective reactions. Helms (1990) asserted that processing internal conflicts was necessary at both the cognitive and affective levels for trainee development. Similarly, Roysircar (2004) claimed that emotions regarding diversity issues must be processed and resolved in order for counselors to develop effective cross-cultural counseling relationships. Further, Constantine and Gainor (2001) found a positive relationship between emotional intelligence and perceived multicultural counseling knowledge. Both emotional awareness of self and emotional understanding of others is argued to be critical in gaining MCC (Roysircar, 2004; Roysircar et al., 2005).

Ishii and colleagues (2009) did not explore developmental themes, the transferability of journal writing to attaining MCCs, and the generalizability of their study due to the small sample size. In addition, they acknowledge that the brief duration of their CI experience was another limitation and cite Pope-Davis and colleagues' (1997) report of a study in which participants became more ethnocentric due to a lack of time to process their experience. Ishii and colleagues (2009) state that the short duration of the immersion could have negatively affected the experience of some of the students.

Alexander et al. (2005) found an advanced practicum course in Trinidad enhanced the multicultural awareness of counselor trainees. They did not directly assess the MCC

of trainees or conduct pre-post assessments. Similarly to Canfield and colleagues (2009) and Goodman and West-Olatunji (2008, 2009a, 2009b), Alexander and colleagues (2005) do not provide limitations to their study nor explain the process group structure or how particular experiences were processed.

The majority of studies regarding CI are either conceptual or involve coding trainees' journals for themes that describe their experience in the field (Boyle et al., 1999; Howard, Inman, & Altman, 2006; Ishii et al., 2009; West-Olatunji, Goodman, Mehta, & Templeton, 2011). Thus, connections back to the trainees' development of MCC are lacking. Many trainees involved in the CI are also co-authors of the refereed journal articles which would necessitate the bracketing of their assumptions prior to coding (Fischer, 2009); however, bracketing was not conducted in the aforementioned CI studies. Although the authors of studies cited here utilize the components of the MIE outlined by Pope-Davis and colleagues (1997): interactions with culturally diverse others, depth/genuineness of relationships formed, pre-deployment training, sustained time in the field, and reflection (Canfield et al., 2009; Chung & Bemak, 2002; DeRicco & Sciarra, 2005; Goodman & West-Olatunji, 2008, 2009a, 2009b), no study to date has empirically tested the relationships between these five variables and MCC. There is a specific need to elucidate the role of reflection though exploring the process group to better understand how trainees increase their MCC while immersed. Educators can emulate many of the components of the MIE, however, there are no guidelines or model for how to structure the process/reflective components during CI.

Cognitive Emotional Developmental Styles (CEDS)

Cognitive Emotional Developmental Styles (CEDS) are taken from Developmental Counseling and Therapy (DCT; Ivey et al., 2005). DCT provides a multiculturally responsive approach as a clinician can select interventions based on their clients' CEDS preference as opposed to their own style preference (Ivey et al., 2005). There is not a hierarchy of CEDS, rather the aim of DCT is to foster one's ability to process in all styles: sensorimotor, concrete, formal, and dialectic (Barrio Minton & Myers, 2008). The natural developmental progression from sensorimotor to dialectic, does however lead to more cognitively complex thoughts, which have been correlated with increased MCC (Benet-Martínez et al., 2006; Ishii et al., 2009; Pedersen, 2000). After each CEDS is briefly described, research grounded in DCT is explored to provide support for the effectiveness of using DCT to foster higher order thinking and the processing of life events in more than one CEDS.

Sensorimotor functioning involves the ability to describe and discuss one's feelings in the present moment (Ivey & Rigazio-DiGilio, 2005); those with a sensorimotor style preference may be overpowered by their senses (Ivey et al., 2005). The concrete/situational style centers on linear thought processes and an understanding of cause and effect relationships (Ivey et al., 2005), emphasizing what specifically happened without analysis or reflection (Rigazio-DiGilio, 2005). Individuals with a Formal-operational style preference reflect on their experiences and demonstrate an ability to recognize patterns of thought, emotion, and action (Ivey et al., 2005). Barrio Minton and Myers (2008) stated the dialectic style preference represents a qualitative shift in ways of

knowing, integrating patterns of affect and cognition. Dialectic thinkers are aware of systems of knowledge and how those systems impact individuals.

While several studies used DCT as a framework for spiritual bypass (Cashwell, Myers, & Shurts, 2004), or cognitive development in understanding gay identity development (Marszalek, Cashwell, Dunn, & Jones, 2004) and minority identity development theory (Ivey, 1993), the work of Tamase and Rigazio-Digilio (1997) provides support for the CEDS style preferences and DCT questioning sequence. Tamase and Rigazio-Digilio (1997) found evidence that DCT questions consistently geared toward a targeted CEDS orientation (e.g., formal CEDS), promote individuals to explore within that orientation (Tamase & Rigazio-Digilio, 1997). They reported an additional study (1997) that found questions that were worded positively, neutrally, or negatively impacted movement towards other CEDS preferences. The positive and negatively focused questions provided evidence that the incorporation of affect heightens the cognitive development of participants. Due to the previous findings, Tamase and Rigazio-Digilio (1997) also examined the relationship between an individual's CEDS preference and her or his ability to think formally and self-reflect and found that one’s ability to identify patterns in one’s life is significantly related to the developmental change process. In other words, those who could explore their life events within concrete and formal orientations, even with a limited sequence of questioning strategies, could view alternative perspectives to a significantly greater degree than those who were unable to use both the concrete and formal CEDS (Tamase & Rigazio-Digilio, 1997). It is worthy to note that while these studies did utilize a thorough methodology, the clients,

counselors, and style raters identified as Japanese; the generalizability from these studies to other populations may be challenging.

The studies conducted by Tamase and Rigazio-Digilio (1997) support the premise that a client's CEDS preference can be readily identified in the immediacy of the therapeutic dialogue and that careful, consistent, and patient use of questioning strategies, designed to encourage clients to explore their issues within a particular orientation does, in fact, promote such explorations. Tamase and Rigazio-Digilio (1997) also found that the DCT questioning sequence, crafted to promote expansion of existing worldview, accomplished this objective. The findings from the studies conducted by Tamase and Rigazio-Digilio support the DCT assumption that the use of DCT questioning sequence, and fostering process within each of the CEDS orientations, enables one to consider his or her problem issues from different vantage points. DCT questioning strategies may be used to facilitate the understanding of multiple perspectives and encourage individuals to act upon new knowledge which impacts the ways that they engage with others.

Statement of the Problem

There is evidence of health disparities between majority and minority populations (U.S. Department of Health and Human Services, 2001) that indicates mental health services/systems are tailored to white-Eurocentric individuals (Highlen, 1994; Sue & Sue, 2003; Wehrly, 1995). Despite advances in multicultural training, minority clients are often conceptualized through a prism of Euro-American values which negatively impacts service delivery (D'Andrea & Heckman, 2008; Goodman & West-Olatunji, 2009b; Sue & Sue, 2003). The number of racial and ethnic minorities in the United States has

continued to increase (Leong & Blustein, 2000; U.S. Office of Minority Health, 2010) and it is projected that the U.S. will become a majority-minority by 2050 (U.S. Bureau of the Census, 2008). These changing demographics, coupled with the lack of effectiveness of counselors to respond to the needs of minority populations (Arthur & Januszkowski, 2001; Holcomb-McCoy & Myers, 1999; Sue & Sue, 2003), necessitates increasing MCC to more effectively work with diverse clients. A variety of training methods have emerged to increase MCC, most of which have resulted in limited success (D'Andrea & Heckman, 2008; Pedersen, 1991; Reynolds, 2001).

While there is evidence that CI moves counselor trainees along the multicultural competence continuum (Arthur & Achenbach, 2002; Burnett et al., 2004; Goodman & West-Olatunji, 2009a; Tomlinson-Clarke & Clarke, 2010; Toporek et al., 2004; West-Olatunji et al., 2007, 2011), the mechanism for this change has not been empirically demonstrated. CI studies tend to be conceptual and/or theoretical. The vast majority of CI studies analyze trainees' journal entries for themes; however, there is limited discussion as to what protocols were utilized to collect the data from the journals (Boyle et al., 1999; Gillin & Young, 2009; Howard et al., 2006; Kambutu & Nganga, 2008; West-Olatunji et al., 2011). Were journal prompts provided? Were trainees required to journal? Did trainees journal the same amount across cases? While journal entries can provide poignant critical incidents for learning, it is challenging to utilize journal entries as data to understand how trainees attained MCC, which is the ultimate goal of CI (Chung & Bemak, 2002; DeRicco & Sciarra, 2005; West-Olatunji et al., 2007). CI studies also tend to lack intentional methodology, generalizability with small sample sizes, and empirical

evidence of the relationship between CI and MCC. Most importantly, it is unclear how MCC was increased during CI. While counselor-trainees may engage in reflective processes (e.g., group process and supervision) that contributed to these changes, no model or structure is discussed for how to process field experiences effectively to foster the attainment of knowledge, skills, and awareness.

Findings related to cognitive development and cognitive/emotional developmental processing (Barrio Minton & Myers, 2008; Ivey, 2000; Marszalek & Cashwell, 1998) suggest that engaging individuals in more than one CEDS (sensorimotor, concrete, formal, and dialectic) fosters the development of multiple perspectives around a particular life event. Utilizing formal and dialectic CEDS is argued to foster higher order thinking and more cognitively complex thoughts (Ivey et al., 2005; Rigazio-DiGilio et al., 1997). Cognitive Complexity, the ability to absorb, integrate, and make use of multiple perspectives (Granello, 2010), has been argued to be correlated with multicultural competence (Benet-Martínez et al., 2006; Ishii et al., 2009; Pedersen, 2000). It is possible that being able to engage counselor-trainees in all four CEDS may enhance the effectiveness of the process group in promoting MCC during CI. It also is possible that fostering dialectic thinking also promotes increased MCC due to the multiple perspective-taking encouraged in this particular CEDS. Before testing these hypotheses in practice, the establishment of empirical relationships among these variables is necessary. Therefore, the examination of relationships between MCC, CI, and CEDS is an important first step.

Purpose of the Study

The purpose of this study is to address an identified gap in the MCC literature by measuring knowledge, skills, and awareness (MCC), critical components of the MIE, particularly reflection through group process (CI), and sensorimotor, concrete, formal, and dialectic thinking (CEDS). Determining the relationships between MCC and CI will offer information regarding MIE critical components and the dimensions of MCC, which have never been examined. While the MIE phases have been utilized to ground most CI studies, there is no empirical evidence that the MIE critical components increase MCC. Determining the relationships between MCC and CEDS provides the clarity needed to more intentionally structure the process group during CI. Without effective group process, immersed trainees may retreat to previously held ethnocentric views to make sense of new knowledge and feelings (Chung & Bemak, 2002; Goodman & West-Olatunji, 2009b) which can negatively impact trainees, and their interactions with community members (Hui, 2009). As this line of research continues, findings will inform the development of a process group model for processing CI field experiences to maximize the attainment of MCC. In addition, these relationships may also inform individual interventions to increase MCC in counselor-trainees in multicultural training outside CI. Finally, to the extent the information gained from this study informs counselor development, clients will benefit from more culturally competent services.

Research Questions

The main issue to address is the need to increase MCC among counselor trainees. As an initial step, the proposed study examines MCC among counselor trainees and

attempts to determine whether or not variables from CI and CEDS influence the development of MCC. To that end, the following research questions will be addressed:

1. Do counselor-trainees who have experienced Cultural Immersion (CI) have higher MCC than their non-immersed peers?
2. Is there a relationship between each of the four critical components of CI and a counselor-trainees' MCC?
3. Is there a difference in MCC scores between counselor-trainees that score high on CEDS assessments versus those that score low?
4. Is the relationship between CI and MCC impacted by a counselor-trainee's ability to operate within the dialectic and sensorimotor CEDSs?
5. Is there a significant difference between CI and MCC as a function of counselor trainees' ability to operate within each of the CEDSs independently?

Significance of the Study

The literature provides support for correlations between dialectic thinking and higher levels of MCC, being able to operate in all four CEDS and MCC, and having experienced CI (with process group) and MCC. Once the relationships between these variables are elucidated, experimental designs of process group structure can be developed and tested during future studies. If it can be shown that structuring process groups in a manner which engages counselor trainees to examine their CI experiences from the perspective of particular CEDS is helpful to their development of MCC, counselor educators will have a powerful tool for optimizing MCC acquisition and

growth in trainees. Any knowledge gained through this proposed study will add to the toolbox for what is (and is not) important to consider in the preparation of multiculturally competent counselors, which is vital to increasing the quality of mental health service delivery to minority populations.

Definition of Terms

The following terms/definitions were used for this study:

Multicultural Counseling Competence is defined through three domains: (a) *awareness* of one's own enculturation (social process in which one learns one's own culture and how culture is transmitted across generations; Cole, 1999; Kottak, 2008), related biases, and sensitivity to the effect one's own cultural heritage may have on clients while simultaneously valuing, respecting, and being comfortable with difference, (b) *knowledge* of the worldviews and values of particular individuals one is working with, and an understanding of the sociopolitical systems and institutional barriers operating in clients' lives, (c) *skills* for effectively developing interventions based on clients' worldview that are responsive in both goals and process (Sue et al., 1982, 1992; Sue & Sue, 2003).

Cultural Immersion (CI) is direct contact with another culture in its context, which requires stepping out of one's own culture and comfort zone (Abreu et al., 2000) and entering (immersing oneself) into the activities of an identified cultural group as opposed to importing elements of a cultural group to one's own sphere of familiarity (Canfield et al., 2009). Intentional CI requires group process, meeting daily (with peers and a supervisor/facilitator) in group format while immersed to discuss field experiences

and reflect upon one's values, beliefs, and worldview. By engaging in reflection through group process, individuals begin to think about their existence and identity 'in-relation,' affording them a greater awareness of another's cultural context (Clark, 1993). In addition to the process group, intentional CI is grounded in the phases of the MIE (Pope-Davis et al., 1997).

Cognitive/Emotional Developmental Styles involve four style preferences for processing life events and ways of engaging in the world, taken from DCT: (a) sensorimotor CEDS focuses on experiencing emotions in the here and now, (b) concrete CEDS centers on linear and logical thought processes and an understanding of cause and effect relationships (Ivey, 2000), (c) formal CEDS refers to one's ability to reflect on one's experiences, and recognize interrelationships among patterns of thoughts, feelings, and behaviors, and (d) dialectic CEDS represents a qualitative shift in ways of knowing, integrating patterns of emotion and thought into a system and being able to view situations and problem issues from a variety of perspectives (Barrio Minton & Myers, 2008).

Organization of the Study

In this chapter an argument for increasing the MCC of counselor-trainees was presented, and research to support the claim that culturally responsive counselors positively impact client outcomes was provided. CI was introduced as a training method to increase counselor-trainee MCC, underscoring the process group component. However, there is a lack of research in understanding how counselor-trainees increase MCC during CI. DCT was introduced as a framework to provide the needed structure for

the process group component of CI, and four CEDS preferences for processing field experiences were proposed. A statement of the problem, purpose for the study, research questions, significance of the study, and the organization of the study were also provided. Chapter two contains a comprehensive review of relevant literature and includes sections regarding MCC (definitions and models), CI (conditions of intergroup contact, the MIE, supporting literature grounded in the MIE, and the role of the process group), CEDS (DCT model and research support validating the DCT constructs and processes), and links between MCC, CI, and CEDS. Chapter three is focused on the methodology used in this study and includes research hypotheses, participants, instrumentation, procedures, data analyses, and results from a pilot study to determine the appropriateness of the proposed instrumentation.

CHAPTER II

REVIEW OF THE LITERATURE

In Chapter I, the rationale for a study of the relationships among Multicultural Counseling Competence (MCC), Cultural Immersion (CI), and Cognitive/Emotional Developmental Styles (CEDS) was presented. In this chapter, an overview of the multicultural counseling literature is provided, emphasizing definitions of the MCC construct and models that provide a framework for developing it in counselor-trainees. One key multicultural counseling training strategy, CI, is explored in depth, along with research support depicting the critical components of CI for increasing MCC, highlighting the process group as the primary vehicle. CEDS, derived from the Developmental Counseling and Therapy (DCT) paradigm, are presented and discussed as they may impact the way in which counselor-trainees process their CI experiences. Research on DCT is provided along with strategies for including the DCT paradigm in process groups during CI to increase the MCC of counselor-trainees. The chapter concludes with a summary of the research on MCC, CI, and CEDS and the need for further research to determine possible relationships among these constructs.

Multicultural Counseling Competence

Mental health service delivery is argued to be monocultural, ethnocentric, and culturally encapsulating (Carter, 1995; Goodman & West-Olatunji, 2009b; Laird & Green, 1996; Ridley, Mendoza, & Kanitz, 1994; Sue & Sue, 2003) as minorities have

been and continue to be underserved (Burnett et al., 2005; Chung & Bemak, 2002; Garrett et al., 2001; Goodman & West-Olatunji, 2009b; Pedersen, 1991; Reynolds, 2001; Sue et al., 1992). Efforts to increase MCC among counselors to meet the needs of diverse clients have resulted in a variety of training models and methods, all of which have had limited success which highlights the need for attention to new and innovative strategies that work (D'Andrea & Heckman, 2008; Pedersen, 1991; Reynolds, 2001). MCC training strategies lack structure and empirical evidence of effectiveness, thus strategies need to be honed to better position trainees to respond to minority populations. In this section, definitions of MCC are presented to provide a context for understanding the evolution of models used to foster MCC development and the implementation of strategies based on those models for the training of multiculturally-competent counselors.

Definitions of Multicultural Counseling Competence

A number of definitions for MCC have been proposed and utilized in multicultural counseling training and research. All are based on a modification of the one presented by Sue et al. (1982), which is described below. This definition has been expanded and revised (Arredondo et al., 1996; Constantine & Ladany, 2001; Sue et al., 1992; Sue & Sue, 2003) as educators have struggled to demonstrate effective ways of training and thus questioned what constitutes MCC (Ponterotto & Casas, 1987; Pope-Davis, Reynolds, Dings, & Nielson, 1995; Ridley & Kleiner, 2003). After presenting the seminal definition of MCC initially proposed by Sue and colleagues (1982), additional dimensions of that definition which incorporate terminology and racial identity (Holcomb-McCoy & Myers, 1999), self-efficacy and the working alliance (Constantine

& Ladany, 2001), and the multicultural counseling relationship and advocacy (Sodowsky et al., 1994) are provided. Finally, Sue and Sue's revised definition (2003), which includes some of these findings, is presented.

Tripartite definition of MCC. Sue and colleagues (1982) developed the original definition of MCC in response to myths and misunderstandings about minority populations that were problematic in developing effective multicultural counseling training curricula. In order to define MCC, these authors had to first define cross-cultural counseling, a term widely used and misunderstood at that time, which is "any counseling relationship in which two or more of the participants differ with respect to cultural values, background, and lifestyle" (Sue et al., 1982, p. 47). This definition includes situations in which the counselor is a member of the majority group (e.g., white-Eurocentric) and the client is a member of a minority group or international (e.g., citizen of another country), counselor and client are both minorities (e.g., Asian-American/ American Indian, Puerto-Rican/black), the counselor is the minority and client the majority (e.g., Hispanic/white, black/white), and/or the counselor and client differ in terms of sex, sexual orientation, socio-economic status, religion, age, or other aspect of diversity (e.g., homosexual white female /heterosexual Asian-American male; Atkinson, Morten, & Sue, 1998).

To further delineate the meaning of cross-cultural counseling, 11 competency statements were generated and categorized into three domains (beliefs/attitudes, knowledges, and skills) which were described in *The Characteristics of the Culturally Skilled Counseling Psychologist,* Sue and colleague's (1982) original explanation of

MCC. The beliefs/attitudes domain suggests that culturally skilled counselors have moved from being culturally unaware to being sensitive to one's own cultural heritage, values, biases, and the effect these may have on clients while simultaneously valuing, respecting, and being comfortable with difference. The knowledge domain requires that the counselor have an understanding of the sociopolitical systems operating where they practice, specific knowledge about individuals with whom one is working, and an awareness of institutional barriers which prevent minorities from utilizing mental health services. The skills domain states that one must be able to generate and send/receive verbal and non-verbal responses accurately and appropriately, and exercise institutional intervention skills when appropriate.

This tripartite definition of beliefs/attitudes, knowledge, and skills, has served as the foundation for extensive multicultural counseling research over the past 30 years (Arredondo et al., 2005; Constantine & Ladany, 2001; D'Andrea et al., 1991; Holcomb-McCoy & Myers, 1999; Paredes, 2007; Pope-Davis et al., 1997; Roysircar et al., 2003; Sodowsky et al., 1994) and has been the basis for the development of MCC self-assessment. While some studies have validated all three domains of MCC (D'Andrea et al., 1991; Sodowsky et al., 1994), others have justified only two (Holcomb-McCoy & Myers, 1999; Holcomb-McCoy & Day-Vines, 2004; Ponterotto et al., 2010). Some research suggests a need to expand upon the tripartite model by adding another domain (Holcomb-McCoy & Myers, 1999; Sodowsky et al., 1994) or revisiting the tripartite definition of MCC to incorporate results from factor analysis of multiple instruments (Constantine & Ladany, 2001; Constantine et al., 2002).

Terminology and racial identity dimensions of MCC. To codify MCC, Holcomb-McCoy and Myers (1999) drew upon Arredondo and colleagues' (1996) operationalization of Sue and colleagues' (1982) multicultural counseling competencies. Holcomb-McCoy and Myers (1999) defined multiculturally-competent counselors as those who are able to work with clients who "differ as a result of their varying racial and ethnic backgrounds (i.e., African/Black, Hispanic/Latino, Asian, Causacian/European, and Native American or indigenous groups)," and possess "the ability to identify one's culture(s), recognize stereotyped reactions to culturally different persons, and articulate cultural differences between ethnic groups" (p. 294).

Holcomb-McCoy and Myers (1999) created the Multicultural Counseling Competence Training Survey (MCCTS) using 61 self-report Likert scale items divided into six parts: (a) multicultural counseling curriculum in entry-level graduate program; (b) Faculty and students in entry-level program; (c) multicultural clinical experiences in entry-level program; (d) post-graduate multicultural training and experience; (e) demographic information; (f) self-assessment of MCC. They assessed competence of professional counselors by collecting information on their entry-level and postgraduate multicultural counseling training experiences, perceived MCC and the adequacy of their training.

Holcomb-McCoy and Myers (1999) conducted a study to determine the extent to which counselors perceive themselves as multiculturally competent and the nature of their pre and in-service professional preparation. They performed a principal components factor analysis with oblimin rotation on data from a sample of 151 counselors (79% had a

master's degree while 15% held a doctoral degree) with a much larger (30%) number of minorities than the population (7%), due to self-selection and intentional solicitation from AMCD (the Association of Multicultural Counseling and Development which has 49% minority membership). Results indicated that five factors of MCC accounted for 63% of the variance of competence items (part 6): (a) knowledge of multicultural issues (e.g., "I can discuss family therapy from a cultural/ethnic perspective"); (b) Awareness (e.g., "I am able to discuss how my culture has influenced the way I think"); (c) definitions of terms (e.g., "I can define prejudice"); (d) racial identity development (e.g., "I can discuss the counseling implications for at least two models of minority identity development"); and (e) multicultural skills (e.g., "I verbally communicate my acceptance of culturally different clients"). These factors had reliability coefficients (α) of .92, .92, .79, .66, and .91 respectively. The lowest internal consistency was for racial identity development (reflecting only two survey items) and the definitions factor was the only one not influenced by respondent ethnicity. In addition to knowledge, skills, and awareness, Holcomb-McCoy and Myers (1999) extended MCC to incorporate terminology and racial identity development.

Respondents perceived themselves to be most competent on the awareness and definitions factors, and least competent on the racial identity and knowledge factors of MCC (Holcomb-McCoy & Myers, 1999). There were both significant differences in how counselors perceived the adequacy of their multicultural training and their MCC knowledge depending on whether or not they matriculated from a CACREP (Council for the Accreditation of Counseling and Related Educational Programs) or non-CACREP

accredited program. In addition, professional counselors' work settings, educational level, ethnicity, gender, and age were associated with each of the five MCC factors. However, the influence of ethnicity on the definition of terms factor was not statistically significant. Finally, participants who had a multicultural counseling course (46%) perceived themselves to have higher levels on MCC knowledge and racial identity dimensions.

Holcomb-McCoy has continued refining and revising the MCCTS. The most recent version, the MCCTS-R, consists of 32 behaviorally-based statements assessing school counselors' perceived MCC (e.g., "I can discuss how culture affects the help-seeking behaviors of students"; Holcomb-McCoy & Day-Vines, 2004, p. 156). Holcomb-McCoy and Day-Vines (2004) performed maximum likelihood factor analysis with data from a sample of 209 practicing school counselors with the aim of delineating the dimensions of the MCCTS-R to determine whether school counselor' MCC is a multifactor or unidimensional phenomenon. This analysis resulted in three factors with eigenvalues greater than one that accounted for 55% of the variance: terminology (α = .97; e.g., "I can define discrimination"), knowledge (α = .95; e.g., "I can list at least three barriers that prevent ethnic minority students from using counseling services"), and awareness (α = .85; e.g., "I am able to discuss how my culture has influenced the way I think"; Holcomb-McCoy & Day-Vines, 2004, pp. 157–158).

In this latest study, Sue's multicultural skills domain and the racial identity development factor from Holcomb-McCoy and Myers's prior work (1999) do not appear as separate factors. In 2004, Holcomb-McCoy and Day-Vines drew upon the work of

Mio and Moris (1990), S. D. Johnson (1990), and Parker and McDavis (1979) to argue that counselors should be able to articulate and understand concepts related to race and culture (terminology factor), be aware of cultural information and have knowledge of various cultural groups (knowledge factor), and be self-aware and culturally aware (awareness factor). These three domains are consistent with two of the three MCC in Sue and colleagues' (1992) tripartite definition of knowledge, awareness (formerly beliefs/attitudes), and skills. A further exploration of this three domain structure was performed by Constantine and colleagues (2002) when they closely examined the overlap amongst the works of D'Andrea and colleagues (1991), Sodowsky and colleagues (1994), and Ponterotto and colleagues (2000).

Self-efficacy, working alliance, and cultural variables dimensions of MCC. Recognizing that there were questions about the dimensions of MCC, Constantine and colleagues (2002) sought to determine the extent to which commonly used scales measured Sue and colleagues' (1982) three dimensional MCC definition. They compared the Multicultural Awareness/Knowledge/Skills Survey (MAKSS; D'Andrea et al., 1991), the Multicultural Counseling Inventory (MCI; Sodowsky et al., 1994), and the Multicultural Counseling Knowledge and Awareness Scale (MCKAS; Ponterotto et al., 2000). Through a factor analysis of these assessments, Constantine et al. (2002) presented a more empirically derived structure of MCC and offered modifications to Sue's tripartite definition.

The MAKSS was developed to evaluate the effectiveness of multicultural counseling training; it has three subscales of 20 items each: (a) *awareness* of personal

attitudes towards people of color; (b) *knowledge* of people of color; and (c) cross-cultural communication *skills*. A sample item from the MAKSS is, “How would you rate your ability to conduct an effective counseling interview with a person from a cultural background significantly different from your own?” The MCI was designed to operationalize constructs of the multicultural counseling competencies; it is a 40 item instrument with four subscales: (a) multicultural *awareness* (e.g., cultural sensitivity, interactions, experiences, general cultural understanding, and cultural advocacy); (b) multicultural counseling *knowledge* (e.g., case conceptualization, treatment strategies, and knowledge of cultural information); (c) multicultural and general counseling *skills*; and (d) multicultural counseling *relationship* (i.e., counselor’s interpersonal processes with racial and ethnic minority clients). An example of one MCI item is, “When working with minority clients, I am confident that my conceptualization of client problems does not consist of stereotypes and value-oriented biases.” The MCKAS is a 32 item instrument to assess self-perceived multicultural counseling *knowledge* and *awareness* (e.g., Eurocentric worldview bias). Awareness is reflected on the MCKAS through items such as: “I am aware of institutional barriers which may inhibit minorities from using mental health services.”

Constantine and colleagues (2002) administered all three of these instruments to a sample of 123 mental health professionals and trainees (48% doctoral level counselors and psychologists, 27% masters-level counselors, and 25% bachelor’s-level counselors) who were matriculating from either a master’s or doctoral program in counseling or counseling psychology. An exploratory factor analysis with varimax rotation was

conducted to determine the underlying factor structure of the three instruments. Two factors accounted for 63% of the variance, with the first factor (eigenvalue = 4.5) accounting for 50% of the variance of the MAKSS skills subscale, and the MCI skills, relationship, and awareness subscales. When reviewing the items that comprised these four scales, Constantine and colleagues (2002) stated that all of the items assessed respondents' self-perceived multicultural counseling skills. For instance, an item from the MCI relationship subscale is, "When working with minority clients, I am confident that my conceptualization of client problems does not consist of stereotypes and value-oriented biases," which can be considered a skill in multicultural conceptualization. Factor two (eigenvalue = 1.2) accounted for 14% of the variance of the MAKSS awareness subscale and the MCKAS awareness and knowledge subscales, which Constantine and colleagues (2002) contended all measure multicultural counseling attitudes/beliefs. Though they proposed that the subscales of these three assessments did not load according to the original tripartite MCC conceptualization since they were conceptualized and operationalized differently, Constantine and colleagues (2002) did find empirical evidence for two of the common MCC dimensions: multicultural skills and multicultural attitudes/beliefs.

Constantine and Ladany (2000) have also argued that MCC instruments may actually be measuring multicultural counseling self-efficacy rather than MCC, as the assessments tend to elicit beliefs about providing services to multicultural populations as opposed to an appraisal of a counselor's ability to work with minority populations. In 2001, Constantine and Ladany suggested that this self-efficacy dimension be added to

MCC as a separate factor when they asserted that beliefs about one's multicultural counseling skills were a vital consideration for the proper execution of such skills. In addition to self-efficacy, knowledge, skills, and awareness, Constantine and Ladany (2001) argued for two other factors to be considered in MCC: understanding of client cultural variables and working alliance. Cultural variables involve the counselor's ability to understand how multiple variables interact to influence a client, and the working alliance is the extent to which multicultural issues can be addressed during the counseling process. According to Constantine and colleagues (2002) the clients' personal identities (e.g., cultural group memberships, background, socialization, personality traits, and values) and situational factors (e.g., clients' presenting concerns, therapeutic expectations, motivation to change, and willingness to self-disclose) are important to MCC. In their view, MCC should include a more complex understanding of how these individual clients characteristics interact with clinicians own variables (Constantine et al., 2002). Others also explored these variables over the last two decades.

Multicultural relationship and advocacy dimensions of MCC. According to Roysircar-Sodowsky and her colleagues' (1994, 2003), clinicians' own variables include race, ethnicity, culture, language, and power status. In order to be multiculturally competent, clinicians must consider how these variables interact in their clients' lives (Cayleff, 1986; Helms, 1990; Roysircar, Dobbins, & Malloy, 2009; Smith, 1985; Sodowsky et al., 1994). Thus, a counselor with low MCC provides services without regards to the counselors' or clients' race/ethnicity, believing that equal treatment is effective with all clients while a counselor with high multicultural competence takes

client-counselor cultural differences (and similarities) into account during the counseling process, in case conceptualizations, counseling goals, and treatment plans (Roysircar et al., 2009; Sodowsky et al., 1994).

Sodowsky and colleagues (1994) described two studies they conducted to develop and validate the MCI: study one included 604 psychology students, psychologists, and counselors in the Midwest, study two included 320 university counselors nationally. Across both studies, the internal consistency reliabilities (α) were .86 for the total scale, .81 for skills, .80 for awareness, .67 for relationship, and .80 for knowledge. In study one, criterion related validity was demonstrated, as respondents who worked at least 50% of the time with minorities scored significantly higher on the awareness and relationship factors than did respondents who did not work with minorities as frequently. When Sodowsky and colleagues (1994) compared the factor structures between the studies, they found factor congruence of .87 for skills, .80 for awareness, .75 for knowledge, and .78 for relationship.

In addition to skills, awareness, and knowledge, Sodowsky and colleagues (1994) added the multicultural relationship to the MCC construct. McRae and Johnson (1991) were quoted by Sodowsky and colleagues (1994) to justify this inclusion, “Aside from understanding one’s self as a racial-ethnic and cultural being, it is important for counselors to examine the dynamics of the counselor-client relationship” (p. 131) “which includes examining the therapeutic relationship between counselors and clients with similar and different cultural values, racial identity attitudes, issues of power, control, and oppression” (pp. 145–146). This also expanded upon the ideas of Pedersen (1985) who

argued that counselor openness and warmth is critical to the client's safety, adjustment, and overall attitude towards the counseling process. Thus, the multicultural relationship factor reflects the interpersonal process of multicultural counseling.

Beyond the personal relationship, Roysircar (2009) contended that multiculturally-competent counselors must become social justice advocates and work with systems of mental health service delivery. Counselors must be able to provide culturally consistent services to minorities who seek to gain equal status, empowerment, and personal growth in mainstream America. To this end, Chang, Hays, and Milliken (2009) argued that supervisors must integrate social advocacy into their work so that trainees will have the skills necessary to advocate for their clients and foster understanding of the interrelatedness of socio-political and educational systems. While multicultural competence requires awareness of oppression, racism, discrimination, stereotyping, and the role environmental factors and oppressive experiences play in clients' well-being (Kiselica & Robinson, 2001; Lee, 2012; J. Lewis, Arnold, House, & Toporek, 2003), Roysircar (2009) and others have indicated the need for an extension beyond awareness. An understanding of a client's context must be coupled with a desire and willingness to take action to remedy the cause of socially constructed factors that negatively impact the mental health of minorities (Chang et al., 2009; Roysircar, 2009). Multicultural competence is thus argued to contain an advocacy component (Goodman & West-Olatunji, 2009b; Hanna, Talley, & Guindon, 2000; Roysircar, 2009). This social justice-oriented extension beyond the three-domain structure has prompted Sue to revisit and augment his original conceptual model.

Sue and Sue's (2003) revised definition. Sue and colleagues' revision of their own definition has come to reflect an action component in the development of MCC that moved beyond the individual level to include societal and organizational conceptualizations. This is demonstrated in the following definition:

> Multicultural counseling competence is 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 & Sue, 2003, p. 21)

The foundational definition of MCC (attitudes/beliefs, knowledge, and skills (Sue et al., 1982) was extended to include factors of diversity including gender, sexual orientation, socio-economic status, and physical disability (Sue et al., 1992). Gaining knowledge about diversity and various identities in which clients self-define, and reflecting on what this means to the counselor, is essential for developing awareness (Arthur & Achenbach, 2002; Athey & Moody-Williams, 2003; Carter, 1995; Tatar & Bekerman, 2002). Counselors must attempt to understand clients' worldviews without judgment, and engage in skill building to find appropriate interventions because counseling for culturally diverse clients must be appropriate in both goals and process (Sue & Sue, 2003).

Sue (2001) also stated MCC is continually evolving, and didn't believe a single definition of MCC was feasible. According to Sue and Sue (2008) there is no end point or state at which one has achieved multicultural competence. Many authors envision the

pursuit of MCC to be a never ending journey (Arredondo et al., 1996; Athey & Moody-Williams, 2003; Goodman & West-Olatunji, 2009b; Kiselica, 1999; Sue et al., 1982; Sue et al., 1992). The journey towards multicultural competence is challenging because it requires accepting responsibility for one's actions and inactions (Kiselica, 1999; Sue & Sue, 2003) and requires prolonged individual efforts on the micro-level, and system-wide change on the macro-level (Athey & Moody-Williams, 2003; Sue & Sue, 2003). This journey has been operationalized in a variety of models of MCC. Before discussing those models, a working definition of MCC is presented and MCC is distinguished from other terminology frequently used in the multicultural literature.

Critique of the MCC definitions. Multicultural competence has been extensively defined through the tripartite definition, which has been studied and somewhat validated; however, further validation is needed. While the tripartite definition has been extended to incorporate advocacy, multicultural relationship, multicultural self-efficacy, cultural variables, working alliance, terminology, and racial identity development, the vast majority of multicultural competence literature and preparation has focused on three main components of Sue and colleagues' (1992) tripartite definition: (a) Awareness; (b) Knowledge; and (c) Skills (Abreu et al., 2000; D'Andrea & Heckman, 2008; Holcomb-McCoy & Myers, 1999; Ponterotto et al., 2010). Though this definition has been foundational to every MCC definition and model to date, different constructs are often used interchangeably with MCC.

Intercultural competence, as defined by Taylor (1994), is a transformative process whereby an individual develops a new perspective to understand and relate to another

culture. This process is a goal of the intercultural relations field, where culturally relativistic thinking is fostered across many disciplines (Landis, Bennett, & Bennett, 2004) and has been applied to social workers as an analog for MCC (Tesoriero, 2006). While becoming a more culturally relativistic thinker is useful, it does not equate with the knowledge, skills, and awareness needed in a counseling context (Sue & Sue, 2003). Cultural awareness, or the advancement of one's mindset beyond ethnocentric viewpoints, has also been the end goal of multicultural studies. Kambutu and Nganga (2008), however, recognized that this awareness component is but one part of becoming effective at interacting with those that are culturally different, implying that increased awareness is not a sufficient condition for MCC.

The term cultural empathy also appears in the multicultural counseling literature. Cultural empathy is an extension of the individualized concept of empathy to include cultural concerns (Pedersen, Crethar, & Carlson, 2008). It is argued to be multidimensional and distinct from MCC (Ridley & Lingle, 1996; Ridley & Udipi, 2002) though it is also confused with knowledge, skills, and awareness. Inter (or cross) cultural sensitivity has been promoted as synonymous with MCC. This sensitivity construct defined by Bennett (1993) as the behaviors associated with enhanced communication due to an understanding of and appreciation for cultural difference, has appeared numerous times in studies of best practices for counselor development (Gillin & Young, 2009; Lindsey, 2005; Westrick, 2004) and has been used interchangeably with MCC (Mehta, 2011). Enhancing one's ability to communicate, understand, and appreciate individuals who differ in worldview is valuable and needed, however, it isn't sufficient as cultural

empathy doesn't address the skills dimension of MCC in a counseling context. Understanding and appreciating cultural differences does not afford one the counseling skills to create interventions that are culturally appropriate in both goals and process (Sue & Sue, 2003). Using these constructs (and their corresponding assessments) interchangeably with MCC complicates future research as we struggle to know what is being measured and how to most effectively assess whether or not trainees are increasing in MCC.

Upon review of constructs used interchangeably with MCC and the aforementioned dimensions of MCC (advocacy, relationship, self-efficacy, cultural variables, working alliance, terminology, and racial identity development), Sue et al.'s (1992) MCC definition remains the most consistently used. It has been foundational for multicultural counseling competency models (Arredondo & Glauner, 1992; Sue, 2001; Sue & Sue, 2003), multicultural counseling competency assessment instruments (D'Andrea et al., 1991; Ponterotto et al., 1991, 1996; Sodowsky, 1996; Sodowsky et al., 1994), and MCC research (Arredondo et al., 1996; Priest; 1994; Sue & Sue, 2003) for over 40 years (D'Andrea & Heckman, 2008). For the purposes of this literature review, MCC is defined based on Sue et al.'s (1992) definition of awareness of one's own enculturation and related biases, knowledge of the worldviews and values of culturally diverse populations, and skills for utilizing intervention strategies that are appropriate in both goals and process with diverse clientele (Arredondo et al., 1996; Sue et al., 1982; Sue, Parham, & Santiago, 1998). This definition has remained central to understanding the construct of multicultural competence for both professional counselors and

counselors-in-training, however the development of MCC is best understood in the context of several models of MCC widely used in counselor training.

Multicultural Competency Models

A multicultural competency model contains clearly defined components and processes needed for successful cross-cultural counseling (Abreu et al., 2000; Arredondo et al., 1996; Atkinson, Thompson, & Grant, 1993; Carney & Khan, 1984; Helms, 1990; Sue et al., 1982). MCC models are utilized in counselor training as trainees continue to struggle to understand the worldviews of diverse clientele and thus have difficulty providing effective services (Allison et al., 1994; Ancis & Sanchez-Hucles, 2000; Arthur & Januszkowski, 2001; D'Andrea & Heckman, 2008; M. K. Johnson et al., 1993; Ponterotto, 1988). Based on self-reports, beginning counselors in particular feel unprepared to work with diverse clients (Allison et al., 1994; Arthur & Januszkowski, 2001; Holcomb-McCoy & Myers, 1999) and are found to possess racial and gender biases, and limited awareness, knowledge, and skills (Ancis & Sanchez-Hucles, 2000; M. K. Johnson et al., 1993; Ponterotto, 1988) the three main components of multicultural competence. Three particular multicultural competency models incorporate these three components and focus on the individual trainee's increased attainment of MCC: the Dimensions of Personal Identity Development (DPI; Arredondo et al., 1996), the Developmental Model of Intercultural Sensitivity (DMIS; Bennett, 1986), and the Tripartite Model of MCC (with its extensions). These are presented along with research and the strengths/limitations of each in addressing the multicultural competence of

counselor trainees. This discussion of models provides a foundation for better understanding strategies for increasing MCC, specifically CI activities.

Dimensions of Personal Identity Model. The Dimensions of the Personal Identity Model examines the intersection of multicultural group identity and other dimensions of human diversity, to view clients holistically and contextually (Arredondo & Glauner, 1992). This model was first published as part of the cross-cultural counseling competencies operationalization. It includes four premises: (a) We are all multicultural individuals, (b) We all possess a personal, political, and historical culture, (c) We are affected by sociocultural, political, environmental, and historical events, and (d) Multiculturalism intersects with multiple factors of individual diversity, through the conceptualization of A, B, and C dimensions (Arredondo et al., 1996).

The A Dimension involves our most fixed characteristics, or those that we are born into: age, gender, culture, ethnicity, race, abilities/disabilities, sexual orientation, and language. These are the features that most readily engender stereotypes, assumptions, and judgments (positive and negative). This dimension is most visible, invites feedback (wanted and unwanted) and contributes to self-concept and self-esteem (Arredondo et al., 1996; Sue et al., 1992).

Individuals are viewed in their cultural context in the C dimension. This grounds one in historical, political, socio-cultural, and economic contexts indicating that sociopolitical, global, and environmental events have impacted one’s personal culture and life experiences. Counselors consider their clients’ family life, when they were born, and what was taking place in their communities, their home countries, and globally.

Reflecting on these provides counselors a landscape for clients' personal history. Factors over which we have no control, but will affect us both positively and negatively are considered. These contextual factors impact the way people are treated and perceived.

The B Dimension represents what occurs to individuals relative to a fixed characteristic in one's A Dimension and the major historical, political, and socio-cultural context of their C Dimension. For instance, more women and people of color have pursued higher education (Arredondo et al., 1996) in the last 40 years due to title 7 and Civil rights as universities can no longer discriminate based on gender, race, etc. With opportunities to attend college, there is an increase in levels of education for minorities. Education and socioeconomic conditions can limit a counselor if only seen through the A Dimension.

Research on the DPI. A review of 402 empirical studies across nine psychology journals (Munley et al., 2002) indicated that the A and B dimensions of the DPI model were quite frequently reported when describing research participants. Rarely (17%) was there an indication of participants' contextual (C) dimensions (Munley et al., 2002), however, certain A and B characteristics were often mentioned: age (89%), gender (89%), race/ethnicity (61%), education (79%), and geography (74%). Some A dimensions were mentioned much less: disability (25%) and social class (15%). Income, marital status, and religion were not mentioned. Munley and colleagues (2002) contended that counselors clearly recognize that there are a multitude of relevant factors that affect the worldview of their participants, underscoring the importance of the DPI paradigm. Conversely, many dimensions of research subjects' identities are habitually ignored. This

omission is limiting as the complexity of a research subject's cultural identity is often minimized and any subsequent research is missing valuable information (Munley et al., 2002).

Strengths and weaknesses in fostering multicultural competence. The purpose of the DPI model is to demonstrate the complexity of individuals and the importance of considering one's context in conceptualizations and treatment plans, a necessity in multicultural training (Sue et al., 1992; Sue & Sue, 2003). Despite all the categories that are assigned to each individual, the combination of these affiliations is what makes each person unique. This model provides a framework for students to conceptualize clients as having a personal culture composed of these different dimensions of identity (Arredondo et al., 1996). Everyone is a "multicultural" person and counselors utilizing the A, B, and C Dimensions are provided with tools to step out of their own narrative and understand how individuals self-define (Arredondo et al., 1996).

However, the multicultural competencies and DPI model outlined by Arredondo et al. (1996) have been criticized as elusive and contradictory (Weinrach & Thomas, 2002). The contention that an exclusionary, racist undertone exists was codified by this quote from Clemmont Vontress:

> The competencies are restricted in their development to the four national minority groups: African Americans, Native Americans, Asian Americans, and Latino Americans as if culture is owned by just those groups . . . The writers of the multicultural competencies seem to take a racio-ethnic view of culture with an emphasis on differences. (personal communication cited in Weinrach & Thomas, 2002, p. 24)

Though multiculturalism did emerge in reaction to cultural oppression (including racial prejudices), the first domain of the 1996 competencies acknowledged the multidimensional nature of identity development for all individuals, not just those of ethnic/racial minority groups (Arredondo & Toporek, 2004; Arredondo et al., 1996; Sue & Sue, 2003). While multicultural issues may be seen through a racial/ethnic lens by some, the cross cultural counseling competencies and the DPI model were established to help trainees understand the variety of cultural identities in which their clients self-define, and the intersection of those identities with the historical, political, socio-cultural, and economic contexts in which clients are operating.

Weinrach and Thomas (2002) pointed out an inconsistency between the DPI and the multicultural competencies. The diversity identities (e.g., age, disability, gender, sexual orientation) are accounted for in the DPI, but are often omitted from the multicultural competencies. Arredondo and Toporek (2004) acknowledged an attempt was intentionally made to “maintain culture, ethnicity, and race as the principal constructs of the Competencies” (p. 50).

Arredondo and Toporek (2004) also argued that studying particular racial/ethnic group values is a needed first step in counselor training to understand differences in worldview between individuals and the impact on the counseling process. For instance, one must understand the counseling process differs for collectivistic cultures (value interdependence and group goals/needs) as opposed to individualistic cultures (value independence, self-reliance, and personal goals/needs). The aim of using the DPI model is to foster individual trainee awareness of how clients self-define, knowledge of

systemic forces impacting clients' issues, and an understanding of the intersection of these forces to structure interventions based on the client's context as opposed to one's own more effectively. Although this model may be useful for trainees who are positioned to interact with culturally diverse others through practicum / internship and other experiential learning experiences, there is a focus on gaining awareness necessary for increasing cultural competence (Arrendondo et al., 1996; Sue et al., 1992), however, gains in awareness do not always translate into enhanced clinical skills (Abreu et al., 2000; Heppner & O'Brien, 1994). In addition, the restriction of learning experiences to a racial context for defining diversity (Vontress, 2002) limits the overall applicability of this model to counselor training.

Developmental model of intercultural sensitivity. The Developmental Model of Intercultural Sensitivity is another model commonly used in counselor training to help promote MC through interacting with culturally diverse others. This model focuses on change at the individual level through a developmental framework in which individuals progress through a series of six stages in an effort to gain intercultural sensitivity (the ability to experience cultural differences in more complex ways) to move from an ethnocentric viewpoint to an ethno-relative viewpoint (Hammer, Bennett, & Wiseman, 2003). The movement is fostered through exposure to diversity, and continuous reflection as a means of challenging existing worldviews (Paige, Cohen, Kappler, Chi, & Lassegard, 2002). The six stages are broken down into two groups; three ethnocultural stages (denial, defense, and minimization), and three ethnorelative stages (acceptance, adaptation, and integration).

Individuals exhibiting characteristics in the ethnocentric stages of denial, defense, and minimization avoid other cultures and experience their own culture as central to reality (Bennett, 1986). Denial is simply disavowal of any cultural difference, defense is characterized by negative stereotypes and assumptions of cultural superiority, and minimization depicts the "burying" of cultural differences, where one can only see similarities (Bennett, 1986; Paige et al., 2002). Individuals exhibiting characteristics in the ethno-relative orientations of acceptance, adaptation, and integration value other cultures and experience their culture in the context of other cultures (Bennett, 1986). Acceptance is the state in which cultural differences are acknowledged and respected; one can see cultural values as relative and understands individuals through differences. The adaptation stage expands one's worldview incorporating components of other worldviews, and involves a change in the organization of lived experience; one begins to form a bicultural identification. Lastly, integration involves a lack of strong cultural identification. One has the ability to be fluid, moving in and out of different cultural frameworks; thus the individual in this stage identifies as multicultural (Bennett, 1986; Paige et al., 2002). Within this model, the developmental key to cultural sensitivity is in increasing one's ability to understand and experience differences in more complex ways, emphasizing exposure to diversity and continuous reflection as a means of challenging existing worldviews (Mehta, 2011).

Research on the DMIS. Intercultural (or multicultural or cross-cultural) sensitivity, the construct fostered in the DMIS model, is a recurring construct of multicultural counseling research (Chung & Bemak, 2002; Ridley & Lingle, 1996; Ridley

et al., 1994). For instance, cultural sensitivity is a preferred measurable outcome for several CI studies (Tesoriero, 2006). Intercultural competence, (the ability to communicate effectively with individuals of other cultures), is another aim of the DMIS model based on the assumption that intercultural competence increases as one becomes more sensitive and receptive to cultural differences (Hammer et al., 2003).

In collaboration with Bennett, Hammer and Wiseman (Hammer et al., 2003) developed the Intercultural Development Inventory (IDI), a 50-item instrument that assesses a person's dominant stage of intercultural development based on Bennett's (1993) DMIS. The IDI seeks to provide a profile of the respondents' orientation towards cultural others (Marx, 2008). The IDI measures five of the six stages of the DMIS. The DD (denial and defense) scale (13 items), the R (reversal form of defense) scale (9 items), and the M (minimization) scale, with 9 items encapsulating the ethnocentric stages. The AA (acceptance and adaptation) scales (13 items) and the EM (encapsulated marginality, a form of the integration stage of the DMIS) scale (5 items) encompasses the ethnorelative stages. While Straffon (2003) described The IDI as a reliable assessment, some of the DMIS stages are not directly correlated with measurements of the IDI. Denial and defense, for instance are separate stages in the DMIS, however they are measured by one factor in the D scale of the IDI. Similarly, the separate stages of acceptance and adaptation in the DMIS are a single factor in the IDI, the AA scale (Marx, 2008).

Strengths and weaknesses in fostering multicultural competence. Sensitivity to another's cultural context is argued to be a component of multicultural competence

(Mehta, 2011). Arguments have been made that the construct is connected to cultural empathy (Chung & Bemak, 2002), which was defined by Ridley and Lingle (1996) as “a way of relating interpersonally as well as understanding and communicating across cultures” (p. 32). Consequently, a conceptual argument can be made that justifies using a DMIS framework to foster the growth of counselor trainees as they challenge their values, beliefs, and worldview by interacting with culturally diverse others to progress to more ethno-relative conceptualizations. Individuals who have received primarily monocultural enculturation are said to be limited as they only have access to a single worldview while complex experiences and interactions with other cultures provide opportunities to expand one’s perceptions (Hammer et al., 2003).

However, even when one acknowledges the relatedness of the concepts of inter/multi/cross-cultural sensitivity, cultural empathy, and multicultural competence, they remain three distinct constructs. Ridley and colleagues (1994) chose to “limit cultural sensitivity in practice to a perceptual prerequisite of culturally relevant interactions” (p. 134). Culturally sensitive counselors are not inherently effective at providing culturally responsive interventions, though it can be assumed that culturally competent counselors do display cultural sensitivity (Ridley et al., 1994). For cultural sensitivity or empathy to lead to effectiveness in working with a client of a different culture (cross/multi-cultural counseling), Chung and Bemak (2002) suggested that a counselor should have knowledge of their client’s sociopolitical background and family/community context and be able to facilitate the client’s personal growth through multiculturally skilled responses as outlined by Sue and colleagues (1982).

Hammer et al. (2003), the proponents of the DMIS, contended that intercultural sensitivity is “the ability to discriminate and experience relevant cultural differences” whereas intercultural competence is “the ability to think and act in interculturally appropriate ways” (p. 422). In other words, there exists in these constructs a difference between “knowing” and “doing” (Sinicrope, Norris, & Watanabe, 2007). The IDI measures the stage of intercultural sensitivity outlined in the DMIS model, thus there is an emphasis on developing a more ethnorelative worldview. The focus is on personal growth with an intended outcome for the communications student, a multicultural identity and ability to better communicate with culturally diverse others (Bennett, 1993). Counseling students’ goals include effective communication, however, counselors must also have the awareness, knowledge, and skills to structure counseling interventions based on the clients’ cultural context. Greenholtz (2005) argued:

> A lot of room remains for further research in non-US American cultures, using subject utterances in languages other than English. There are also obvious implications, by extension, for exploring whether the DMIS actually taps a universal ‘deep cognitive structure’ of the development of intercultural sensitivity or whether it, too, is culture bound. (p. 88)

Tripartite model. Sue and colleagues’ (1982) tripartite model of multicultural competence is considered to be the most influential in the counseling field today (Abreu et al., 2000; Ponterotto et al., 2000). This model has been foundational for multicultural training strategies (Roysircar et al., 2003), MCC research (Arredondo et al., 1996; Priest, 1994; Sue & Sue, 2003), multicultural counseling competency assessment instruments (D’Andrea et al., 1991; Ponterotto et al., 1991, 1996; Sodowsky, 1996; Sodowsky et al.,

1994), and even other multicultural counseling competency models (Arredondo et al., 1996; Lee, 2012; Sue, 2001). While research on the model itself is sparse, research incorporating the model is extensive. The original domains of Attitudes/Beliefs, Knowledges, and Skills are presented, preceded by a brief historical context, and followed by three extensions of the model along with research support for fostering increased MCC in counselor-trainees.

Historical context of the tripartite model. Sue and colleagues (1982) presented examples from culturally deprived models of conceptualization which fostered myths of minorities, contributing to internalized beliefs of minority inferiority (Sue et al., 1982; Sue & Sue, 2003). Historically minorities have not been adequately served by counselors, as the latter have generally operated from a socially and economically privileged position. Majority values which defined the American spirit, such as the "American Dream," or the "by-one's-bootstraps" mentality of success, were barriers to effective mental health service delivery (Arredondo et al., 1996; DeRosa, 1994; Sue et al., 1982; Sue et al., 1992). Contending that an individual is solely responsible for his or her own progress served to ignore institutional barriers and further marginalized minorities (DeRosa, 1994; Sue et al., 1982; Sue & Sue, 2003).

When a counselor conceptualizes clients in a way that ignores such realities of the minority experience, the counseling relationship is limited due to the counselor's unwitting 'ethnocentric monoculturalism' (Sue & Sue, 2003). While this phenomenon (applying one's own cultural values in judging others' values, behaviors, and worldview) contributes to oppression on the individual level (Kottak, 2008), there are also larger

scale systemic manifestations of such oppression. Societal practices are structured in such a manner as to serve only one narrow segment of the population (Goodman & West-Olatunji, 2009b; Pedersen, 1991; Sue, 2001; Sue & Sue, 2003). The historical origins of mental health services/systems tailor services to white-eurocentric individuals (Highlen, 1994; Sue & Sue, 2003; Wehrly, 1995). Cultural encapsulation results when minority clients are conceptualized through that prism of Euro-American values (D'Andrea & Heckman, 2008; Goodman & West-Olatunji, 2009b; Sue & Sue, 2003).

Recognition of the cultural encapsulation minority clients experience due to ethnocentric monoculturalism in counseling was an impetus for change in the counseling profession. Arguments were made that counselors must become multiculturally competent to better understand the clients' cultural context and structure interventions based on the client's worldview as opposed to one's own (Sue, 1978; Sue & Sue, 2003; Sue et al., 1982, 1992). Accompanying the eleven *Characteristics of the Culturally Skilled Counseling Psychologist*, proposed by Sue and colleagues (1982), were domains of attitudes/beliefs, knowledges, and skills.

Attitudes/beliefs (awareness). Counselors aim to move from a place of being culturally unaware (imposing one's values on one's clients), to being aware of and sensitive to one's own cultural heritage, and valuing and respecting difference (Sue & Sue, 2003). This process helps one move from an ethnocentric view (tendency to see one's own culture as superior and apply one's own cultural values in judging the values, beliefs, behaviors, and worldview of people in other cultures (Kottak, 2008), to a relativistic view (values and behavior in one culture are not judged by the standards of

another; society's customs and ideas are viewed within the context of that society; Ember, Ember, & Peregrine, 2011). This involves visiting with one's own values, assumptions, biases, personal limitations, and beliefs about human behavior (Sue & Sue, 2003). In other words, one becomes aware of one's own *enculturation*, the social process in which one learns one's own culture and how culture is transmitted across generations (Cole, 1999; Kottak, 2008).

Gaining awareness also involves reflecting on how one's beliefs affect the minority clients with whom one engages. For instance, common beliefs include: intellectual inferiority of African Americans and Hispanic Americans (Sue & Sue, 2003) or older persons seen as senile, frail, sexless, boring, depressed, slow, and unintelligent (Myers & Schwiebert, 1996; Pipher, 2005; Stickle & Onedera, 2006). Counselors gain awareness to understand their own racist, ageist, sexist, and detrimental attitudes, beliefs, and feelings. They challenge their own assumptions and monitor functioning via supervision (Ancis & Ladany, 2001; Borders & Brown, 2005) and continuing education (Sue & Sue, 2003).

***Knowledge*.** One must gain specific knowledge about a particular group in which one is working, to understand the worldview of others, and *their* beliefs about human behavior. In addition to gaining specific knowledge about particular clients' cultural heritage and worldviews, counselors aim to understand the sociopolitical system in the US, particularly the historical treatment of marginalized groups (Sue & Sue, 2003). For instance, the origins of education, school counseling, and mental health services have roots in white-Eurocentric culture (Highlen, 1994; Wehrly, 1995). Counselors have

historically been trained to work with mainstream groups and are at risk for being ethnocentric, mono-cultural, and biased against minority populations (Carter, 1995; Ridley et al., 1994; Sue et al., 1982; Sue & Sue, 2003). Counseling theories, the standards used to judge normalcy and abnormalcy, and the processes of therapy are culture-bound (Sue, 1990; Sue & Sue, 2003). As a result, many theories and approaches are ineffective with marginalized groups and may serve to exacerbate problem issues (Sue & Sue, 2003).

Skills. Historically, helping professionals have assumed that clients share similar backgrounds and believe the same therapeutic approaches will work for all clients; however, a culturally competent professional is active in developing skills and practicing interventions that consider the client's cultural context in both goals and process (Sue & Sue, 2003). Culturally competent counselors strive to facilitate therapeutic process and co-construct goals that take into consideration the client's enculturation (Sue, 1996). Being able to accurately generate and understand a variety of verbal and non-verbal responses, intentionally intervene on an institutional level (e.g., clinical outreach and advocacy efforts), and recognize one's own limitations, the impact on the client, and adjust one's facilitation accordingly are a few examples of skills necessary for counselors to effectively respond to diverse clientele (Sue, 1996, 2001; Sue & Sue, 2003).

Extensions of the tripartite model (1992, 1996, 2001). In 1992, Sue and colleagues extended the tripartite framework, challenging the counseling profession to adopt specific multicultural counseling competencies in their accreditation criteria. The competencies were operationalized by Arredondo and colleagues shortly thereafter (1996), and were further extended when Sue added additional dimensions (2001). A

decade after the introduction of the tripartite model, Sue and colleagues (1992) revised it to incorporate an overarching emphasis on awareness. The dimensions (attitudes/beliefs, knowledges, and skills) were intersected with the Characteristics of the Culturally Skilled Counseling Psychologist, extending the 11 multicultural competencies to31 explanatory statements for attainment of MCC in three domains: (a) cultural awareness of oneself and others, (b) understanding various cultural values, beliefs, worldviews, and how to incorporate these into case conceptualization and treatment planning, and (c) ability to create appropriate intervention strategies that are sensitive to cultural and contextual factors (Arredondo et al., 1996).

The competencies were operationalized by using language that describes the process of achieving and demonstrating proficiency of a particular competency through the use of explanatory statements (Arredondo et al., 1996). These statements provided examples and focused on particular behaviors and attitudes that led to the attainment of multicultural competence (Holcomb-McCoy & Myers, 1999). An example of a multicultural counseling competency is, “Counselor awareness of own cultural values and biases.” This competency is operationalized by stating that “Culturally skilled counselors believe that cultural self-awareness and sensitivity to one’s own cultural heritage is essential” (Arredondo et al., 1996, p. 11) and is further explained through explanatory statements under the three domains of multicultural competence. There are 22 explanatory statements under the attitudes/beliefs domain alone. One example of an explanatory statement under this domain is, “Can identify the culture(s) to which they belong and the significance of that membership including the relationship of individuals

in that group with individuals from other groups institutionally, historically, educationally, and so forth." There are 15 explanatory statements under the knowledge domain for this competency (e.g., "Can recognize and discuss their culture's perspectives of acceptable (normal) codes of conduct and what are unacceptable (abnormal) and how this may or may not vary from those of other cultures and families"), and 11 explanatory statements under the skills domain (e.g., "Can describe objectives of at least two multicultural-related professional development activities attended over the past 5 years and can identify at least two adaptations to their counseling practices as a result of these professional development activities"; Arredondo et al., 1996, p. 11). Each competency has explanatory statements under each of three domains of multicultural competence. No other multicultural counseling model has generated nearly this many explanatory statements clarifying its implementation and application to increase MCC.

The emphasis of the multicultural competencies is on individual change; however, another aim involved institutionalizing multicultural competence as central to counselor training and practice (Arredondo et al., 1996), making sure that multicultural perspectives are utilized with all interpersonal counseling experiences. Thus, systems of mental health service delivery must change in addition to the individual. Text books, practicum experiences, ethical requirements, standards that guide professional practice, and the institutions which structure polices that influence legislation must change, or the status quo will remain, perpetuating health disparities and lack of effective services to diverse clientele (Arredondo et al., 1996; Sue et al., 1982, 1992; Sue & Sue, 2003).)Arredondo and colleagues (1996) challenged counseling leaders to become multicultural, and

institutions of higher education, mental health agencies, and other counseling settings, to conduct self-examinations to assess the effectiveness of their organizational systems, policies, and practices. Counselor educators were challenged to better position students to respond to diverse clientele (Sue & Sue, 2003).

The Multidimensional Model for Developing Cultural Competence (MDCC; Sue, 2001) is the most recent extension of the tripartite model and was extended to include a social justice component and a framework to integrate three levels of personal identity (individual, group, and personal) into the three by three model. Knowledge, skills, and awareness are included on dimension two of the 3 dimensional MDCC: (a) culture-specific attributes of competence, (b) components of cultural competence, and (c) foci of cultural competence. The model places five racial/cultural groups along the first dimension (European, Native American, Latino, Asian, and African-American), three components of cultural competence along the second (awareness of attitudes/beliefs, knowledge, and skills), and four foci of cultural competence on the third (individual, professional, organizational, and societal).

Research on the tripartite model. Sue and Colleague's (1982) model has served as the theoretical foundation for the past thirty years of multicultural counseling scholarship (D'Andrea & Heckman, 2008). Some studies have advocated for the expansion (Holcomb-McCoy & Myers, 1999; Sodowsky et al., 1994) or revision (Constantine & Ladany, 2001) of the awareness, knowledge, and skills structure, but the vast majority of literature has accepted this framework as a valid conceptualization of MCC (Arredondo et al., 2005; Parades, 2007; Pope-Davis et al., 1997). Mollen and

colleagues (2003) argued the tripartite framework has been subjugated to empirical testing, some providing strong support of the models effectiveness. While research directly on the tripartite model is sparse, research utilizing the model is extensive. After providing findings from two meta-analytic research studies (Ponterotto et al., 2000; Worthington et al., 2007), empirical and theoretical support for the model is provided through: (a) analogue studies, (b) studies utilizing real clients, and (c) presenting parallels of Bloom's Taxonomy with the underlying structure of the Tripartite Model.

Ponterotto and colleagues (2000) conducted a comprehensive review of MCC models and identified two main areas of MCC research: (a) studies that addressed the effects of culturally responsive/consistent behavior, and (b) correlations of MCC obtained from instruments designed to operationalize MCC models. Five years earlier, Atkinson and Lowe provided a thorough definition that clarified culturally responsive behaviors as "responses that acknowledge the existence of, show interest in, demonstrate knowledge of, and express appreciation for the client's ethnicity and culture and place the clients' problem issue in a cultural context" (1995, p. 402). Ponterotto and colleagues (2000), through their analysis of studies that explored such behaviors, concluded that a central question remains unanswered by the literature, "Do counselor who possess these competencies evidence improved counseling outcomes with clients across cultures?" (p. 641).

Worthington and colleagues (2007) sought to address Ponterotto and colleagues' (2000) question through a 20-year content analysis of MCC research (75 studies). They argued that Atkinson and Lowe's (1995) and Ponterotto and colleagues' (2000) reviews

provided evidence to support Sue and colleagues' (1982) tripartite model through a group of studies that examined the effects of culturally responsive verbal behavior on client evaluations of their counselor. The studies demonstrate that culturally consistent and culturally responsive counselor verbalizations positively impact client outcomes (Atkinson et al., 1992; Atkinson & Matsushita, 1991; Gim et al., 1991; Poston et al., 1991; Thompson et al., 1994). Though these studies are based exclusively on analogue research utilizing pseudo-clients, they provided some evidence that increased MCC impacts service delivery to minority clients (Worthington et al., 2007).

Analogue Studies. Atkinson and colleagues (1992) conducted a study with 189 Mexican-American community college students (94 male, 94 female, 1 not reporting gender) to quantify perceptions of counselor effectiveness with the Counselor Effectiveness Rating Scale (CERS; Atkinson, Maruyama, & Matsui, 1978) and MCC with the Cross-Cultural Counseling Inventory (CCCI; LaFromboise, Coleman, & Hernandez, 1991). The college students, identified as low, medium, or high in acculturation, were randomly assigned to observe 1 of 4 possible counseling situations that varied in counselor ethnicity (Mexican American or Anglo American) and level of displayed counselor cultural sensitivity (high versus low cultural responsiveness). To determine relationships between this two (counselor ethnicity) by two (counselor cultural sensitivity) by three (participant acculturation) experimental design and two dependent variables (perceived counselor credibility and MCC), several multivariate analyses of variance (MANOVA) were performed. Atkinson and colleagues (1992) reported that only cultural sensitivity produced a significant effect on perceived MCC ($F(1, 176) =$

3.044, $p = .05$); all other interactions were insignificant. Regardless of counselor ethnicity or participant acculturation, counselors that were portrayed as more culturally responsive obtained higher ratings of cultural competence. This finding was argued to validate the notion that higher cultural sensitivity by counselors enhances perceptions of their MCC by ethnic minorities. Atkinson and colleagues (1992) argued that their findings, combined with those by Gim et al. (1991) and Pomales, Claiborn, and LaFromboise, (1986) provided "strong and consistent evidence that counselors who acknowledge the importance of culture in client problems are perceived as more multiculturally competent by minority clients than counselors who ignore cultural variables" (p. 518). It should be noted that Atkinson and colleagues (1992) did posit that the constructs of MCC and counselor credibility (and potentially client satisfaction) may be influenced by cultural dynamics outside of their study parameters. For instance, they suggest it is possible that Hispanic clients may view counselors of European descent as highly credible professionals while simultaneously preferring to work closely with a culturally similar counselor on culturally related issues.

Gim and colleagues' (1991) study of 104 (56 female, 48 male) Asian-American university students of varying ethnicities (36 Chinese, 24 Japanese, 22 Philipino, 14 Korean, and 8 others) explored the effect of participant acculturation, participant gender, and counselor ethnicity on perceived counselor credibility. After clients listened to a ten minute recording of a counseling session, they were asked to rate the counselor on the CERS (Atkinson et al., 1978). The counselor ethnicity was implied by specifying either an Asian (Ho) or Anglo (Wilson) surname. Counselor responses, though always

empathic, were either culture blind or culturally sensitive. For example, the culture blind counselor said ". . . it's hard to leave behind a familiar place and start all over in a new place" while the culturally sensitive counselor added "But it also sounds like you're feeling alienated because there aren't many people here who share your cultural background." Multivariate (and univariate) analyses performed on the data yielded two statistically significant effects: (a) an interaction effect between participant acculturation and counselor cultural sensitivity (Wilk's $\Lambda = .919$, $F(2, 84) = 3.681$, $p < .029$), (b) an interaction effect among counselor cultural sensitivity, counselor ethnicity, and participant gender (Wilk's $\Lambda = .896$, $F(2, 84) = 4.873$, $p < .010$). Four-way univariate analyses were then computed to determine the source of overall effects, which resulted in main effects for counselor cultural sensitivity and ethnicity. Mean MCC ratings for the culture-centered condition ($M = 95.48$) were significantly higher than mean MCC ratings for the culture-blind condition ($M = 85.94$). Asian culturally sensitive counselors were also rated higher ($M = 96.54$) than culture-blind European counselors ($M = 80.64$) on perceived MCC. Additionally, a gender effect manifested as male observers rated culturally sensitive Caucasian counselors highly on the CCCI (LaFromboise et al., 1991). Counselor ethnicity and sensitivity similarly impacted ratings of counselor effectiveness, with some minor effects due to gender and acculturation. But, "for the most part, Asian Americans perceived a racially similar counselor who is culture-sensitive as being most culturally competent and credible" (Gim et al., 1991, p. 61). Several limitations were indicated by Gim and colleagues (1991), especially those focused on the generalizability from their sample population and the inherent artificiality imposed by analog studies.

Despite the methodological limitations, analogue research has provided some evidence of counselors' effectiveness in working with diverse clientele. Atkinson and Lowe (1995) argued that culturally responsive counselors were more effective in working with minorities. They were perceived to be more credible, more engaging, and increased both counselor and client self-disclosure. More recently, Worthington and colleagues (2007) analyzed clients' perceptions of counselors who attended to cultural issues. Such counselors were perceived by clients as more multiculturally competent than were counselors who did not address cultural or racial issues. In addition to findings from analogue research, several studies that utilized real clients have also provided support for increased MCC impacting service delivery (Constantine & Ladany, 2001; Constantine et al., 2002; Sodowski, 1991; Wade & Bernstein, 1991).

Studies utilizing real clients. Wade and Bernstein (1991) conducted a study with 80 African-American female clients of lower SES (family incomes less than $15,000) that responded to public advertisements or were referred by social services agencies and 8 counselors who identified as female with masters degrees (5 enrolled in doctoral programs, 3 community counselors). The counselors were assigned to either a control group (who received no multicultural training), or an experimental group who received multicultural sensitivity training based on Pedersen's (1985) triad training model which aims to aid trainees in articulating the clients' problems within a cultural framework, work with resistance, recognize one's own defensiveness, and recover from miss-steps one may make during the counseling process. This experimental training included: (a) a knowledge component (overview of issues and concerns clients bring to counseling), (b)

an awareness component (facilitated through group discussion), and (c) a skills component. Forty clients were assigned to the control group, and 40 to the treatment group. Counselors were each assigned 10 clients. Clients were asked to participate in three free counseling sessions and rate their counselor on each session. The Rokeach Dogmatism Scale (RDS; Troldahl & Powell, 1965) was used to assess dogmatism. The Revised Barrett-Lennard Relationship Inventory (BLRI; Strong, Wambach, Lopez, & Cooper, 1979) and the Counselor Effectiveness Scale (CEI; Linden, Stone, & Shertzer, 1965) were both used to assess counseling effectiveness. The Counselor Rating Form (CRF; Barak & LaCrosse, 1975) was used to assess clients' perceptions of counselors (counselor expertness, attractiveness, and trustworthiness). The clients completed the BLRI, CEI, and CRF after each counseling session.

For each counseling session, two (training: cultural sensitivity vs. control) by two (counselor race: Black vs. White) MANOVAs (with Hotelling's test of significance) were conducted on client ratings of counselors. Dependent variables included clients' ratings of counselors' expertness, trustworthiness, attractiveness, empathy, unconditional positive regard, and clients' satisfaction with the counseling process. A statistically significant main effect was found for all three sessions for sensitivity training (the first: $F(7, 70) = 12.36$, $p < .001$; second: $F(7, 69) = 18.49$, $p < .001$; and third : $F(7, 67) = 18.77$, $p < .001$). Group means indicated that the counselors who received cultural sensitivity training were rated more positively than counselors in the control condition. A statistically significant main effect was also found with client attrition. The means (2.88 for culturally sensitivity training group and 1.90 for the control group) indicated clients

assigned to counselors who received the training returned for more sessions than counselors in the control. Of the 80 total clients, 63 returned for the second session (38 from the sensitivity training group, 25 from the control), and 48 clients returned for the third counseling session (37 from the sensitivity training group, 11 from the control). The MANOVAs computed on clients' ratings of counselors resulted in no statistically significant effects for counselor race for the first ($F(7, 70) = .96$, $p < .47$), second ($F(6, 69) = .52$, $p < .82$) or third ($F(7, 67) = .60$, $p < .76$) counseling sessions. Wade and Bernstein (1991) argued that these findings indicated that Black female clients' perceptions of counselors and the counseling process were impacted more by the culture sensitivity training, than by counselor race. Counselors that underwent the cultural training were rated higher by their clients on expertness, trustworthiness, unconditional positive regard, and empathy. Their clients also returned for more sessions, expressed more satisfaction, and perceived them to be more credible. However, since all clients were low SES African-American women, there is a lack of generalizability.

Sodowsky (1991) conducted a study at a Midwestern university with 48 Asian Indian, 33 Korean, and 48 White college students that were asked to watch a taped counseling session and rate the counselor on Barak and LaCrosse's (1975) Counselor Rating Form (CRF). The taped counseling session consisted of an Asian Indian student presenting career and family issues followed by two possible counselor responses: (a) a culturally responsive one that acknowledged the cultural values mentioned by the client (importance of family expectations), or (b) a Eurocentric one that advocated a more culturally discrepant (individualistic) plan. Sodowsky conducted a two-way MANOVA

which resulted in a significant overall culture effect ($F(6, 242) = 7.28$, $p < .0001$). Univariate ANOVAs were conducted on the three CRF subscales, yielding significant results on the trustworthiness ($F(2, 123) = 1.19$, $p < .16$) and expertness ($F(2, 123) = 9.17$, $p < .002$) subscales. Sodowsky found that Asian Indians rated the culturally responsive counselor as more trustworthy and expert in contrast to the white students that favored the Eurocentric approach. Limitations include small sample size and limited generalizability.

Fourteen years later, Roysircar (Sodowsky) and colleagues reported that the working alliance is positively impacted by a counselor's MCCs in a study with English-as-a-second-language middle school students (clients), and graduate counseling students (counselors; Roysircar et al., 2005). When clients were working with multiculturally competent counselors, Roysircar argued that the working alliance increased at the end of ten sessions. Though real clients were utilized, they were engaged in non-therapy settings (e.g., library, cafeteria, lunch room). Further limitations of this work include a lack of clarity regarding how multicultural competencies affected the clients' presenting issues or what occurred within the session to impact the development of the working alliance.

Constantine (2001) conducted a comprehensive experimental study to investigate the relative contributions of (a) counselor and client race or ethnicity, (b) counselor-client racial or ethnic match, (c) previous academic training in multicultural counseling, and (d) self-reported MCC to observer ratings of trainees' MCC utilizing transcribed data from counseling intake sessions. The 52 participating clients included 41 women and 11 men (32 identified as Black American, 15 as Latino American, 4 as Asian America, and 1 as

Biracial American). Participating counselor-trainees included 29 with MA or MS degrees, and 23 with BA or BS degrees. All were graduate students who were matriculating in either a masters or doctoral program (31 identified as White American, 11 as Latino American, and 10 as Black American). Trainees reported a mean of 38.6 months of counseling experience, with 92% of them having had a multicultural or cross-cultural counseling course. After intake sessions, trainees took the MCI (Sodowsky et al., 1994) to determine their perceived MCC, then two trained doctoral students (with expertise in multicultural counseling) rated their transcribed intake sessions utilizing the CCCI-R (LaFromboise et al., 1991) to evaluate their MCC.

Constantine (2001) utilized hierarchical multiple regression analysis to predict observer rated MCCs where counselor and client race or ethnicity was entered first, counselor-client racial or ethnic match second, number of prior multicultural counseling courses third, and full scale results of the MCI entered last. The counselor and client race or ethnicity variables contributed significant variance to observer ratings of MCC ($F(5, 46) = 19.83$, $p < .001$, $R^2 = .68$, adjusted $R^2 = .65$). Counselor-client racial or ethnic match didn't contribute to significant results (R^2change = .01, $F(6, 45)$ change = .93, $p > .05$, $R^2 = .69$, adjusted $R^2 = .65$). The number of previous multicultural counseling courses accounted for significant variance in CCCI-R ratings (R^2 change = .08, $F(4, 44)$ change = 15.29, $p < .001$, $R^2 = .77$, adjusted $R^2 = .73$). Also, MCI full-scale scores contributed to significant variance of CCCI-R ratings (R^2 change = .03, $F(8, 43)$ change = 6.59, $p < .05$, $R^2 = .80$, adjusted $R^2 = .76$), however, Constantine (2001) argued that the standardized beta weight of -.19 suggested that this finding is an artifact of suppression and should not

be reported as statistically significant. The entire regression model accounted for 80% of the variance in CCCI-R ratings. From these findings, Constantine (2001) argued that Black and Latino American counselor trainees were rated as more multiculturally competent than their White American peers and that prior multicultural training was positively predictive of observer-rated MCC. Constantine (2001) argued that these findings support the importance of multicultural training courses in exposing counselors to cultural issues regarding particular racial and ethnic groups. Such training is argued to be critical in helping trainees consider cultural variables in their work with minority clients, and "more effectively meet the mental health needs of culturally diverse individuals" (Constantine, 2001, p. 460). Several imitations included small number of participants, limited generalizability, and the reliance of one transcribed intake session (a singular point in time) for raters to assess the MCC of counselor trainees. Thus, the observer ratings of MCC may not have fully reflected the range of trainee's behaviors in various counseling situations and provided an accurate rating of their MCC. It is also possible that there was not consistency in how trainees were viewed due to unique client-specific variables such as interpersonal skills, motivation for treatment, or therapeutic insight. Similarly, Constantine and colleagues (2002) conducted another study utilizing real clients (112 minority undergraduate students: 70% women, 46% Black, 26% Latino, 22% Asian) to examine the relationships between clients' perceptions of their counselors' MCC and their satisfaction with counseling. Constantine and colleagues (2002) argued that clients who perceived their counselors as having higher MCCs reported greater satisfaction with the counseling process.

Worthington and colleagues (2007) went on to summarize three process research studies: Thompson and Jenal (1994), Kim et al. (2002), and an earlier work by Worthington and others (2000). Thompson and Jenal (1994) qualitatively analyzed counseling interactions in dyads. Counselors had been instructed to be race-avoidant in their work with African American clients. The majority of clients had difficulty communicating concerns regarding race or racism. Kim and colleagues (2002) found that Asian American clients who worked with a counselor who emphasized immediate resolution of problems (deemed more culturally congruent) rated the working alliance higher than clients whose counselor emphasized the attainment of insight. Worthington and colleagues (2000) found that counselors who more frequently used cultural referents in their verbalizations were rated higher on the MCCs by trained observers.

Through reviewing the empirical outcome and process research that existed up to that time (2007), Worthington and colleagues argued that research has responded to the Ponterotto and colleagues' challenge from 2000, in that the literature has "consistently shown that counselors who possess MCCs evidence improved counseling processes and outcomes with clients across racial and ethnic differences" (p. 358). Positive results were obtained in regards to client perceptions of counselors, client outcomes, attrition, and self-disclosure when counselors exhibited MCCs (Worthington et al., 2007). However, these studies are not without limitations. In addition to many being analog designs, the studies aforementioned also suffer from low external validity, because they utilized convenience sampling. In addition, self-report instruments are predominantly used to measure counselors' MCCs (Ponterotto et al., 2000).

D'Andrea and Heckman (2008) also synthesized the literature when they conducted a 40 year review (1967 to 2007) of multicultural counseling outcome research. Their analysis contended that Atkinson and Lowe's (1995) review was critical along with Atkinson's earlier work (1983) which together resulted in the identification of 18 outcome studies related to counselor MCC. Four categories of research articles emerged from their analysis: (a) preference for counselor ethnicity and racial background, (b) counselor/therapist biases, (c) counseling process (e.g., clients' perceptions of counselors' credibility, trustworthiness, and expertise in counseling), and (d) measures of counseling outcome (D'Andrea & Heckman, 2008). These earlier investigations focused on minority clients' reports of satisfaction with and perceived helpfulness of counseling, use of mental health services, dropout rates, and measures of improvement in different aspects of clients' psychological and behavioral functioning. Only 3 of the 18 total multicultural counseling outcome studies identified in Atkinson's (1983) and Atkinson and Lowe's (1995) reviews included measures of culturally different clients' psychological functioning as a dependent variable. In contrast, 31 of the 53 recent multicultural counseling outcome studies identified by D'Andrea and Heckman (2008) researched changes in different aspects of the participants' psychological or behavioral functioning.

Tripartite Model and Bloom's Taxonomy. In addition to support through findings from analogue studies and studies that utilized real clients, the three components of Sue and colleagues' (1982) tripartite multicultural competence model are argued to be aligned with Bloom's (1956) three domains of learning: cognitive, affective, and psychomotor.

Bloom's seminal work serves as a widely accepted model to achieve educational objectives (P. W. Hill & McGaw, 1981) and structure learning outcomes (Marzano & Kendall, 2007). In the context of cross-cultural counseling training, there are distinct cognitive (knowledge) and affective (attitudes/beliefs) components (Sue et al., 1992; Arredondo et al., 1996) which align with Bloom's (1956) work on cognitive learning and Krathwohl, Bloom, and Masia's (1973) elaboration on affective learning outcomes. Though the psychomotor domain is more traditionally conceptualized as kinesthetic in nature, Harrow's (1972) taxonomy includes execution of gestures, facial expressions, and complex perceptions of and responses to auditory and visual stimuli, all of which are relevant to the execution of counseling skills. Approached as any education outcome, the acquisition of MCC would have internal components that are both cerebral (knowledge) and emotional (attitudes/beliefs – awareness) and external manifestations (skills). Since the tripartite model shares its core structure with Bloom's well used educational theory, there is added support to its validity as a means to conceptualize multicultural competence. Sue and colleague's (1982) model is therefore logically comprehensive, empirically supported (Mollen et al., 2003) and foundational to the field of multicultural counseling (D'Andrea & Heckman, 2008), though it is not without its limitations.

Strengths and weaknesses in fostering multicultural competence. Similarly to critiques of the Dimensions of Personal Identity model, the tripartite framework of MCC is criticized for focusing on cultural, racial, and ethnic differences (Weinrach & Thomas, 2002). Race and ethnicity are associated with culture on the first dimension of the MDCC (extension of tripartite); other cultural identities such as gender, socioeconomic status,

sexual orientation, religion, physical/mental ability, etc. are omitted from that dimension. However, as previously mentioned, there are counter arguments that this emphasis is a necessary first step in challenging a beginning trainees' monocultural worldview (Garrett et al., 2001; Sue, 1978; Torres-Rivera et al., 2001). Further, there is practical evidence through counseling simulations that supports the usefulness of cultural/ethnic specific statements in counseling (Atkinson & Lowe, 1995; Ponterotto et al., 2000).

The MCC literature is replete with references to Sue and colleagues (1982) tripartite model (D'Andrea & Heckman, 2008). While there are other commonly used methods to conceptualize multiculturalism, the tripartite model was born of a counseling context and exists to crystallize what traits/characteristics a counselor should possess in order to work effectively with clients that have a different cultural experience. What Sue and colleagues (1982) proposed has served as an operational definition for MCC and a model to gauge one's proficiency in MCC (including multicultural competency and explanatory statements). The tripartite model shares with both the DPI and DMIS a focus on cultural knowledge and introspective attitudes; however, the awareness, knowledge, and skill competencies presume that in order for counselors to interact effectively, sensitivity and introspection are not sufficient. The tripartite model maintains that successful cross-cultural counseling requires the presence of a practical skills component (Arredondo et al., 1996; Sue et al., 1982, 1992; Sue & Sue, 2003).

By acknowledging and codifying this need for multiculturally competent counselors to demonstrate culturally appropriate interventions, the tripartite model addresses a theory-practice gap in the execution of multicultural counseling. Rooted in a

historical context, the tripartite model has matured over time to be more inclusive of a broader definition of culture and reflect new developments in the multicultural counseling literature. This longstanding model has been expanded (Sue et al., 1992; Sue, 2001) and operationalized (Arredondo et al., 1996) and continues to be widely accepted as the core multicultural competency model within the field of counseling (Worthington et al., 2007). The tripartite model has been foundational for multicultural counseling competency assessment instruments (D'Andrea et al., 1991; Ponterotto et al., 1996; Sodowsky et al., 1994) MCC research (Arredondo et al., 1996; D'Andrea & Heckman, 2008; Priest; 1994; Sodowsky et al., 1994; Sue & Sue, 2003) and other MCC models (Arredondo et al., 1996).

Summary and critique of multicultural counseling models. When counselors acquire awareness of their own enculturation and related biases, knowledge of the worldviews and values of culturally diverse populations, and skills for interventions with diverse clientele (Arrendondo et al., 1996), they are said to possess the competence necessary to work effectively with diverse clientele (Pedersen & Ivey, 1993; Ponterotto, 1994; Sue et al., 1982; Sue & Sue, 2003). Several models have been proposed to conceptualize what this competence entails and how it is best obtained by counselor trainees. Of all the multicultural counseling models, three oft-cited ones have been elaborated upon above (the DPI Model, the DMIS, and the Tripartite Model). While each contributes to the field of multicultural counseling and has accumulated a body of literature, Sue and colleague's (1982) tripartite model of awareness, knowledge, and skills is the most fundamental and will be used to ground the current study.

The DPI model advocates for a comprehensive understanding of the complex variables that constitute an individual's cultural context. This multidimensional view of human development integrates both between-group and within-group differences. The former cross group perspective provides a basis for conceptualizing how diverse groups construct meaning of human development, mental health, and counseling interventions (Ivey, D'Andrea, Ivey, & Simek-Morgan, 2007; Sue & Sue, 2003). The latter individualized perspective has been vital to the formation of cultural identity development models that help counselors understand the ways racial/ethnic groups develop cultural awareness of self (Cross, 1971; Helms, 1990; Hardiman, 1994; Phinney, 1990; Ponterotto, 1988; Ruiz, 1990; Peavy, 1995). Application of this understanding to cross cultural counseling settings has been mired by the DPI's duel focus on both diversity and multiculturalism. Weinrach and Thomas (2002) summarized this and other arguments that complicate the utility of the DPI model.

The DMIS outlines the stage progression that counselors experience as they move from more ethnocentric to ethnorelative worldviews. Because of its sound anthropological basis and the simplicity of assessment with the IDI, the DMIS has been used extensively in communication fields and increasingly in counseling. Though some (Mehta, 2011) have asserted an interchangibility between the constructs of cultural sensitivity and (inter/cross/multi)-cultural competence, others (Chung & Bemak, 2002; Hammer et al., 2003; Ridley et al., 1994) have maintained that these terms are distinct. This construct issue makes using the DMIS problematic in any scholarly exploration of MCC. Terminology aside, a greater concern for using this model is the absence of a focus

on what Sinicrope and colleagues (2007) termed “doing.” Effectively counseling a client that differs in worldview requires not only self-awareness, empathy, or sensitivity, but also knowledge of their context and the execution of culturally appropriate responses (Arredondo et al., 1996; Sue et al., 1982; Chung & Bemak, 2002). The DMIS does not address these realities of the counseling relationship, and is therefore lacking.

While the DPI and DMIS have been utilized successfully in other research, Sue and colleague’s (1982) tripartite model will underlay this current study. In their synthesis of recent multicultural counseling literature, D’Andrea and Heckman (2008) found this model of awareness, knowledge and skills prevalent throughout. Mollen and colleagues (2003) and Worthington and colleagues (2007) have demonstrated the basis of extensive empirical support for the tripartite model. Though research exists that indicates Sue and colleagues’ (1982) model of MCC enhances a counselor’s effectiveness when working with a client of different cultural heritage, and it has been operationalized and implemented in the ethical codes and accreditation standards of the counseling profession, there still exists a gap in service delivery. Counselor-trainees continue to struggle in their attempts at providing effective services to diverse clientele (D’Andrea & Heckman, 2008). Consequently, there is a need for continued research on how to best train counselors to respond to culturally different clients. CI has been demonstrated to be an effective training strategy at increasing all three dimensions of MCC in counselor trainees (Abreu et al., 2000; Alexander et al., 2005; Heppner & O’Brien, 1994; Ribeiro, 2004).

Cultural Immersion

Among training strategies commonly used in counselor preparation, cultural immersion (CI) is one of the most effective methods for increasing counselor trainees' cultural competence and core counseling skills (Abreu et al., 2000; Canfield et al., 2009, Gillin & Young, 2009; Goodman & West-Olatunji, 2008, 2009a, 2009b; Majewski & Turner, 2007; Pedersen & Leong, 1997; Pope-Davis et al., 1997; Ribeiro, 2004). CI forces trainees to interact directly with another culture in its context, which requires stepping out of one's own culture and comfort zone (Abreu et al., 2000) as opposed to simply importing elements from a different cultural group to one's own sphere of familiarity (Canfield et al., 2009). This is argued to be transformative for participants (Kottler, 1997), resulting in genuine cultural understanding (Arthur & Achenbach, 2002; Toporek et al., 2004), increased knowledge of how groups define and view themselves (Burnett et al., 2004; Pope-Davis et al., 1997), and awareness of one's own biases, values, and worldview (Abreu et al., 2000; Alexander et al., 2005; Goodman & West-Olatunji, 2009b; Ribeiro, 2004). After identifying conditions of contact (Allport, 1954) and phases for facilitating a MIE (Pope-Davis et al., 1997), research utilizing MIE critical components are presented, underscoring the role of the process group in increasing MCC.

Conditions of Contact and the Multicultural Immersion Experience

DeRicco and Sciarra (2005) drew from Brown and Landrum-Brown (1995) when they argued that the value of a CI experience is based upon the concept of Allport's Contact Hypothesis (1954), also known as Intergroup Contact Theory. This hypothesis rests upon the belief that contact between minority and majority group members is most

effective in reducing biases, tensions, and misunderstandings. Allport's (1954) studies of intergroup relations, however, did not support a simple contact theory. He argued that blacks and whites living in close proximity in Chicago did not eradicate racial tensions, but rather manifested prejudice. Allport and colleagues identified necessary conditions of intergroup contact that bring about the reduction of prejudice (DeRicco & Sciarra, 2005). A review of the conditions of successful intergroup contact provides an important context for understanding the MIE model.

Conditions of successful intergroup contact. DeRicco and Sciarra (2005) built upon the work of Allport (1954), Amir (1969), Cook (1962, 1978), and Pettigrew (1971) to underscore core conditions of contact theory. Chiefly, contact must be of sufficient duration or frequency. There must be enough time in the field and repeated interaction for individuals to develop genuine closeness and meaningful relationships between cultural group members (Pope-Davis et al., 1997). Contact is also based on cooperation, and is more beneficial to reducing prejudice when members from different socio-cultural groups are mutually dependent on one another. Allport's (1954) Contact Hypothesis is central to the MIE model (Pope-Davis et al., 1997). Pope-Davis and colleagues (1997) have been cited extensively, along with critical components from the MIE model (pre-deployment planning/training, interaction with culturally diverse others, sustained time in the field, genuineness/depth of relationships formed, and reflection), among CI studies (Canfield et al., 2009; DeRicco & Sciarra, 2005; Diaz-Lazaro, & Cohen, 2001; Goodman & West-Olatunji, 2008, 2009a, 2009b; Ishii et al., 2009; Paige, Fry, Stallman, Josic, & Jon, 2009).

After the MIE model is briefly presented, several studies that utilized critical components from the MIE are provided.

Multicultural immersion experience (MIE). In 1997, Pope-Davis et al. developed guidelines for CI that were aligned with the conditions of Allport's (1954) Contact Theory. The MIE (Pope-Davis et al., 1997) was intended to be implemented domestically, in the context of a multicultural training course; however, the components from the MIE have been adapted to alternative CI formats: disaster response immersion, educational exchanges and courses, and international immersion. Five critical components of CI are underscored in the 3 phases of the MIE Model: (a) pre-immersion planning/training, (b) interaction with culturally diverse others, (c) sustained time in the field, (d) genuineness/depth of relationships formed, and (e) reflection.

***Phase I: Pre-immersion planning/training and initial reflection*.** Pope-Davis and colleagues (1997) encourage trainees to self-select a group (with which one is uncomfortable and/or has assumptions), establish contact with a cultural informant (that can provide additional knowledge from the perspective of the identified cultural group), and write a historical background on the group selected. Issues of oppression, race, class, and gender are juxtaposed with a trainee's own personal history in an autobiography of one's own values, beliefs, and presuppositions (Rothbart & John, 1985), how one has come to have them (Mezirow, 1990), and the anxieties one has felt along with the sources of these anxieties. The majority of CI studies conduct specific trainings prior to immersion and utilize a cultural informant as part of pre-immersion planning/training (Alexander et al., 2005; Gaines-Hanks & Grayman, 2009; Goodman & West-Olatunji,

2008, 2009a, 2009b; Ishii et al., 2009; Kambuto & Nganga, 2008). Only a couple of CI studies involve individually selecting the group in which one is immersed (Canfield et al., 2009; DeRicco & Sciarra, 2005).

Phase II: Immersion with continued reflection. This phase involves interaction with culturally diverse others, sustained contact in the field, and continuous reflection, with the aim of developing genuine relationships with cultural members. To foster reflection, Pope-Davis and colleagues (1997) encouraged trainees to keep a journal so one can process experiences at times when discourse with others is not possible. Another aim of the journal is to foster processing both cognitively and affectively (Chung & Bemak, 2002). For instance, Pope-Davis and colleagues (1997) argued that trainees may not cognitively think of themselves as homophobic; however, they may experience affective responses when interacting with individuals whose sexual orientation differs from theirs. Chronicling potential contradictory thoughts and emotions through journaling maybe a means to challenge existing worldviews, understand the lens in which one is viewing another, and the limitations of one's understanding based on one's presuppositions. Many CI studies argue for interaction with culturally diverse others, sustained time in the field, and continuous reflection (Alexander et al., 2005; Canfield et al., 2009; DeRicco & Sciarra, 2005, Gaines-Hanks & Grayman, 2009; Goodman & West-Olatunji, 2008, 2009a, 2009b; Ishii et al., 2009; Kambuto & Nganga, 2008; Tomlinson-Clark & Clark, 2010).

Phase III: Debriefing, evaluation, and meaning making. Pope-Davis and colleagues (1997) argued structured process groups were essential to foster MCC

development, thus cultural liaisons and group members have been invited to participate in roundtable discussions for knowledge sharing across immersion experiences to help trainees feel a sense of universality with others in discussing culture shock, feelings of discomfort, and new understanding of themselves and the values, beliefs, and worldview of the group members in which one immersed. Trainees are also encouraged to prepare a presentation incorporating their reflections, comments from peers, assessment results, and an integration of their pre-immersion autobiography and historical analysis with their experience. Trainees are also challenged to integrate knowledge learned from CI into work with clients (Pope-Davis et al., 1997). It has also been argued that the process group is not only critical, but is the vehicle for increasing MCC during CI (Chung & Bemak, 2002, Goodman & West-Olatunji, 2008, 2009a, 2009b; West-Olatunji et al., 2011).

Cultural immersion research based on the MIE phases. Components from Pope-Davis and colleagues (1997) MIE phases are widely cited in CI studies (Alexander et al., 2005; Canfield et al., 2009; DeRicco & Sciarra, 2005, Gaines-Hanks & Grayman, 2009; Goodman & West-Olatunji, 2008, 2009a, 2009b; Ishii et al., 2009; Kambuto & Nganga, 2008; Tomlinson-Clark & Clark, 2010). Several studies that utilized critical components from the MIE (pre-immersion planning/training, sustained time in the field, interaction with culturally diverse others, genuineness/depth of relationships formed, and reflection/process group) are explored further to present what is known and not known about the critical components of CI and the need for future research, to more intentionally foster increased MCC during CI.

MIE components in disaster response immersion. Several examples of the MIE components are evidenced in Goodman and West-Olatunji's (2008, 2009b) and West-Olatunji's (2011) CI studies in working with disaster-affected communities. These authors purposefully selected six counselor trainees in their exploration of critical consciousness as a training tool to provide effective, culturally competent disaster response counseling services to a charter school in post Katrina New Orleans. The participants consisted of all women (1 Haitian American, 1 Indian American, and 4 European Americans) between the ages of 23-53, who had completed a course in multicultural counseling. Goodman and West-Olatunji (2008, 2009a) provided pre-immersion planning/trainings that included an orientation to the outreach philosophy, protocols for entering and partnering with the community intentionally (Goodman & West-Olatunji, 2009a). As described in the MIE phases (Pope-Davis et al., 1997), trainees were charged to reflect about the socio-political context prior to departure and had sustained contact in the field with ample time to interact with culturally diverse others. Goodman and West-Olatunji (2008, 2009a) also provided a continuation of pre-deployment learning through structured trainings during the immersion, including visits to disaster impacted areas where trainees witnessed the devastation firsthand, positioning them to hear the lived experiences of residents of the disaster they previously understood only cognitively. This resulted in a richer experience, connecting both emotionally and cognitively to the disaster prior to working with the charter school teachers (Goodman & West-Olatunji, 2009a).

Goodman and West-Olatunji (2008, 2009a, 2009b) qualitatively analyzed the trainee journals by coding for domains of meaning, member checking the data (C. E. Hill, Knox, Thompson, & Williams, 1997), and utilizing NVivo (v.2.0) software. Six themes emerged: (a) multicultural competence, (b) group cohesion, (c) mentoring, (d) transformation, (e) self-care, and (f) critical consciousness. Goodman and West-Olatunji (2009a) argued that trainees shifted how they conceptualized and intervened with clients. One participant wrote, "The goal is to try and help them depend on one another, building the system as opposed to enabling dependency on us" (Goodman & West-Olatunji, 2009a, p. 461). Trainee reflections were facilitated through process groups in addition to journal entries.

Goodman and West-Olatunji (2009a) claimed that the process group is critical in aCI context. They stated that trainees, "engaged in 3-4 hours of group process and reflection time daily" which "enabled them to engage in introspection and understanding, both of which are crucial" (Goodman & West-Olatunji, 2009a, p. 461). They also reported that trainees, "frequently engaged in dialectic process with their peers and clinical supervisor" (Goodman & West-Olatunji, 2009a, p. 461). Group process and reflection are argued to be critical components of the CI experience, however, no further explanation is provided on how dialectic thinking was fostered in the study or how students came to exhibit new levels of critical consciousness. While changes in increased MCC and critical consciousness were uncovered in the qualitative analysis, the processes whereby these changes occurred remain unknown.

West-Olatunji and colleagues (2011) replicated previous research conducted in disaster response (Goodman & West-Olatunji, 2008, 2009a, 2009b) in the context of a 4 week CI experience (trauma related to illness with HIV/AIDS) in South Africa and Botswana. The 6 participants consisted of 5 women and 1 man (5 European Americans, 1 Asian American) between the ages of 24 and 31, who had completed a course in multicultural counseling. The CI included pre-deployment trainings (e.g., lectures on the socio-political history of South Africa, non-traditional healing practices, self-care in the field, etc.) along with10 days of CI to cultural sites (in Johannesburg and Cape Town, South Africa) to foster interaction with culturally diverse others prior to providing clinical services (over the span of twelve days) to community agencies and schools in Gabarone, Botswana, and Johannesburg, South Africa. The authors argued, a "significant portion of cultural competence is derived from experiences in varying social contexts… the overall goal is for students to gain awareness about the social environment as well as themselves" (West-Olatunji et al., 2011, p. 337). They argued for increased cultural competence to more effectively provide disaster response services, as mental health professionals have been known to "aggravate" community members (West-Olatunji et al., 2011).

Goodman and West-Olatunji (2010), who specialize in disaster response outreach CI, argued trainees often encounter resiliency when first entering a community. Such a buoyant, hopeful spirit often does not fit with the commonly held narrative about providing services to those in need. Goodman and West-Olatunji (2010) termed this challenging introduction to a new cultural context as pre-critical consciousness, which

often triggers ‘resistance’ in the trainee (e.g., participants get sick, exhibit changes in sleeping/eating, and miss group process/supervision sessions). West-Olatunji and colleagues (2011) argue this resistance is an important stage on the trainee’s journey toward increased MCC and critical consciousness. Group process and supervision are the conduit that West-Olatunji and colleagues (2011) contend provides support for trainees to work through their resistance. During their CI outreach, Goodman and West-Olatunji (2008, 2009a, 2009b) have consequently structured process components that challenge trainees’ to critically reflect about who they are, what their role is, and what responsive services look like. Trainees in West-Olatunji’s latest study (2011) participated in group process for approximately two hours nightly.

Through qualitative analysis West-Olatunji and colleagues (2011) uncovered eight themes from trainees’ journals which were organized into three larger categories: (a) processes that facilitate the development of critical consciousness, (b) processes that block the development of critical consciousness, and (c) critical consciousness development. Under the first theme, four sub-themes emerged: inspired/connected; inspired; connected; and knowledge. The second theme included two sub-themes: resistance; guilt/confusion/unaware. Finally, two sub-themes emerged from the third theme: critical consciousness and awareness/reflection (West-Olatunji et al., 2011).

Goodman and West-Olatunji (2008, 2009a, 2010) and West-Olatunji and colleagues (2011) did not discuss limitations to their studies. Several apparent limitations include a lack of clarity of what critical consciousness is, as a definition is not provided. However, West-Olatunji and colleagues (2011) drew upon the works of D’Andrea

(2005), Ivey and Collins (2003), and Collins and Long (2003) to argue that critical consciousness, “emancipates individuals from socially embedded, albeit unconscious, hegemonic perspectives” (p. 337). Other limitations included using the terms critical consciousness, cultural competence, and cultural awareness interchangeably. Further, it is unclear how gaining critical consciousness increases one’s MCC or knowledge, skills, and awareness in working with diverse populations. Goodman and West-Olatunji focus on the attainment of critical consciousness throughout their research studies. They argued critical consciousness is necessary to provide effective disaster response services; however, it is unclear if the goal is to improve disaster response, increase the MCC of counselor trainees, or both. Most importantly, they fail to explain how hours of group process resulted in changes in trainees MCC and critical consciousness. West-Olatunji and colleagues (2011) used the words ‘dialectic process’ (p. 339) repeatedly; however, they do not explain what is meant by dialectic process, what questions were used to foster dialectic thinking, and how the trainees began to understand their cultural context or see themselves in-relation to cultural members. Trainees who are able to think dialectically are said to have higher levels of MCC (Ivey et al., 2005), thus it is an important component to consider. It is also necessary to clarify what dialectic thought is and how to position trainees to think dialectically in the context of the process group during CI. Additional limitations of Goodman and West-Olatunji (2008, 2009a, 2010) and West-Olatunji and colleagues (2011) studies include a small sample size, lack of replication, and author bias in coding their own data and not bracketing their assumptions prior to coding (Fischer, 2009).

MIE components in educational exchanges and courses. Boyle et al. (1999) examined multicultural competence through a mixed-methods study of social work students immersing in Veracruz, Mexico as part of a social work education program. Boyle and colleagues (1999) referred to the immersion as an educational exchange as their purpose was to increase the multicultural competency of social workers through exchange of knowledge (between the University of Georgia, U.S. with the University of Veracruz, Mexico). The six participants included two bachelors, one master's level social work students, and three faculty members who immersed for 3.5 weeks in Veracruz, Mexico. Boyle and colleagues (1999) utilized pre-deployment training (e.g., participants met every other week for two months prior to the trip), interaction with culturally diverse others (e.g., living with local people in their homes, visiting social service agencies including mental health sites, practicum sites of the host schools, historical sites, and attending cultural events), sustained time in the field, and reflection (e.g., daily journal). In addition, the participants spent 5-6 hours in language school per day (developing specialized vocabulary relevant to social services), and developed collaborative academic projects with Mexican social work professionals and students.

The Multicultural Counseling Awareness Scale (MCAS–B; Ponterotto et al., 1996) was administered before and after CI to measure multicultural competence through two factors: knowledge/skills, and awareness (α's from .72 to .93 for the full-scale). Means were calculated for each factor in addition to the total score. All six participants (total score variance ranging from 16 to 176) increased MCC. The change in cumulative score for all six participants on the construct of multi-cultural competence was 1140 to

1350, an 18% increase. All participants (factor variance 11 to 162) also increased knowledge/skills, with score variance ranging from 11 to 162.

The cumulative score of all participants on the knowledge/skills subscale increased 24%, from 661 to 820. It is noteworthy that two subjects had minimal change in this subscale score (1% and 2% increases) while one subject experienced an increase in their knowledge/skills score of 62%. Changes in awareness scores were less pronounced across participants, with the cumulative score of all subjects increasing from 479 to 530 (a 11% gain). Those participants that displayed little change in their knowledge/skills score also exhibited small change in their awareness scores (4% and 10%).

Grounded theory was utilized to analyze students' journals. Several categories that emerged included: (a) the diversity in the social environment (e.g., contrast between great wealth and poverty), (b) the demands of living in a foreign land (e.g., constant alertness to communicate in another language), (c) the exposure to social work education and practice (e.g., similarities and differences to US social work), (d) warmth of the Mexican people (e.g., host families who shared outings and *fiestas*); (e) the general Mexican orientation toward groups (e.g., less age separation, use of team approaches), (f) the family as the basic unit of Mexican society (e.g., elders and children integrated into family life, the changing role of women with more work outside the home), and (g) learning opportunities throughout CI (e.g., group support in dealing with stress).

Boyle and colleagues (1999) didn't cite limitations, however, several exist. Boyle and colleagues argued that both the qualitative and quantitative analyses were used to examine the impact of participation in an educational exchange program on the MCC of

the participants. However, the results are presented independently as the authors do not expand on one methodology through the utilization of another; no triangulation of data was presented. Further, the procedures for collecting and analyzing the qualitative data are minimally discussed. It is unclear how the categories emerged and when the coders reached saturation. Additional limitations involve small sample size and social desirability (which were not discussed). However, this study does provide empirical evidence that CI positively impacts multicultural competence of social work students. Empirical research examining the changes in MCC as a result of CI with counseling students is sparse.

In addition to educational exchanges, the MIE has also served as a structural model for multicultural course assignments. One case study of a counselor-trainees' CI experience (white female named 'Judith') chose to enroll her daughter in a predominantly black preschool as her CI experience. The school was located in an area of town which was once known for its active drug trade and prostitution until the surrounding black community partnered with politicians and law enforcement to renovate. Despite the recent successes of that community, Judith expressed feelings of discomfort that she attributed to the history of the location and personal covert racism (DeRicco & Sciarra, 2005). These reflections (the trainee exhibited self-awareness of her anxiety and pre-conceived notions about the community) are in-line with the guidelines for a MIE outlined by Pope-Davis and colleagues (1997). In addition, Judith engaged in pre-training, interaction with culturally diverse others, and sustained time in the field.

The reflection component involved a journal Judith kept over the course of her ten week CI. Many of the entries involved questions from her daughter (Olivia) in addition to her interactions with parents, caregivers, teachers, and staff. Olivia processed the CI differently than her mother, outwardly stating the fact that she did not look like the majority of girls in her class and wanted to understand the significance of skin color (DeRicco & Sciarra, 2005). Judith reported her daughters questions forced her to reflect about how she had come to know what she knows about her own values, beliefs, and worldview. DeRicco and Sciarra (2005) argued that Olivia's questions were indicators of her efforts to reorganize her worldview to accommodate new knowledge. She and her mother discussed whether skin color could be a predictor of behavior, the feelings people of all colors shared about belongingness, and the way that beauty comes in all colors throughout nature. Within two months, Olivia had formed two or three genuine friendships within her class and Judith had formed genuine relationships with parents and caregivers of the other children. DeRicco and Sciarra (2005) argued that Judith's relationships became a new conduit of information that shaped her opinions. In her current work as a school counselor, Judith stated that she considers the cultural variables that may be influencing her counseling relationships. Most significantly, Judith reported a deeper understanding of her own cultural identity and the impact on her interactions with others.

DeRicco and Sciarra (2005) argued that Judith's interaction with individuals at Olivia's school and the genuineness/depth of relationships formed, afforded her an opportunity for a deeper reflection of herself, as a cultural being (DeRicco & Sciarra,

2005); it is unclear, however, how she came to exhibit increased MCC. DeRicco and Sciarra (2005) present no intentional methodology, but do provide a rich narrative of Judith's journal entries to argue she increased her MCC. Similarly to previous studies, DeRicco and Sciarra (2005) do not describe possible limitations of their study. In addition to limited generalizability, it is unclear how Judith's growth was fostered. Were there journal prompts? Was there a model/structure for group process of CI experiences as a part of this multicultural course? How was Judith challenged to explore how she has come to know what she knows, and how did she generalize the new knowledge in her current work as a school counselor?

In addition to case studies of CI experiences as part of a multicultural counseling course, the MIE has also served as a framework for study-abroad courses, and 100% internet-based courses, and traditional on-campus courses. Canfield et al. (2009) conducted a study in which counselor-trainees also self-selected their CI experience. They provided an overview of the development of a CI assignment that was developed over a 12-year period and has involved the participation of more than 1,400 students from 14 different colleges and universities. Each counselor-trainee was enrolled in a graduate course focused on the development or enhancement of skills for working more effectively with diverse clientele. Study abroad trainees were required to interact with culturally diverse others over a sustained period of time, and examine their own worldview and biases though journal reflections (Canfield et al., 2009). On-campus and online courses required trainees to enter into the activities of an identified cultural group: living with a family of a different race/ethnicity, staying at a Native American reservation,

participating in the religious and/or social events of a culturally diverse group over a period of several months, were common CI experiences among participants. The processing component in all course instructional formats (i.e., traditional, online, and study abroad) involved instructor approval of the trainees' project and submission of a written report at the conclusion of the course which chronicled the trainees' experiences and insights.

Based on instructor observations of student journals, written reports, along with feedback from students, Canfield and colleagues (2009) argued that trainees reported an increased level of cultural awareness and sensitivity as a result of CI. However, no data was presented to back this claim. In addition, no methodology for collection of data was discussed. There is no mention of how student reports were collected, however this study does provide evidence that CI is used extensively as a training tool across a variety of disciplines and course formats, including 100% online courses. MIE components such as interaction with culturally diverse others, pre-immersion planning, sustained contact, and reflection were required components of the CI assignment across course formats over the 12 year span (Canfield et al., 2009), thus these components are prevalent among CI experiences.

MIE Components in International Immersion. In addition to educational exchanges and a variety of domestic course formats, the MIE framework has been utilized in international immersion. Ishii et al. (2009) explored the critical components of CI in their analysis of journals from 15 counselor trainees who participated in a one week CI trip to New Mexico. All participants were women (11 European American, 3 African

American, 1 bi-ethnic), between the ages of 24-56. Trainees engaged in pre-deployment training (e.g., lectures, discussions, guest speakers, videotapes, and readings). They then visited cultural and historical sites in New Mexico prior to interacting with local residents. They also directly experienced the cultural, spiritual, and healing practices and traditions of ethnic minority populations, and engaged in a reflective process through journaling and group process nightly. However, they did not engage in sustained time in the field as the immersion only lasted one week.

Ishii and colleagues (2009) challenged trainees to integrate multicultural content with their personal experiences and reflections, in these three ways: (a) consider cultural, social, economic, disability-related, and environmental factors in service planning, (b) communicate empathy for the lived experiences of people from underrepresented groups, and (c) be comfortable interacting with ethnic minority members in their own environments (Ishii et al., 2009). While Ishii and colleagues (2009) indicate they "verbally instructed trainees to pay attention to or compare certain aspects of visiting sites" during the evening process group (p. 18), there is no further explanation of their process group structured, or how it contributed to trainee outcomes. Though Ishii and colleagues (2009) hypothesized that stereotypes and judgments would be minimized during CI, stereotypes did emerge in the journals. There is no mention of how (or if) the facilitators positioned students to reflect on their stereotypes or discomfort.

Ishii and colleagues (2009) used grounded theory to investigate the experiences of the trainees by coding their journals and found five categories: (a) cognitive, (b) affective, (c) perceptual, (d) empathy, and (e) cultural dissonance. They argued that

trainees experienced both cognitive and affective processes. The cognitive reactions category was the most salient with three subcategories: comparing, describing concepts and experiences, and contextualizing. The main theme in this category was knowledge acquisition that included: understanding course concepts, connecting course materials with observations and personal experiences, and integrating contextual information. In making comparisons, students frequently contrasted cultures, places, peoples, and religions, on characteristics (e.g., time orientation). Thus, they began assessing some aspect of values they were experiencing with their preexisting schemas.

Ishii and colleagues (2009) argued these categories required different levels of information processing. Comparing requires knowledge of a particular concept in order to make a comparison, whereas describing concepts and experiences requires not only conceptual knowledge but also understanding whereby one connected knowledge to one's personal experiences. Contextualizing involves conceptual knowledge and ability to apply knowledge in a particular context. Thus, the three categories represented a progressively more complex cognitive process. Ishii and colleagues (2009) drew from Perry (1970) to argue that trainees with higher levels of cognitive complexity may become increasingly capable of integrating multiple factors and viewing a phenomenon within a context. Ishii and colleagues (2009) agreed with Pedersen's (2000) contention that cognitive complexity is an important factor in MCC because it allows counselors to incorporate the intricacies and impacts of culture into the counseling process.

Some of the sites, stories, and events that trainees encountered evoked emotional reactions as well as cognitive. Ishii and colleagues (2009) argued that emotions evoked

through CI led to trainee avoidance of reflection. Ishii and colleagues drew upon the works of Pope-Davis and colleagues (1997), Roysircar (2004), and Helms (1990) when they argued for the importance of processing affective reactions. Roysircar (2004) claimed that emotions regarding diversity issues must be processed and resolved in order for counselors to develop effective cross-cultural counseling relationships. Similarly, Helms (1990) asserted processing internal conflicts was necessary at both the cognitive and affective levels for trainee development. Further, Constantine and Gainor (2001) found a positive relationship between emotional intelligence and perceived MCC knowledge. Both emotional awareness of self and emotional understanding of others is argued to be critical in gaining MCC (Roysircar, 2004; Roysircar et al., 2005) and should be explored in future studies (Ishii et al., 2009).

Unlike many CI studies, Ishii and colleagues (2009) cited limitations of their study. There was limited generalizability due to the small same size, and limited transferability of journal writing to actual counseling skills. Ishii and colleagues argued that the time in the field may have been too short to ensure students' development. They drew upon a study Pope-Davis and colleagues (1997) cited whereby trainees may have reverted to more ethnocentric views to make sense of their feelings as they did not have sufficient time to process their experience. Ishii and colleagues (2009) stated the limited time in the field may have negatively affected the CI experience for some of the trainees. In addition to limitations, Ishii and colleagues (2009) also provided instructional recommendations. First, instructors are encouraged to help trainees move toward more cognitively complex thought in order to integrate knowledge, personal experience, and

contextual information. Second, trainees must be supported in processing their emotions to facilitate emotional awareness. Third, instructors are encouraged to attend to cultural dissonance and provide additional cultural knowledge and processing. Fourth, instructors are encouraged to intentionally choose processing tools, such as particular questions that elicit empathetic reactions to cultural members. It would also be beneficial to gain a better understanding of how and where students tend to struggle in CI, to provide more intentional interventions to assist trainees in becoming more multiculturally competent (Ishii et al., 2009).

Another example of an international CI experience involved 10 school counselors immersed in Trinidad (Alexander et al., 2005). The demographics were not indicated. Counselor trainees participated in pre-deployment training (e.g., eight orientation sessions prior to CI), interaction with culturally diverse others (e.g., dialogue with members of the Ministry of Education, provide counseling sessions and 25 hours of guidance lessons), and reflection/group process (e.g., journal, portfolio). Group process was provided for two hours each day which included reviewing the day's activities, assessing the effectiveness of services and whether or not one's work was responding to needs, and modifying guidance lessons and/or group activities as a result. Participants also reviewed their videotaped guidance presentations during group process and were given feedback on these presentations. When the group realized the work they were doing was not responsive, they had opportunities to process about particular approaches and why they were ineffective (Alexander et al., 2005).

Alexander et al. (2005) determined results in three different ways: (a) feedback solicited from the international host counselors, (b) observations made by the facilitator (during the process group, live observations, and videotape reviews), and (c) a review of the multicultural counseling portfolio. Based on these three sets of information, Alexander and colleagues (2005) reported that the experience enhanced the multicultural awareness of counselor trainees. Alexander and colleagues (2005) did not directly assess the MCC of trainees or conduct pre-post assessments. In addition, the process groups encouraged trainees to examine their assumptions, attitudes, and insights in conducting school counseling in their context and in the context in Trinidad. Similarly to Canfield and colleagues (2009), and Goodman and West-Olatunji (2008, 2009a, 2009b), Alexander and colleagues (2005) do not provide limitations to their study nor explain the process group structure or how particular experiences were processed.

The majority of studies regarding counselor trainee CI either result in conceptual arguments about MCC or involve coding trainee journals. When such qualitative means are employed, the procedures are often unique to a given study, and rarely take the form of common qualitative research methodology (consensual qualitative research; C. E. Hill et al., 1997; grounded theory; Strauss & Corbin, 1998; or phenomenology/hermeneutics; Taylor, 1985). Several of the studies cited (Boyle et al., 1999; Howard et al., 2006; Ishii et al., 2009; West-Olatunji et al., 2011) justify that CI increases MCC based upon themes extracted from trainee journals. Of these studies, it is also important to note that trainees involved in the CI's also occasionally serve as co-authors, but no mention is made that efforts were made to account for their assumptions prior to qualitative analysis through

bracketing (Fischer, 2009) or other means. Despite these methodological concerns, the conclusions from those authors are often corroborated by discussion from other CI reearchers (Abreu et al., 2000; Alexander et al., 2005; Heppner & O'Brien, 1994; Ribeiro, 2004). Unfortunately, few CI studies, either qualitative or conceptual, have provided a thorough explanation of how specific aspects of a trainee's CI experience contributes to his or her MCC development

Need for examining the critical components of CI. It is clear that trainees are impacted by CI. Further, it is evident that the MIE components (pre-deployment planning/training, interaction with culturally diverse others, genuineness/depth of relationships formed, sustained time in the field, and reflection) outlined by Pope-Davis and colleagues (1997), are extensively utilized in cultural immersion studies (Alexander et al., 2005; Canfield et al., 2009; Chung & Bemak, 2002; DeRicco & Sciarra, 2005; Goodman & West-Olatunji, 2008, 2009a, 2009b; West-Olatunji et al., 2011; Ishii et al., 2009). However, no studies have measured the impact of these critical components on trainee's acquisition of MCC. Most importantly, the reflective processes whereby trainees are said to increase their MCC remain nebulous. While all the critical components of the MIE are important to consider, there is a specific need to elucidate the role of reflection though exploring the process group to better understand how trainees increase their MCC while immersed. Educators can emulate many of the components of the MIE (e.g., conducting training prior to deployment, and engaging in sustained time in the field); however, there are no guidelines or model for how to structure the process/reflective components during CI. Several CI studies have utilized *critical reflection*, a component

of Habermass's Critical Theory, to explain the reflective processes needed to increase MCC in the context of CI.

Role of Process Group in Fostering MCC through Critical Reflection

The process group is argued to be a critical component of CI experiences (Lassiter, Napolitano, Culbreth, & Ng, 2008; Ribeiro, 2004) as it is the vehicle for increasing MCC (Abreu et al., 2000; Alexander et al., 2005; Heppner & O'Brien, 1994). Debriefing in a group format is vital to process the strong emotions triggered by CI (Chung & Bemak, 2002). Without effective group process, students may retreat to previously held ethnocentric views to make sense of new ideas and feelings (Goodman & West-Olatunji, 2009b; Chung & Bemak, 2002; Ishii et al., 2009) which can negatively impact trainees, and their interactions with community members (Hui, 2009). The process group component of CI can be better understood by exploring3 facets: (a) the role of critical reflection in fostering MCC during CI, (b) the role of the facilitator in process group, and (c) the concept of cognitive complexity in fostering higher order thinking and the generation of multiple perspectives.

Reflection as a means to foster MCC during CI. Reflection is defined as the affective and intellectual activities undertaken to explore one's experiences in order to lead to new understanding (Boud, Keogh, & Walker, 1985). It is not only salient to counselor development (Clark, 1993; Harden, 1996; Heppner & O'Brien, 1994), but also considered the most critical component in CI (DeRicco & Sciarra, 2005; Goodman & West-Olatunji, 2008; Paige et al., 2009). While the reflective process differs for every CI experience, there is agreement, that reflection must be intentionally structured to explore

personal biases and assumptions (Ginwright & Cammarota, 2002; Hernández, Almeida, & Dolan-Del Vecchio, 2005; Sakamoto & Pitner, 2005). By engaging in self-reflection and inner dialogue, individuals begin to think about their existence and identity 'in-relation,' affording them a greater awareness of another's context (Clark, 1993). While reflection is central to counselor development and the attainment of MCC, it is also a nebulous concept, and often used as a synonym for higher-order mental processes (Boud et al., 1985). In an effort to elucidate the role of reflection in CI, the concept of critical reflection from Mezirow's (1990) Transformational Learning theory is explained along with support from two additional CI studies that utilized critical reflection.

The concept of critical reflection is taken from transformational learning, a form of emancipatory education, and can provide clarity on how trainees challenge assumptions and biases, explore alternative perspectives, transform old ways of understanding, and generate new perspectives (Mezirow, 1990). Awareness of one's *meaning perspectives* (assumptions that constitute a frame of reference for interpreting the meaning of an experience) can foster a more inclusive and integrative understanding of one's experiences (Mezirow, 1990). A transformational learning process enables a trainee to challenge how one has come to know what he or she knows and integrate new meaning into one's belief system when forced to interpret a new event (Mezirow, 1990) such as a field experience during CI. This examination of one's meaning perspectives and the sources and consequences of their presuppositions was termed by Habermass (1984) as *critical reflection* and involves a critique of the foundations upon which our beliefs are built (Mezirow, 1990). These beliefs influence our perceptions of culture, and only when

we challenge the assumptions beneath them can we increase multicultural competency (Sue et al., 1992). CI often involves field experiences that are vastly different from the counselor trainees' existing meaning perspectives. These experiences challenge counselor-trainees' narratives about who they are, why they are there, and what culture-centered responses look like (Gaines-Hanks & Grayman, 2009; Goodman & West-Olatunji, 2009b; Kambuto & Nganga, 2008). If an individual critically reflects when faced with such externally imposed disorienting dilemmas, then a transformation of perspective can result (Mezirow, 1990).

Kambuto and Nganga (2008) and Gaines-Hanks and Grayman (2009) both used Mezirow's transformational learning theory to conceptualize how CI experiences could foster participants to challenge their ethnocentrism and transform their perspectives regarding culture. Following socio-historical pre-immersion exercises consistent with MIE structure (Pope-Davis et al., 1997), Kambuto and Nganga (2008) immersed 12 pre- or in-service educators in Kenya for several weeks (demographics not listed). Along with journals and facilitator observations, a series of open-ended questions was asked of participants before and after the CI in order to document any changes to their meaning perspectives. Similar methodology was utilized by Gaines-Hanks and Grayman (2009) when they explored the transformation of 11 female and 1 male undergraduate students (3 Black, 3 Hispanic, 3 White) during a service learning immersion to South Africa. In both studies, there was evidence of perspective transformation. For example, when asked to identify the source of his pre-immersion perspectives about Kenya, a participant responded, "my view of Kenya is based on what I have seen on television. I think Kenya

is a third world country that has nothing. All people there live like tribes people. This trip will be very depressing" (Kambutu & Nganga, 2008, p. 945). Post-immersion perspectives showed increased cultural awareness and appreciation,

> There is so much poverty, but the people were wonderful. We were heartened to see two women's projects including a weaving program and a women's violence-free village . . . They have banded together and built their own village. They have built also a school for their children. . . . They are making a difference in peoples' lives. (Kambutu & Nganga, 2008, p. 945)

While such transformation may indeed be "heartening," the reflections triggered by disorienting dilemmas may be threatening to trainees and elicit strong emotions when the meaning perspectives involved have been central to one's self concept (Mezirow, 1990) or meaning making system (Ivey et al., 2005). When a new experience does not comfortably fit with one's current schemas (Goleman, 1985), a learner may block out or refute events that prove too strange (Mezirow, 1990). Counselor-trainees who are unable to critically reflect and integrate new perspectives during multicultural training are said to be 'resistant' (Abreu et al., 2000; West-Olatunji et al., 2011; Heppner & O'Brien, 1994; Ribeiro, 2004). In the context of CI, this resistance can manifest as culture shock (Goodman & West-Olatunji, 2009b). Intentional group process addressing the discomfort affiliated with culture shock maximizes the receptivity of a trainee to new challenges (Goodman & West-Olatunji, 2009b), including examination of his or her meaning perspectives, which encourages critical reflection (Mezirow, 1990). Such reflection is inherently risky for trainees since the ensuing exploration of presuppositions may lead to

challenges to one's underlying rules and how he or she engages in the world (Ivey et al., 2005).

Critical reflection makes transformation of perception possible through challenging epistemic limitations (nature and use of knowledge), socio-cultural distortions (taken for granted belief systems that pertain to power and social relationships, especially those currently prevailing and legitimized and institutionalized through policy), and psychic distortions (presuppositions generating unwarranted anxiety that impedes taking action; Mezirow, 1990). The critical reflection component of transformational learning theory provides theoretical support for a trainee to understand one's CI field experiences, gain awareness of how one has come to have their presuppositions, and challenge one's meaning perspectives. While this provides clarity about what intentional reflection looks like, structure in the form of a model is still needed in order to move this theory into action. First, the role of the facilitator in fostering intentional reflection is briefly explored to provide support for a particular model of cognitive/emotional processing.

Role of the facilitator. A CI facilitator has a vital role in structuring reflective process to cultivate awareness and increase trainee MCC (Arredondo et al., 1996; Sue et al., 1982, 1992). Often, the facilitator's task is to help trainees step out of their cultural context and see from the perspective of another (Chung & Bemak, 2002); or in other words, foster dialectic thinking (Goodman & West-Olatunji, 2009a; West-Olatunji et al., 2011). Ptak, Cooper, and Brislin (1995) argued that facilitating cross-cultural training is

complex and requires an awareness of the dynamics of personal and cultural interactions, and experience working with individuals who do not realize the complexity.

In order to promote critical reflection in their trainees, facilitators must possess multicultural (and self) awareness and knowledge of the historical and contemporary social issues that influence the specific immersion context (Merta et al., 1988). When CI presents trainees with disorienting dilemmas, facilitators can more effectively foster transformation of meaning perspectives in their trainees by helping them understand the context of the situation. For example, Goodman and West-Olatunji (2008) suggested that when trainees are confronted with the confusing dynamics of social position and relationships within a new culture, facilitators can enhance trainee meaning making by emphasizing the group's socio-political history. This cultural knowledge is not only important for facilitating the group but also for preparation, and recruitment and screening of participants (Chang & Yeh, 2003). When facilitators are knowledgeable, innovative, and supportive, they can link student's personal CI experiences to developing MCC (Arthur & Achenbach, 2002).

Since facilitators are responsible for the well-being of both students and community members (J. A. Lewis, Lewis, Daniels, & D'Andrea, 2003; Merta et al., 1988), they must take an active part in the CI, stepping in and out of the 'authority figure' role (Merta et al., 1988) as needed. Without a directed, intentional process, participants can become confused, angry, and guilty about privilege and how to work with culturally diverse others (Hui, 2009). This can lead to power differentials and limited relationships between trainees and members from the immersed culture. Also, trainees may be

negatively impacted by their resistance to a disorienting dilemma if the group process is not facilitated well enough to foster critical reflection (Ishii et al., 2009; Merta et al., 1988; Pope-Davis et al., 1997). Since each trainee will bring to the immersion their own meaning perspectives and respond differently to CI circumstances, skilled, active facilitation of group process is vital to ensure that all students find cause to reflect upon their values, beliefs, and worldview.

Ptak et al. (1995) asked 94 professionals with 8 to 45 years' experience in cross-cultural interactions to share their advice on linking students' personal experiences to increased MCC. Each participant answered seven questions that reflected their early experiences: (a) what they wished they had known earlier in their careers, (b) what they would change, and (c) advice they would share with a novice facilitator. One theme that Ptak and colleagues (1995) pulled from this data was that multicultural facilitators need to assess "triggers" for trainees and individual needs. In other words, a facilitator should ask herself or himself how trainees are coping, who needs support, and what conditions position individual trainees to be open to new experiences, ideas, systems, and cultures. In short, facilitation is most effective when it is tailored to the individual trainee and his or her developmental level. Studies of trainee developmental level have focused on gaining a better understanding of cognitive complexity and how it develops over time (Ishii et al., 2009).

Cognitive complexity. Cognitive Complexity, the ability to understand, integrate, and make use of multiple perspectives (Granello, 2010) or one's capacity to construe individuals, objects, and ideas in a multidimensional way (Schroder, Driver, & Streufert,

1967), has been correlated with multicultural competence (Benet-Martínez et al., 2006) and enhanced clinical skills (Granello, 2010; Granello & Underfer-Babalis, 2004; Jennings & Skovholt, 1999; Owen & Lindley, 2010; Malikiosi-Loizos, Mehnert, Work, & Gold, 1981; Welfare & Borders, 2010). The Cognitive Complexity (CC) literature references cognitive development as the process whereby students gain skills in order to work effectively with diverse clientele. Since CC has been argued to be correlated with MCC and fostered through CI (Ishii et al., 2009; Triandis, 1975) it is briefly explored in order to provide further rationale for a cognitive/emotional developmental process group model to facilitate MCC growth in a CI context.

Welfare and Borders (2010) drew upon Kelly's (1955) Personal Construct Theory, to describe the counselor's cognitive system whereby individuals create conceptual templates enabling them to interpret life events, assign meaning to the situation, and respond appropriately. Individuals with highly developed cognitive systems can be described as having high cognitive complexity (Welfare & Borders, 2010). Welfare and Borders (2010) argued that the two components of the cognitive system are differentiation (number of client characteristics a counselor can recognize) and integration (understanding how client characteristics fit together in terms of client needs and treatment). Increased cognitive complexity enables counselors to integrate a client's worldview along with cultural variables into the counseling process (Welfare & Borders, 2010).

Granello (2010) and Welfare and Borders (2010) argued that counseling students with higher levels of CC are able to reflect on their own thinking, take multiple

perspectives, and recognize their limitations. Steward, Gimenez, and Jackson (1995) drew upon the works of Harvey and Ware (1967) and Lopez (1989) to argue that counselors with higher cognitive complexity were better able to avoid stereotyping and biases in clinical judgment related to age, sex, and race. Spengler and Stohmer (1994) conducted a study with 119 counseling psychologists (44 women, 75 men) and argued that individual differences in cognitive complexity moderated the cognitive processes that lead to bias in clinical judgment. Benet-Martínez et al.(2006) argued that cognitively complex individuals are better able to understand from another's cultural context through multiple studies with monocultural and bicultural Chinese-Americans. They argued individuals who are members of two different cultures simultaneously are confronted with uncertainties, contradictions, ambiguities, and contrasting interests which enable them to think in more complex ways. Characteristics of cognitively complex counselors include the ability to remain objective, accept client ideas, encourage exploration, tolerate/value ambiguity, avoid stereotyping, describe clients in interactional terms, and form holistic case conceptualizations (Granello, 2010; Malikiosi-Loizos et al., 1981; Welfare & Borders, 2010).

In addition to research regarding cognitive complexity and increase clinical skills, there is also research regarding cognitive complexity development in counselor-trainees. The use of particular supervisory techniques in group experiences, such as Bloom's taxonomy, is one instance (Granello & Underfer-Babalis, 2004; Owen & Lindley, 2010). Bloom's taxonomy has been used in several studies to facilitate higher order thinking, conceptualizing, and structuring interventions (Owen & Lindley, 2010) and is argued to

aid trainees in gaining awareness of one's own growth areas (Granello & Underfer-Babalis, 2004). Owen and Lindley (2010) presented sample questions that may be used by counselor educators to assess and promote various aspects of CC. Their paradigm incorporates three major aspects: (a) identification of an experience (understanding what happened), (b) meta-cognitions (reflecting on and evaluating the relationship one has with others), and (c) epistemic cognitions (reflection on how one has come to have this knowledge). Malikiosi-Loizos and colleagues (1981) reported that specific supervisory approaches work more effectively with counselors in different levels of CC. For instance, didactic approaches are more effective on those with higher CC. Thus, more effective facilitation of process groups during CI may involve interventions tailored to trainee developmental level. Further, Jennings and Skovholt (1999) argued that cognitive complexity must be fostered in three main areas: cognitive, emotional, and relational. They asserted that counselors who have been challenged in these three areas believe in the working alliance, are emotionally receptive, understand how their emotional health impacts their work, and are experts in using relational skills in counseling (Jennings & Skovholt, 1999).

Counseling experience, supervisory experience, counselor education experience, and higher degrees all contribute to one's advancement in level of CC; or, as Granello (2010) asserted, 'How counselors think changes with experience.' Pre-existing developmental characteristics position counselor trainees to require different instruction in order to develop higher order levels of thinking (Granello, 2010). In a process group setting, where trainees display different levels of cognitive complexity, it is important to

structure the experience intentionally so that group dynamics do not overwhelm the experience of some members in favor of others (Ramsey, 2000; Reynolds, 1995; Schoem, Frankel, Zuniga, & Lewis, 1995; Sfier-Younis, 1995). Since CC tends to be domain specific, an individual may be able to think more complexly about some topics more than others (Welfare & Borders, 2010); thus, the educator has an added challenge to facilitate a meaningful process in which all students can benefit (Fier & Ramsey, 2005). CEDS processing, taken from DCT (Ivey et al., 2005) provides a model to structure questions according to each trainees' CEDS preference in a group context. This reflective process challenges trainees in four different modes of processing experiences which address cognitive, emotional, and developmental domains.

Cognitive/Emotional Developmental Styles and DCT

Ivey et al. (2005) presented DCT, grounded in Piaget's (1965, 1973) cognitive development model and Platonic philosophy, as a framework for understanding how individuals make meaning of their experiences both cognitively and affectively. Four Cognitive/Emotional Developmental Styles (CEDS) are identified in DCT through which life events are processed. Barrio Minton and Myers (2008) argued that DCT is simultaneously a tool for assessment of CEDS, a conceptual model for understanding how client's process and make meaning of life events, and an intervention for fostering development. Understanding a client's CEDS preferences enables the clinician to develop intentional intervention plans based on clients' thinking styles as opposed to one's own (Ivey et al., 2005). DCT is also a model for understanding how clients perceive their experiences and the meaning they assign to particular life events. Based on research using

DCT with clients (Marszalek & Cashwell, 1998), counselors (Barrio Minton & Myers, 2008), and in supervision (Rigazio-DiGilio et al., 1997), it appears that the DCT paradigm may offer a holistic way of both viewing and enhancing cognitive/emotional development. As a consequence, DCT may provide a tangible, measurable means for structuring process groups to increase cognitive complexity and foster growth during CI, to promote maximum development of Multicultural Competence (MCC). After presenting the four CEDS preferences, the DCT model is presented along with research support for the model, followed by a brief explanation of its implementation to the process group context of CI in order to support the proposed links between CEDS, CI, and MCC.

Cognitive/Emotional Developmental Style Preferences

Fier and Ramsey (2005) argued counselor-trainees are in different places developmentally and that a variety of strategies are needed in order to facilitate increases in MCC for the varying levels of trainees. Understanding a trainee's CEDS preferences enables facilitators to see from the perspective of the counselor trainee, how she or he is processing new information, and what meaning one is making (Ivey et al., 2005). Within each CEDS there are early and late stages; individuals exhibiting late stages within a CEDS are moving towards being able to process information in the next CEDS (Ivey & Rigazio-Digilio, 2005). While there is not a hierarchy of CEDS and the aim is to foster trainee's ability to process in all styles, the natural progression does lead to more cognitively complex thoughts, which have been correlated with increased MCC (Benet-Martínez et al., 2006; Ishii et al., 2009; Pedersen, 2000). In order to provide context for

the DCT model, four CEDS preferences are first explored: Sensorimotor/Elemental, Concrete/Situational, Formal-Operational, and Dialectic/Systemic.

Sensorimotor/elemental CEDS. There is an emphasis on the immediate experience in the Sensorimotor/Elemental CEDS (Ivey et al., 2005). Early sensorimotor functioning involves the ability to describe and discuss one's feelings in the present moment (Ivey & Rigazio-DiGilio, 2005); however, those with a sensorimotor style may be overpowered by their senses (Ivey et al., 2005) which can be a barrier to understanding what is going on outside of oneself. Individuals with Sensorimotor style preferences often present with a "random expression of thoughts and feelings" (Ivey et al., 2005, p. 102). Individuals with late sensorimotor functioning may present with magical or irrational thinking (Ivey et al., 2005) and are able to understand the impact of their feelings (Barrio Minton & Myers, 2008). They may experience more rational or logical thought in some areas of their life; however, this way of thinking has not generalized to all areas of one's life (Barrio, 2006). Intentional processing to match a sensorimotor style preference may involve body work, guided imagery, relaxation training, Gestalt interventions, use of metaphors, and/or hypnosis (Ivey et al., 2005).

Concrete/situational CEDS. The Concrete/Situational style centers on linear thought processes and an understanding of cause and effect relationships (Ivey et al., 2005). Barrio Minton and Myers (2008) drew from Ivey and Rigazio-DiGilio (2005) when they argued that the concrete style focuses on logical thought processes and situational descriptions, emphasizing what specifically happened without analysis or reflection. Late concrete thinkers display causal reasoning, evidenced by if/then

understanding (Ivey et al., 2005). While trainees displaying this style may be better positioned to move into behavioral action, they struggle to see patterns in their behavior. They may share multiple examples of the same pattern of behavior and struggle to generalize learning from one problem to another that are parallel in the eyes of the facilitator. Most importantly, concrete thinkers struggle to see perspectives other than their own (Ivey et al., 2005). Intentional processing to match a concrete style preference may involve narrative storytelling, assertiveness training, CBT, thought-stopping, social skills training, REBT, A-B-C analysis, reality therapy, and Adlerian "if . . . then . . ." analysis (Ivey et al., 2005, p. 103).

Formal-operational/reflective CEDS. Individuals with a Formal-Operational style preference reflect on their experiences and demonstrate an ability to recognize patterns of thought, emotion, and action (Ivey et al., 2005); a formal-operational thinker can think abstractly about his or her experiences. Barrio Minton and Myers (2008) agreed with Ivey and Rigazio-DiGilio's (2005) assertion that the early formal individual is ". . . able to identify repetitive behavior, thoughts, and affect related to various similar situations and issues"(p. 406). Late formal individuals demonstrate more self-reflection and go beyond grasping patterns, to understanding the interrelationships among their patterns of thoughts, feelings, and behaviors (Barrio Minton & Myers, 2008). In other words, individuals recognize "patterns of patterns" (Marszalek et al., 2004). For instance, "I seem to get nervous in various situations and these situations seem to be related to my thinking of failing at something" (Marszalek et al., 2004, p. 108).

While trainees exhibiting this style are good at pattern recognition and reflecting about themselves, they often “fail to see the assumptions on which their thinking is based” (Ivey et al., 2005, p. 103). As mentioned earlier, through the epistemological domain of critical reflection, gaining knowledge about how one has come to know what one knows (Mezirow, 1990) is vital to the pursuit of higher MCC (Gaines-Hanks & Grayman, 2009; Kambuto & Nganga, 2008). Individuals that exhibit strong formal style preferences tend to have difficulty with cognitive-emotional functions of the sensorimotor and concrete styles, such as experiencing emotion and giving specific, linear examples. Similar to the concrete style, feelings are also reflected upon and not experienced. Rogerian person-centered techniques, psychodynamic dream analysis and narrative approaches work well with clients that display a strong formal preference.

Dialectic/systemic CEDS. Ivey (1993) argued that adults are capable of abstract reasoning that extends beyond Piagetian notions of formal-operational thinking. He utilized Plato’s concepts of knowledge and the allegory of the cave (Ivey et al., 2005) to define post-abstract thinking (Marszalek et al., 2004). Dialectic thinkers acknowledge that their knowledge and understanding of their experiences is constantly fluctuating in a process termed dialectic deconstruction (Ivey, 1993). Beliefs, values, and knowledge that were believed to be fixed are deconstructed, leading to the generation of new perspectives (Marszalek et al., 2004). Marszalek and colleagues (2004) drew upon the work of Ivey (1993) to argue that new knowledge is frequently reprocessed at less complex cognitive levels (pre-operational and concrete thinking levels) before processing at a more abstract

level. Individuals who are thinking in a late dialectic stage are able to generate new insights.

Barrio Minton and Myers (2008) stated the dialectic style preference represents a qualitative shift in ways of knowing, integrating patterns of emotion and thought. Dialectic thinkers are aware of systems of knowledge and how those systems impact individuals. Dialectic thinkers are able to see multiple realities as equally valid (Barrio Minton & Myers, 2008). Being able to generate multiple perspectives is argued to be a component of increased cognitive complexity (Granello, 2010; Welfare & Borders, 2010), which is associated with enhanced clinical skills (Granello & Underfer-Babalis, 2004; Jennings & Skovholt, 1999; Malikiosi-Loizos et al., 1981; Owen & Lindley, 2010).

Often, a dialectic thinker is able to examine the role of systems in the co-construction of reality; such experiences tend to be associated with the larger systemic context (e.g., cultural values, racism, sexism, etc.). One not only can see from multiple frames of reference when using the dialectic CEDS, but can also keep several such perspectives in mind simultaneously (Ivey et al., 2005). Valuing the perspectives of others and being able to see from various vantage points is considered ethno-relative (Bennett, 1986; Paige et al., 2002) and more multiculturally competent (Sue, 1996). Consequently multicultural counseling and therapy works well with dialectical thinkers in addition to feminist therapy, family approaches, and social action.

Emotions in this style preference tend to be analyzed, contextualized, and often vary depending on which perspective is taken. For instance, a dialectic trainee may state, “I’m sad about the loss of my parents in this accident, but proud of the life they led . . . in

some ways I miss them terribly, but in my heart they are still here" (Ivey et al., 2005, p. 103). Reflections and emotional displays shift for the dialectic according to his or her active perspective. However, dialectic thinking can be used as a strategy to avoid feeling, experiencing, or taking action. Ivey and colleagues (2005) argued that dialectic thinkers tend to overanalyze which results in intellectualization and distancing from the real problems. It is apparent that operating under any of the four styles has strengths and limitations, which suggests that it is important to develop a counselor trainee's proficiency in all of them (Barrio Minton & Myers, 2008; Ivey et al., 2005; Ivey & Rigazio-DiGilio, 2005).

Developmental Counseling and Therapy Model

Ivey and colleagues (2005) reported that DCT concepts arose from individual developmental theories (Erikson, 1963; Gilligan, 1982); family theories (Haley, 1980); and multicultural theories, including racial and sexual identity development (Sue, 2001). This integration of theories enables counselors to select interventions intentionally to address specific needs in relation to situationally specific life events (Ivey & Goncalves, 1988). In other words, counselors can select interventions for clients based on their CEDS preference in regards to a particular problem issue (Ivey et al., 2005). This intentional selection is facilitated through the DCT model in 4 ways: (a) the DCT interview/questioning sequence to assess CEDS preferences, (b) selecting interventions based on clients' CEDS preferences, (c) promoting horizontal and vertical development, and (d) addressing developmental blocks.

DCT interview/questioning sequence. Counselors begin this process by asking their clients to explain a particular problem issue or life event. As a client is doing so, the counselor can assess the trainee's CEDS preference (e.g., sensorimotor, concrete, formal, dialectic) and make choices as to whether to process within that CEDS (matching) or intentionally structuring questions in another CEDS preference (mismatching). Matching enables counselors to utilize the same style preference the client is utilizing, positioning one to think and feel from the clients' perspective. Theories or strategies for change that are matched to clients' CEDS preferences fit best within the cognitive/emotional framework for the client (Ivey et al., 2005). For instance, a client with a concrete CEDS preference will have difficulty with formal strategies and will likely prefer storytelling and behavioral techniques to reflective processes such as Person-centered therapy (Ivey et al., 2005). Matching builds rapport, and fosters a clinician's phenomenological understanding of the clients' problem issues.

The counselor, while matching theoretical techniques to client CEDS preference, also needs to intentionally mismatch. Mismatching or style shifting involves intentionally structuring questions in other CEDS preferences to help the client view the situation from a different perspective (Ivey et al., 2005). For instance, clients who operate from a formal-operational CEDS preference may benefit from a sensorimotor or concrete perspective, which allows them see problem issues more completely (Ivey et al., 2005). Style-shift was coined by Anderson (1987) in his developmental approach to treatment planning. The five tenants of style shifting include: (a) access the client's general developmental style, (b) choose a helping style that matches, (c) identify developmental

tasks of the client and intervene, (d) evaluate and plan alternative actions, (e) shift style if needed and as the client develops (Ivey et al., 2005).

Selecting interventions based on CEDS preference. Within the DCT questioning sequence, various counseling theories and interventions are organized according to CEDS (Barrio Minton & Myers, 2008; Cashwell et al., 2004; Ivey, 1993, 2000; Ivey et al., 2005). Thus, DCT serves as a meta-theory where clinicians can more intentionally select interventions based on particular CEDS style preferences (Barrio Minton & Myers, 2008). DCT provides a multiculturally responsive approach as a clinician can select interventions based on their clients' CEDS preference as opposed to their own style preference (Ivey et al., 2005). Being able to conceptualize problem issues from the perspective of the client is critical for understanding the client's worldview (Sue, 1978) and working effectively with the client to create interventions that are culturally responsive in both goals and process (Sue, 1996). Working solely in the clients' CEDS preference, however, is not in their best interest (Ivey et al., 2005). For instance, one who discusses problem issues primarily from a concrete orientation may benefit from a review of these same issues from a formal/reflective CEDS. Similarly, one with dialectic/systemic CEDS preference may learn to experience things more deeply through processing in the sensorimotor CEDS (Ivey et al., 2005). In order to facilitate cognitive/emotional development, the counselor must be able to structure process within the client's preferred style (horizontal development) and also foster new styles of consciousness (vertical development).

Horizontal and vertical development. Ivey and colleagues (2005) argued that individuals cannot progress effectively unless a solid developmental foundation has been established. Thus, the counselor must foster process and understanding within the clients' own CEDS preference first (horizontal development) before challenging one to think in new ways through a different style preference (Barrio Minton & Myers, 2008). For instance, it would be helpful for abstract formal/reflective or dialectic/systemic individuals to expand their cognitions and emotions within their usual style before helping them progress into sensorimotor or concrete processing (Ivey et al., 2005). Vertical development involves moving "up" to reach more complex ways of thinking, and "down" to foster more solid foundations (Ivey et al., 2005). Considerations of horizontal and vertical development may be germane to any process designed to expand the cognitive repertoire of a counselor trainee or encourage the adoption of multiple perspectives.

Developmental blocks. When a client is unable to process an issue from the perspective of one or more modalities, he or she is considered to be experiencing a developmental block (Ivey, 2000). Blocks inhibit clients from functioning relative to a particular issue (Ivey et al., 2005). For instance, a client who has recently lost her mother may be able to discuss in detail memories of her (concrete). This client may also be able to reflect about her dependence on her mother for support in times of transition (formal) or how her relationship with her mother was similar to and different from other significant individuals in her life (dialectic). However, this same client may be unable to feel emotions while talking about her mother. This 'splitting' of affect and verbalizations

is argued to be a developmental block (Ivey et al., 2005). She may be unable to express her feeling of loss and may even verbalize an inability to cry. Assessing developmental style preferences and blocks provides the counselor with important information for intentional treatment planning based on the clients' own methods of processing life events. Ivey and colleagues (2005) drew from the research of Hoffman (1991), Ivey (1993), Goncalves, Ivey, and Langdell (1988), Marszalek and Cashwell (1998), Myers, Shoffner, and Briggs (2002), and Rigazio-Digilio, Daniels, and Ivey (1997), among others, to show that counselors can identify the CEDS preferences and limitations of clients and use this information to facilitate intentional interaction to foster client development.

Research Validating the DCT Constructs and Process

Research utilizing the DCT model has been conducted with clients (Marszalek & Cashwell, 1998), counselors (Barrio Minton & Myers, 2008), and supervisors (Rigazio-DiGilio et al., 1997). While many studies incorporating DCT are either conceptual or case studies (Blakeney & Blakeney, 1992; Cashwell et al., 2004), several provide support for the CEDS style preferences and DCT questioning sequence. Findings from Tamase and Rigazio-Digilio (1997), Barrio Minton and Myers (2008), and Marszalek and colleagues (2004) provide support for six main points: (a) targeted questions promote exploration within CEDS orientations, (b) affect heightens cognitive development, (c) DCT enables individuals to identify patterns related to formal CEDS, (d) DCT questioning sequence enables individuals to consider multiple perspectives, (e)

Counselors' CEDS style impacts choice of intervention, and (f) minority identity development can be fostered through cognitive development.

Targeted questions promote exploration within CEDS orientations. Tamase and Rigazio-Digilio (1997) conducted an empirical investigation of the central constructs of DCT by examining the use of a limited number of questions to promote movement toward a targeted orientation. In practice, they explored whether framing questions continuously from a formal orientation fostered client movement toward a formal style. Sixty undergraduate students at a national university in Japan were assigned to one of three treatment groups: (a) the mixed-concrete group (mixture of formal and concrete questions), (b) the pure-formal group (consistent series of formal questions), and (c) the mixed-dialectic group (mixture of dialectic/ systemic and formal questions). Each group consisted of twenty subjects and reflected equivalent distributions across gender and educational levels (Tamase & Rigazio-Digilio, 1997).

The three groups were each given a formal question to start (FQ1), followed by a sensorimotor prompt to set a visual image for discussion. Depending on which group, the sensorimotor image was discussed in either a concrete (mixed-concrete), formal (pure-formal), or dialectic (mixed-dialectic) CEDS. This prompt/discussion was followed by two more formal questions (FQ2 & FQ3). A Wilcoxon signed rank test was conducted to determine the statistical significance of CEDS orientation change in each group. It was found that the change from FQ1 to FQ2 in the mixed-concrete group was significant at the 0.005 level ($T = 4$, $p < 0.005$, $N = 11$), whereas the change from FQ1 to FQ3 in the same group was not significant ($t = 31$, $n = 12$). Thus, there was an immediate change in

CEDS orientation after the intervention; however the change was not sustained. In the mixed-dialectic group the change from FQ1 to FQ2 was also significant at the 0.005 level ($t = 9$, $p < 0.005$, $n = 16$) and not significant between FQ1 and FQ3 ($t = 25$, $n = 11$). However, the pure-formal group sustained the CEDS change from FQ1 to FQ3. Statistically significant results were found from both FQ1 to FQ2 at the 0.005 level ($t = 16.5$, $p < 0.005$, $n = 16$), and from FQ1 to FQ3 at the 0.025 level ($t = 4$, $p < 0.025$, $n = 9$) (Tamase & Rigazio-Digilio, 1997).

These results provide evidence that DCT questions consistently geared toward a targeted CEDS orientation (e.g., formal CEDS), promote individuals to explore within that orientation (Tamase & Rigazio-Digilio, 1997). Individuals exposed to a consistent series of formal questions (e.g., pure-formal group) showed movement within the formal CEDS to a significantly greater degree than subjects exposed to a mixed questioning strategy (e.g., mixed-concrete group and mixed-dialectic group; Tamase & Rigazio-Digilio, 1997).

Affect heightens cognitive development. Tamase and Rigazio-Digilio (1997) also explored differences in the wording of questions. Specifically, they asked if questions that are worded positively, neutrally, or negatively impacted vertical movement in client CEDS. Sixty undergraduate students at a national university in Japan were randomly assigned to one of three groups: (a) positively-framed questions, (b) negatively-framed questions, and (c) neutrally-framed questions. Participants were individually interviewed by someone trained in DCT questioning through a three phase protocol. The pretest phase involved asking the participant an open-ended question to assess CEDS

preference, “Could you tell me something about your own personality? No matter what. Tell me as much as possible.” During the intervention/treatment phase, a positive, negative, or neutral concrete questioning strategy was utilized, “Could you tell me something about an event against which you felt sad or angry/an event where you felt pleasant or were praised/an event when you were in junior high school? Tell me as much as possible about it.” The post-test involved another open-ended question that was not positively, negatively, or neutrally charged (Tamase & Gigazio-Digilio, 1997).

Wilcoxon's sign-rank test confirmed the three groups changed significantly. The positively-framed question group had statistically significant results at the 0.005 level (t = 3, $p < 0.005$, n = 10), the negatively-framed question group had statistically significant results at the 0.005 level (t = 0, $p < 0.005$, n = 10), and the neutrally-questioned group had statistically significant results at the 0.01 level (t = 3.5, $p < 0.01$, n = 10; Tamase & Gigazio-Digilio, 1997). The positive and negatively focused questions had more robust demonstration of statistical significance which provides evidence that the incorporation of affect heightens the cognitive development of participants. It’s also important to note, participants demonstrated a predominant sensorimotor CEDS (77%); concrete CEDS (20%), formal CEDS (3%), and dialectic CEDS (0%) were displayed much less frequently (Tamase & Rigazio-Digilio, 1997). Thus, it seems challenging to discuss one’s own personality in organized or reflective ways.

Ability to identify patterns related to formal CEDS. Due to the previous findings, Tamase and Rigazio-Digilio (1997) also examined the relationship between an individual’s CEDS preference and her or his ability to think formally and self-reflect. The

intervention questions were designed to facilitate movement from the concrete to the formal orientation. Of 58 individuals operating within the sensorimotor or concrete orientation on the pretest, 29 participants could identify patterns in their life when answering the intervention questions. Another 29 participants could not identify patterns. Within those that could identify patterns, 18 were found to be operating within the formal or dialectic orientation, while the other 11 participants remained at their original sensorimotor or concrete orientation. A Chi Square analysis indicated one's ability to identify patterns in one's life is significantly related to the developmental change process ($\chi^2 = 20.03$, $p < 0.01$). Specific to this study, those individuals who could explore their life events within concrete and formal orientations, even with a limited sequence of questioning strategies, could view alternative perspective of the self to a significantly greater degree than those who were unable to use both the concrete and formal CEDS (Tamase & Rigazio-Digilio, 1997).

DCT questioning sequence enables multiple perspectives. The studies conducted by Tamase and Rigazio-Digilio (1997) support the premise that a client's CEDS preference can be readily identified in the immediacy of the therapeutic dialogue. Tamase and Rigazio-Digilio (1997) found evidence that careful, consistent, and patient use of questioning strategies, designed to encourage clients to explore their issues within a particular orientation does, in fact, promote such explorations. Tamase and Rigazio-Digilio (1997) also found that the DCT questioning sequence, crafted to promote expansion of existing worldview, accomplished this objective with a high degree of predictive validity (89% of the responses). By asking a series of DCT questions, the

majority of clients were able to discuss their life events within each of these orientations. Further, all clients were able to develop alternative perspectives on their problems and commit to try alternative behaviors. The findings from the studies conducted by Tamase and Rigazio-Digilio (1997) support the DCT assumption that the use of DCT questioning sequence, and fostering process within each of the CEDS orientations, enables one to consider his or her issues from different vantage points. DCT questioning strategies can therefore be used to facilitate the understanding of multiple perspectives and encourages individuals to act upon this new knowledge which impacts the ways that they engage with others. While these studies did utilize a thorough methodology, the clients, counselors, and style raters identified as Japanese; thus, the generalizability from these studies to other populations may be challenging. Tamase and Rigazio-Digilio (1997) did argue there was a need for outcome studies that investigate treatment efficacy of the DCT approach.

Counselors' CEDS preference impacts choice of intervention. Ivey and colleagues (2005) argued that counselors select intervention styles based on their own CEDS as opposed to selecting interventions that match the thinking style of their clients. Barrio Minton and Myers (2008) empirically demonstrated this to be the case. They asked students and professional counselors (n = 203) to complete the Preferred Helping Styles Inventory (Ivey, 1993) to explore counselors' CEDS preferences in various situations and settings, the Theoretical Orientation Profile Scale-Revised (Worthington & Dillon, 2003) to measure theoretical orientation among counselors, and the Intervention Strategies Questionnaire (ISQ; Barrio, 2006) to assess counselors' preferences for and

use of common counseling interventions or strategies consistent with the tenets of DCT (Barrio Minton & Myers, 2008).

Independent sample *t*-test were run to determine if counselors with higher CEDS preferences would have greater preferences for corresponding intervention styles and theoretical orientations than those with lower CEDS preferences (Barrio Minton & Myers, 2008). Counselors with high sensorimotor preferences reported a greater predilection for humanistic theoretical orientation while those with high concrete preferences reported desire for cognitive-behavioral orientations, those with high formal styles preferences reported a stronger inclination for psychodynamic and humanistic approaches, and counselors with high dialectic styles preference reported higher preferences for family systems, feminist, and multicultural orientations (Barrio Minton & Myers, 2008). Thus, counselors who had stronger CES preferences reported stronger preferences for particular intervention styles and theoretical orientations than those with lower CEDS preferences (Barrio Minton & Myers, 2008).

Barrio Minton and Myers (2008) also used multiple regression analyses to assess the extent to which corresponding CEDS preferences and intervention style interests predicted intervention style use. Almost half of the variance in sensorimotor, concrete, and formal use and a quarter of the variance in dialectic use were accounted for by interest in corresponding intervention styles. In all cases, intervention style interest accounted for over 90% of the explained variance; CEDS preferences and intervention style interests were highly predictive of the intervention styles used by counselors (Barrio Minton & Myers, 2008).

From the DCT perspective, effective mental health counselors will use intervention styles that match client needs rather than their own preferences (Barrio, 2006; Barrio Minton & Myers, 2008; Ivey et al., 2005). Counselors must be aware of their own CEDS style if they are to assess the style of their clients. A mismatch of the counselors' preferred style with that of the client will require even more effort than usual for the counselor to understand the client's meaning-making processes. The preliminary findings from outcome studies by Barrio Minton and Myers (2008) suggest that this increased awareness will enhance the chances of successful counseling outcomes. Barrio Minton and Myers (2008) argued that this study provided strong support for the assumption that counselors' choices of intervention styles are considerably influenced by their own CEDS preferences. Barrio Minton and Myers (2008) reported imitations regarding a strong, valid, reliable assessment. There is a lack of empirical research validating the Preferred Helping Styles Inventory (PHSI: Ivey, 1993) and in this study alpha coefficients were lower than ideal (α's = .84 to .71). In addition, they Intervention Strategies Questionnaire (ISQ; Barrio, 2006) relies heavily on self-report and requires the participants to make generalizations about their counseling work (Barrio Minton & Myers, 2008).

Minority identity development and cognitive development. Marszalek and colleagues (2004) drew from Ivey (1993) to argue that the Developmental Counseling Therapy (DCT) model parallels Atkinson et al.'s (1998) Minority Identity Development Theory (MIDT). Ivey (1993) argued that minorities experience both internal (struggle between non-acceptance versus acceptance of their identity) and external conflict

(positive perception of oneself as a minority versus negative societal view of one's minority group) regarding their identity. Marszalek and colleagues (2004) reported parallels between DCT and Cass's Homosexual Identity Development (HIF) model.

Participants included 78 gay males between the ages of 15-67 who self-identified as racial minorities (21), Hispanic (13), African-American (2.), Asian-American (3), Hawaiian (1), and unidentified participants (2). They were given the Gay Identity Questionnaire (GIQ; Brady & Busse, 1994) along with an abbreviated version of the Standard Cognitive-Developmental Interview (SCDI; Ivey, 1993). Marszalek and colleagues (2004) reported that the majority of participants' GIQ scores depicted HIF stages four (acceptance) through six (pride). Five participants had GIQ responses indicative of HIF stages one (confusion) through three (tolerance), and four of these participants in stage three. Fifty-four participants gave abstract responses to the SCDI ranging from formal-operational to dialectic, 18 participants gave DCT stage two responses (concrete operational) and 6 DCT stage one responses (sensorimotor).

Marszalek and colleagues (2004) conducted a chi-square test of association that indicated a relationship did exist between the HIF and DCT model variables; however, this relationship was not statistically significant ($\chi^2(18) = 15.665$, p = ns). A second chi-square test was conducted of the relationship between GIQ and SCDI scores to compare the upper (stages 4-6) and lower (stages 1-3) HIF stages with the concrete (levels 1 & 2) abstract (3 & 4) levels of DCT. The chi-square analysis was not statistically significant ($\chi 2$ (1) = 0.292, p = ns). Marszalek and colleagues (2004) reported that 90% of participants scored the upper stages of the HIF, a chi-square goodness of fit test was then

conducted for participants in the upper stages of the HIF to determine the rate at which they were in the upper stages of the DCT. Participants in HIF levels (4-6) were also in DCT levels (3-4) at a higher rate than chance alone. The chi-square analysis was statistically significant ($\chi 2$ (1) = 9.99, $p < 0.01$). A second chi-square goodness of fit test for the same group of participants (HIF stages 4-6) was conducted to determine the rate at which they were in each of the four DCT stages. This chi-square also yielded statistically significant results ($\chi 2$(3) = 13.74, $p < 0.01$). Participants in HIF levels (4-6) were also in DCT levels (3 & 4) at a rate better than chance alone (Marszalek et al., 2004).

Marszalek and colleagues (2004) argued that these results indicated parallels do exist between the DCT and HIF models, offering support for CEDS processing to foster homosexual identity development. For instance, in the pre-identity confusion/early sensorimotor stage, individuals focus on their senses in relation to sexual orientation. Individuals cannot separate from feelings and beliefs acquired in their cultural context that they are heterosexual. Marszalek and colleagues (2004) argued that gay men who have progressed past this stage often state they always knew they were different but could not define their feelings. Irrational or magical thinking may be utilized to deny one is gay (i.e., “I must be going through a phase. I’m not really attracted to same sex individuals”) in the identity confusion/late sensorimotor stage. Some clients may view their homosexuality from a concrete frame of reference, focusing on labeling sexual behaviors and feelings as gay, failing to connect to a more abstract concept of gay identity. Similarly, counselor-trainees may view their clients in concrete terms, failing to see the complexities of clients’ identity and understanding from the frame of reference in which

clients are operating. Marszalek and colleagues (2004) argued as clients move into early formal thinking, they move into a more abstract frame of reference, making the connection to having a gay identity. Marszalek and colleagues (2004) drew upon the works of Brady and Busse (1994) to argue that moving from a concrete to formal frame of reference represents a cognitive shift in thinking; connecting feelings, behaviors, and sensations with a gay identity moves one to a new level of thinking. The Dialectic thinking frame of reference enables individuals to gain new insights by realizing that their understanding of their sexual orientation and how it relates to their overall identity is not fixed. Marszalek and colleagues (2004) drew from Ivey (1993) and Marszalek and Cashwell (1998) to argue that individuals may realize that there are parts of oneself that still harbors internalized homophobia, and thus may cycle through another DCT sequence having a sensorimotor mode of processing internalized homophobia.

Marszalek and colleagues (2004) argued that individuals further along HIF/DCT continuums had increased consciousness of self and self-in-relation. In addition, they had more complex and nuanced understanding of diversity/multicultural issues. Seeing as there were correlations between high HIF and later DCT styles (formal/dialectic), DCT may be used to foster more complex thoughts and understanding. However, there were several limitations: small sample size, weak standardized item alpha (α = .60) for the GIQ, and limited generalizability. The majority of the participants were in the upper HIF stages and DCT levels. Marszalek and colleagues (2004) argued it might not be possible to compare the DCT and the HIF scores on the first few stages unless using a large, randomized sample of the general population.

Developmental Counseling and Therapy and Multicultural Competence

Ivey and colleagues (2005) stated that DCT converges with MCT (multicultural counseling theory) in the area of consciousness development. While many cultural identity theories focus on specific cultural groups, DCT focuses on the narratives of individuals' life stories and how those stories have come to inform individuals about who they are, how others are, and how life is (Ivey et al., 2005). These narratives inform clinicians about how individuals view themselves, and how they think and behave. The widely-held view that counselors must, 'join the client where the client is,' is made manifest through DCT. While counselors are deeply committed to empathy, the therapeutic relationship, and understanding from the clients' frame of reference, cultural context and awareness of self-in-relation are often lacking from conceptualizations and treatment plans (Ivey et al., 2005; Sue & Sue, 2003). DCT addresses this gap as awareness of the social context both of one's client and oneself is central. One must not only understand the clients' CEDS preference, but one's own CEDS preference so one is liberated from choosing what interventions fit for one's own way of thinking/processing and move into more culture-centered interventions based on the clients' CEDS preferences. This requires the counselor to first become aware of self, before claiming to understand the client which parallels prevalent multicultural arguments (Arredondo et al., 1996; D'Andrea & Heckman, 2008; Ponterotto, 1994; Sue, 1978; Sue & Sue, 2003; Sue et al., 1992).

Ivey and colleagues (2005) draw upon the language of Sue, Ivey, and Pedersen (1996) when they argued that the ultimate goal of the multicultural counselor is to expand

the repertoire of helping responses available to the clinician regardless of theoretical orientation. DCT does this by functioning as a meta-theory since many widely-used theoretical orientations are organized according to CEDS preference (Barrio Minton & Myers, 2008). Joining with clients in this context is clearly articulated as counselors assess stages and levels of consciousness development, honor where the client is, and foster expansion of consciousness by working with and being impacted by the client (Ivey et al., 2005). Helping one expand perspectives through vertical development helps the client access other means of processing. The more complex thinking fostered by moving into formal and dialectic CEDS are affiliated with being able to generate multiple perspectives (Barrio Minton & Myers, 2008; Cashwell et al., 2004; Ivey et al., 2005) which is found to be correlated with multicultural competence (Benet-Martínez et al., 2006; Ishii et al., 2009; Pedersen, 2000).

Fostering dialectical thinking in counselor trainees can help them grow from a mono-cultural worldview (Sue & Sue, 2003) to more cognitively complex worldviews (Granello, 2010), which affords counselors an understanding of the geo-socio-political systems in which individuals are positioned, and how particular social locations situate individuals (Haraway, 1985). This enables counselors to genuinely understand the cultural context of their clients. Most importantly, DCT fosters an understanding of how oneself is socially positioned and the impact that has on the counseling process. This helps the counselor see oneself-in-relation.

While dialectic thinking has been affiliated with increased MCC (Ivey et al., 2005), being able to process in all four CEDS is hypothesized to also be associated with

increased MCC. Being able to process in all CEDS expands one's repertoire of counseling responses and promotes awareness of how clients process life events. However, no study to date has address the possible links between multicultural competence and dialectic thinking or multicultural competence and being able to process in all four CEDS. In order to maximize counselor-trainee development and clarify how MCC is increased through CI, it is reasonable to conjecture that the processing of CI field experiences may be enhanced through an emphasis on CEDS processing.

CEDS processing and the DCT paradigm have been extended to a variety of contexts, including: (a) school counselors helping teachers conceptualize student behavior by responding to the stress teachers feel, and ultimately impacting the classroom system (Clemens, 2007), (b) mental health counselors inviting clients to process challenging life events and forgo spiritual bypass (Cashwell et al., 2004), and (c) counselors-in-training that have empirically correlated CEDS style preferences with their theoretical orientation selection (Barrio Minton & Myers, 2008). DCT has been used with clients (Marszalek & Cashwell, 1998; Tamase & Rigazio-Digilio, 1997), in supervision (Rigazio-DiGilio et al., 1997), and has been proven efficacious (Ivey et al., 2005). DCT provides a structured, measureable model for processing difficult experiences and making meaning from them (Cashwell et al., 2004). From these studies, it appears that the DCT paradigm can be applied to the context of CI.

Developmental Counseling and Therapy and Cultural Immersion

Counselor-trainees experience and process their field experiences differently. DCT fosters the development of higher order thinking by enabling facilitators of CI to

position trainees to process field experiences in the CEDS styles that are needed to expand their perspectives. This also positions trainees to reflect critically, gaining awareness of how they have come to know what they know about how they see themselves, others, and life. By gaining awareness of one's own CEDS style preference, a facilitator is also liberated to select interventions for trainees even if their style preference may be different (Ivey et al., 2005). DCT provides an intentional model to help counselor-trainees step out of one's own worldview and see from the perspective of the individuals one interacting with in the field. DCT can serve as a model to position counselor-trainees to process their CI experiences in four CEDSs fostering the generation of multiple perspectives (Ivey et al., 2005) increasing MCC (Benet-Martínez et al., 2006; Ishii et al., 2009; Pedersen, 2000), while simultaneously accommodating new information into one's meaning making system (Mezirow, 1990). After exploring CEDS preferences in a CI context, the application of DCT to the process group is explored.

Cognitive/emotional developmental style preferences during CI. Counselor-trainees have reported feeling unfinished, not having made sense of their field experiences and being confused at emotions that continue to arise post-CI. Heppner and O'Brien (1994) reported that trainees expressed a desire for sufficient time to process and struggled to integrate knowledge learned in the class with actual counseling behaviors. The sensorimotor sequence has the potential to help trainees experience feelings that arise during field experiences and make sense of them in concrete, formal, and dialectic modes of processing. Both multicultural scholars (Fier & Ramsey, 2005) and counselor trainees (DeRicco & Sciarra, 2005) reported affective processing is critical if one is to challenge

existing biases and worldviews and attain increases in MCC (Chung & Bemak, 2002; Goodman & West-Olatunji, 2009a; Pope-Davis et al., 1997). A trainee exhibiting a sensorimotor style preference, in a CI context, is likely to experience emotions in the moment during the process group, as feelings are experienced rather than described (Ivey & Rigazio-DiGilio, 2005). This focus on the present may cause trainees with sensorimotor CEDS preferences to struggle when they attempt to describe what happened during immersion in a linear fashion. It will be even more challenging for trainees in this style to reflect about oneself, others one is interacting with, the situation, or the larger socio-political context.

Concrete counselor trainees in a process group context while immersed, will likely provide linear descriptions of their field experiences with significant details. They may name their emotions, but will most likely describe them as opposed to experience or reflect upon them. For instance, a trainee may state, “I feel deep sadness because of . . .” with a flat affect (Ivey et al., 2005). Most likely counselor-trainees will be processing their field experiences with a formal-operational style preference as there is evidence that counselor-trainees enter counseling programs with concrete preferences and, through the process of graduate education, move into a formal-operational preference. The formal counselor trainee in a CI process group context is likely analyzing themselves, their own process, and gaining awareness of their own patterns (Ivey et al., 2005). Formal questioning fosters awareness of one's patterns which increases one of the three dimensions of multicultural competence (Arredondo et al., 1996; Sue et al., 1992).

Dialectic/systemic counselor-trainees will most likely be aware of systems of knowledge and how one is affected by one's environment. They are able to reflect about their own or others' style of thought and feeling (Ivey et al., 2005). The first questions in the dialectic phase require trainees to focus on the origins of their patterns, which then leads to the identification of "rules" that guide the experiences of their behaviors, thoughts, and feelings (Barrio Minton & Myers, 2008; Cashwell et al., 2004; Ivey et al., 2005). Deconstruction follows, whereby trainees can be helped to challenge their rules and core beliefs underlying their values, beliefs, and worldview, developing more cognitively complex thoughts (Ivey et al., 2005). This is aligned with Mezirow's (1990) epistemological domain of critical reflection as the counselor-trainee is examining how he or she has come to know what they know about self and others.

Incorporating CEDS in process group during CI. While it is possible to function in more than one CEDS simultaneously, generally individuals have one preferred CEDS that they use to make sense of their experiences. Each preferred CEDS is situation specific, thus, individuals can prefer or function in one CEDS during one set of circumstances and another CEDS in other circumstances (Barrio Minton & Myers, 2008; Cashwell et al., 2004; Ivey et al., 2005). The DCT model may provide the structure needed to assess trainees' preferred CEDS which they are using to process field experiences. The intentional framework of DCT can be utilized to select interventions based on the counselor-trainees' own developmental level and style of processing in addition to specific questions that foster thinking in various styles.

Encounters with individuals in the field who differ in worldview often confront trainees with their privilege; this can impact the CEDS preference trainees utilize in processing. Trainees have been found to intellectualize and distance themselves from feelings when immersed (Ptak et al., 1995). DCT enables cycling back through sensorimotor and concrete style preferences (Ivey et al., 2005) if situations like this occur, which can serve to challenge trainees to think outside their preferred style if they are to gain MCC. There is support that processing through several CEDS orientations, versus just one, will enable individuals to find alternative ways of understanding and engaging with others (Barrio Minton & Myers, 2008; Ivey et al., 2005; Tamase & Rigazio-Digilio, 1997). Barrio Minton and Myers (2008) provided strong support for the assumption that counselors' choices of intervention styles are considerably influenced by their own CEDS preferences. Thus, we can hypothesize facilitators of CI structure process groups based on their own CEDS preference as opposed to the style preferences of their counselor-trainees. This dynamic may inhibit trainees' processes and MCC acquisition.

Goodman and West-Oltaunji (2009b) argued that trainees often appear 'resistant' in the field; however, this resistance may in fact be due to developmental blocks which may occur in any of the four DCT modalities (Cashwell et al., 2004). Developmental blocks function to help individuals avoid areas of suffering (Kornfield, 1993) and, in the context of CI, cope with uncomfortableness stirred up from what they have witnessed. Developmental blocks may be triggered as the trainee is trying to accommodate new information (Piaget, 1954) from field experiences. Information that is too different from

one's meaning making system is challenging to accommodate as it requires the trainee to question what he or she knows (Mezirow, 1990) which is risky as the trainee is asked to explore the basis of his or her values and beliefs which may result in changes to them. When a new experience does not comfortably fit with one's current schemas (Goleman, 1985), a learner blocks out or refute events that prove too strange (Mezirow, 1990).

Goodman and West-Olatunji (2009b) argued that when students enter the field they are immediately challenged as they encounter things that do not fit within their worldview. Trainees get sick and appear unwilling to reflect about their field experiences. Trainees with developmental blocks are generally stuck in their own style of processing and are not choosing to be resistant or culture shocked. Instead, they may have trouble making sense/meaning from a field experience, or in determining what cultural members may need based on the trainees' perspective. If counselor-trainees are not able to reflect and gain the needed awareness to see from the perspective of the cultural members, they can unintentionally aggravate people that have already been socio-politically marginalized and/or traumatized as a result of disaster, social position, or personal loss (Goodman & West-Oltaunji, 2008). Hence trainees can enter the field with an 'expert' mentality and aim to 'rescue' marginalized populations. Thus, a structured process group model is needed not only for the trainee to increase MCC, but also respectfully engage with culturally diverse others that differ in worldview.

If there is a structure to the group process and trainees are challenged to think outside their CEDS processing preference, critical reflection is fostered, and trainees have a balance of support and challenge to explore and understand their perspectives and field

experiences. Intentionally structuring questions to address developmental blocks results in challenging participants' narratives about what their role is in this cultural context and what the needs are of individuals they have encountered. The trainee can begin to rethink what their role is in this cultural context, and what it means to be responsive. By engaging trainees in the DCT questioning sequence, and structuring interventions intentionally based on their CEDS preference and developmental blocks, their field experiences can be integrated and transformation of perspective can result (Mezirow, 1990). In other words, new perspectives about self, others, and one's worldview can be generated (Ivey et al., 2005). Thus, the potential for DCT to provide the needed structure in the process group to enhance the MCC development of counselor-trainees is significant. Learning the DCT model can impact how the facilitator structures the process group, and more importantly, how the counselor-trainees are challenged to process field experiences. To date, no possible links between DCT and CI have been empirically tested or validated.

Summary and Connections between MCC, CI, and CEDS

Sue and colleagues (1982) have framed the research on MCC. While multicultural scholars have sought to extend this construct to include terminology, racial identity, self-efficacy, working alliance, cultural variables, multicultural relationship, and advocacy dimensions, the tripartite approach to training has remained foundational: gaining *knowledge* of history, theory, and counseling approaches, *skills* in applying culturally appropriate interventions (in goals and process), and *awareness* of one's own enculturation, and related biases.

Multiple multicultural models have been proposed to foster MCC growth in counselor-trainees. The DPI is used to help trainees understand the variety of cultural identities in which their clients self-define, and the intersection of those identities with the historical, political, socio-cultural, and economic contexts in which clients' are operating. The DMIS focuses on gaining cultural sensitivity by progressing through a series of six stages in an effort to move from an ethnocentric viewpoint to an ethno-relative viewpoint. Along with both the DPI and DMIS, the tripartite model focus on cultural knowledge and introspective attitudes; however, it presumes that in order for counselors to work effectively, knowledge, sensitivity, and introspection are not sufficient. The tripartite model maintains that successful cross-cultural counseling requires the presence of practical skills. This model is foundational for MCC assessment instruments, research, and other models.

CI, direct contact with another culture in its context, has demonstrated effectiveness in increasing the knowledge, skills, and awareness dimensions of MCC. CI requires exiting one's cultural comfort zone and entering into the reality of another cultural group, not merely importing multicultural elements into one's own worldview. Grounded in Allport's Contact Theory (i.e., the belief that contact between minority and majority group members is effective in reducing biases, tensions, and misunderstandings) and the conditions of successful intergroup contact, Pope-Davis et al. (1997) developed the MIE, a structure for CI. This three phase model has been implemented repeatedly and organizes several critical components for a successful CI experience: pre-immersion

planning and initial reflection, immersion with continued reflection, and debriefing, evaluation, and meaning making.

CI studies in the context of study abroad and online courses, disaster response immersion, international immersion, and domestic immersion indicate that reflection/process group (i.e., supervised dialogue with one's peers to understand one's experiences) is the primary enhancer of MCC. However, there is no model that explains how this occurs or how an effective process group can be organized. In order to ground the pedagogy of CI process group structure to a theoretical model, it is useful to consider that MCC training occurs in both cognitive and affective dimensions of learning.

Reflection is defined as the affective and intellectual activities undertaken to explore one's experiences in order to lead to new understanding. The concept of critical reflection from Habarmass's critical theory enables a trainee to challenge how one has come to know what he or she knows and integrate new meaning into one's belief system when forced to interpret a new event. Critical reflection involves examining and critiquing one's meaning perspectives and the sources and consequences of their presuppositions and foundations. Using this construct in the context of CI provides theoretical support for how a trainee can be triggered to challenge his or her meaning perspectives while immersed, but structure in the form of a model is still needed in order to apply this theory to process groups. The roles of the facilitator and CC development were explored to provide support for one model of cognitive/emotional processing.

Often, the facilitator's task is to help trainees step out of their cultural context and see from the perspective of another, fostering dialectic thinking. CC, the ability to absorb,

integrate, and make use of multiple perspectives, has been correlated with MCC. The CC literature consistently references *cognitive development* as the process whereby students gain skills in order to work effectively with diverse clientele. Since pre-existing developmental characteristics position counselor trainees to require different instruction in order to develop more cognitively complex thoughts, an educator has the added challenge to facilitate a meaningful process where all students benefit. CEDS processing, taken from DCT provides a model to structure questions according to each trainees' developmental level while simultaneously facilitating an intentionally reflective group process that challenges all trainees in to process experiences through cognitive, affective, and developmental domains.

DCT is presented as a model for understanding how individuals make meaning of their experiences both cognitively and affectively. Four CEDS are identified in DCT though which life events are processed. The *sensorimotor* CEDS focuses on experiencing emotions in the here and now while the *concrete* CEDS centers on linear and logical thought processes and an understanding of cause and effect relationships. One's ability to reflect on one's experiences, and recognize interrelationships among patterns of thoughts, feelings, and behaviors characterizes the *formal* CEDS. The *dialectic* CEDS integrates patterns of emotion and thought into a coherent system and is characterized by viewing situations from a variety of perspectives.

DCT enables counselors to select interventions based on their clients' CEDS preference rather than ones motivated by their own preferred CEDS. The counselor must first structure the counseling process within the clients' preferred CEDS before

challenging them to think in new ways through a different style. Matching CEDS builds rapport, and fosters a clinician's phenomenological understanding of the clients' problem issues. Mismatching or style shifting involves intentionally structuring questions in other CEDS preferences to help the client view the situation from a different perspective.

Based on research using DCT with clients, counselors, and in supervision, it appears that the DCT paradigm may offer a holistic way of both viewing and enhancing development. As a consequence, DCT may provide a tangible, measurable means for structuring process groups to promote CC during CI and encourage maximum development of MCC. There is evidence that DCT questions consistently geared toward a targeted CEDS orientation promote individuals to explore within that orientation. Research also indicates that the incorporation of affect heightens cognitive development. In addition it appears that a client's CEDS preference can be readily identified in the immediacy of the therapeutic dialogue and that consistent use of questioning strategies, designed to encourage clients to explore their issues within a particular orientation do, in fact, promote such explorations. DCT questioning strategies can be used to facilitate multiple perspectives and impact the ways subjects engage with others.

The more complex thinking fostered by moving into formal and dialectic CEDS and the generation of multiple perspectives is applicable to MCC development in trainees. Fostering dialectical thinking in counselor trainees can help them grow from a mono-cultural worldviews into more cognitively complex ones. This permits counselors to more readily integrate the complexities of a client's cultural identity and generate culturally appropriate conceptualizations and interventions. In addition to developing a

comfort with dialectic CEDS, being able to process in all four CEDS is also hypothesized to be associated with increased MCC. When counselor trainees can easily access these different modes of thinking, it is easier for them to find alternative ways of understanding and engaging with others, which enhances their MCC.

From the DCT perspective, effective mental health counselors will use intervention styles based on the client's needs rather than their own preferences. As CEDS has also been proven beneficial to counselor supervision contexts, it is logical that immersion facilitators need to be aware of the processing preferences of their counselor-trainees in order to intentionally promote their development. Further, the DCT framework for assessing developmental blocks may provide tools for more effective process/reflection and can serve as a model for facilitators to ensure that counselor-trainees process their field experiences during CI, increasing their MCC as they accommodate new information into their meaning making systems. By engaging trainees in the DCT questioning sequence, and structuring interventions intentionally based on their CEDS preferences and developmental blocks, facilitators can integrate CI experiences and trigger transformation of perspectives in trainees.

Thus, there is potential that DCT may provide the needed structure for a CI process group to enhance the MCC development of counselor-trainees. To date, no possible links between DCT and CI have been empirically tested or validated. In addition, no links have been established between MCC and dialectic thinking or between MCC and being able to process in all four CEDS. In order to maximize counselor-trainee development and clarify how MCC is increased through CI, it is reasonable to conjecture

that the processing of CI field experiences may be enhanced through an emphasis on CEDS processing.

CHAPTER III

METHODOLOGY

A review of related literature presented in Chapter II supports a rationale and need for a study that examines the relationships between Multicultural Counseling Competence (MCC) and Cultural Immersion (CI). The literature underscores the role of the process group in increasing MCC during CI; however, no studies have empirically demonstrated how this change occurred. There is a need for a process group model or intentional structure to more effectively foster growth in MCC during CI. Thus, there is further rationale for examining Cognitive/Emotional Developmental Styles (CEDS), taken from the DCT Model. Before this model can be implemented in CI, relationships between MCC, CI, and CEDS must be established. In this chapter, the methodology for a study to address this gap in the literature is explained, including research questions and hypotheses, participants, instrumentation, procedures, pre-pilot study, pilot study, discussion and implications for the main study.

Research Questions and Hypotheses

Five major research questions were proposed in Chapter I. In this section, the research hypotheses designed to test the research questions are proposed.

Research Question1: Do counselor-trainees who have experienced Cultural Immersion (CI) have higher MCC, as measured by the Multicultural Counseling Inventory (MCI), than their non-immersed peers?

Hypothesis 1: Counselor-trainees who have experienced CI will have significantly higher mean scores on the MCI than their non-immersed peers.

Research Question 2: Among the participants who have experienced CI, are there relationships between the 4 critical components of CI and a counselor-trainees' MCC, as measured by the Multicultural Counseling Inventory (MCI)?

Hypothesis 2a: There is a significant positive relationship between CI and counselor- trainees' MCC (total).

Hypothesis 2b: The process group will predict an increase in MCC (total).

Research Question 3: Is there a difference in MCC scores between counselor-trainees that score high on CEDS assessments versus those that score low?

Hypothesis 3a: Counselor-trainees whose dialectical scores are in the upper 1/3rd, as measured by the Dialectic Self Scale (DSS), will have significantly higher MCC, than those who score in the lowest 1/3rd.

Hypothesis 3b: Counselor-trainees whose sensorimotor scores are in the upper 1/3rd, as measured by the Emotional Intelligence Scale (EIS), will have significantly higher MCC, than those who score in the lowest 1/3rd.

Hypothesis 3c: Counselor-trainees who can operate within all CEDSs (those that do not score in the lowest 1/3rdof any PHSI-A subscale: sensorimotor, concrete, formal, and dialectic), will have significantly higher scores on the MCI than those who cannot operate within all of the CEDSs (those that score in the lowest 1/3rd of one or more of the PHSI-A subscales).

Research Question 4: Is the relationship between CI and MCC impacted by counselor-trainees' ability to operate within the dialectic and sensorimotor CEDSs (top 1/3rd of scores)?

Hypothesis4a: Counselor-trainees with higher dialectic scores, as measured by the Dialectical Self Scale (DSS), will show a stronger relationship between CI and MCC, than those with lower dialectic scores.

Hypothesis 4b: Counselor trainees with higher sensorimotor scores, as measured by the Emotional Intelligence Scale (EIS), will show a stronger relationship between CI and MCC, than those with lower sensorimotor scores.

Research Question 5: Is there a significant difference between CI and MCC as a function of counselor trainees' ability to operate independently within each of the CEDSs (top 2/3rd scores of PHSI-A)?

Hypothesis 5: Counselor-trainees that do not score in the lowest 1/3rd of any PHSI-A subscale (sensorimotor, concrete, formal, and dialectic) will show a greater difference between CI and MCC, than those who score in the lowest 1/3rd of one or more of the PHSI-A subscales.

Population and Participants

The population of interest for this study was masters-level counselor-trainees. Because this study required data from both trainees who did and did not immerse, the following eligibility requirements were used to screen potential participants in order to collect a comparable sample: (a) participants must be in the process of completing a master's degree in counseling, (b) participants must be enrolled in or have completed at

least one course in multicultural or cross-culture counseling, (c) participants must have completed at least one semester of clinical work (e.g., either practicum or internship). A target sample of 120 counselor-trainees who have experienced cultural immersion, and 120 who have not was desired based on a series of manual power analyses which indicated adequate power (.80 to .90) to detect small-moderate effect sizes. To obtain this sample size, participants were recruited from 30 CACREP-accredited counselor education programs that were identified through a pre-pilot study. These programs indicated that they conducted cultural immersion as part of counselor-training. Both trainees who have experienced CI and have not experienced CI were sampled from these programs. This pre-pilot also determined the degree to which these programs incorporated the critical components of CI. Thus, participants were purposefully sampled from particular programs to get the variance necessary in CI experiences to answer the research questions.

Instrumentation

Instruments utilized in this study included the Multicultural Counseling Inventory (MCI; Sodowski et al., 1994), the Adapted Preferred helping Styles Inventory (PHSI-A; Barrio, 2006), the Emotional Intelligence Scale (EIS; Wong & Law, 2002), the Dialectic Self Scale (DSS; Spencer-Rodgers, Srivastava, & Peng, 2001), and a demographic/CI questionnaire (Appendices A–E). All instruments were self-report and assessed various aspects of counselor-trainees' multicultural counseling competence, cultural immersion experiences, and cognitive/emotional developmental styles. The psychometric properties, characteristics, and purpose of each instrument are discussed below.

Multicultural Counseling Inventory

The Multicultural Counseling Inventory (MCI; Sodowsky et al., 1994) was developed from Sue and colleagues' (1982) position paper, and based on the tripartite conceptualization of MCC (Constantine et al., 2002). The MCI is a 40-item, 4-point Likert scale (1 = very inaccurate to 4 = very accurate) self-report instrument designed to measure the construct of MCC by asking counselors, psychologists, or trainees to indicate the degree to which the scale items describe their work (Sodowsky et al., 1994). After findings from several studies are presented regarding the instruments' reliability and validity, each factor is defined.

Sodowsky and colleagues (1994) described four related studies that were conducted to develop and validate the MCI. Study 1 consisted of 604 responses (64% response rate) from members of the New Hampshire Psychological Association, the N.H. Mental Health Counselors' Association, and the Association for Multicultural Counseling and Development (70 had bachelors, 376 has masters, and 158 had doctoral degrees). A principal-axis factor analysis resulted in the emergence of 10 factors (eigenvalues > 1) that together accounted for 52.6% of the variance (Sodowsky et al., 1994). Based on a scree test, a four factor solution accounted for 36.1% of the variance and was argued to yield the most interpretable solution: multicultural/general skills (11 items, α = .83), multicultural awareness (10 items, α = .83), multicultural counseling relationship (8 items, α = .65), and multicultural counseling knowledge (11 items, α = .79). The total scale resulted in an alpha of .88 (Sodowsky et al., 1994).

Sodowsky and colleagues (1994) conducted a second study (320 counselors, 196women, 124 men, 35% had masters degrees, and 65% had doctoral degrees) to examine the possibilities that either a higher order factor represented MCC, or that the three and four factor models prevalent in the literature were more appropriate (D'Andrea et al., 1991; LaFrombowski et al., 1991; Ponterotto et al., 1991). Principal-axis factor analysis with oblique rotation was conducted to determine if the four factors found in study 1 could be generalized to another sample. Pearson product correlation coefficients were computed between the cross-sample loadings for each factor. The relationships of factor loadings in the second sample were compared with those of the first sample and argued to indicate generalizability of the 4 MCI factors through coefficients of factor congruence: multicultural counseling skills (.87), multicultural awareness (.80), multicultural counseling relationship (.75), and multicultural counseling knowledge (.75). These four factors that emerged from study 1 accounted for 35.3% of the variance in sample 2. Cronbach's alphas included: multicultural counseling skills (α = .81), multicultural counseling awareness (α = .80), multicultural counseling knowledge (α = .80), multicultural counseling relationship (α = .67), and total scale (α = .86).

Ponterotto and colleagues (1996) argued that content validity of the MCI was demonstrated in this first study through expert judgment of item clarity and high inter-rater agreement (75% to 100%) in regards to the relationship of item content to the names given to the four subscales. They also argued that criterion-related validity was demonstrated in study 1, as participants who worked 50% more in the multicultural area scored significantly higher on the multicultural awareness and multicultural counseling

relationship factors than respondents whose counseling work involved interacting with less than 50% minority clients. Criterion related validity was further evidenced through a third study (Sodowsky et al., 1996) with 42 graduate counseling students who scored significantly higher on a post-test administered after the completion of a one-semester multicultural counseling course (Ponterotto et al., 1996). Ponterotto and colleagues (1996) further argued that Roysircar-Sodowsky and Kuo's (2001) study of 38 graduate counseling students who were asked to rate the MCC of videotaped counselors after being given 6 hours of multicultural training supported the criterion-related validity of the MCI when the students rated the "culturally consistent" counselors significantly higher on all four factors than the "culturally discrepant" ones.

Ponterotto and colleagues (1996) also compared the MCI with three other assessments (i.e., the Cross-Cultural Counseling Inventory Revised, the Multicultural Counseling Awareness Scale, and the Multicultural Awareness-Knowledge-Skills Survey) and reported that the MCI was the only instrument of the four that assessed multi-sample factor structures. In addition, Ponterotto and colleagues (1996) stated that the MCI is an "efficient and carefully constructed instrument" with satisfactory internal consistency and promising criterion-related validity (p. 320). One year later, Pope-Davis and Dings (1995) reported (through tests of factor congruence and confirmatory factor analysis) the MCI has "adequate construct validity, favorable criterion-related validity, and good content validity." More recently, Hays (2008) reported that the MCI has acceptable internal consistency (α = .90), adequate construct validity, and good criterion-

related validity due to the fact that counselors with more MCC experience score higher than counselors with less.

Multicultural counseling skills items involved a counselor's "success with retention of minority clients, recognition of and recovery from cultural mistakes, use of nontraditional methods of assessment, counselor self-monitoring, and tailoring structured versus unstructured therapy to the needs of minority clients" (Sodowsky et al., 1994, p. 141). An example of a multicultural skills item was, "I am able to quickly recognize and recover from cultural mistakes or misunderstandings" (p. 141).

Multicultural counseling awareness items involved a counselor's "multicultural sensitivity and responsiveness, extensive multicultural interactions and life experiences, broad-based cultural understanding, advocacy within institutions, enjoyment of multiculturalism, and increase in minority caseload" (p. 142). Sodowsky and colleagues (1994) reported a sample item, "My life experiences with minority individuals are extensive (e.g., via ethnically integrated neighborhoods, marriage, and friendship)" (p. 142).

Multicultural counseling knowledge refers to, "culturally relevant case conceptualization and treatment strategies, cultural information, and multicultural counseling research" (p. 142). A sample item was, "I keep in mind research findings about minority clients' preferences in counseling" (p. 142).

Finally, the multicultural counseling relationship is an additional factor which expands upon Sue and colleagues' (1992) definition of MCC. The multicultural counseling relationship is indicated by the counselors' "interactional process with the

minority client, such as the counselor's trustworthiness, comfort level, stereotypes of the minority client, and worldview" (p. 142). A sample item was, "I find the differences between my worldviews and those of the clients' impede the counseling process."

In this study, the MCI was used to measure counseling students' self-reported MCCs. The total score for multicultural counseling competency was utilized in addition to the individual factors of knowledge, skills, and awareness.

The Adapted Preferred Helping Styles Inventory

The Adapted Preferred helping Styles Inventory (PHSI-A; Barrio, 2006) was developed from the original PHSI (PHSI; Ivey, 1993) which was intended to measure counselors' Cognitive/Emotional Developmental Style preferences taken from Developmental Counseling and Therapy (Ivey, 1990; Ivey et al., 2005). The PHSI-A is a 15-item, 7-point Likert scale (1 = strongly disagree to 7 = strongly agree) that measures counselors self-identification of operating within each of the CEDSs independently. After briefly discussing the original PHSI, several studies are presented that provide support for the validity and reliability of the PHSI-A.

The original Preferred Helping Styles Inventory (PHSI; Ivey, 1993) consisted of 10 counseling and personal situations, with four potential responses that represented the four CEDSs (40 items total). Responses were rank ordered according to CEDS preference. Due to the fact that the PHSI was created for self-exploration, no empirical investigations were conducted until 2005 as Barrio secured permission from Ivey to revise the PHSI. Barrio (2005) argued that a ranking system may not be consistent with the theoretical assertion that individuals may operate within each of the four CEDS in

varying degrees. Upon consultation, Barrio (2005) adapted the PHSI to a 7-point Likert scale 1 (disagree) to 7 (agree). The first adaptation of the PHSI also contained 40 items, randomly ordered to minimize order bias (Barrio, 2006).

Barrio (2005) conducted a study with 42 counselors and counselor-trainees (8.7% were female, 91%were Caucasian) who ranged in age from 23 to 57 years and reported between .5 and 35 years of counseling experience. A principal components factor analysis was conducted which resulted in the following Cronbach's alphas: sensorimotor (α = .66), concrete (α = .45), formal (α = .58), and dialectic (α = .47). Upon further consultation with Ivey, it was decided that the PHSI be revised to include only items dealing with a counselor's personal perception, which reduced the length of the PHSI from 40 to 20 items.

Barrio (2005) conducted a second study with 202 counselors and counselor-trainees (173 female, 29 males) between the ages of 25 to >56, with counseling experience between 1 year and 11 years. Barrio conducted a second factor analysis with Varimax rotation with the revised 20 item PHSI. Barrio Minton and Myers (2008) reported the following Cronbach's alphas for this sample: Sensorimotor (α = .59), Concrete (α = .58), Formal (α = .63), Dialectic (α = .45).

Barrio Minton and Myers (2008) reported that 15 of the 20 items loaded cleanly on four components consistent with the four CEDSs and accounted for 53% of the variance. Thus, a third factor analysis with Varimax rotation (with the same sample) was conducted and resulted in a shorter, 15-item assessment that had stronger internal

consistency reliabilities: sensorimotor (α =.66), concrete (α =.63), formal (α =.68), and dialectic (α =.52).

Thus, the PHSI-A was used in this study to measure counseling students' self-identification of operating within each of the CEDSs independently. The scale yielded 4 scores, one for each CEDS: sensorimotor, concrete, formal, and dialectic.

The Emotional Intelligence Scale

The Emotional Intelligence Scale is a 16-item, 7-point Likert scale (1 = completely disagree to 7 = completely agree) self-report instrument. Wong and Law (2002) argued that the Emotional Intelligence Scale (EIS) was validated through three studies. In study 1, the 16 item EIS was developed. In studies 2 and 3 the scale was applied to multiple populations to determine the instrument reliability and validity. After the construct of emotional intelligence is described, findings from these studies are presented regarding the instruments' reliability and validity.

Emotional intelligence is referred to as a set of abilities that enable individuals to effectively process emotions (Wong & Law, 2002). Wong and Law (2002) drew upon the work of Salovey and Mayer (1990) to argue that emotional intelligence is "the ability to monitor one's own and others' feelings and emotions, to discriminate among them, and to use this information to guide one's thinking and actions," one's "self-awareness," and ability to "manage emotions, motivate oneself, have empathy, and handle relationships" (p. 246). Wong and Law (2002) further define EI as "the ability to perceive accurately, appraise, and express emotion," "the ability to access or generate feelings when they facilitate thought," and "the ability to understand emotion and emotional knowledge, and

the ability to regulate emotions to promote emotional and intellectual growth" (p. 246). Wong and Law (2002) argued that EI has 4 dimensions: (a) appraisal and expression of emotion in the self, (b) appraisal and recognition of emotion in others, (c) regulation of emotion in the self, and (d) use of emotions to facilitate performance.

Wong and Law (2002) developed the EI measure by asking three groups of MBA students (*n* = 120), who were introduced to the four dimensions of EI, to generate self-reported items on each dimension that would describe an individual with high EI. Nine items were deleted as they overlapped, had unclear meaning, or didn't match the definition of EI. This resulted in a 36-item preliminary measure (Wong & Law, 2002). This 36-item measure was then tested on a sample of undergraduate business majors (*n* = 189). In addition, data was also collected on other variables to assess the validity of the instrument: (a) general mental intelligence (should have a negligible relationship with EI), as measured by the Eysenck (1990) IQ measure, (b) life satisfaction (should be positively related to EI), as measured by 9 items constructed by Campbell, Converse, and Rodgers (1976), and (c) feelings of powerlessness (should be negatively related to EI), as measured by 7 items from Pearlin and Schooler (1978).

Wong and Law (2002) conducted exploratory factor analysis of the 36 items using the maximum likelihood method with varimax rotation. Eight factors emerged. The first four had the largest eigenvalues and represented the aforementioned four dimensions of EI. Four items with the largest factor loading were then selected from each of the four factors. A second factor analysis was conducted with these 16 items; a clear 4 factor structure emerged. Internal consistency reliability for the 4 factors of the 16 item EI

ranged from .83 to .90. The EI factors were mildly correlated (ranging from r = .13 to .42), which indicated they were related by not the same dimension (Wong & Law, 2002). All 4 EI dimensions correlated significantly with life satisfaction (correlation ranged from .16 to .46), moderately and negatively with powerlessness (correlation ranged from -.13 to -.39), and negatively and significantly with Eysenck's IQ measure (Wong & Law, 2002).

In order to determine if the factor structure of the EI was generalizable to other samples, Wong and Law (2002) conducted another study with two samples of undergraduate students (n = 72; n = 146). Confirmatory factor analysis (LISREL) was utilized with both samples. With the 4 dimensions of EI, the model χ^2 of the confirmatory factor analysis was 132.41 (df = 98) for the first sample. The RMR of the model was .08, CFI was .95, and the TLI was .93. Model χ^2 for the 4 factor model was 179.33 (df = 98) for the second sample. The RMR was .07, CFI was .91, and the TLI was .89. The EI dimensions were again negatively correlated with powerlessness, and positively correlated with life satisfaction in both samples.

In order to test the convergent and discriminant validities of the 16-item EI, Wong and Law (2002) collected additional data from two additional independent samples of undergraduate business students (n = 110), and nonteaching university employees (n = 116). In addition to taking the 16-item EI, these participants took items from the Big Five personality measure (McCrae & Costa, 1987) and the same life satisfaction measure. Participants also took 20 items from BarON's EQ-i which assessed emotional self-awareness, empathy, impulse control, and optimism. Reliability estimates for the four

dimensions of EI resulted in the following: (a) self-emotion appraisal (α = .92), (b) uses of emotion (α = .91), (c) regulation of emotion (α = .84), and (d) others' emotion appraisal (α = .93).

To show incremental validity of the 16-item EI measure, hierarchical regression was utilized incorporating life satisfaction and powerlessness as criterion variables. The Big Five personality dimensions functioned as control variables, followed by three Trait Meta-Mood dimensions. Finally, the four EI dimensions were entered into the regression equation as predictors. The Big Five dimensions shared a statistically significant portion of the variances of life satisfaction. The Trait Meta-Mood dimensions did not explain incremental variances of life satisfaction on top of the Big Five dimensions; however, the four EI dimensions provided significant incremental contributions in predicting life satisfaction (Wong & Law, 2002). When powerlessness was used as the dependent variable, the 16 item EI measure also provided incremental variance on top of the Big Five dimensions and the Trait Meta-Mood Scale.

A confirmatory factor analysis was also conducted with the 16-item EI and three indicators for each of the five dimensions of the Big Five personality measure. Wong and Law (2002) argued results indicated a good fit for the nine-factor model (e.g., 4 EI factors, 5 personality factors). The model χ^2 was 591.59 (df = 398); CFI was .90, and TLI was .89. Wong and Law (2002) argued that these results indicated good convergent and discriminant validity between EI and the Big Five personality dimensions. Wong and Law (2002) also argued these three studies provided evidence of factor structure, internal

consistency, convergence, and discriminant and incremental validity, and concluded the 16 items EI has reasonable reliability and validity to be adopted for other studies.

In this study, the 16-item EI was used to measure a counselor-trainees' self-reported emotional intelligence as a composite of its four dimensions (i.e., self-emotion appraisal, uses of emotion, regulation of emotion, and others' emotion appraisal). This score is interpreted as a measure of counselor-trainee's self-identification of operating within the sensorimotor CEDS.

The Dialectic Self Scale

The Dialectic Self Scale (DSS; Spencer-Rodgers et al., 2001) assesses naïve dialecticism in the domain of self-perception. The DSS is a 32-item Likert Scale (1 = strongly disagree to 7 = strongly agree). After the construct of naïve dialecticism is described, findings from several studies are presented regarding the instruments' reliability and validity.

Spencer-Rodgers and colleagues (2001) drew upon the works of Nisbett, Peng, Choi, and Norenzayan (2001), and Peng, Peng, and Nisbett (1999) to argue that naïve dialecticism enabled individuals to tolerate contradiction. The construct of naïve dialecticism is argued to provide laypeople with epistemic guidance as they attempt to accommodate incompatible information. Naïve dialecticism has two aspects: (a) the concept of change, and (b) the concept of contradiction. Asians, in comparison to Westerners, are argued to expect phenomena to undergo a change from the status quo. In Western cultural traditions, change is argued to be more linear; emphasis is placed on progress and the future (Spencer-Rodgers et al., 2001). Contradiction involves the belief

that objects, events, and states of being in the universe comprise opposing elements. If the universe exists in a state of flux, and people, objects, and events are thought to be perpetually changing, then what is true of someone at one moment in time may not be true of that person at another moment in time (Spencer-Rodgers et al., 2001).

Several studies incorporating the DSS have been conducted in an effort to establish the reliability and validity of the instrument. The brief version of the DSS, was administered to a sample of 397 college students (129 Asian Americans, 115 Caucasians, and 153 Chinese from China). This version contained 14 items on a 7-point Likert scale from 1 (strongly disagree) to 7 (strongly agree). Spencer-Rodgers and colleagues (2001) reported sample items, “I often find that my beliefs and attitudes will change under different contexts,” and “If there are two opposing sides to an argument, they cannot both be right.” Every other item was reversed scored to minimize order bias.

Spencer-Rodgers and colleagues (2001) conducted a principal components analysis with Varimax rotation which resulted in a three factors structure: (a) contradiction (e.g., “There are always two sides to everything, depending on how you look at it”), (b) cognitive change (e.g., “I can never know for certain that any one thing is true”), and (c) behavioral change (e.g., “I often change the way I am, depending on who I am with”). The three factors were argued to account for 44% of the variance for Chinese, 48% of the variance for Asian Americans, and 52% of the variance for European Americans. Spencer-Rodgers and colleagues (2001) reported the following Cronbach’s alphas: Chinese (α = .67), Asian Americans (α = .73), and European Americans (α =

.82). The brief version of the DSS has also has been argued to possess adequate reliability (α's ranging from .71 to .86) in other samples (Spencer-Rodgers et al., 2001).

The long version of the DSS (32 items) was used in the pilot study to measure counselor-trainees self-identified naïve dialecticism, by collecting a composite score of 3 subscales (i.e., contradiction, cognitive change, and behavioral change). This naïve dialecticism construct is used as a method to assess a counselor-trainees' self-identification of operating within the dialectic CEDS. For the full study, the brief version of the DSS will be used to shorten the amount of time it takes to complete the instrument.

Demographic Questionnaire

Participants completed a 47-item (29 items in the pilot study) demographic/ cultural immersion questionnaire developed for this study (Appendices E and I). Specifically, participants were asked to provide personal characteristics (e.g., gender, age, ethnicity), professional characteristics (e.g., clinical experience, experience working with minorities, multicultural training), and information regarding their cultural immersion experiences. In order to sufficiently assess the degree to which counselor-trainees engaged in the critical components of CI outlined by Pope-Davis and colleagues (1997), targeted questions were asked regarding their (a) pre-immersion training (6 items in pilot, 9 in main study), (b) interaction with culturally diverse others (6 items in pilot, 8 in main study), time in the field (2 items), and the reflective/group process components (6 items in pilot, 12 in main study). In addition, participants were asked to answer one open-ended question (regarding their CI that might not have been asked) and one social desirability

question (indicating the extent to which they felt they answered all the instruments truthfully).

Procedures

After acquiring approval from The University of North Carolina at Greensboro (UNCG) Institutional Review Board (IRB) the student researcher contacted (through email) department chairpersons or other professors of 30 purposefully selected CACREP accredited counselor-education programs (identified through the pre-pilot study described below) to recruit masters level counselor-trainees for participation in the study. The student researcher provided these individuals with an informed consent form approved by the IRB that includes a description of the study, benefits and risks to participants, and an estimate of the time required to complete the assessments (between 20-30 minutes). The informed consent form for the study, recruitment script and solicitation email are included in Appendix K.

After permission was granted from department chairpersons and/or professors, participants were recruited via department listserv and in person. The student researcher traveled to a third of programs to deliver the recruitment script directly. For the remainder of programs to which the student researcher could not travel, the consenting counselor educator was invited to disseminate a packet of hard copy questionnaires to the eligible counseling students in their program. To encourage counselor-educator assistance in collecting data for this study, small financial incentives (e.g., gift cards) were provided to counselor educator facilitators. Instrument packets were mailed to these counselor educators along with self-addressed, postage-paid return packaging. For both in person

and remotely collected data, a meal or small gift card was offered as incentive for participation. Counselor-trainees who agreed to participate were given the informed consent along with a packet of questionnaires including the following: MCI, PHSI-A, DSS, EI, and Demographic/CI Survey.

Pre-Pilot Study

Myers and Shannonhouse (2012) disseminated a survey to examine the nature of CI activities in counselor preparation programs. One aim of the survey was to identify potential programs from which to recruit participants. The multi-step survey development included: (a) review of the study design, research questions, and draft survey by two counselor educators, not involved with the study, who had expertise in international activities, (b) revision based on their feedback, (c) field-testing with one counselor educator and two doctoral students with prior counseling experience outside of the United States, and (d) a second revision which incorporated feedback from the field test. CI literature and the MIE components were utilized in the development of the 57 items (51 quantitative and 6 qualitative), many of which were subsequently utilized to construct the main CI survey. Results from the 62 responding CACREP-accredited programs provided further clarification about the goals of CI, the MIE components, and their usefulness to increasing MCC in counselor trainees.

Of the respondents, the distribution of ACES regional percentages mirrored that of the full list of 215 programs: 41.3% Southern, 26.4% North Central, 17.3% North Atlantic, 8.7% Western, and 6.3% Rocky Mountain. All responding programs offered a master’s degree and 34% offered a doctoral degree. Most accredited program tracks

included Clinical Mental Health or Community Counseling (90.3%) and school counseling (74.1%). CACREP coordinators received the survey and were invited to forward it to the most appropriate faculty member to complete it on behalf of their program: 24 males (41%) and 35 females (59%); fifty-five identified as Caucasian (90%), two as African American (3%), one Asian American (2%), 1 Latino/a (2%), and 2 identified as “other” (4%).

Thirty counselor education programs reported that they incorporated CI into their training, and 100% of those that engage in CI reported a goal of increasing counselor-trainee MCC. Twenty-three programs indicated ways in which their students were impacted as a result of CI. All of these programs (100%) reported that immersed students gained MCC in all three domains (e.g., knowledge, skills, and awareness). Twenty-one programs (91%) stated that immersed students challenged how they have come to know what they know, 16 (70%) mentioned that their immersed students increased their ability to respond to diverse clientele, and 12 (52%) indicated immersed students experienced changes in thinking, resulting in increased ability to think in more complex ways.

In terms of the MIE components, 21 counselor education programs (78%) reported having pre-deployment training as part of their CI experiences. Of those, 86% engage in training regarding the socio-political context of the destination, 76% share information regarding culture shock, 52% involved training from a cultural informant, and 14% included language training. Qualitative data provided insight into the structure and time commitment of the CI experiences. Of those that indicated sustained time in the field for CI, one program reported a 3 week international CI, and another wrote that

students spent from 10 – 14 days immersed in another culture. The majority of programs facilitating CI reported it as part of an assignment for a course or involved a one-shot experience, both of which supported by Pope-Davis and colleagues' MIE model, as the Multicultural Immersion Experience was originally developed to be used in a domestic context in the context of a multicultural counseling course (Pope-Davis et al., 1997).

Of the 23 programs that reported their activities while immersed, 19 (83%) visited historical sites, 18 (78%) visited museums, 17 (74%) engaged in the activities the local people were involved in, 15 (65%) visited local agencies, 11 (48%) engaged in academic exchanges at local universities, and 6 (26%) involved presenting at conferences. In terms of interaction with culturally diverse others, most programs visited and dialoged with local peoples (21 programs; 91%), yet only about half worked with local people (13 programs; 57%). In terms of genuineness/depth of relationship formed, only 11 programs (48%) continued to be involved with their international partner after return to the U.S.

Of the 23 programs that incorporated reflective components into their CI, 22 programs (96%) utilized reflection journals. Of those program 13 (59%) wrote in the journals daily, 4 (18%) wrote every few days, 2 (9%) wrote once a week, and 3 programs reported students only writing once during the duration of the CI (14%). Of the programs that utilized a process group (19 programs; 83%), 10 (53%) processed daily, 4 (21%) processed every few days, 4 (21%) processed once a week, and 1 program (5%) processed 1 time during the duration of the trip. Of these 19 programs that utilized a group process, only 4 (21%) used a model to structure the group. In addition, 11 programs (48%) received supervision in the field. Limitations involved low response rate

(29%), and the survey methodology itself, which required one person to summarize the full extent of a counselor education department's CI.

This survey provided knowledge regarding 62 CACREP-accredited counselor-education programs' cultural immersion activities. The critical components of CI, highlighted in the literature review, included: (a) pre-immersion training, (b) interaction with culturally diverse others/genuineness and depth of relationships formed, (c) time in the field, and (d) reflection/group process. These components were originally underscored by Pope-Davis and colleagues (1997), and have continued to be cited among cultural immersion studies (Alexander et al., 2005; Canfield et al., 2009; DeRicco & Sciarra, 2005; Goodman & West-Olatunji, 2009a; Ishii et al., 2009; West-Olatunji et al., 2011). Examining the degree to which programs incorporated these critical components in their CI experiences resulted in the identification of 23 CACREP accredited programs from which to sample participants to achieve the variance necessary in CI experiences to answer the RQs in the main study.

Pilot Study

Prior to conducting the main study, a pilot study was conducted to test the proposed procedures. More specifically, the pilot study was run to (a) determine the proportion of students at one CACREP accredited counselor education program who have and have not experienced CI, (b) explore the trends in the relationships between MCC, CI, and CEDS, and (c) incorporate feedback from participants on the instrumentation and procedures. In this section, research questions and hypotheses, procedures, data analyses, and results are presented.

Research Questions and Hypotheses

The same research questions and hypotheses from the main study were used in the pilot.

Procedures

Prior to data collection, the proposed instrumentation and procedures were reviewed by the IRB at the UNCG. Participants were recruited via listserv, direct email, and in person by visiting counselor-trainees' classes. Trainees were invited to take the questionnaires before and after class. As an incentive for participating, trainees were provided with breakfast or lunch. Those who chose to participate were provided with the informed consent, four questionnaires, and a demographic form. Participants were also asked to complete a pilot study feedback form in which they indicated questions or directions that were unclear, time it took to complete the packet, and several open-ended questions about their experience. All recruitment materials and IRB approvals for the pilot study are included in Appendix G.

Data Analyses

Data were analyzed using one-way analysis of variance (ANOVAs) and Pearson product correlations. A one-way ANOVA was run to determine if counselor-trainees who had experienced CI had significantly higher mean scores on the MCI than their non-immersed peers (RQ1). Pearson product correlations were run to explore the relationships between the four critical components of CI and a counselor-trainees' MCI scores (RQ2). ANOVAs were utilized to compare MCI scores between those that scored in the upper and lower tertiles on the DSS and EIS, and between those trainees that could operate

within all four CEDS independently versus those that displayed an inability to operate in at least one CEDS (signified by scoring in the lowest tertile on any PHSI-A subscale) (RQ3). Regressions were run to explore how well two models (a combination of CI history and DSS score, and a combination of CI history and EIS score) predicted MCC (RQ4). Finally, a two-way ANOVA was performed to determine how the ability of a counselor trainee to independently operate in all four CEDSs and his or her cultural immersion history, in combination, was related to MCI scores (RQ5). All data were computer analyzed using SPSS 19.0 (IBM Corporation, 2010).

Results

Demographics. Participants included 36 masters level counselor-trainees enrolled in the UNCG Department of Counseling and Educational Development. They were predominately female (30 females, 6 males) and had experienced cultural immersion (26 immersed, 10 non-immersed). The participants identified as Caucasian (n = 31), Asian (n = 3), Latino (n = 1), and African American (n = 1). Participants were between the ages of 22-28 (n = 30), 29-35 (n = 3), and 43-49 (n = 2), with varying degrees of counseling experience: 1 semester (n = 14), 2 semesters (n = 3), 3 semesters (n = 15), and 4 or more semesters (n = 4) at UNCG. Twenty-four participants reported working with minority clients “very often,” 10 reported “often,” and 2 “not often.” In terms of multicultural training, 23 participants only had a multicultural counseling course; 6 had a workshop in addition to the course; and 7 indicated some other form of multicultural training beyond a multicultural counseling course.

Descriptive statistics. Descriptive statistics, correlations, and internal consistencies were calculated for each scale and subscale utilized in order to analyze the consistency of the scales and subscales, as well as the variability of scores. Table 1 illustrates the correlation coefficients and reliabilities (internal consistency) of the study instrumentation. The MCI, PHSI-A, DSS, and EIS also were factor analyzed to determine their subscale structure or unidimensionality. The results from the factor analyses can be found in Appendix H.

Table 1

Means, Standard Deviations, Correlations, and Reliabilities for All Instrumentation

	M	SD	1	2	3	4	5	6	7	8	9	10	11
1. MCI-T	2.99	0.35	*.90*										
2. MCI-K	3.02	0.40	.84**	*.73*									
3. MCI-A	2.80	0.54	.82**	.50**	*.80*								
4. MCI-S	3.06	0.39	.90**	.81**	.64*	*.72*							
5. MCI-R	3.09	0.40	.65**	.42*	.40*	.45**	*.69*						
6. PHSI-A-S	5.08	0.97	.36*	.47**	.10	.33*	.30	*.71*					
7. PHSI-A-C	5.10	1.00	-.18	-.14	-.19	-.27	.09	-.14	*.70*				
8. PHSI-A-F	5.81	.78	.41*	.43**	.28	.35*	.23	.36*	-.31	*.38*			
9. PHSI-A-D	5.25	1.07	.29	.15	.32	.21	.27	-.30	.00	.32	*.70*		
10. DSS-T	3.74	0.49	-.08	-.19	.01	-.01	-.11	-.33	-.42*	.23	.14	*.80*	
11. EIS-T	5.76	0.49	.33	.26	.21	.23	.41*	.40*	.21	.32	.12	-.09	*.82*

Note. 1 = MCI-T = MCI Total; MCI-K = MCI Knowledge; MCI-A = MCI Awareness; MCI-S = MCI Skills; MCI-R = MCI Relationship; PHSI-A-S = PHSI-A Sensorimotor; PHSI-A-C = PHSI-A Concrete; PHSI-A-F = PHSI-A Formal; PHSI-A-D = PHSI-A Dialectic; DSS-T = DSS Total; EIS-T = EIS Total
$^{*}p < 0.05$ (2-tailed), $^{**}p < 0.01$ (2-tailed)

Research Question 1. A one-way ANOVA was run to determine if counselor-trainees who have experienced CI have higher MCC than their non-immersed peers. Results of this analysis indicated marginal significance for MCI total: $F(1, 34) = 3.17$; p

= .084. Participants who were immersed have higher MCI scores (*M* = 3.06) than those who were not immersed (*M* = 2.83). There was a trend with the skills subscale $F(1, 34) = 3.17$, $p = .03$, as the means for those immersed (3.15) and those not immersed (2.83) were significantly different, and with the awareness subscale $F(1, 34) = 5.35$, $p = .15$, as the means for immersed trainees (2.89) were noticeably different than those for not immersed trainees (2.59). A power analysis was conducted by hand to determine the *n* that would be needed in order to achieve significant results at the $\alpha = .05$ level for the observed effect sizes. The observed differences between immersed and not immersed groups for MCC Awareness and MCC Total scores are the comparisons of interest to this study, therefore, the power analysis from this recommends a sample size of at least 64 for the main study. The results of this analysis are displayed in Table 2. The MCI, PHSI-A, DSS, and EIS were all factor analyzed to determine their subscale structure or unidimensionality. The results from these analyses can be found in Appendix H.

Table 2

MCC Differences in Participants Who Did and Did Not Experience CI

MCI Scales	*F*	Mean Diff.	*SD*	Effect Size	Recommended *N*
MCC Awareness	2.22	.29	.54	.54	64
MCC Relationship	.67	.12	.40	.31	393
MCC Knowledge	1.10	.16	.40	.39	393
MCC Skills	5.35*	.23	.35	.64	64
MCC TOTAL	3.17	.38	.39	.81	26

Note. Culturally immersed (*N* = 26); Non-immersed (*N* = 10); Recommended *N* was calculated for power (.50) at $p = .05$, $^{*}p < 0.05$ (2-tailed)

Research Question 2. Due to the exploratory nature of the pilot study, descriptive statistics were run to examine the extent to which participants had experienced the 4 critical components of CI. After the descriptives regarding participants' pre-deployment training (PT), time in the field (TF), interaction with culturally diverse others (CDO), and process group (PG) are explored, results from Pearson's product correlations and Spearman's Rho are presented.

Of the 26 participants who experienced cultural immersion, 17 indicated they experienced pre-training, and four had some form of interaction with culturally diverse others prior to departure. Of those trainees that experienced pre-training, they indicated further quantified the frequency that it prepared them to: understand the sociopolitical context of the cultural in which they were immersing (2 not at all, 4 somewhat, 5 adequately, 5 well prepared, and 1 thoroughly prepared), communicate in the local language and customs (1 not at all, 7 somewhat, 6 adequately, 2 well prepared), experience culture shock (1 not at all, 7 somewhat, 6 adequately, 3 well prepared), and practice self-care during immersion (5 not at all, 6 somewhat, 4 adequately, 2 well prepared).

Participants reported how many days they spent outside of their cultural context (1 spent 1-6 days, 3 spent 7-13 days, 8 spent 21-27 days, 7 spent 28 days or more). They also indicated how many hours were dedicated to immersion per day (3 reported 1-2 hours, 4 reported 3-4 hours, 5 reported 5-6 hours, 13 reported more than 6 hours).

Participants indicated how much of the time was spent interacting with local people (3 reported 25% or less of the time, 4 reported 25-50% of the time, 8 reported 50-

75% of the time, and 11 reported 75% or more of the time). Additional questions were asked to ascertain the degree to which they dialoged with local people (6 “several times,” 11 “very frequently,” and 9 “focus of immersion”), and engaged in local activities (2 “once or twice,” 7 “several times,” 15 “very frequently,” and 2 “focus of the immersion”). Participants also reported whether or not they visited museums/historical sites (1 “not at all,” 4 “once or twice,” 10 “several times,” 11 “very frequently”) and counseling agencies (8 “not at all,” 6 “once or twice,” 5 “several times,” 3 “very frequently,” 4 “focus of the immersion”). Fourteen participants reported they did not provide counseling services to members of the target culture, 2 provided services “once or twice,” 3 “several times,” 4 “very frequently,” and 3 indicated that providing clinical services was the “focus of the immersion.”

Seventeen of the participants kept a journal during the immersion, and 9 did not. Participants reported the number of times they experienced group process on immersion (6 never, 3 once, 6 several times, 8 daily, and 3 more than once per day), the hours they spent processing (8 none, 10 one hour, 5 two hours, 1 three hours, 1 more than three hours), and how structured the process group was (4 “not at all,” 11 “somewhat unstructured,” 4 “somewhat structured,” and 1 “completely structured”). Eleven participants reported that the group process was “completely different,”8 said it was “somewhat different,” and 2 said it was “somewhat similar” to receiving supervision. Finally, participants reported the degree to which they felt the facilitator was focused on their needs during the group process (2 “not at all,” 4 “minimally focused,” 7 “moderately focused,” 7 “completely focused”).

Pearson's product (Table 3) and Spearman's Rho (Table 4) correlations were run to explore the relationships between the CI components and MCC. Two items regarding the nature of process group interactions resulted in moderate correlations with MCC: the extent to which PGs were structured or unstructured (Pearson r = .42) and how well the PG was focused on the needs of the trainee and his or her peers (Pearson r = .41), both p's < .1.

Table 3

Pearson's Correlations between CI Demographics and MCC

	MIE Component	MCI	MCI Know.	MCI Aware.	MCI Skills	MCI Relat.
Preparation of Pre-training for: Understanding of local socio-political context	PT	.65**	.34	.72**	.49*	.37
Preparation of Pre-training for: Communicating in local language and culture	PT	.28	.21	.28	.16	.13
Preparation of Pre-training for: Dealing with culture shock	PT	.04	.09	-.04	-.25	.31
Preparation of Pre-training for: Practicing self-care	PT	.20	.09	.10	.20	.32
While Immersed, Frequency of: Visiting Museums	CDO	-.11	-.10	-.10	-.09	-.06
While Immersed, Frequency of: Engaging in local activities	CDO	.32	.20	.25	.33	.19
While Immersed, Frequency of: Dialoging with local people	CDO	.26	.05	.30	.22	.15

Table 3 (cont.)

	MIE Component	MCI	MCI Know.	MCI Aware.	MCI Skills	MCI Relat.
While Immersed, Frequency of: Visiting agencies or schools	CDO	.05	-.05	.20	-.00	-.05
While Immersed, Frequency of: Providing counseling services	CDO	.13	-.13	.28	.04	.07
Level of Process Group: Structure	PG	.35	.42^	.20	.20	.19
Level of Process Group: Facilitator focus by trainee needs	PG	.36	.31	.41^	.25	-.04

**Correlation is significant at the 0.01 level (2-tailed).
*Correlation is significant at the 0.05 level (2-tailed).
^Correlation is significant at the 0.1 level (2-tailed).

Table 4

Spearman's Rho Correlations between CI Demographics and MCC

	MIE Component	MCI	MCI Know.	MCI Aware.	MCI Skills	MCI Relat.
Interaction with people from the immersion culture during pre-training *(yes, no)*	CDO/PT	.25	-.05	.33^	.20	.15
Time Spent in pre-training	PT	.04	-.03	.18	-.10	-.07
Days spent Immersed	TF	-.03	.04	-.11	.01	.13
House spent in immersion daily	TF	-.02	.18	.01	-.11	-.09
Percent of time spent interacting with local people	CDO	.35^	.19	.27	.25	.37^
Required Journaling *(yes, no)*	PG	.29	.15	.36^	.13	.04
Frequency of group process	PG	.10	.14	.11	.03	.08
Duration of discrete group processes	PG	.10	.15	.18	.12	-.16

** $p < 0.01$ (2-tailed), * $p < 0.05$ level (2-tailed), ^ $p < 0.1$ level (2-tailed)

Composite variables were constructed for each of the four CI components (pre-training, time in the field, interaction with culturally diverse others, and process group) using combinations of items from the demographic questionnaire. The PT composite incorporated four items (11-14) which asked trainees to assess the adequacy of their pre-immersion training in the following areas: understanding the local socio-political context, communicating in the local language and customs, experiencing culture shock, and self-care techniques. The questions on CI duration (#15) and the daily extent of the CI experience (#16) were combined into a TF composite. A score for the extent to which trainees interacted with culturally diverse others was compiled using questions 17-22 on the demographic form, which asked the frequency that trainees performed various activities during the immersion. Questions 25-28 of the demographic form were combined into a composite process group score. These four new scores were then summed to create a total CI Experience Index. The correlations between these composite scores and MCC can be found in Table 5.

Table 5

Pearson' Correlations between CI Component Composites and MCC

	MCI TOTAL	MCI Skills	MCI Awareness	MCI Relationship	MCI Knowledge
Pre Training	.48^	.27	.44^	.44^	.29
Time in the Field	.17	.05	.02	.24	.25
Interaction with Culturally Diverse Others	.33^	.22	.46*	.19	.01
Process Group	.40	.38^	.32	-.11	.51*
CI Experience Index	.55^	.43	.49^	.42	.29

**Correlation is significant at the 0.01 level (2-tailed).
*Correlation is significant at the 0.05 level (2-tailed).
^Correlation is significant at the 0.1 level (2-tailed).

Research Question 3. One-way ANOVAs was run to determine if counselor-trainees who scored highly on CEDS assessments have higher MCC than those that scored lower. Trainees' scores on DSS, EIS, PHSI-A Sensorimotor, PHSI-A Concrete, PHSI-A Formal, and PHSI-A Dialectic were rank ordered. The lowest 12 scorers (1/3 of the data set, n = 36) for each assessment were labeled as "low" while the upper 12 were labeled "high." When multiple cases were tied across one of these thresholds, all such cases were included in the more extreme third (low or high) rather than the middle third. As shown in Table 6, results of the DSS and EIS ANOVAs indicated no significant effects on MCC.

Table 6

Group Differences of MCC between High and Low Scorers on CEDS Assessments

Assessment	*F*	Sig.	Mean Diff.	*SD*	Effect Size	Recommended *N*
DSS	1.136	.298	-.159	.373	.425	393
EIS	2.320	.141	.201	.345	.583	64

Note: Recommended N was calculated for power (.50) at p = .05

A one-way ANOVA was run to determine if counselor-trainees who were able to operate in all CEDS styles independently (scored in upper 2/3rd on all PHSI-A subscales: sensorimotor, concrete, formal, dialectic) had higher MCC than those who could not (scored in lowest 1/3rd on at least one PHSI-A subscales). Results of this ANOVA indicated no significant effect on MCC: $F(1, 34) = 2.59$, $p = .117$. Though there was a difference in MCI means between those who were capable of operating in all four CEDSs

(M = 3.20) and those were not capable of operating in at least one style (M = 2.95), the difference was not significant for this sample. Results of this ANOVA and subsequent power analysis can be found in Table 7.

Table 7

Group Differences of MCC between Those Capable of Operating in All Four CEDSs and Those Unable to Operate Well in One or More Styles

PHSI-A	*F*	Sig.	Mean Diff.	*SD*	Effect Size	Recommended *N*
Unable to operate in all CEDSs (n = 30) Able to operate in all CEDS (n = 6)	2.59	.12	-.25	.35	.70	64

Note. Recommended *N* was calculated for power (.50) at α = .05

Research Question 4. The dialectic CEDS score (DSS) and cultural immersion variables were entered in a multiple regression equation to predict scores on multicultural counseling competence. The predictor variables accounted for marginally significant variability in multicultural counseling competence, R^2= .18, p = .1. Tests of regression coefficients indicated that higher scores in operating within the dialectic CEDS were associated with lower multicultural counseling competence. There was no interaction or main effect for immersion. The results of this regression analysis can be found in Table 8.

The sensorimotor CEDS and cultural immersion variables were entered in a multiple regression equation predicting scores on multicultural counseling competence. The predictor variables accounted for significant variability in MCC, R^2= .26, p = .02.

Tests of regression coefficients indicated that higher scores in operating within the sensorimotor CEDS were associated with higher MCC. The results of this regression analysis can also be found in Table 8.

Table 8

Regression Analyses for CEDS Variables Predicting MCC

	B	SE_B	*T*	*P*
Regression 1				
Operation in Dialectic CEDS	-0.42	0.22	-1.89	0.07
Cultural Immersion (CI)	-1.22	0.95	-1.28	0.21
Dialectic CEDS x CI	0.41	0.26	1.57	0.13
Regression 2				
Operation in Sensorimotor CEDS	0.46	0.18	2.57	0.01
Cultural Immersion (CI)	2.02	1.32	1.53	0.14
Sensorimotor CEDS x CI	-0.3	0.23	-1.33	0.19

Research Question 5. A 2 (ability/inability to operate in all four CEDSs) X 2 (immersed vs. non-immersed) ANOVA on multicultural competence yielded a significant main effect for being able to operate in all styles CEDS, but was not significant for immersed: $F(1, 32) = 6.69$, $p = .01$, and $F(1, 32) = .023$, $p = .88$, respectively. However, a significant interaction was observed between the two variables, $F(1, 32) = 5.27$, $p = .03$ (see Table 9) for this sample. Those who were able to process in all four styles displayed significantly higher MCC scores ($M = 3.20$, $SD = .30$) than those could not operate in one or more CEDSs ($M = 2.95$, $SD = .35$). These are means are listed in Table 10.

Table 9

2-Way ANOVA of Ability to Operate in All Four CEDSs with CI on MCC

		Sum of Squares	*df*	Mean Square	*F*	Sig.
Main Effects	Combined	.68	2	.34	3.55	.041
	CEDS_Operate in all styles	.64	1	.64	6.69	.014
	CI_History	.00	1	.00	.02	.882
	CEDS_Operate in all styles * CI_History	.51	1	.51	5.27	.028
Model		1.21	3	.41	4.22	.013
Residual		3.07	32	.10		
Total		4.28	35	.12		

Table 10

Means of the Interaction between CEDS and CI on MCC

	Blocked	Unblocked
CI yes		
M	3.05	3.09
SD	0.27	0.30
n	22.00	4.00
CI no		
M	2.69	3.41
SD	0.41	0.23
n	8.00	2.00

Discussion and Implications for Main Study

The purpose of the pre-pilot and pilot studies was to test the procedures and feasibility for the main study. The pre-pilot provided knowledge regarding 62 CACREP-accredited counselor-education programs' cultural immersion activities which resulted in the identification of 23 programs from which to sample participants for the main study. The pilot study then examined the MCC, CI, and CEDS at one counselor-education program. Discussion of pilot findings and modifications to the main study are provided.

Upon completion of the pilot study, participants were asked to complete a short evaluation (Appendix F) requesting feedback about the clarity of directions and items, their experience taking the assessments, what they thought was missing, and the duration of time to complete. Nearly all participants indicated that both the directions and items were clear. Several individuals indicated they would have liked an identified space to mark answers and the Likert scales copied at the top of every page. Prior to the pilot study, participants were told that the assessments would take approximately 30 minutes to complete. The average time required to complete the assessments was 23 minutes, therefore main study participants were informed that it takes 20–30 minutes to complete the full packet. The word "individual" was removed from demographic question 25 as "individual process group" was confusing to two participants.

Several participants indicated they wanted to be asked whether or not their cultural immersion experiences were positive or negative. One participant indicated she/he would have liked to have been asked about her or his comfort level while immersed. Chung and Bemak (2002) argued effective group process is needed to gain

awareness around feelings of discomfort elicited by being ‘other.’ Without effective group process, immersed trainees may retreat to previously held ethnocentric views to make sense of new knowledge and feelings which can negatively impact trainees (Goodman & West-Olatunji, 2009b), and their interactions with community members (Hui, 2009). Since there is literature to justify asking about comfort level, a question was added to the demographic form.

In addition to modifications to the demographic based on participant feedback, pilot study participants were predominately female, Caucasian, and between the ages of 22 and 28. Inclusion of men, more diverse ethnic backgrounds, and age is needed to ensure a more representative sample. For the main study this was attempted by recruiting participants from more diverse counselor education settings. Use of the pre-pilot data was also expected to contribute to sample diversity. The number of counselor-trainees who identified as having had a cultural immersion experience was more than twice as large as the number that identified as not having had one. It is possible that the cultural immersion demographic questions may have captured international students, those with study abroad experiences, bi-cultural individuals, and/or immersion experiences not affiliated with counseling. Thus, the phrasing of several demographic/CI survey items was revisited. Changes can be seen between Appendices E and I.

Though some of the mean differences and correlations provide support for research hypotheses, results are interpreted with caution due to the exploratory nature of the pilot and small sample size. Study results do raise concerns about the validity and reliability of the DSS as a measure of operation within the dialectic CEDS. Tests of

regression coefficients indicated that higher scores in operating within the dialectic CEDS were associated with lower multicultural counseling competence. This is the opposite direction of the expected relationship, thus this scale and the way in which this variable is assessed merits further attention.

Other than these modifications (noted in Appendices A-D and I) and trends for further exploration, procedures described in the pilot study were followed in the main study.

Summary

In this chapter, five research questions and nine corresponding hypotheses designed to assess the relationships among multicultural counseling competence, cultural immersion, and cognitive/emotional developmental styles were presented. The population of interest was defined and procedures for the main study outlined. In addition, results from a pre-pilot and pilot study were presented and discussed along with subsequent modifications for the main study. A table of hypotheses, scales, and analyses for the main study is provided below (see Table 11).

Table 11

Hypotheses, Instruments/Scales, and Data Analyses for Main Study

Hypothesis	Instruments/Scales	Data Analyses
1 Counselor-trainees who have experienced CI will have significantly higher MCC than their non-immersed peers.	MCI MCC Knowledge MCC Skills MCC Awareness MCC Relationship Demographic/CI Survey	One-way ANOVA

Table 11 (cont.)

Hypothesis	Instruments/Scales	Data Analyses
2a There is a significant positive relationship between CI and a counselor-trainees' MCC	MCI MCC Knowledge MCC Skills MCC Awareness MCC Relationship Demographic / CI Survey	General Linear Regression
3a Counselor-trainees whose dialectical scores are in the upper 1/3rd will have significantly higher MCC, than those who score in the lowest 1/3rd.	MCI MCC Knowledge MCC Skills MCC Awareness MCC Relationship PHSI-A Dialectic	One-way ANOVA
3b Counselor-trainees whose sensorimotor scores are in the upper 1/3rd will have significantly higher MCC, than those who score in the lowest 1/3rd.	MCI MCC Knowledge MCC Skills MCC Awareness MCC Relationship EIS Total	One-way ANOVA
3c Counselor-trainees who can operate within all the CEDSs (those that do not score in the lowest 1/3rd of any PHSI-A subscale: sensorimotor, concrete, formal, and dialectic), will have significantly higher scores on the MCI than those who cannot operate within all of the CEDSs.	MCI Multicultural Knowledge Multicultural Skills Multicultural Awareness Multicultural Relationship PHSI-A Sensorimotor Concrete Formal Dialectic	One-way ANOVA
4a Counselor-trainees with higher dialectic scores will show a stronger relationship between CI and MCC, than those with lower dialectic scores.	MCI MCC Knowledge MCC Skills MCC Awareness MCC Relationship PHSI-A Dialectic Demographic/CI Survey	General Linear Regression

Table 11 (cont.)

Hypothesis	Instruments/Scales	Data Analyses
4b Counselor trainees with higher sensorimotor scores will show a stronger relationship between CI and MCC, than those with lower sensorimotor scores.	MCI MCC Knowledge MCC Skills MCC Awareness MCC Relationship EIS Total Demographic / CI Survey	General Linear Regression
5 Counselor-trainees that able to operate in all four CEDSs (do not score in the lowest 1/3rd of any PHSI-A subscale) will show a greater difference between CI and MCC, than those who cannot operate in all four CEDSs (score in the lowest 1/3rd of one or more of the PHSI-A subscales).	MCI MCC Knowledge MCC Skills MCC Awareness MCC Relationship PHSI-A Sensorimotor Concrete Formal Dialectic Demographic / CI Survey	Two-way ANOVA

CHAPTER IV

RESULTS

This study was an examination of the relationships among Multicultural Counseling Competence (MCC), Cultural Immersion (CI), and Cognitive/Emotional Developmental Styles (CEDS). Specifically, the present study explored differences pertaining to MCC among trainees who experienced CI and those that did not, relationships between the critical components of CI and a counselor-trainees' MCC, differences between trainees with higher Sensorimotor/Dialectic CEDS scores versus those with lower scores, and trainees that could operate within all four CEDS independently versus those that displayed an inability to operate in at least one. In addition, this study explored the amount of variance in MCC explained by two models (a combination of CI history and Dialectic score, and a combination of CI history and Sensorimotor score). Finally, differences in MCC scores were explored between trainees who could independently operate in all CEDSs versus those who displayed an inability to operate in at least one in combination with their CI history.

In this chapter the results of this study are presented. First, the resulting sample is described, then descriptive statistics including correlations and internal consistencies for the Multicultural Counseling Inventory, Preferred Helping Styles Inventory–Adapted, and the Emotional Intelligence Scale are presented. Next, relationships between the

demographics and research variables are presented. Finally, results for major study hypotheses are provided along with relevant post hoc analyses.

Resulting Sample

A total of 535 survey packets were distributed to students in 24 CACREP accredited counselor preparatory programs, intentionally selected based on the pre-pilot study and listed in Appendix J. 507 assessments were completed; however, 14 did not meet inclusion criteria. Packets were excluded because they were completed by trainees who graduated (n = 2), did not have multicultural training (n = 7), indicated no counseling experience (n = 3) or did not complete all forms in the survey (n = 2). Thus, 493 were included in the analysis, with a final response rate of 92%. The complete demographic data of the sample is detailed in Table 12.

Table 12

Demographic Data of Sample

Variable		$\bar{X}$ (*SD*)	*N*	%
Age		29.85 (*8.19*)		
Gender	Female		413	83.94
	Male		79	16.06
Ethnicity	American Indian		6	1.22
	Asian		18	3.66
	African American		59	11.99
	Caucasian		385	78.25
	Latino(a)		30	6.10
	Other		9	1.83

Table 12 (cont.)

Variable		$\bar{X}$ (*SD*)	*N*	%
Counseling Track	School		173	35.16
	Clinical Mental Health		279	56.71
	Marriage and Family		26	5.28
	Student Dev./College		23	4.67
	Other		14	2.85
Counseling Experience	1 semester		176	35.77
	2 semesters		122	24.80
	3 semesters		107	21.75
	4 or more semesters		75	15.24
	Other		12	2.44
Experience working with culturally different	None		3	.61
	Very Infrequently		11	2.24
	Infrequently		54	10.98
	Often		160	32.52
	Very Often		264	53.66

*Note: 15 participants identified as more than one ethnicity. 23 participants reported dual tracking. N = 493, but percentages calculated out of 492 due to missing demographic data.

As depicted in Table 12, the average age of sample participants was 29.85 (*SD* = 8.19). The majority of participants were female (84%), Caucasian (78%), and tracking in Clinical Mental Health Counseling (57%) or school counseling (35%). There was variance in the amount of clinical experience participants reported. More than one third of participants (36%) reported being currently enrolled in or having completed one semester of clinical work (e.g., practicum or internship), while one quarter reported two semesters (25%), and about one fifth reported three semesters (22%). All had experienced

a cross-cultural course and 113 reported additional training (23%). More than half of participants (54%) reported working ‘very often’ with clients they would describe as being culturally different (e.g., ethnicity, geography, gender, sexual orientation, religion, etc.) and about a third (33%) reported working with these types of clients ‘often.’ Smaller numbers reported having no experience (1%), ‘very infrequent’ experience (2%), or ‘infrequent’ experience (11%) with clients that were culturally different from themselves in some major way. ANOVA’s and regressions were run on these demographic variables to understand the relationships between them and the instrumentation (MCC, CEDS). Significant findings from these analyses are included throughout this chapter where relevant.

In addition to basic demographics, 38 additional items assessed the degree to which participants engaged in the critical components of CI: (a) pre-training, (b) time in the field, (c) interaction with culturally diverse others, and (d) reflection/process group. Basic cultural immersion demographics are detailed in Table 13. Participants were asked if they had entered (immersed) themselves into the activities of an identified socio-cultural group, which was clarified, according to Canfield and colleagues’ (2009) definition, as “stepping out of one’s own cultural and comfort zone as opposed to importing element s from a socio-cultural group to one’s own sphere of familiarity” (p. 320). After reading this definition, the majority of participants identified as having experienced cultural immersion (78%). More immersed domestically (51%), than internationally (31%), and 25 indicated both types of experiences (5%). Of those that

immersed, roughly half (48%) experienced training prior, and half (48%) experienced group process during.

Table 13

Cultural Immersion Demographic Data

Variable		*N*	%
International Students		16	3.25
Cultural Immersion		383	77.69
Type of Immersion	Foreign	155	31.44
	Domestic	251	50.91
	Both	25	5.07
Pre-Training*		184	48.04
Process Group*		183	47.78
Both Pre-Training & Process Group*		110	28.72
Time in the Field*	1 day	92	24.02
	2-6 days	85	22.19
	8-29 days	79	20.63
	30-180 days	64	16.71
	>180 days	55	14.36
Interaction with culturally diverse others*	None	3	0.78
	Some	67	17.49
	Half	56	14.62
	Most	158	41.25
	All	91	23.76

*Twenty-five respondents indicated both foreign and domestic immersion. The percentages of international students, students experiencing cultural immersion, and the type of immersion are out of the total sample (*n* = 493) while the percentages of pre-training, process group, time in the field, and interaction are out of the culturally immersed sample (*n* = 383).

There was considerable overlap between these two groups, with 110 students indicating they experienced both pre-training and process groups (29%). Approximately one quarter of those that immersed did so for only 1 day (24%), and an additional fifth spent up to 1 week immersed (22%), however another fifth (21%) spent anywhere from 1 week to 1 month immersed, and the remainder indicated that their immersion experience lasted either half a year (17%) or longer (14%).

Overall, 16 students indicated that they were international students in the full sample (3%), though it must be noted that since that question was asked within the cultural immersion questions (which were only answered by those that indicated experiencing immersion) it may under-represent the true value in the sample. Of the 55 sustained immersers, one-fifth (n = 9) identified as being an international student and identified their transition to the US as their cultural immersion experience. These students spent anywhere from 1 year to 33 years immersed in the US. Forty-one percent of those immersed reported interacting with culturally diverse others 'most' of the time they were in the field (n = 158) and about one quarter said that their full immersion was spent interacting.

Descriptive Statistics

The descriptive statistics of the instruments are provided in Tables14 and 15. Descriptive statistics, correlations, and internal consistencies were calculated for each scale and subscale utilized in order to analyze the consistency of the scales and subscales, as well as the variability of scores. Table 14 illustrates the means, standard deviations, and ranges; Table 15 presents the correlation coefficients and reliabilities (internal

consistency) of the following scales and subscales: the Multicultural Counseling Inventory (MCI) Total (subscales Knowledge, Awareness, Skills, and Relationship), Preferred Helping Styles Inventory Adapted (PHSI-A; subscales Sensorimotor, Concrete, Formal, and Dialectic), and the Emotional Intelligence Scale (EIS) Total. The MCI, PHSI-A, and EIS were also factor analyzed to determine their subscale structure or unidimensionality. The results from the factor analyses can be found in Appendix L.

Table 14

Means, Standard Deviations, and Ranges for Measures of MCC, CEDS, and EIS

	No. Items	$\bar{X}$	*SD*	Potential Range	Observed Range	Skewness	α
1. MCI	40	3.06	.32	1 – 4	2.00 – 3.90	-.17	.87
2. MCI_S	11	3.19	.37	1 – 4	1.73 – 4.00	-.12	.74
3. MCI_A	10	2.78	.52	1 – 4	1.40 – 4.00	-.12	.76
4. MCI_R	8	3.21	.42	1 – 4	1.50 – 4.00	-.65	.70
5. MCI_K	11	3.09	.39	1 – 4	1.91 – 4.00	-.15	.77
6. PHSI-SM	3	5.10	1.04	1 – 7	1 – 7	-.94	.68
7. PHSI-C	4	5.08	1.00	1 – 7	2 – 7	-.53	.65
8. PHSI-F	3	5.91	.88	1 – 7	1 – 7	-1.23	.70
9. PHSI-D	4	5.26	.86	1 – 7	2 – 7	-.47	.56
10. EIS	16	5.74	.53	1 – 7	2 – 7	-1.05	.83

Table 15

Correlations and Reliabilities for Measures of MCC, CEDS, and EIS

	MCI	2	3	4	5	6	7	8	9
2. MCI_S	.80**								
3. MCI_A	.81**	.47**							
4. MCI_R	.65**	.43**	.38**						
5. MCI_K	.76**	.48**	.48**	.29**					
6. PHSI-SM	.14**	.10*	.09	.08	.16**				
7. PHSI-C	-.08	-.03	-.09*	-.00	-.10*	.08			
8. PHSI-F	.11*	.11*	.10*	-.06	.14**	.24**	-.09		
9. PHSI-D	.26**	.27**	.20**	.03	.27**	.11*	.14**	.42**	
EIS	.37**	.34**	.23**	.24**	.33**	.19**	.19**	.14**	.29**

n = 493, * *p*< 0.05 (2-tailed), * *p*< 0.01 (2-tailed)

Relationships of Demographics to Research Variables

To provide more information about the distribution of scores on the MCI, CEDS, and EIS instruments, all demographic variables were analyzed with them through a series of ANOVAs and regressions. Only the significant findings that resulted are presented: age, counseling experience, experience working with culturally different, gender, ethnicity, counseling track, additional multicultural counseling training, international student status, and type of immersion.

Age. Age was entered in a regression equation to predict scores on multicultural counseling competence and CEDS. As a predictor variable, it accounted for significant variability in MCC Total, Relationship, and Knowledge (see Table 16). Tests of regression coefficients indicated that increasing age correspond with higher MCC Total,

MCC Relationship, and MCC Knowledge. Scatter-plots were examined, but no discernible pattern was found.

Table 16

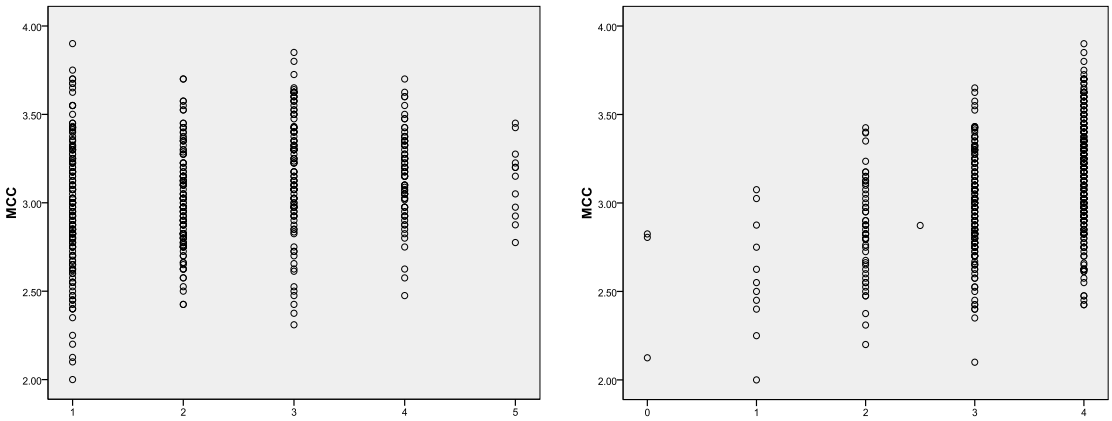
Significant Results of Regressions between Demographic Variables and Instrumentation

Variable		MCC	S	A	R	K	D	EIS
Age	R^2	.02			.02	.03		
	F	10.30**			8.67**	13.60**		
	β	.01			.01	.01		
Counseling Experience	R^2	.06	.05	.05	.03	.01		.02
	F	32.09**	23.21**	28.99**	16.03**	6.45**		6.45**
	β	.07	.07	.11	.06	.04		.07
Experience working with culturally different	R^2	.18	.09	.23	.08	.04	.01	.02
	F	111.76**	49.13**	149.18**	40.68**	20.35**	6.89**	10.11**
	β	.17	.14	.31	.14	.10	.13	.09

*$p < 0.05$ (2-tailed), **$p < 0.01$ (2-tailed)

Counseling experience. The extent of counseling experience (in semesters) was entered into regression equations to predict scores on MCC and CEDS assessments. As a predictor variable, it accounted for significant variability in MCC Total and all four MCI subscales: Skills, Awareness, Relationship, and Knowledge (Table 16). Tests of regression coefficients indicated that more counseling experience corresponds with higher MCC scores. This relationship is displayed by a scatter-plot in Figure 1. Additionally, counseling experience accounted for significant variability in EIS scores and predicted EIS in a positive direction ($\beta = .07$).

Experience working with culturally diverse. How often trainees reported working with clients that were culturally different from themselves was entered in regression equations to predict scores on MCC and CEDS assessments. As a predictor variable, it accounted for significant variability in MCC Total and all four MCI subscales (Table 16). Tests of regression coefficients indicated that work with more with culturally diverse clients corresponds with higher MCC scores, most notably higher MCC awareness. This relationship is displayed by a scatter-plot in Figure 1. Additionally, experience working with the culturally different accounted for significant variability in two CEDS measures: Dialectic and EIS (also in Table 16). For both, this experience in counseling was associated with increased proficiency in these CEDS.



Counseling Experience with MCC

Working with Culturally Diverse with MCC

Figure 1. Scatterplots of Select Demographic Variables with MCC

Gender. Results of a one-way ANOVA between participants that identified as female (n = 413), and those who identified as male (n = 79) yielded significant results for Sensorimotor and Concrete CEDS (Table 17). Females had higher PHSI-A Sensorimotor

and Concrete scores than Males. No differences were found for Formal or Dialectic CEDS.

Ethnicity. Results of a one-way ANOVA between individuals who identified as being a person of color (*n* = 122), and those who identified as Caucasian (*n* = 385) yielded significant results for MCI Total and MCC Awareness (see Table 17). Persons of color had higher total MCI and awareness scores than Caucasians.

Counseling track. Results of one-way ANOVAs between participants tracking in clinical mental health counseling (*n* = 279), and those who were not (*n* = 236) yielded significant results for PHSI-Concrete, PHSI-Formal, and PHSI-Dialectic (see Table 17). Participants tracking in clinical mental health counseling scored lower in Concrete, higher in Formal, and higher in Dialectic than those in other tracks. Results of one-way ANOVAs between participants tracking in school counseling (*n* = 173), and those who were not (*n* = 342) also yielded significant results for PHSI-Concrete, PHSI-Formal, PHSI-Dialectic, and EIS (Table 17). Participants tracking in school scored higher in Concrete, lower in Formal; lower in Dialectic, and higher in emotional intelligence than those in other tracks.

Finally, results of one-way ANOVAs between participants tracking in addictions and chaplaincy ("other" track, *n* = 14), and those who were not (*n* = 501) yielded significant results for PHSI-Sensorimotor and EIS (see Table 17). Though cell sizes were small, participants in these tracks did have higher Sensorimotor and emotional intelligence scores.

Table 17

Significant Results of Means Comparisons between Demographic Variables and Instrumentation

Variable			MCC	S	A	K	SM	C	F	D	EIS
Gender	Female	$\bar{X}$					5.18**	5.12*			
	n = 413	*SD*					*.97*	*.96*			
	Male	$\bar{X}$					4.69	4.83			
	n = 79	*SD*					*1.30*	*1.16*			
Ethnicity	Caucasian	$\bar{X}$	3.07**		2.69**						
	n = 385	*SD*	*.32*		*.52*						
	NonWhite	$\bar{X}$	3.19		3.08						
	n = 107	*SD*	*.28*		*.42*						
Counseling Track	School	$\bar{X}$						5.20*	5.71**	5.10**	5.81**
	n = 173	*SD*						*.92*	*.82*	*.84*	*.48*
	NonSchool	$\bar{X}$						5.01	6.02	5.35	5.69
	n = 319	*SD*						*1.04*	*.95*	*.88*	*.56*
	C M H	$\bar{X}$						5.00*	6.05**	5.38**	
	n = 279	*SD*						*1.06*	*.81*	*.84*	
	NonCMH	$\bar{X}$						5.18	5.73	5.10	
	n = 213	*SD*						*.92*	*.94*	*.86*	
	Add/Chap	$\bar{X}$					5.90**				6.06*
	n = 14	*SD*					*.61*				*.39*
	Not A/C	$\bar{X}$					5.07				5.73
	n = 478	*SD*					*1.04*				*.53*
Multicultural Counseling Training	Course	$\bar{X}$	3.04**	3.17*	2.72**						
	n = 379	*SD*	*.31*	*.36*	*.51*						
	More	$\bar{X}$	3.15	3.26	2.97						
	n = 114	*SD*	*.33*	*.39*	*.51*						

Table 17 (cont.)

Variable		MCC	S	A	K	SM	C	F	D	EIS	Variable
International Student	No	$\bar{X}$	3.07*		2.81**						
	n = 365	*SD*	*.33*		*.52*						
	Yes	$\bar{X}$	3.26		3.30						
	n = 16	*SD*	*.25*		*.39*						

*p< 0.05 (2-tailed), **p< 0.01 (2-tailed)

Multicultural counseling training. A comparison of those who had more MCT than a course (*n* = 114) versus those who only had a course (*n* = 379) revealed significant differences between these groups. Those with extra training had higher total MCC, MCC skills, and MCC awareness (Table 17). It is noteworthy that more trainees indicated having had cultural immersion experiences than did extra-course MCT. Whether respondents did not consider their cultural immersion as specific multicultural training, or whether the majority of CI experiences described were part of a multicultural counseling course is not directly apparent from the data. However, based on qualitative descriptions given for many CI experiences, it is reasonable to assume the latter.

International student status. Results of a one-way ANOVA between international students (*n* = 16), and non-international students (*n* = 383) yielded significant results for MCI total and awareness (Table 17). International student participants had higher total MCI scores and MCI awareness score than non-international students.

Cultural immersion. Finally, a series of one-way ANOVAs were run to determine differences between those that immersed domestically (*n* = 251) versus those that immersed internationally (*n* = 155). Twenty-five participants identified as having both foreign and domestic immersion, and were left out of this analysis. Results were not found to be significant on the MCC Total score or any subscale. Though the results are not significant, the mean for those that immersed in a foreign context is always higher that those who immersed domestically.

Results for Major Study Hypotheses

Nine research hypotheses were devised for five main research questions. After each hypothesis is listed, the analysis used to address it is provided. The results of each analysis are then presented followed by a conclusion statement that the hypothesis was fully, partially, or not at all supported.

Research Hypothesis 1

To address the first research hypothesis, that counselor-trainees who have experienced CI will have significantly greater mean MCC scores than their non-immersed peers, one-way ANOVAs were computed. Results of these analysis yielded significant results for MCI Total. Participants who were immersed had higher MCI scores (M = 3.08) than those who were not immersed (M = 3.00). Participants who were immersed had even more significant mean differences on their awareness subscale. Those who were immersed had higher awareness (M = 2.83) than those who were not immersed (M = 2.62). Results of this analysis did not yield significant results for the skills, relationship, or knowledge subscales. Thus, research Hypothesis 1 was partially supported. These results are shown in Table 18.

Table 18

Group Differences between those Immersed and Not Immersed

	df	*F*	η^2	Mean Diff.	*Power*
MCI Skills	1, 491	1.94	.00	.06	.27
MCI Awareness	1, 491	13.81**	.03	.21	.98
MCI Relationship	1, 491	.26	.00	-.02	.09
MCI Knowledge	1, 491	1.75	.00	.06	.27
MCI Total	1, 491	5.08*	.01	.08	.68

* $p < 0.05$ (2-tailed), ** $p < 0.01$ (2-tailed), Immersed n = 383, not immersed n = 110

Research Hypotheses 2a & b

Significant positive correlations between CI components and participants' MCC were hypothesized (Hypothesis 2a). Pearson's product moment correlations (see Table 19) were run to explore the relationships between the CI critical components and MCC. Each cultural immersion demographic item was correlated to the MCC total and MCC subscales. The item that asked trainees to rate the degree to which their pre-training prepared them to provide culturally competent services was significantly correlated to MCC Total and all subscales at the $p < .05$ level or greater. The item that asked trainees to rate how much of their time was spent interacting with members of the target culture also resulted in statistically significant correlations to MCC total and all subscales at the $p < .01$ level. The items regarding interaction with culturally diverse others yielded more significant correlations than the items regarding pre-training, time in the field, and process group.

Table 19

Correlations of Cultural Immersion Demographic Items to MCC

Component: Survey item	MCC	MCI Skills	MCI Aware	MCI Rel.	MCI Know.
Pre-Training: No. of sessions, #8	.11	.10	.10	.12	.04
Pre-Training: Total hours, #9	.11	.07	.12	.11	.03
Pre-Training: Interaction with members of target culture, #10	.13	.07	.15*	.10	.07
Pre-Training: In socio-historical context, #11	.20**	.13	.17*	.18*	.13

Table 19 (cont.)

Component: Survey item	MCC	MCI Skills	MCI Aware	MCI Rel.	MCI Know.
Pre-Training: In language & customs, #12	.18*	.12	.15	.14	.12
Pre-Training: In experiencing culture shock, #13	.12	.09	.10	.12	.05
Pre-Training: In practicing self-care strategies, #14	.18*	.02	.20**	.20**	.12
Pre-Training: Preparation to provide culturally competent services, #15	.30**	.26**	.26**	.21**	.17*
Time Immersed: Days, #3	.13*	.07	.12*	.10	.09
Time Immersed: Days (categorized)	.17**	.11*	.21**	.08	.08
Time Immersed: Hours per day, #4	.18**	.12*	.17**	.11*	.13*
Interaction: Time with culturally diverse others, #5	.27**	.15**	.22**	.31**	.17**
Interaction: Visiting museums and historical sites, #16	.22**	.18**	.18**	.12*	.16**
Interaction: Participating in local activities, #17	.21**	.21**	.18**	.15**	.11*
Interaction: Dialoging with local people, #18	.23**	.13**	.24**	.18**	.12*
Interaction: Speaking in native language, #19	.14**	.08	.21**	.01	.06
Interaction: Visiting counseling agencies or schools, #20	.06	.02	.15**	-.01	-.01
Interaction: Providing clinical services, #21	.11*	.12*	.17**	.00	.02
Process Group: Frequency of group process, #23	.04	.04	.16*	-.05	-.08
Process Group: Hours spent per session, #24	.00	-.04	.05	-.01	-.02

Table 19 (cont.)

Component: Survey item	MCC	MCI Skills	MCI Aware	MCI Rel.	MCI Know.
Process Group: Similarity to counseling, #25	.08	-.03	.14	.00	.09
Process Group: Similarity to individual supervision, #26	.13	.08	.12	.02	.15*
Process Group: Similarity to group supervision, #27	.10	.06	.10	.05	.07
Process Group: Similarity to talking with friends, #28	-.05	-.06	.01	-.08	-.06
Process Group: Organized structure, #29	.11	.05	.08	.19*	.05
Process Group: Facilitator focused on needs of trainee, #30	.00	-.01	.04	.01	-.05
Process Group: Facilitator focused on needs of peers, #31	.09	.08	.07	.16*	-.01

Note. n = 383, $^{*}p < 0.05$ (2-tailed), $^{**}p < 0.01$ (2-tailed)

After the CI demographic questions were uniformly scaled, a factor analysis was performed on the full survey instrument. The scree analysis (given in Appendix L) resulted in two significant factors. Loadings for the demographic items on these two factors also appear in Appendix L. An examination of these loadings indicates that the questions which assessed interaction and time in the field act similarly as all of these items had a loading of greater than .3 with the first extracted factor, ‘CI duration and interaction’. The questions on pre-training and process group (with the exception of items 25 – similarity of process group to counseling, 28 – similarity of process group to talking, and 34 – safety to share experiences) all had loading greater than .3 on the second factor, ‘CI training and process.’ These factors were each split into two composite variables in

order to explore the impact of each of the four critical components of cultural immersion: training, duration, interaction, and process.

The CI training score incorporated five survey items (11-15) which asked trainees to assess the adequacy of their pre-immersion training in the following areas: (a) understanding the local socio-political context, (b) communicating in the local language and customs, (c) experiencing culture shock, (d) self-care techniques, and (e) providing culturally competent clinical services. The questions on CI length (#3) and the daily extent of the CI experience (#4) were combined into a composite for duration. The CI length was binned to represent how sustained the immersion was (e.g., 1 day, 2-6 days, 8-29 days, 30-180 days, >180 days) then multiplied by the daily extent to capture both questions in one composite variable. A score for the extent to which trainees interacted with culturally diverse others was compiled using questions 5 and 16-21 on the demographic form, which asked the frequency that trainees performed various activities during the immersion: (a) direct interaction with target culture, (b) visiting historical sites, (c) common activities for local population, (d) dialoging with cultural members, (e) speaking in native, non-English language, (f) visiting counseling sites, and (g) providing clinical services. Questions 23 (frequency of group process), 26 (similarity of group process to individual supervision), 27 (similarity of group process to group supervision), and 29-31 of the demographic form (amount of organized structure in process group, and how focused the group facilitator was on the needs of the trainee and his or her peers) were combined into a composite process group score. These four new scores were then

averaged to create a total CI Experience Index. Means, standard deviations, and ranges for these composites and the total CI index appear in Table 20.

Table 20

Means, Standard Deviations, and Ranges for CI Composite Variables

	No. Items	$\bar{X}$	*SD*	Potential Range	Observed Range	Skew-ness	α
Pre-Training	5	.90	1.10	0 – 4	0 – 4.00	.84	.72
Time Immersed	2	1.27	1.12	0 – 4	.07 – 4.00	.93	.62
Interaction	7	1.64	.75	0 – 4	0 – 4.00	.38	.72
Process Group	6	1.11	1.22	0 – 4	0 – 4.00	.45	.57
CI Total Index	20	1.24	.73	0 – 4	.07 – 3.71	.65	.82

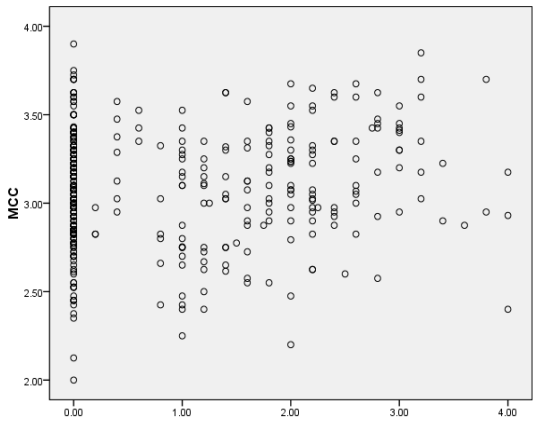
The correlations between these composite scores and MCC can be found in Table 21 along with composite scale reliabilities. Significant positive correlations were found between the interaction with culturally diverse others composite variable and all MCC measures at $p < .01$ level. Significant positive correlations were found between most of the composite variables and MCC Awareness at the $p < .01$ level: CI Experience Index, Pre-training, Time in the field, Interaction with culturally diverse others. Significant positive correlations were also found between the process group composite variable and MCC Awareness at the $p < .05$ level. The relationships between the composite variables and MCC are depicted by scatterplots in Figure 2.

Table 21

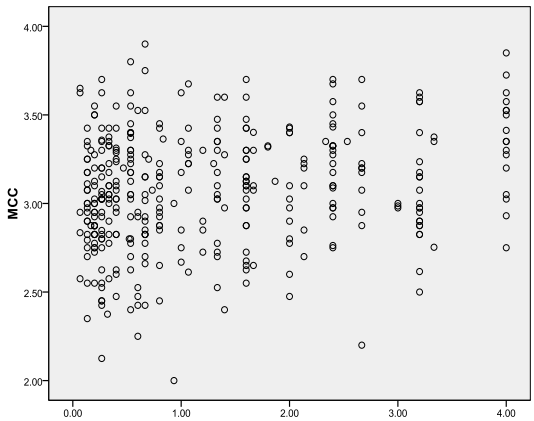
Pearson Product Correlations of CI Composite Variables to MCC Dimensions

	MCC	Skills	Awar.	Relat.	Know	PT	TIF	INT	PG
Pre-Training	.13*	.04	.18**	-.01	.14*				
Time in the Field	.21**	.14**	.22**	.11*	.14**	.11*			
Interaction	.28**	.22**	.32**	.16**	.14**	.21**	.61**		
Process Group	.06	.04	.13*	-.01	.02	.42**	.14*	.31**	
CI Index	.24**	.15**	.29**	.07	.15**	.67**	.66**	.72**	.72**

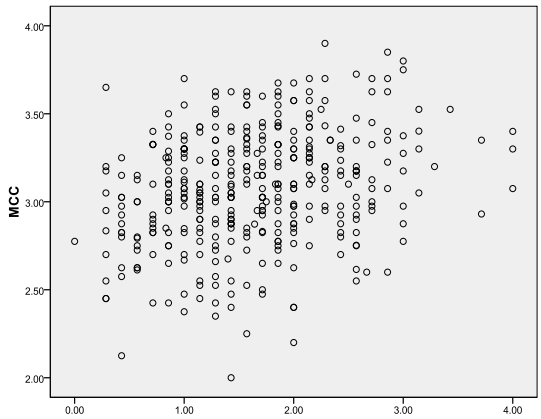
*$p < 0.05$ (2-tailed), **$p < 0.01$ (2-tailed)



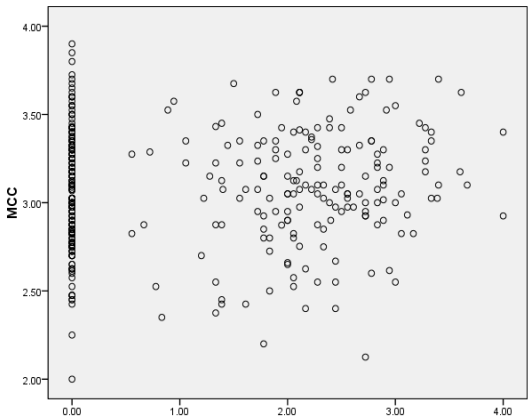
Pre-Training Composite with MCC



Time Immersed Composite with MCC



Interaction Composite with MCC



Process Group Composite with MCC

Figure 2. Scatterplots of CI Composite Variables with MCC

Multiple regressions were then calculated to determine if each composite variable would account for a significant portion of the variance in counselor-trainee MCC while holding the other variables constant (Table 22). The pre-training and interaction with culturally diverse others accounted for a statistically significant portion of the variance (R^2= .09, R^2adj = .08, $F(4, 325) = 8.04$, $p < .001$).

Table 22

Regression Analysis for CI Composite Variables Predicting MCC

	β	$SE\beta$	t
Constant	2.87	.04	65.67**
Pre-Training	.04	.02	2.31*
Time in the Field	.02	.02	.95
Interaction	.10	.03	2.98**
Process Group	-.02	.02	-1.05
R^2		.09	
F		8.04**	

*p< 0.05 (2-tailed), **p< 0.01 (2-tailed)

It also was hypothesized (Hypothesis 2b) that the process group component of CI in particular would account for a significant proportion of variance in counselor-trainee MCC Awareness (Table 23). The process group composite accounted for a portion of the variance in MCC Awareness, with a positive beta term. Thus the research hypothesis was partially supported. This relationship between the process group composite variable and MCC awareness was examined through a scatter-plot, but no discernible pattern was found.

Table 23

Regression Analysis for Process Group Composite Predicting MCI Awareness

	β	$SE\ \beta$	t
Constant	2.75	.04	72.23^{**}
Process Group	.06	.02	2.48^{**}
R^2		.02	
F		6.14^{**}	

$^{*}p < 0.05$ (2-tailed), $^{**}p < 0.01$ (2-tailed)

Research Hypotheses 3a–c

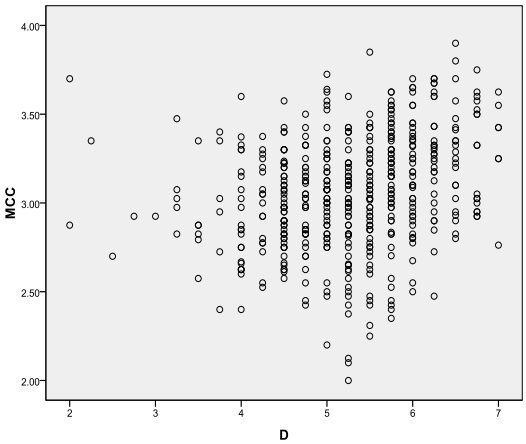
One-way ANOVAs were run to determine if counselor-trainees who scored highly on CEDS assessments have higher MCC than those that scored lower. It was hypothesized that trainees whose (a) dialectical scores, and (b) sensorimotor scores were in the upper 1/3rd would have significantly greater mean MCC scores than those in the lowest 1/3rd. Trainees' scores on PHSI-A subscales, and EIS were rank ordered. The lowest 1/3rd of the full data set for each scale was labeled as "low" while the upper 1/3rd were labeled "high." When multiple cases were tied across one of these thresholds, all such cases were included in the more extreme third (low or high) rather than the middle third. Table 24 depicts the results of the group differences between the highest 1/3rd (n = 178) and lowest 1/3rd (n = 201) of trainees dialectic scores. The ANOVAs yielded significant differences on trainees' MCC Total, Skills, Awareness, and Knowledge. Thus, research Hypothesis 3a was fully supported as tripartite MCC was significantly higher among those with higher dialectic preference. A comparison of dialectic scores to MCC for the full sample is depicted by scatter-plot (see Figure 3).

Table 24

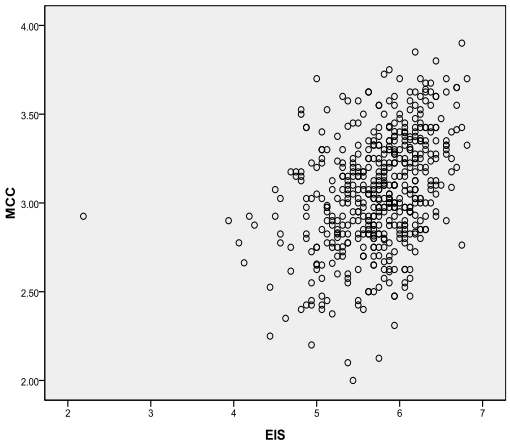
Group Differences of MCC between High and Low Scorers on Dialectic Scale

	df	*F*	η^2	MeanDiff.	*Power*
MCI Skills	1, 377	44.35**	.11	.24	1.00
MCI Awareness	1, 377	26.64**	.07	.27	1.00
MCI Relationship	1, 377	.89	.00	.04	0.16
MCI Knowledge	1, 377	27.93**	.07	.20	1.00
MCI Total	1, 377	40.89**	.10	.20	1.00

*$p < 0.05$ (2-tailed), **$p < 0.01$ (2-tailed)



Dialectic with MCC



EIS with MCC

Figure 3. Scatterplots of CEDS Variables with MCC

Table 25 displays the results of the group differences between the highest 1/3rd (*n* = 166) and lowest 1/3rd (*n* = 170) of trainees EIS scores. The ANOVAs yielded significant differences on trainees' MCC Total, skills, awareness, relationship, and knowledge. Thus, research Hypothesis 3b was fully supported. A comparison of EIS scores to MCC for the full sample is depicted by scatter-plot (see Figure 3).

Table 25

Group Differences of MCC between High and Low Scorers on EIS

	df	*F*	η^2	Mean Diff.	*Power*
MCI Skills	1, 334	58.82**	.15	.29	1
MCI Awareness	1, 334	20.28**	.06	.26	1
MCI Relationship	1, 334	27.43**	.08	.23	1
MCI Knowledge	1, 334	48.38**	.13	.29	1
MCI Total	1, 334	65.35**	.16	.27	1

*$p < 0.05$ (2-tailed), **$p < 0.01$ (2-tailed)

It also was hypothesized that trainees who could operate within all the CEDSs would have significantly greater mean MCC scores than those who could not (Hypothesis 3c) A one-way ANOVA was run to determine if counselor-trainees who were able to operate in all CEDS styles independently (scored in upper 2/3rd on all PHSI–A subscales: sensorimotor, concrete, formal, dialectic) had higher MCC than those who could not (scored in lowest 1/3rd on at least one PHSI-A subscales). Results of the group differences between those incapable of operating in every style (n = 391) and those able to operate well in all styles (n = 100) are found in Table 26. The ANOVAs yielded statistically significant differences on trainees' MCC total, skills, awareness, and knowledge. Thus, research Hypothesis 3c was fully supported as tripartite MCC was significantly higher among those trainees that could operate well in all CEDSs.

Table 26

Group Differences of MCC between Those Capable of Operating in All Four CEDSs and Those Unable to Operate Well in One or More CEDSs

	df	*F*	η^2	Mean Diff	*Power*
MCI Skills	1, 489	18.45**	.04	.17	1.00
MCI Awareness	1, 489	8.81**	.02	.17	.84
MCI Relationship	1, 489	.89	.00	.04	.16
MCI Knowledge	1, 489	14.99**	.03	.17	.95
MCI Total	1, 489	16.98**	.03	.15	.99

*$p < 0.05$ (2-tailed), **$p < 0.01$ (2-tailed)

Research Hypotheses 4a & b

In order to address the research Hypotheses 4a and b, counselor trainees with higher (a) dialectic scores and (b) EIS scores would show a greater correlation between CI and MCC, than those with lower scores, a series of multiple regression analyses were calculated. The dialectic CEDS score (PHSI-A Dialectic scale) and cultural immersion variables were entered in a multiple regression equation to predict scores on multicultural counseling competence. The predictor variables accounted for a significant portion of the variance in multicultural counseling competence. There was no interaction or main effect for immersion. The results of this regression analysis can be found in Table 27. Separate scatter-plots of the relationship between dialectic and MCC were examined for those that were and were not immersed, but no discernible pattern was found.

Table 27

Regression Analysis for Dialectic CEDS and CI Index Predicting MCC

	β	$SE\beta$	t
Constant	2.57	.14	18.06**
Dialectic CEDS	.08	.03	2.9**
CI Experience Index	.02	.11	.16
Dialectic CEDS x CI	.01	.02	.59
R^2		.12	
$F(3,485)$		20.35**	

*$p < 0.05$ (2-tailed), **$p < 0.01$ (2-tailed)

The sensorimotor CEDS scores (EIS Total) and cultural immersion variables also were entered in a multiple regression equation predicting scores on multicultural counseling competence. The predictor variables accounted for significant variability in MCC). Tests of regression coefficients indicated that higher scores in operating within the sensorimotor CEDS were associated with higher MCC. The interaction and main effect also was found to be statistically significant at the $p = .05$ level. There was a stronger correlation between CI and MCC for counselor-trainees who had higher sensorimotor scores. The results of this regression analysis can be found in Table 28. Separate scatter-plots of the relationship between sensorimotor and MCC were examined for those that were and were not immersed, but no discernible pattern was found.

Table 28

Regression Analysis for Sensorimotor CEDS and CI Index Predicting MCC

	β	$SE\beta$	t
Constant	2.03	.20	9.98**
Sensorimotor CEDS	.17	.04	4.69**
CI Experience Index	-.26	.17	-1.49
Sensorimotor CEDS x CI	.06	.03	1.95*
R^2		.19	
$F(3, 486)$		36.86**	

*$p < 0.05$ (2-tailed), **$p < 0.01$ (2-tailed)

Research Hypothesis 5

Hypothesis 5, that counselor-trainees who do not score in the lowest 1/3rd of any PHSI-A subscale (sensorimotor, concrete, formal, and dialectic) would show a greater mean difference between CI and MCC, than those who score in the lowest 1/3rdof at least one, was examined using a 2 (ability/inability to operate in all four CEDSs) X 2 (immersed vs. non-immersed) ANOVA on multicultural competence. This ANOVA analysis is summarized in Table 29. A significant main effect was observed for being able to operate in all CEDS styles, but not for cultural immersion history. Further, no significant interaction was observed between the two variables. Those who were able to process in all four styles displayed a significantly higher MCC scores regardless of immersion history; means for the four groups are listed in Table 30 and represented in Figure 4. Hypothesis 5 was partially supported.

Table 29

2-way ANOVA of Ability to Operate in All CEDSs with CI on MCC

	Source	Sum of Squares	*df*	Mean Square	*F*
Main Effects	Combind	2.14[+]	3	.72	7.19[**]
	Intercept	1791.87	1	1791.87	18019.06[**]
	CEDS_blk	1.00	1	1.00	10.06[*]
	CI_vn	.22	1	.22	2.17
Interaction	CEDS_blk[*]CI_vn	.00	1	.00	.03
	Error	48.43	487	.10	

[+] R^2 = .042 (Adj R^2 = .036), [*] p< 0.05 (2-tailed), [**] p< 0.01 (2-tailed)

Table 30

Mean MCC Scores by Cultural Immersion History and Ability to Process in All Four CEDS (Being Unblocked)

Cultural Immersion	CEDS	*M*	*SD*	*N*
CI	Blocked	3.05	.33	299
	Unblocked	3.19	.30	83
No CI	Blocked	2.98	.30	92
	Unblocked	3.13	.27	17

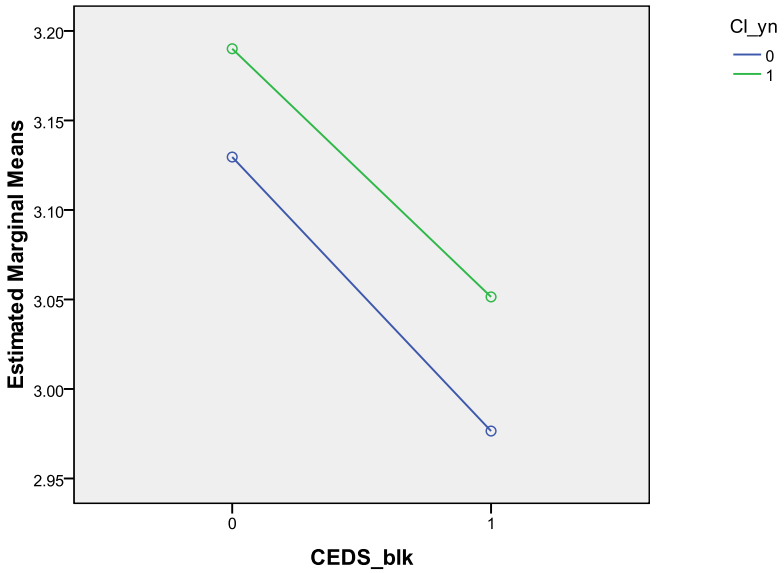


Figure 4. Plots of Mean MCC for Those Who are (Not) Able to Operate in All CEDS Variables and Those Who Were (Not) Immersed

Post Hoc Analyses

Through the course of interpreting the above results, several additional analyses were performed. While these were not posed as specific research questions, they provide more context and clarity in understanding those listed.

A comparison of those that had immersed for the majority of the day (greater than 6 hours, *n* = 142) versus those that didn't (*n* = 223) indicated significant differences in total MCC, and the skills, awareness, and knowledge subscores. These ANOVA results are given along with mean group differences in Table 31.

A comparison of those that had provided services to the target culture very frequently during their CI experience (*n* = 29) or indicated that this was a focus of the trip (*n* = 24) was made to those who reported doing this not at all (*n* = 254), once or twice (*n*=

34), or only several times (*n* = 23). MCC, along with skills and awareness, was significantly higher among those that provided more services during their immersion. These ANOVA results are given along with mean group differences in Table 32.

Table 31

Group Differences of MCC between Those Immersing for the Majority of the Day Versus a Fraction of it

	df	*F*	η^2	Mean Diff	*Power*
MCI Skills	1, 363	4.39*	.01	.08	.55
MCI Awareness	1, 363	8.47**	.02	.16	.82
MCI Knowledge	1, 363	4.20*	.01	.08	.53
MCI Total	1, 363	8.60**	.02	.10	.89

*$p < 0.05$ (2-tailed), **$p < 0.01$ (2-tailed)

Table 32

Group Differences of MCC between Those Who Frequently Provided Services while Immersed Versus Those Who Did Not

	df	*F*	η^2	Mean Diff	*Power*
MCI Skills	1, 362	4.52*	.01	.11	.54
MCI Awareness	1, 362	10.78**	.03	.25	.84
MCI Knowledge	1, 362	.91	.00	.06	.15
MCI Total	1, 362	5.82*	.02	.12	.63

*$p < 0.05$ (2-tailed), **$p < 0.01$ (2-tailed)

A multiple regression was calculated on the pre-training composite to determine which items were most related to an immersed trainee's MCC. The combined pre-

training prediction equation accounted for 13% of the variance in MCC scores. Coefficients and significance from individual items are given in Table 33. A multiple regression was also calculated on the interaction composite to determine which items were most related to an immersed trainee's MCC. The combined interaction prediction equation accounted for 14% of the variance in MCC scores. Coefficients and significance from individual items are given in Table 34.

Table 33

Regression Analysis for CI Pre-training Composite Items Predicting MCC

	β	$SE\ \beta$	t
Constant	2.89	.06	49.46**
Understanding the socio-political context	.02	.03	.94
Communicating in local language and customs	.02	.02	1.05
Experiencing culture shock	-.01	.02	-.45
Practicing self-care	.01	.02	.49
Providing culturally competent services	.07	.02	3.52**
R^2		.13	
$F(5, 167)$		4.91**	

*$p < 0.05$ (2-tailed), **$p < 0.01$ (2-tailed)

A comparison was made between the frequency of process group experienced during immersion and a counselor trainee's MCC scores. There were only significant differences for MCC Awareness ($F(4, 451) = 4.65$, $p < .001$) across the groups. Total MCC ($F(4, 451) = 1.21$, $p = .31$), skills ($F(4, 451) = .51$, $p = .73$), and knowledge (F(4,

451) = .89, p = .47) did not vary significantly. Group descriptions and means for MCC awareness are given in Table 35.

Table 34

Regression Analysis for CI Interaction Composite Items Predicting MCC

	β	$SE\ \beta$	t
Constant	2.75	.05	52.88**
Fraction of time spent Interacting	.07	.02	3.75**
Frequency of visits to historical sites	.05	.02	3.08**
Engaging in local activities	.02	.02	1.18
Dialoging with local people	.02	.02	1.18
Speaking in local, non-English language	.00	.02	.08
Visiting Counseling agencies or schools	-.02	.02	-1.37
Providing counseling services	-.02	.02	1.21
R^2		.14	
$F(7, 345)$		7.76**	

*p< 0.05 (2-tailed), **p< 0.01 (2-tailed)

Table 35

Mean MCC Awareness for Trainees Who had Differing Amounts of Process Group

Frequency of Group Process	*N*	*M*	*SD*
No Immersion	110	2.62	.47
CI, No Group Process	179	2.78	.51
1 or 2 Group Processes	64	2.77	.56
Frequent Group Process	53	2.90	.54
Frequent, *Structured* Group Processes	53	2.95	.55

A further comparison was made between the level of safety and intentionality of group process during a trainees' cultural immersion and their MCC scores. There were only significant differences for MCC Awareness ($F(4, 465) = 4.30$, $p < .001$). Total MCC ($F(4, 465) = 2.31$, $p = .06$), skills ($F(4, 465) = .80$, $p = .52$), and knowledge ($F(4, 465) = .74$, $p = .57$) did not vary significantly. Group descriptions and means for MCC awareness are given in Table 36.

Table 36

Mean MCC Awareness for Trainees Who had Differing Levels of Safety and Intentionality in CI Process Group

Frequency of Group Process	*N*	*M*	*SD*
No immersion	108	2.62	.47
CI, No group process	177	2.76	.51
Group process that did not feel completely safe	81	2.83	.61
Group process that felt completely safe	84	2.88	.48
Group process that felt completely safe and was completely focused on the needs of the trainee and peers	20	2.99	.58

As a follow up to research Hypothesis 5, MANOVAs were run to determine the impact of CEDS variables on the observed relationship between MCC awareness and process groups. While main effects were observed for both level of safety and intentionality in process group ($F(4, 458) = 3.45$, $p = .01$) and the ability to process in all CEDS styles independently ($F(1, 458) = 6.69$, $p = .01$), there was no observed interaction ($F(4, 458) = .72$, $p = .58$).

Summary

This chapter depicted the results of the study by detailing the resulting sample, descriptive statistics of the instruments, relationships between the demographics and research variables, and the results of analyses corresponding to the nine research hypotheses. The first hypothesis was partially supported as trainees who have experienced CI had significantly greater mean MCC Total and Awareness scores than their non-immersed peers. Research Hypothesis 2a was partially supported as significant positive correlations were found between the critical components of CI and trainees levels of MCC. Research Hypothesis 2b was partially supported as the process group component of CI did account for a proportion of the variance in counselor-trainee MCC Awareness. Research Hypotheses 3a and b were fully supported as trainees whose (a) dialectical and (b) sensorimotor scores were in the upper 1/3rd had significantly greater mean MCC scores than those in the lowest 1/3rd. In addition, counselor-trainees who could operate within all the CEDSs independently had significantly greater mean MCC scores than those who could not, thus research Hypothesis 3c was also fully supported. Trainees' dialectic scores accounted for a significant portion of the variance in MCC, however, there was no interaction or main effect for immersion, therefore the research Hypothesis 4a was partially supported. Research Hypothesis 4b was fully supported as trainees with higher sensorimotor scores showed a greater correlation between CI and MCC, than those with lower scores. Finally, the fifth research hypothesis was not supported, as no significant interaction was found between the combination of a

counselor trainee's ability to process in all styles and cultural immersion history and his or her MCC score.

CHAPTER V

DISCUSSION

This study was designed to explore the relationships between Multicultural Counseling Competence (MCC), Cultural Immersion (CI), and Cognitive/Emotional Developmental Styles (CEDS). Although cultural immersion has been extensively used and studied as a training method for advancing the MCC of counselor trainees, the majority of CI studies are either conceptual or qualitative in nature. Thus, connections back to the trainees' development of MCC are lacking. Although the authors of CI studies extensively utilize the critical components of CI, no study to date has empirically tested the relationships between these CI variables and MCC. Further, there is a specific need to elucidate the role of the process group component of CI in particular, to better understand how trainees increase their MCC while immersed. Educators can emulate many of the CI components; however, there are no guidelines or model for how to structure the process/reflective components during CI. Thus, turning to Cognitive Development, and Cognitive/Emotional Developmental processing variables served to further elucidate intentional methods of processing CI experience to maximize the attainment of MCC. Further, these three constructs (MCC, CI, and CEDS) have not been empirically explored in the same study until now.

The research questions, problem, purpose, and aims of the study were presented in the first chapter. Relevant literature pertaining to the three constructs was provided in

the second chapter. The third chapter contained depictions of the methodology, procedures, pre-pilot study and pilot study results, and data analyses for the main study. The fourth chapter outlined the obtained results of the main study. In the present chapter, the results are discussed and integrated into the relevant literature. In addition, limitations, implications for counselor practice, counselor education, and future research are addressed.

Overview of the Study

There are disparities in both physical and mental health outcomes for majority and minority populations (U.S. Department of Health and Human Services, 2001). Minorities have a higher prevalence of psychological distress than majorities, but are half as likely to receive mental health care (U.S. Office of Minority Health, 2010). The number of ethnic minorities in the US continues to increase and is projected to cumulatively outnumber the majority by 2050 (U.S. Bureau of the Census, 2008). Based on self-report, beginning counselors feel unprepared to work with minorities (Allison et al., 1994; Arthur & Januszkowski, 2001; Holcomb-McCoy & Myers, 1999), and are found to possess racial and gender biases along with limited awareness, knowledge, and skills (Ancis & Sanchez-Hucles, 2000; M. K. Johnson et al., 1993; Ponterotto, 1988), the three domains of MCC. Despite advances in multicultural counselor training, minority clients are often conceptualized through a prism of Euro-American values which negatively impacts service delivery (D’Andrea & Heckman, 2008; West-Olatunji et al., 2011; Sue & Sue, 2003). Thus, increasing the MCC of counselor-trainees is imperative.

When counselors acquire (a) *awareness* of their own enculturation and related biases, (b) *knowledge* of the worldviews and values of culturally diverse populations, and (c) *skills* for interventions with diverse clientele (Arrendondo et al., 1996), they are said to possess the MCC necessary to work effectively with diverse clientele (Pedersen & Ivey, 1993; Ponterotto et al., 1996; Sue & Sue, 2003; Sue et al., 1982, 1992). This tripartite model of MCC has empirical support (Mollen et al., 2003; Worthington et al., 2007), and has been foundational for MCC assessments (D'Andrea et al., 1991; Ponterotto et al., 1996; Sodowsky et al., 1994), MCC models (Arredondo et al., 1996), and over 40 years of MCC research (Arredondo et al., 1996; D'Andrea & Heckman, 2008; Priest; 1994; Sodowsky et al., 1994; Sue & Sue, 2003).

Cultural immersion (CI) is argued to be one of the most effective methods in increasing MCC among counselor-trainees (Abreu et al., 2000; Canfield et al., 2009, Gillin & Young, 2009; Goodman & West-Olatunji, 2008, 2009a, 2009b; Majewski & Turner, 2007; Pedersen & Leong, 1997; Pope-Davis et al., 1997; Ribeiro, 2004). CI positions trainees to immerse themselves into the activities of an identified cultural group (Canfield et al., 2009) which can be transformative for participants (Kottler, 1997). Counselor-trainees who experience CI are argued to gain genuine cultural understanding (Arthur & Achenbach, 2002; Toporek et al., 2004), increased knowledge of how groups define and view themselves (Burnett et al., 2004; Pope-Davis et al., 1997), and increased awareness of their own biases, values, and worldview (Abreu et al., 2000; Alexander et al., 2005; Goodman & West-Olatunji, 2009b; Ribeiro, 2004).

It is clear that trainees are impacted by CI. Further, it is evident that the critical components (pre-deployment planning/training, interaction with culturally diverse others, time in the field, and process group/reflection) outlined by Pope-Davis and colleagues (1997), are extensively utilized among cultural immersion studies (Alexander et al., 2005; Canfield et al., 2009; Chung & Bemak, 2002; DeRicco & Sciarra, 2005; Goodman & West-Olatunji, 2008, 2009a, 2009b; Ishii et al., 2009; West-Olatunji et al., 2011). While all the critical components are important to consider, there is a specific need to better understand how trainees increase their MCC while immersed. The process group (a venue to reflect upon one's own values, beliefs, and worldview in understanding one's experiences while immersed) is argued to be the vehicle to increase MCC (Arthur & Achenbach, 2002; Goodman & West-Olatunji, 2008, 2009a), primarily the awareness component, during CI. There is evidence that developmental supervision approaches push trainees to progress from stereotypic thinking and limited awareness to increased awareness (being able to view the client in context; Ancis & Ladany, 2001; Sabnani et al., 1991). To date, no strategies for process group structure or utilizing developmental supervisory techniques have been proposed to promote MCC during CI.

Findings related to cognitive development and cognitive/emotional developmental processing (Barrio Minton & Myers, 2008; Ivey, 2000; Marszalek & Cashwell, 1998) suggest that engaging individuals in more than one CEDS (sensorimotor, concrete, formal, and dialectic) fosters the development of multiple perspectives around a particular life event. Utilizing dialectic CEDS is argued to foster higher order thinking and more cognitively complex thoughts (Ivey et al., 2005; Rigazio-DiGilio et al., 1997),

which has been argued to be correlated with MCC (Benet-Martínez et al., 2006; Ishii et al., 2009; Pedersen, 2000). It is possible that being able to engage trainees in all four CEDS may enhance the ability of a process group during CI to promote the acquisition of MCC. It is also possible that fostering dialectic thinking promotes increased MCC since the nature of this CEDS encourages multiple perspectives around a particular life event. Before testing these hypotheses in practice, the establishment of empirical relationships among them was necessary.

The purpose of this study was to address an identified gap in the MCC literature by measuring knowledge, skills, and awareness (MCC), cultural immersion (CI) critical components (pre-training, interaction with culturally diverse others, time in the field, and process group/reflection), and sensorimotor, concrete, formal, and dialectic thinking (CEDS). Determining the relationships between MCC and CI offered information regarding CI critical components and the dimensions of MCC. Determining the relationships between MCC and CEDS offered information regarding proficiency in various processing styles and MCC.

Participants were (a) enrolled in a counseling master's program, (b) currently enrolled in or had completed a cross-culture counseling course, and (c) had experience working with clients. The resulting sample (n = 493) was recruited from 30 CACREP-accredited counselor education programs (identified through a pre-pilot study). This pre-pilot determined the degree to which programs incorporated various aspects of CI. Thus, participants were purposefully sampled from particular programs to get the variance necessary in CI experiences to answer the research questions. Participants were recruited

from 10 programs in person, and 14 programs remotely, thus trainees from 24 total CACREP accredited programs were represented.

Participants completed The Multicultural Counseling Inventory (MCI; Sodowsky et al., 1994) developed from Sue and colleagues' (1982) position paper and based on the tripartite conceptualization of MCC (Constantine et al., 2002). The four MCI scales include: skills (α = .83), awareness (α = .83), counseling relationship (α = .65), and knowledge (α = .79). They also completed the Adapted Preferred helping Styles Inventory (PHSI-A; Barrio, 2006) which measured counselors' self-identification of operating within each of the CEDSs independently: sensorimotor (α = .66), concrete (α = .63), formal (α = .68), and dialectic (α = .52), and The Emotional Intelligence Scale (EIS; Wong & Law, 2002) which measured four aspects of ones' ability to monitor one's own and others' feelings and emotions, to discriminate among them, and to use this information to guide one's thinking and actions: self-emotion appraisal (α = .92), uses of emotion (α = .91), regulation of emotion (α = .84), and others' emotion appraisal (α = .93). Participants also provided information regarding (a) personal characteristics (e.g., gender, age, ethnicity), (b) professional characteristics (e.g., clinical experience, experience working with minorities, multicultural training), and (c) cultural immersion experiences. In order to assess the degree to which counselor-trainees engaged in the critical components of CI, 38 questions were asked regarding participants' pre-immersion training, interaction with culturally diverse others, time in the field, and the reflective/group process. Among these questions, participants were also asked to describe their CI experience qualitatively and answer one social desirability question.

Instrument hard-copy data was entered into Excel and analyzed using SPSS 19.0 (IBM Corporation, 2010). The full sample was used to analyze descriptive statistics for each instrument and subscales utilized. A one-way ANOVA was conducted to determine if culturally immersed counselor-trainees had significantly higher mean scores on the MCI than their peers (RQ1). Correlations and multiple regressions were run to explore the relationships between the critical components of CI and a counselor-trainees' MCI scores (RQ2). ANOVAs were independently utilized to compare MCI scores between those that scored high and low on the EIS and on the dialectic PHSI-A scales, and also between trainees that could operate within all four CEDS independently versus those that displayed an inability to operate (scoring in the lowest tertile) in at least one (RQ3). Multiple regressions were also utilized to determine how well two models (a combination of CI history and Dialectic score, and a combination of CI history and EIS score) predicted MCC (RQ4). Finally, a two-way ANOVA (with interaction) was performed to determine how the ability of a counselor trainee to independently operate in all CEDSs and his or her CI history, in combination, was related to MCI scores (RQ5).

Overall, results supported the expected relationships between multicultural counseling competence, cultural immersion, and cognitive/emotional developmental styles. Trainees who experienced CI had higher mean MCC scores than their non-immersed peers. Correlations were found among the critical components of CI and MCC. The critical components of CI explained a significant portion of the variance in MCC total with pre-training and interaction with culturally diverse others emerging as more significant predictors. Trainees with higher dialectical scores had significantly greater

mean MCC scores; however there was not a stronger correlation between CI and MCC for trainees whose dialectic scores (as measured by the PHSI-A) were significantly greater, thus, there was not a significant interaction. Trainees with higher sensorimotor scores also had significantly greater mean MCC scores, and there was a stronger correlation between CI and MCC for counselor-trainees who had higher sensorimotor scores (as measured by the EIS), thus there was a significant interaction. Trainees who were able to operate in all four CEDSs also had significantly greater mean MCC scores, regardless of immersion history. A discussion of the results for the specific hypotheses follows.

Discussion of the Results

ANOVAs and multiple regressions were run between all demographic items and study variables as preliminary analysis to provide information about the resulting sample and relationships (that may or may not exist) prior to addressing the research hypotheses. One-way ANOVAs, correlations, multiple regressions (with and without an interaction term), and a two-way ANOVA (with interaction term) were utilized to answer the research questions. After the preliminary analyses are discussed, each hypothesis is revisited in the context of the literature, with relevant post-hoc analyses incorporated in the discussion.

Preliminary Analyses

Several demographic variables had significant relationships with study variables. Relevant results are discussed to provide further information regarding trainees' characteristics and relationships to MCC and CEDS. Findings regarding age, ethnicity,

international status, MCC training, counseling experience, work with minorities, gender, and counseling track are presented.

Age was a significant predictor of total MCC and the knowledge subscale, but did not have a strong correlation to either MCC awareness or skills. Although CEDS is an inherently developmental construct and it is thought that proficiency in them is often acquired sequentially throughout the lifespan (Ivey et al., 2005), age was not a significant predictor of any CEDS scale. Because this finding is contrary to the expected literature, future studies are needed to verify or refute the current findings.

Surprisingly, ethnicity was also not related to CEDS style proficiency, as it is argued that minorities are often more dialectic than majorities (Ivey, 2000). However, ethnicity was a significant factor in terms of MCI scores. Minority trainees had, on average, higher total MCC and awareness, which is aligned with previous findings that minorities score higher on MCC than majorities (Holcomb-McCoy & Day-Vines, 2004). Similarly, it was observed that international students also scored higher on total MCC and the awareness subscale. Three other factors had considerable impact on a counselor trainee's MCC scores: their multicultural counseling training, counseling experience, and amount of work with culturally diverse clients. These variables displayed logical associations with MCI scores, in that more training, experience counseling and working with minority populations were significantly correlated with higher MCC (often among all MCI subscales).

Gender, however, did significantly account for differences on the sensorimotor and concrete CEDS, as women had higher mean scores on both. The popular notion that

women experience affect to a greater degree than men was displayed in these data. No significant differences were observed on formal or dialectic proficiencies due to gender.

Interesting trends were also noted in CEDS proficiency among trainees of differing counseling tracks, with mental health trainees being more formal and dialectic, and less concrete than school counseling trainees. Potentially, the context of one's work and the clientele one is serving may foster a need to think in certain styles. For instance, school counselors working in elementary settings may need to operate in concrete CEDS more than mental health counselors working in agencies. However, future studies are needed to understand the relationship between counseling track and CEDS.

Hypothesis 1

It was proposed in Hypothesis 1 that counselor-trainees who have experienced CI will have significantly higher mean scores on the MCI than their non-immersed peers. This research hypothesis was partially supported as participants who were immersed had higher mean MCC Total scores and Awareness scores, however the mean differences on the Knowledge and Skills subscales were not significant. This finding is consistent with the argument for over 15 years that CI fosters the attainment of MCC (Canfield et al., 2009; Gillin & Young, 2009; Goodman & West-Olatunji, 2008, 2009a, 2009b; Majewski & Turner, 2007; Pedersen & Leong, 1997; Pope-Davis et al., 1997), specifically, *awareness* of one's own biases, values, and worldview (Abreu et al., 2000; Alexander et al., 2005; Ribeiro, 2004; West-Olatunji et al., 2011). Prior studies, however, were conceptual or qualitative in nature. Thus, this finding provides quantitative support that

positioning trainees to experience being ‘other’ has an impact on their multicultural counseling competence, particularly in the awareness domain.

An interesting finding is that there was no significant mean difference on the *knowledge* subscale for trainees who have and haven’t experienced cultural immersion. This finding is not in concert with scholarly writing as Burnett and colleagues (2004) and Pope-Davis and colleagues (1997) argued that CI fosters increased *knowledge* of how groups define and view themselves. In fact, the majority of CI studies conduct specific trainings prior to immersion to gain knowledge about the cultural context in which one is immersing and specifically utilize a cultural informant (member of target culture) while immersed to continue gaining knowledge (Alexander et al., 2005; Gaines-Hanks & Grayman, 2009; Goodman & West-Olatunji, 2008, 2009a, 2009b; Ishii et al., 2009; Kambuto & Nganga, 2008). There are two noteworthy explanations for this discrepancy. First, it is possible this finding is representative that the construct of MCC has one higher order factor, as found by Holcomb-McCoy and Myers (1999). Second, it is possible that the resulting sample is biased as the majority of immersed participants did so for only a couple of hours on 1 day. These individuals may not have immersed long enough to learn from those in which they were interacting or learned from a cultural informant, as informants are utilized more frequently in immersions in which trainees leave their cultural context for longer periods of time.

For this reason, a post-hoc ANOVA was conducted between immersers that spent longer than 6 hours a day immersed versus those that didn’t. *Knowledge* was significantly higher among the group who immersed 6 hours or longer on a daily basis. MCC Skills

and Awareness were also significantly higher in this group. Instead of immersing for a couple of hours in a one event immersion, this group represents those that immersed the majority of the day. This group had more time to gain knowledge of the identified cultural group. This finding is consistent with scholarly writing that argues for 'sustained' time in the field (Alexander et al., 2005; Goodman & West-Olatunji, 2009b; Ishii et al., 2009), though there is no consensus on how long to immerse trainees. Specifically Ishii and colleagues (2009) found that stereotypes emerged in their qualitative analysis of trainees journals as a result of being immersed for "only one week." Ishii and colleagues (2009) argued that trainees need sustained time in the field to move from ethnocentric thinking to more cultural relativistic reflections, whereby trainees can truly gain knowledge of how other groups view themselves as opposed to understanding from our own cultural context.

It is not surprising that there was not significance with the Skills subscale in this first analysis. Very few of the aforementioned studies discuss providing clinical services during immersion that would foster the attainment of MCC Skills. West-Olatunji and Goodman (2008, 2009a, 2009b), and Kambutu and Nganga (2008), however are unique, as they positioned trainees to provide services with supervision in the field. Goodman and West-Olatunji (2008, 2009a, 2009b) provided supervision for trainees to provide services to charter school teachers in post-Katrina New Orleans (trauma related to disaster) and respond to para-professions in South Africa (illness related trauma). Kambuto and Nganga (2008) immersed educators in Kenya for several weeks where they provided

guidance lessons outside their cultural context. Thus, there is a dearth of research on immersion that fosters the attainment of counseling skills.

This trend is mirrored in this study as the majority of immersers reported providing services “not at all” (*n* = 254), “once or twice” (*n* = 34), or “several times” (*n* = 23). However, 53 reported providing services “very frequently” or “it was the focus of the trip.” A post hoc ANOVA was run between the group of 53 that provided clinical services more frequently versus those that didn’t provide services or provided services less frequently. The scores were significantly higher for MCC Skills. The MCC Total and MCC Awareness also yielded significant differences for this group. Overall, these findings support the argument that cultural immersion fosters the attainment of multicultural counseling competence, and specifically that awareness is fostered to a greater degree than knowledge and skills.

Hypotheses 2a & b

Significant positive correlations were hypothesized between CI and participants’ MCC (Hypothesis 2a). Initial positive correlations resulted between interaction with culturally diverse others and MCC. The interaction items (from the CI demographic questionnaire) yielded more significant correlations than the items regarding pre-training, time in the field, and process group; however these preliminary relationships may be due to the large number of participants in this study. However, these correlations are aligned with the argument that interaction with culturally diverse others increases MCC (Allport, 1954; Canfield et al., 2009; DeRicco & Sciarra, 2005; Pope Davis et al., 1997).

Interaction is also underscored in Pope-Davis and colleagues' (1997) Multicultural Immersion Experience (MIE) model, grounded in Allport's conditions of successful intergroup contact. While interaction is critical, Pope-Davis and colleagues argued pre-training, time in the field, and reflection were also needed. These four components have been extensively cited among cultural immersion studies (Alexander et al., 2005; Canfield et al., 2009; Chung & Bemak, 2002; DeRicco & Sciarra, 2005; Goodman & West-Olatunji, 2008, 2009a, 2009b; Ishii et al., 2009; Kambuto & Nganga, 2008; West-Olatunji et al., 2011), thus composite variables were created to more effectively assess the critical components of CI.

Significant positive correlations were found between most of the composite variables and MCC Awareness. Positive correlations were also found between the process group composite and MCC Awareness, and between the interaction composite and all MCC measures. These findings are in concert with the aforementioned CI studies. Again, those studies are conceptual or qualitative in nature. Thus, the findings in this study provide quantitative support that the critical components of CI contribute to the attainment of MCC in counselor-trainees.

Multiple regressions were also computed to explore the degree to which each composite variable accounted for the variance in counselor-trainee MCC while holding the other variables constant. The pre-training and interaction with culturally diverse other composites emerged as more significant predictors. A further regression analysis of these composite variables indicated that for interaction the most significant predictor of MCC was the fraction of time spent interacting with those from the target culture

(over items such as engaging in local activities, speaking the language, or visiting clinical sites), which provides more direct support for the conceptual arguments proposed by the cultural immersion literature (Allport, 1954; Canfield et al., 2009; DeRicco & Sciarra, 2005; Pope Davis et al., 1997). For the pre-training composite, the amount of training received on providing culturally competent services to the target culture was the most significant predictor of MCC, perhaps since this item, by its nature, links to more aspects of MCC (knowledge, awareness, and skills) than other items which were more awareness based (e.g., experiencing culture shock), or knowledge oriented (understanding socio-political context or local language and customs).

Surprisingly, the process group component did not account for more variance while holding the other components constant. It was hypothesized (Hypothesis 2b) that the process group component of CI in particular would account for a significant proportion of variance in counselor-trainee MCC Awareness. When entering the process group into a regression equation by itself, it did account for a small portion of the variance in MCC Awareness, thus research Hypothesis 2b was only partially supported. This finding is not in concert with the literature.

The process group is argued to be a critical component of CI experiences (Lassiter et al., 2008; Ribeiro, 2004) as it is argued to be the vehicle for increasing MCC (Abreu et al., 2000; Alexander et al., 2005; Ponterotto, 1994). By engaging in self-reflection and inner dialogue, trainees are encouraged to think about their existence and identity ‘in-relation,’ affording them a greater awareness of another’s context (Clark, 1993). There is a noteworthy explanation for this discrepancy. The results do indicate a strong connection

between process group and MCC awareness when taking into account the frequency and structure of the process group. While 183 participants reported having experienced process group, only 103 engaged in a group process frequently (several times or daily), and only 50 of those indicated that their process group experience was either somewhat or completely structured. Significantly higher MCC awareness scores were observed among those who experienced more frequent, structured process groups.

This observation is in line with the argument that reflection during CI must be intentionally structured to explore personal biases and assumptions (Ginwright & Cammarota, 2002; Hernández et al., 2005; Sakamoto & Pitner, 2005). Several authors have asserted that the process group facilitator has a responsibility to cultivate awareness (Arredondo et al., 1996; Sue et al., 1982, 1992) and help trainees step out of their cultural context to see from the perspective of another (Chung & Bemak, 2002). How important this is in practice, in comparison to the other facets of a cultural immersion experience, is still unknown.

To provide more clarity on the impact of intentional, structured process groups on the MCC of counselor trainees, a further analysis was conducted that combined information about how safe the trainee felt sharing with their peers and supervisor with how focused the supervisor was on the needs of the trainee and her peers. This ANOVA computed significant mean differences for MCC awareness, with higher means among those trainees that felt safer and indicated their process group facilitators were more focused on the needs of CI participants. These findings provide quantitative evidence to support Arthur and Achenbach’s (2002) assertion that facilitators should foster a

supportive environment during the immersion so that they can more effectively link student's personal CI experiences to developing MCC. Also, these data empirically support the work of Ptak and colleagues (1995) on the importance of multicultural facilitators addressing the individual needs of trainees.

While the findings from this study do not strongly corroborate the impact of an intentional process group on the MCC of a counselor-trainee engaging in CI, they have offered some insight into how aspects of a CI process group are related to a trainee's MCC awareness. Taken in the context of the cultural immersion literature, these data support established arguments for structured, safe, process groups that are focused on trainee needs. However, the lack of a demonstrated strong correlation between CI process groups and trainee MCC is contrary to the findings from a preponderance of the CI literature. Either the methodology used to assess the process group was incomplete, or the primacy of process group in enhancing MCC should be revisited, or some other factors, as yet unexplored, may account for the differences such as CI facilitation or self-selection. Nevertheless, the overall results from these analyses support the hypothesized relationships between the critical components of CI and MCC in immersed trainees.

Hypotheses 3a–c

It was hypothesized that counselor-trainees whose dialectical scores are in the upper 1/3rd, will have significantly higher MCC, than those who score in the lowest 1/3rd (Hypothesis 3a). The ANOVAs yielded significant differences on trainees' MCC Total, Skills, Awareness, and Knowledge. Thus, research Hypothesis 3a was fully supported as there were differences between groups on all measures of MCC. Benet-Martínez and

colleagues' (2006) argued that multicultural competence is correlated to cognitive complexity, which has been defined as an individual's ability to understand, integrate, and make use of multiple perspectives (Granello, 2010), and view individuals and ideas in a multidimensional way (Schroder et al., 1967). One not only can see from multiple frames of reference when using the dialectic CEDS, but also can keep several such perspectives in mind simultaneously (Ivey et al., 2005). Barrio Minton and Myers (2008) argued that those trainees with dialectic preferences were able to see multiple realities as equally valid. Valuing the perspectives of others and being able to see from various vantage points is considered ethno-relative (Bennett, 1986; Paige et al., 2002) and more multiculturally competent (Sue, 1996; Sue & Sue, 2003). Dialectic or cognitively complex thinking has also been argued to be correlated with enhanced clinical skills (Granello, 2010; Granello & Underfer-Babalis, 2004; Jennings & Skovholt, 1999; Owen & Lindley, 2010; Malikiosi-Loizos et al., 1981; Welfare & Borders, 2010). The findings from this study support the argument that one's dialectic proficiency is related to increased MCC.

It was also hypothesized that counselor-trainees whose sensorimotor scores are in the upper 1/3rd, would have significantly higher MCC, than those who score in the lowest 1/3rd (Hypothesis 3b). The ANOVAs yielded significant positive differences on trainees' MCC Total, Skills, Awareness, and Knowledge. Thus, research Hypothesis 3b was fully supported as there were differences between groups on all measures of MCC. Early sensorimotor functioning involves the ability to experience, describe, and discuss one's feelings in the present moment (Ivey & Rigazio-DiGilio, 2005); late sensorimotor

functioning involves an ability to understand the impact of one's feelings (Barrio Minton & Myers, 2008). Similarly, Wong and Law (2002) argued that emotional intelligence involves the abilities to "perceive accurately, appraise, and express emotion," and "understand emotion and emotional knowledge, and the ability to regulate emotions to promote emotional and intellectual growth" (p. 246).

While there are no current arguments that sensorimotor proficiency is correlated with MCC, multicultural scholars' have argued that affective processing is critical if one is to challenge existing biases and worldviews and attain increases in MCC (Chung & Bemak, 2002; DeRicco & Sciarra, 2005; Fier & Ramsey, 2005; Goodman & West-Olatunji, 2009a; Pope-Davis et al., 1997). Ishii and colleagues (2009) drew upon the works of Pope-Davis and colleagues (1997), Roysircar (2004), and Helms (1990) when they argued the importance of processing affective reactions to foster the attainment of MCC. They found that emotions evoked during CI led to trainee avoidance of reflection. Without effectively processing feelings elicited during CI, trainees are reported to retreat to previously held ethnocentric views to make sense of new knowledge and feelings (Chung & Bemak, 2002; Goodman & West-Olatunji, 2009b) which can negatively impact trainees, their MCC, and their interactions with others (Hui, 2009). The findings in this study support the assertion that one's sensorimotor proficiency is related to increased MCC.

It was also hypothesized that counselor-trainees who could operate within all CEDSs, will have significantly higher MCC scores than those who cannot operate within all of the CEDSs. The ANOVAs yielded significant differences on trainees' MCC Total,

Skills, Awareness, and Knowledge in the expected direction. Thus, research Hypothesis 3c was again fully supported as there were differences between groups on all measures of MCC. These findings are in concert with the argument that processing through several CEDS orientations, versus just one, enables individuals to find alternative ways of understanding and engaging with others (Barrio Minton & Myers, 2008; Ivey et al., 2005; Tamase & Rigazio-Digilio, 1997).

Tamase and Rigazio-Digilio (1997) found that fostering process within each of the CEDS orientations promoted expansion of existing worldview with a high degree of predictive validity (89% of the responses). By asking a series of DCT questions, the majority of clients were able to discuss their life events within each of the orientations, consider his or her life events from different vantage points, develop alternative perspectives, and commit to try alternative behaviors. Fostering process within each of the CEDSs, by utilizing the DCT questioning sequence, is argued to facilitate the understanding of multiple perspectives and encourage individuals to act upon this new knowledge which impacts the ways that they engage with others. The natural progression of process in all styles leads to more cognitively complex thinking (Ivey et al., 2005). When an individual is unable to process an issue from the perspective of one or more CEDSs, he or she is considered to be experiencing a developmental block (Ivey, 1999). Blocks inhibit clients from functioning relative to a particular issue (Ivey, 2000), help individuals avoid areas of suffering (Kornfield, 1993) and, in the context of CI, cope with uncomfortableness stirred up from what trainees have witnessed. While this study didn’t specifically measure if one was blocked in a particular CEDS, findings do provide

support to this notion as individuals who were able to process in all four styles had significantly higher MCC than peers who were not able to process as well in one or more styles.

Hypotheses 4a & b

It was hypothesized that counselor-trainees with higher dialectic scores will show a stronger correlation between CI and MCC, than those with lower dialectic scores (Hypothesis 4a). The predictor variables accounted for a significant portion of the variance in MCC. These findings are aligned with the Cognitive Complexity (CC) literature as cognitive development is argued to be the process whereby students gain skills in order to work effectively with diverse clientele. Dialectic CEDS emerging as a significant predictor is again aligned with Benet-Martínez and colleagues' (2006) findings from multiple studies with mono-cultural and bicultural Chinese-Americans that cognitively complex individuals are better able to understand from the cultural context of another. They argued individuals who are members of two different cultures simultaneously are confronted with uncertainties, contradictions, ambiguities, and contrasting interests which enable them to think in more complex ways. Counselors who are able to think in a more complex, dialectic style have the ability to remain objective, accept client ideas, encourage exploration, tolerate/value ambiguity, avoid stereotyping, describe clients in interactional terms, and form more holistic case conceptualizations (Granello, 2010; Malikiosi-Loizos et al., 1981; Welfare & Borders, 2010). The findings in this study support the relationship between dialectic thinking and increased MCC.

CI is argued to foster one's ability to understand one's own cultural context, and view oneself in-relation to cultural members (Goodman & West-Olatunji, 2008, 2009a, 2009b). Specifically, West-Olatunji and colleagues (2011) used the words 'dialectic process' (p. 339) repeatedly, arguing that dialectic thinking is fostered through the process group during immersion. Since dialectic thinking has been argued to be correlated with MCC and fostered through CI (Ishii et al., 2009; Triandis, 1975), the trends in the literature suggested one's ability to think in this style would enhance the effectiveness of a CI experience in increasing a trainee's MCC. In other words, a dialectic thinker may be able to attain more MCC from of a cultural immersion experience due to his or her ability to understand and hold multiple perspectives simultaneously. Though dialectic score did account for a significant amount of variance in this model, the contributions of "CI immersiveness" as given by the CI experience index (an average of the four CI composite scores) did not, and thus the correlation between CI and MCC was not significantly stronger than those with lower dialectic scores. This may be due to the ability of dialectic thinkers to understand one's own cultural context and view oneself in-relation outside a CI experience. It is also possible that there are limitations in the ways in which CI and dialectic proficiency were measured.

It was also hypothesized that counselor trainees with higher sensorimotor scores, will show a stronger correlation between CI and MCC, than those with lower sensorimotor scores (Hypothesis 4b). The predictor variables accounted for significant variability in MCC. Higher scores in operating within the sensorimotor CEDS were associated with higher MCC. The interaction also was found to be significant. Ivey and

colleagues (2005), Barrio Minton and Myers (2008), and Marszalak and Cashwell (1998) argued that individuals with sensorimotor preferences may be overpowered by their senses at times, which can be a barrier to understanding what is going on outside of oneself. It is possible that CI is particularly useful to those with sensorimotor preferences as processing strong feelings elicited by immersion is required to make sense of new knowledge and feelings (Chung & Bemak, 2002; Goodman & West-Olatunji, 2009b). Whether or not this is the case, Hypothesis 4b was fully supported as there was a stronger correlation between CI and MCC for counselor-trainees who had higher sensorimotor scores.

Goleman (1985) argued that learners may block out or refute new experiences that do not comfortably fit with one's current understanding. Counselor-trainees who are unable to integrate new perspectives during MCT are argued to be 'resistant' (Abreu et al., 2000; Heppner & O'Brien, 1994; Ribeiro, 2004; West-Olatunji et al., 2011). In the context of CI, this resistance can manifest as an inability to process in one or more CEDS. Addressing the discomfort trainees experience during CI¸ by utilizing the sensorimotor CEDS, may maximize the receptivity of a trainee to new knowledge (Goodman & West-Olatunji, 2009b) and increases one's ability accommodate new information (Piaget, 1954). In addition, processing one's feelings enables one to challenge one's own biases and worldviews and attain increases in MCC (Chung & Bemak, 2002; DeRicco & Sciarra, 2005; Fier & Ramsey, 2005; Goodman & West-Olatunji, 2009a; Helms, 1990; Ishii et al., 1999; Pope-Davis et al., 1997; Roysircar, 2004). Further, Tamase and Rigazio-Digilio (1997) provided empirical evidence that the

incorporation of affect heightens individuals' cognitive development. The findings from this study further support the assertion that one's ability to process in the sensorimotor CEDS is related to increased MCC, and also that sensorimotor proficiency strengthens the relationship between CI and MCC. Considering one's affective reactions may be important to consider in a CI context to maximize the attainment of MCC.

Hypothesis 5

It was hypothesized that counselor-trainees who do not score in the lowest 1/3rd of any CEDS will show a greater mean difference between CI and MCC, than those who score in the lowest 1/3rd of one or more of any CEDS. A significant main effect was observed for being able to operate in all CEDS styles, but not for CI history. This finding was aligned with Ivey and colleagues' (2005) assertion that counselor trainees who can easily access these different modes of thinking are able to find alternative ways of understanding and engaging with others, which enhances their MCC. Thus, being able to process in all styles is correlated with increased MCC. In addition, the natural progression of processing within each modality leads to more cognitively complex thoughts, which have been correlated with increased MCC (Benet-Martínez et al., 2006; Ishii et al., 2009; Pedersen, 2000).

Even though there is no previous research regarding an interaction between CI and MCC for individuals that can process in all CEDSs, there is research that argues trainees display different levels of cognitive complexity when in a process group context. There is an argument that facilitators must structure the process intentionally so that group dynamics do not overwhelm the experience of some members in favor of others

(Ramsey, 2000, Reynolds, 1995; Schoem et al., 1995; Sfier-Younis, 1995). Malikiosi-Loizos and colleagues (1981) reported that specific supervisory approaches work more effectively with counselors who have different thinking styles and preferences. Even though there are research trends that support the hypothesis, no significant interaction was observed between the CI and MCC. Those who were able to process in all four styles displayed a significantly higher MCC scores regardless of whether or not they were immersed. Therefore, Hypothesis 5 was only partially supported.

As a follow up to provide more insight into this hypothesis, a MANOVA was run to determine the impact of CEDS proficiency across all styles on the observed relationship between MCC awareness and CI process group. While main effects were observed for both level of safety and intentionality in process groups, and the ability to process in all CEDS independently; there was still no observed interaction. Though such an interaction is a reasonable assumption based on prior work (Ramsey, 2000, Reynolds, 1995; Schoem et al., 1995; Sfier-Younis, 1995), the data does not support such an assumption. While it may be possible that methodological processes interfered with observing such an interaction, it is also possible that no such interaction exists. It would be instructive to measure these constructs during intentionally structured CI process groups that utilize the DCT model.

Limitations

The results of the current study may provide insight into the relationships between multicultural counseling competence, cultural immersion, and cognitive/emotional developmental styles among counselor trainees as well as offer guidance as to which

aspects of cultural immersion and cognitive processing are most salient in the acquisition of MCC. These results, however, need to be reviewed in the context of limitations that may affect the generalizability of the findings. Sample homogeneity may be a factor worth considering, along with issues of survey design, and the measurement of several constructs.

Roysircar (2004) argued that individuals who are more multiculturally competent rate themselves lower on MCC as they are more aware of what is required to effectively respond to a client who differs in worldview. For this reason, inclusion criteria required current enrollment in or completion of a graduate multicultural counseling course. Additionally, 23% of participants reported multicultural training beyond a course. Participants were given space to provide information about what this training may have entailed. Some reported additional courses in undergraduate, for instance, one reported a cultural anthropology major. Other participants reported multicultural training received as part of job, military experience, Peace Corps, Safe Zone, participating in exchange program, and having additional workshops. Nonetheless, differences in multicultural training received may have impacted MCI scores. A comparison of the means and variance of these two groups (reported additional training beyond a course versus no training beyond a course) suggest that individuals with more training had higher MCI scores on the awareness and skills subscales, and total score. In short, trainees did not receive the same amount of MCC training. Additional research that replicates and extends the results of the current study still are needed.

This study was based on a survey design which has inherent limitations including non-responders. It is unclear how non-responders may differ from those who did respond. Strategies were implemented to mitigate any potential threat to internal validity. A choice was made for hardcopy assessments to be administered in person as opposed to via the internet. Efforts were made to travel to as many programs as possible to administer the assessments in person. Personalized correspondences with individuals administering the assessments remotely were made, in addition to providing follow up emails and specific instructions in mailed materials, to ensure assessments would be administered in or just after classes, however a couple of sections did allow students to complete the surveys outside of class. Participants were offered a small gift card ($5) and/or food incentives to complete the surveys. Over 450 students received five dollar gift cards, and many additionally received food. These strategies resulted in an above average response rate for survey designs (92%); however, it is still possible that those who participated were identifiably different from those who did not. Thus, the survey design may have resulted in a biased sample.

Challenges of methodology also include the accuracy of self-reported data as social desirability may be an influence (Heppner & O'Brian, 1994). For this reason, the following question was asked on the demographic, "To what degree do you feel that you have been honest in answering the questions among all the assessments given as part of this study." After being confronted with this question, respondents were invited to revisit their answers, "The questions in this survey packet are challenging to answer. Please take a moment to reflect and see how authentic your responses are. Now that you are almost

done, you are welcome to go back and revise any answers as you see fit." The majority of participants reported being completely honest (79%) or mostly honest (20%); however, three participants reported only being somewhat honest (1%). In addition to the above question, assessment names were removed to lessen the chance that the nature of the study would foster socially desirable responses.

Challenges with measurement include low observed internal consistencies on two measures. Low internal consistencies resulted on the PHSI-A Dialectic scale (α = .56), and process group composite variable (α = .57), calculated from the demographic/CI questionnaire. However, the internal consistency on the dialectic scale is similar to the reported alpha by the author of the instrument (α = .52) with a sample of 202 counselor-trainees. Both studies report low internal consistencies, which is aligned with arguments that dialectic thinking is challenging to measure, as the construct is situation specific (Barrio, 2006). Low internal consistency may also be due to the scale only having four items. The process group composite had only had six items, which may have contributed to the low internal consistency. There may also be a recall issue with the process group variable, in addition to concern with assessing the construct. Therefore, the results of the dialectic CEDS and process group must be interpreted with caution.

Implications

This study examined the relationships between MCC, CI, and CEDS among counselor trainees. This involved exploring group differences for trainees who have and have not experienced CI, the relationships between the critical components of CI and trainees' MCC, the amount of variance in MCC accounted for by dialectic and

sensorimotor CEDS proficiency, and proficiency in all CEDSs, along with interactions between CI and MCC as a function of trainees CEDS. Overall, the findings supported the study hypotheses. The results of this study may have implications for counseling practice, and counselor education and supervision, along with directions for future research.

Counseling Practice

As explained in detail in Chapter II, acquiring MCC is argued necessary for counselors to work effectively with diverse clientele. Since CI was important in attaining MCC, professional counselors who have not immersed might find CI useful in gaining KSAs. Further, participants who had experience working with minority populations had higher MCC, thus CI may be particularly helpful to counselors who have not had much experience working with clients who differ ethnically. Since the CI composite variables predicted MCC total and awareness, interaction with culturally diverse others predicted knowledge, and providing clinical services predicted skills, CI activities assessed in the demographic (used to construct the CI variables) seem important. After discussing these CI strategies, findings related to cognitive/emotional developmental styles are discussed.

Learning about the socio-political context, language, and customs of an identified socio-cultural group may foster MCC acquisition in the knowledge domain. Providing culture-centered clinical services, and/or receiving supervision when operating outside one’s cultural context may foster attainment of MCC in the skills domain. Counselors that interact with members of the target culture, engage in the activities common for local people, visit museums and historical sites, and dialog in the native language may increase MCC in the awareness domain. In addition to fostering KSAs, CI may provide

opportunities for counselors to learn from, or exchange knowledge with, local helping professionals, which may position counselors to learn alternate ways of helping. Counselors that spend more time in the field may be better positioned to challenge values, beliefs, and worldview, gain awareness of how one views oneself and others, and generalize knowledge gained to one's work with clients. The process group may be a vehicle to do this, specifically by fostering dialectic and sensorimotor thinking.

Since both the dialectic and sensorimotor CEDS were predictive of MCC, in addition to being able to process in all styles, it may be useful for counselors to utilize these modalities to process in a CI context. The natural progression leads to more cognitively complex thoughts, which have been correlated with MCC. In addition, these modalities may be useful to counselors in their clinical work. By learning one's own CEDS preference, counselors may gain awareness of theoretical orientations and interventions she or he chooses in working with clients. Further, these CEDSs are taken from Developmental Counseling and Therapy (DCT), both an intervention and therapeutic framework that enables counselors to assess clients' cognitive style preferences and structure interventions according to clients' preferences as opposed to one's own. At the core, DCT is a structured means enabling a counselor to understand from the perspective of the client, and helping the client free him or herself from mistaken meaning ascribed to a particular life event. This finding has implications for continuing education for counselors, as learning the DCT model may impact one's ability to more effectively work with minority populations.

Counselor Education and Supervision

Despite advances in training, counselor-trainees remain underprepared to respond to the needs of minority populations. Since CI was found to be important for the attainment of MCC in counselor trainees, it is likely that trainees may benefit from CI, particularly those which implement the critical components (mentioned above). Specific attention is paid to implications regarding trainees' demographics and cognitive/emotional developmental processing styles, both in the context of CI and in the context of multicultural training.

The demographic items regarding multicultural training, gender, and counseling track may have implications for counselor preparation. Because counselor trainees who had training beyond a multicultural course had higher MCC Total, Skills, and Awareness, it may be useful to have additional training, beyond a course, incorporated into the curriculum. Males were less sensorimotor and concrete than females, so particular attention might be warranted in fostering males' sensorimotor thinking, since those individuals with this proficiency had higher MCC. Those tracking in clinical mental health scored lower on concrete and sensorimotor CEDS, and may also benefit from being challenged in sensorimotor thinking. Those trainees tracking in school counseling scored lower on formal and dialectic CEDS. Since individuals with dialectic proficiency had higher MCC, it may be helpful to foster dialectic thinking in school trainees.

Barrio Minton and Myers (2008) argued that trainees with dialectic preferences were able to view situations from a variety of vantage points, experience multiple realities as equally valid, and understand the origins of thought, feeling, and action

patterns. Since dialectic thinking predicted MCC, challenging trainees to think in this CEDS may foster movement from a mono-cultural worldview to more culturally relative viewpoints. The dialectic questioning sequence, taken from DCT, may provide a powerful tool for educators to foster dialectic thinking in MCT. Dialectic thinking also fosters understanding of how one is socially positioned (self-in-relation), which is one aim of CI. While the relationship between CI and MCC did not change as a function of one's dialectic proficiency, the fact that dialectic thinking accounted for a significant portion of the variance in MCC merits further consideration. Inviting one to step out of one's own worldview and see cultural members in *their* context, may help trainees genuinely understand how community members define and view themselves.

Affective processing, however, is also critical if one is to challenge existing biases and worldviews and increase MCC. Since sensorimotor CEDS predicts MCC, the sensorimotor questioning sequence, taken from DCT, may also provide a powerful tool for educators to foster sensorimotor processing in multicultural training. Results from this study indicate as one's ability to function in sensorimotor CEDS increases, the relationship between CI and MCC increases, which suggest one may attain more MCC during CI as a function of being challenged to process in sensorimotor CEDS. Trainees have reported feeling unfinished after CI, not having made sense of their immersion experiences and being confused at emotions that continue to surface post-CI. The sensorimotor sequence has the potential to help trainees experience feelings that arise during immersion experiences (e.g., processing feeling of being 'other') and make sense of these feelings in multiple modes of processing.

In addition to processing both cognitively and affectively, findings from this study supported the notion that processing in all four styles, versus being of lower proficiency in one or more, predicts MCC. Processing in all styles enables trainees to find alternative ways of understanding. The DCT model may enable educators to understand trainees' CEDS preferences, and intentionally select either interventions based on the trainee's preferred styles or those that foster development in a trainee's non-preferred CEDS. For instance, trainees have been found to intellectualize and distance themselves from feelings when immersed. When using DCT as a lens, a trainee may then be conceptualized as processing in a dialectic style, and while that style is important, it may also be helpful to invite the trainee to process in sensorimotor CEDS. The DCT model provides specific questions to foster process in all four CEDS and may provide educators with a structure to foster process in the styles trainees need to accommodate new information. It might also be helpful for a facilitator to understand his or her own CEDS preference and the impact that has on how he or she structures the process during CI. If this is true, facilitators may benefit from training in the application of DCT for individual and group supervision.

DCT may be a tangible, measurable means to maximize the attainment of MCC. Thus, the potential for DCT to provide the needed structure in the process group to enhance the MCC development of counselor-trainees is significant. Counselor educators may use these results to justify the inclusion of developmental counseling and therapy in the curriculum, perhaps in multicultural counseling courses, other core courses, or supervision. Although this study did not assess whether participants had learned this

particular model, it is possible that familiarity with the model could in itself be a means to enhanced MCC.

Future Research

This was the first empirical study to determine the potential relationships between MCC, CI, and CEDS. Further studies are needed to corroborate these findings. Specifically, it is suggested that the following be explored in greater detail: the relationships between non-CI factors and MCC, the importance of specific CI elements to the enhancement of MCC domains, the creation of a CI experience assessment, refinement of CEDS measures, and experimental designs of intentional process group interventions (using CEDS) to enhance MCC during CI.

Several factors outside of CI were observed to have a significant impact on the MCC of counselor trainees. Since the presence of additional, extra-course multicultural counseling training was a strong predictor of MCC, further research into what types of MCT directly correspond to the observed increase in MCC is suggested. Also, the observation that working with culturally different clients has a strong impact on MCC makes it prudent to investigate what aspects of that engagement result in the increased MCC. Additionally, research is needed on the MCC of international students and their perpetual immersion to elucidate what processes account for their enhanced MCC.

While MCC was higher among immersed trainees, it was most pronounced in the awareness domain. Future studies may compare different immersions that focus on particular CI components to determine if the nature of activities impacts one of the MCC domains more than others. Future research is needed to determine how to best foster all

three domains of MCC during CI. Since the variance in cultural immersion experiences across 383 immersers at 24 different programs was significant, it may also be warranted that future studies sample from specific cultural immersion experiences as opposed to collecting trainees from many culturally immersive programs. This may enable researchers to explore the impact of a particular CI component on MCC to a greater extent. Also more research may be conducted to distinguish between the relative usefulness of foreign versus domestic immersion experiences in MCC enhancement.

While the aim of this study was not instrument development; there was a need to assess the degree to which trainees engaged in the critical components of cultural immersion. The CI demographic items utilized addressed a spectrum of the components and activities found in the cultural immersion literature. While Cronbachs alphas for the pre-training, interaction, and time composite variables indicated stronger internal consistency; the alpha for process group was weaker. Dedicated instrument development is necessary to more accurately assess the critical components of cultural immersion, especially process group. It is possible that retroactive recall has an influence on a trainee's ability to recall the nature of the process group. It is challenging to answer how safe one felt, whether the facilitator was focused on one's needs, the needs of others, or utilized a structure or model, long after the fact. Alternate research designs are needed to explore this further. Potentially, researchers could assess the process group closer to its occurrence or through a third party that can present the nature of the experience more objectively.

Through this study, CEDS has been demonstrated to be significantly related to MCC, but more work remains to clarify the nature of this connection. First, it may be prudent to revisit how CEDS proficiencies are assessed in light of low internal consistencies on PHSI-A scales, especially dialectic. Second, more research is needed on what experiences and/or training strategies promote dialectic and sensorimotor processing as these styles were profoundly related to observed trainee MCC.

The connection between CEDS and CI on MCC should also be more closely examined. Barrio Minton and Myers (2008) provided strong support for the assumption that counselors' choices of intervention styles are considerably influenced by their own CEDS preferences. Thus, we can hypothesize facilitators of CI structure process groups based on their own CEDS preference as opposed to the style preferences of their counselor-trainees. Gaining awareness of his or her cognitive style may equip CI facilitators to more intentionally structure the process group based on the cognitive styles (and needs) of counselor-trainees, which may impact MCC acquisition. However facilitator/educator training in DCT is needed to pursue this line of research. Experimental designs of process group structure could then be developed and tested during future studies. For instance, comparing groups of trainees within the same cultural immersion experience who process the experience differently. More structured groups may engage counselor trainees to examine their CI experiences from the perspective of dialectic, sensorimotor, and all CEDS.

Conclusion

The current study offered support to the claim that cultural immersion, sensorimotor and dialectic thinking, and being able to think in all four cognitive styles, fosters the attainment of multicultural counseling competence. A total of 493 participants from 24 CACREP accredited counselor education programs participated in the study. Data were analyzed using one-way ANOVAs, correlations, multiple regressions (with and without interaction terms), and one two-way ANOVA with an interaction term. Overall, results from these analyses supported the research hypotheses.

Results indicate that trainees who have experienced cultural immersion have higher MCC than those that have not, particularly in the awareness domain. This supports the arguments in the CI literature that immersion is an effective multicultural training strategy. The sample suggests that a large fraction of trainees that culturally immerse do so in a one-day, one-event immersion as opposed to interacting with others through sustained time in the field. Trainees who had been immersed for more than 6 hours per day, and trainees who provided services while in the field, had higher knowledge and skills than those who did not. Surprisingly, the interaction and time in the field critical components emerged as more significant predictors of MCC, over the process group component. This suggests that trainees may not be acquiring as much MCC from the process group as argued in the literature, and support the claim that an intentional structure or model for the process group is needed (during CI), to maximize the attainment of MCC. In turning to cognitive development, and cognitive/emotional developmental processing, the dialectic and sensorimotor CEDS, along with one’s ability

to process in all CEDSs, contributed to MCC, suggesting that fostering process in these modalities may be useful in multicultural training.

These CEDS processing styles are taken from the Developmental Counseling and Therapy (DCT) model. Findings from this study support relationships between these variables, thus the implementation of such a model may help trainees move from often mono-cultural worldviews to more cognitively complex conceptualizations. This may be useful in both multicultural training, and in the context of a CI process group. Fostering process in all CEDSs, particularly dialectic and sensorimotor may maximize the attainment of MCC. Fostering sensorimotor thinking may be useful in helping trainees process feelings of being ‘other’ in the field. Fostering dialectic thinking may help trainees step out of their experience to see from the perspective of the other, genuinely understand how diverse groups define themselves, and understand the geo-socio-political contexts of clients. The natural progression of fostering process in all the CEDSs leads to more cognitively complex thoughts, which have been correlated to MCC. The ultimate goal of this work is to generalize knowledge trainees gain while immersed to their work with clients, enabling them to better understand the worldview of another, so that they can more effectively structure interventions that are appropriate in both goals and process.

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APPENDIX A

MULTICULTURAL COUNSELING INVENTORY

Sodowsky, G. R., Taffe, R. C., Gutkin, T. B., & Wise, S. L. (1994). Development of the multicultural counseling inventory: A self-report measure of multicultural competencies. *Journal of Counseling Psychology*, *41*, 137–148.

Email correspondence with author of instrument providing documentation of permission

Catherine G. Peterson cpeterson@antioch.edu Feb 14

to me

Hi Laura.

A check did come to Gargi from Mike Porter so that's why I never received your contract. The good news is that we have it now so I'm attaching the measure and the associated readings. Because the pdfs are so large, I'm sending them in three separate emails.

Please confirm that you've received them.

4 attachments — Download all attachments

MCI Measure.pdf
119K View Download

MCI research.pdf
1020K View Download

MCI multicultural competence.pdf
1094K View Download

MCI inventory.pdf
1988K View Download

The version used in the Pilot is presented first, followed by the final version used I the main study after taking into account suggested changes.

Multicultural Counseling Inventory (MCI)

The following statements cover counseling practices in multicultural counseling. Indicate how accurately each statement describes you as a counselor, psychologist, or student in a mental health training program when working in a multicultural counseling situation. Give ratings for each that you actually believe to be true rather than those that you wish were true, using a scale ranging from:

1 (very inaccurate) to 4 (very accurate).

1) I perceive that my race causes clients to mistrust me
2) I have feelings of overcompensation, over solicitation, and guilt that I do not have when working with majority clients.
3) I am confident that my conceptualization of client problems does not consist of stereotypes and value-oriented biases.
4) I find that differences between my worldviews and those of the clients impede the counseling process.
5) I have difficulties communicating with clients who use a perceptual, reasoning, or decision-making style that is different from mine.
6) I include the facts of age, gender roles, and socioeconomic status in my understanding of different minority cultures.
7) I use innovative concepts and treatment methods.
8) I manifest an outlook on life that is best described as “world-minded” or pluralistic.
9) I examine my cultural biases.
10) I tend to compare client behaviors with those of the majority group.
11) I keep in mind research findings about minority clients’ preferences in counseling.
12) I know what are the changing practices, views, and interests of people at the present time.
13) I consider the range of behaviors, values, and individual differences within a minority group.
14) I make referrals or seek consultations based on the clients’ minority identity development.
15) I feel my confidence is shaken by the self-examination of my personal limitations.
16) I monitor and correct my defensiveness (e.g., anxiety, denial, anger, fear, minimizing, overconfidence).

17) I apply the sociopolitical history of the clients' respective minority groups to understand them better.
18) I am successful at seeing 50% of the clients more than once, not including intake.
19) I experience discomfort because of the clients' different physical appearance, color, dress, or socioeconomic status.
20) I am able to quickly recognize and recover from cultural mistakes or misunderstandings.
21) I use several methods of assessment (including free response questions, observations, and varied sources of information and excluding standardized tests).
22) I have experience solving problems in unfamiliar settings.
23) I learn about clients' different ways of acculturation to the dominant society to understand the clients better.
24) I understand my own philosophical preferences.
25) I have a working understanding of certain cultures (including African American, Native American, Hispanic, Asian American, new Third World immigrants, and international students).
26) I am able to distinguish between those who need brief, problem-solving, structured therapy and those who need long-term, process-oriented, unstructured therapy.
27) When working with international students or immigrants, I understand the importance of legalities of visa, passport, green card, and naturalization.
28) My professional or collegial interactions with minority individuals are extensive.
29) In the past year, I have had a 50% increase in my multicultural case load.
30) I enjoy multicultural interactions as much as interactions with people of my own culture.
31) I am involved in advocacy efforts against institutional barriers in mental health services for minority clients (e.g., lack of bilingual staff, multiculturally skilled counselors, racial and ethnic minority counselors, minority professional leadership, and outpatient counseling facilities).
32) I am familiar with nonstandard English.
33) My life experiences with minority individuals are extensive (e.g., via ethnically integrated neighborhoods, marriage, and friendship)

34) In order to be able to work with minority clients, I frequently seek consultation with multicultural experts and attend multicultural workshops or training sessions.
35) I am effective at crisis interventions (e.g., suicide attempt, tragedy, broken relationship).
36) I use varied counseling techniques and skills.
37) I am able to be concise and to the point when reflecting, clarifying, and probing.
38) I am comfortable with exploring sexual issues.
39) I am skilled at getting a client to be specific in defining and clarifying problems.
40) I make my nonverbal and verbal responses congruent.

MCI

The following statements cover counseling practices in multicultural counseling. Indicate how accurately each statement describes you as a counselor, psychologist, or student in a mental health training program when working in a multicultural counseling situation. Give ratings that you actually believe to be true rather than those that you wish were true.

Please rate yourself on these items from 1 *(very inaccurate*) to 4 (*very accurate*).

___ 1. I perceive that my race causes clients to mistrust me.
___ 2. I have feelings of overcompensation, over solicitation, and guilt that I do not have when working with majority clients.
___ 3. I am confident that my conceptualization of client problems does not consist of stereotypes and value-oriented biases.
___ 4. I find that differences between my worldviews and those of the clients impede the counseling process.
___ 5. I have difficulties communicating with clients who use a perceptual, reasoning, or decision-making style that is different from mine.
___ 6. I include the facts of age, gender roles, and socioeconomic status in my understanding of different minority cultures.
___ 7. I use innovative concepts and treatment methods.
___ 8. I manifest an outlook on life that is best described as “world-minded” or pluralistic.
___ 9. I examine my cultural biases.
___ 10. I tend to compare client behaviors with those of the majority group.
___ 11. I keep in mind research findings about minority clients’ preferences in counseling.
___ 12. I know what are the changing practices, views, and interests of people at the present time.
___ 13. I consider the range of behaviors, values, and individual differences within a minority group.
___ 14. I make referrals or seek consultations based on the clients’ minority identity development.
___ 15. I feel my confidence is shaken by the self-examination of my personal limitations.
___ 16. I monitor and correct my defensiveness (e.g., anxiety, denial, anger, fear, minimizing, overconfidence).
___ 17. I apply the sociopolitical history of the clients’ respective minority groups to understand them better.
___ 18. I am successful at seeing 50% of the clients more than once, not including intake.
___ 19. I experience discomfort because of the clients’ different physical appearance, color, dress, or socioeconomic status.

___ 20. I am able to quickly recognize and recover from cultural mistakes or misunderstandings.
___ 21. I use several methods of assessment (including free response questions, observations, and varied sources of information and excluding standardized tests).
___ 22. I have experience solving problems in unfamiliar settings.
___ 23. I learn about clients' different ways of acculturation to the dominant society to understand the clients better.
___ 24. I understand my own philosophical preferences.
___ 25. I have a working understanding of certain cultures (including African American, Native American, Hispanic, Asian American, new Third World immigrants, and international students).
___ 26. I am able to distinguish between those who need brief, problem-solving, structured therapy and those who need long-term, process-oriented, unstructured therapy.
___ 27. When working with international students or immigrants, I understand the importance of legalities of visa, passport, green card, and naturalization.
___ 28. My professional or collegial interactions with minority individuals are extensive.
___ 29. In the past year, I have had a 50% increase in my multicultural case load.
___ 30. I enjoy multicultural interactions as much as interactions with people of my own culture.
___ 31. I am involved in advocacy efforts against institutional barriers in mental health services for minority clients (e.g., lack of bilingual staff, multiculturally skilled counselors, racial and ethnic minority counselors, minority professional leadership, and outpatient counseling facilities).
___ 32. I am familiar with nonstandard English.
___ 33. My life experiences with minority individuals are extensive (e.g., via ethnically integrated neighborhoods, marriage, and friendship)
___ 34. In order to be able to work with minority clients, I frequently seek consultation with multicultural experts and attend multicultural workshops or training sessions.
___ 35. I am effective at crisis interventions (e.g., suicide attempt, tragedy, broken relationship).
___ 36. I use varied counseling techniques and skills.
___ 37. I am able to be concise and to the point when reflecting, clarifying, and probing.
___ 38. I am comfortable with exploring sexual issues.
___ 39. I am skilled at getting a client to be specific in defining and clarifying problems.
___ 40. I make my nonverbal and verbal responses congruent.

APPENDIX B

PREFERRED HELPING STYLES, ADAPTED

The original Preferred Helping Styles Inventory (PHSI) items may be found in:

Ivey, A. E. (2005). What is your preferred style of helping? In A. E. Ivey, M. B. Ivey, J. E. Myers, & T. J. Sweeney (Eds.), Developmental counseling and therapy: Promoting wellness over the lifespan (pp. 423-428). Boston, MA: Lahaska Press.

The adapted Preferred Helping Styles Inventory (PHSI) was developed by Barrio, C. A. (2006): Testing the Validity of Developmental Counseling and Therapy (DCT) as a Theoretical Approach to Treatment Planning: The Relationships among Cognitive Style, Ways of Knowing, Theoretical Position, and Intervention Style in Counselors and Counselors-in-training.

Email correspondence with author of instrument providing documentation of permission

Barrio, Casey Casey.Barrio@unt.edu

to me

Hi Laura,

Of course you can use the adapted PHSI for your dissertation. Everything I have about the instrument is in my dissertation. Sounds like you have access to that?

If there's anything else I can do to support your research, please be sure to let me know.

Warmly,
Casey

Casey A. Barrio Minton, PhD, NCC
Associate Professor & Program Coordinator
University of North Texas Counseling Program
1155 Union Circle #310829, Denton, TX 76203-5017
940/565-4945 (O), 940/565-2905 (F)
Casey.Barrio@unt.edu

The version used in the Pilot is presented first, followed by the final version used I the main study after taking into account suggested changes.

Preferred Helping Styles Inventory - Adapted

The following are some situations in which different people have different preferences. Please use the scale to rate how well each statement represents how you usually think, feel, and act. There are no right or wrong answers.

1	2	3	4	5	6	7
Strongly disagree	Moderately disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Moderately agree	Strongly agree

1) People describe me as emotional and quick to react, creative and playful, able to be with others in the here and now
2) Emotionally, I tend to feel deeply and immediately and feel easily in my body
3) I may be described as sensory-oriented
4) I prefer learning situations that are organized and structures with clear directions as to what is to be done
5) People describe me as ordered and organized, dependable, sequential
6) Emotionally, I tend to have specific feelings which remain consistent over time
7) I may be described as concrete
8) I prefer learning situations that enable me to apply concepts to myself and understand myself better
9) I prefer learning situations that are highly involving and experiential
10) I may be described as self-reflective
11) People describe me as intellectual, good at planning, adept at analyzing situations from several points of view
12) I may be described as analytical
13) Emotionally, I tend to prefer looking at patterns of feeling
14) I prefer learning situations that allow for multiple interpretations

PHSI-A

The following statements describe some situations in which people have different preferences.

Use this scale to rate how well each statement represents how you usually think, feel, and act.

1	2	3	4	5	6	7
Strongly disagree	**Moderately disagree**	**Somewhat disagree**	**Neither agree nor disagree**	**Somewhat agree**	**Moderately agree**	**Strongly agree**

___ 1. People describe me as emotional and quick to react, creative and playful, able to be with others in the here and now
___ 2. Emotionally, I tend to feel deeply and immediately and feel easily in my body
___ 3. I may be described as sensory-oriented
___ 4. I prefer learning situations that are organized and structures with clear directions as to what is to be done
___ 5. People describe me as ordered and organized, dependable, sequential
___ 6. Emotionally, I tend to have specific feelings which remain consistent over time
___ 7. I may be described as concrete
___ 8. I prefer learning situations that enable me to apply concepts to myself and understand myself better
___ 9. I prefer learning situations that are highly involving and experiential
___ 10. I may be described as self-reflective
___ 11. People describe me as intellectual, good at planning, adept at analyzing situations from several points of view
___ 12. I may be described as analytical
___ 13. Emotionally, I tend to prefer looking at patterns of feeling
___ 14. I prefer learning situations that allow for multiple interpretations

APPENDIX C

EMOTIONAL INTELLIGENCE SCALE

Wong, C.-S., & Law, K. (2002). The effects of leader and follower emotional intelligence on performance and attitude: An exploratory study. *The Leadership Quarterly, 13,* 243–274.

The EI scale is a published document and does not need permission to use it.

The version used in the Pilot is presented first, followed by the final version used I the main study after taking into account suggested changes.

Emotional Intelligence Scale

The following are some statements regarding your feelings. Select the number that best matches your agreement or disagreement with each statement. There are no right or wrong answers.

1	2	3	4	5	6	7
Completely disagree	Moderately disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Moderately agree	Completely agree

1) I have a good sense of why I have certain feelings most of the time.

2) I have good understanding of my own emotions.

3) I really understand what I feel.

4) I always know whether or not I am happy.

5) I always know my friends' emotions from their behavior.

6) I am a good observer of others' emotions.

7) I am sensitive to the feelings and emotions of others.

8) I have good understanding of the emotions of people around me.

9) I always set goals for myself and then try my best to achieve them.

10) I always tell myself I am a competent person.

11) I am a self-motivated person.

12) I would always encourage myself to try my best.

13) I am able to control my temper and handle difficulties rationally.

14) I am quite capable of controlling my own emotions.

15) I can always calm down quickly when I am very angry.

16) I have good control of my own emotions.

EIS

The following statements describe various aspects of people's character and behaviors.

Use this scale to rate how well each statement represents how you usually think, feel, and act.

1	2	3	4	5	6	7
Completely disagree	**Mostly disagree**	**Somewhat disagree**	**Neither agree nor disagree**	**Somewhat agree**	**Mostly agree**	**Completely agree**

___ 1. I have a good sense of why I have certain feelings most of the time.
___ 2. I have good understanding of my own emotions.
___ 3. I really understand what I feel.
___ 4. I always know whether or not I am happy.
___ 5. I always know my friends' emotions from their behavior.
___ 6. I am a good observer of others' emotions.
___ 7. I am sensitive to the feelings and emotions of others.
___ 8. I have good understanding of the emotions of people around me.
___ 9. I always set goals for myself and then try my best to achieve them.
___ 10. I always tell myself I am a competent person.
___ 11. I am a self-motivated person.
___ 12. I would always encourage myself to try my best.
___ 13. I am able to control my temper and handle difficulties rationally.
___ 14. I am quite capable of controlling my own emotions.
___ 15. I can always calm down quickly when I am very angry.
___ 16. I have good control of my own emotions.

APPENDIX D

DIALECTIC SELF SCALE

Spencer-Rodgers, J., Srivastava, S., Boucher, H. C., English, T., Paletz, S. B., & Peng, K. (2010). The dialectical self scale. Unpublished data, as cited in Spencer-Rodgers, J., Peng, K., Wang, L., & Hou, Y. (2004). Dialectical self-esteem and East-West differences in psychological well-being. *Personality and Social Psychology Bulletin, 30,* 1416–1432.

Email correspondence with author of instrument providing documentation of permission

Julie Rodgers rodgers@berkeley.edu

to me

Hi Laura,
please find attached a copy of the scale and a review paper that might interest you.
best
Julie

-----Original Message----- From: Laura Shannonhouse
Sent: Monday, February 27, 2012 8:23 PM
To: julie.rodgers@psych.ucsb.edu
Subject: SPN Profile Message: Obtaining a copy of the Dialectic Self Scale

Dr. Spencer-Rodgers,

I am most interested in making use of your Dialectic Self Scale in my dissertation. I'm a doctoral student in Counseling and Counselor Education at the University of North Carolina at Greensboro and am in the process of finalizing my instrumentation choices.

In short, I am looking at the connections of Multicultural Counseling Competence and Cognitive-Emotional Developmental Styles (Ivey, Ivey, Myers, & Sweeney, 2005). One of the CEDS is Dialectic and when I read your papers, it seemed that your scale may help me to measure this construct.

Please advise on if it is possible to obtain a copy and how I should proceed.

Thank you in advance,
Laura

2 attachments — Download all attachments

Dialectical self scale.2012.doc 45K View Download

pspr.spencer-rodgers.2010.pdf 321K View Download

This instrument was only used in the Pilot study.

Dialectical Self Scale

Listed below are a number of statements about your thoughts, feelings, and behaviors. Select the number that best matches your agreement or disagreement with each statement. There are no right or wrong answers. Use the following scale, which ranges from 1 (strongly disagree) to 7 (strongly agree).

1----------2----------3----------4----------5----------6----------7

Strongly disagree	**Neither agree nor disagree**	**Strongly agree**

1) I am the same around my family as I am around my friends.

2) When I hear two sides of an argument, I often agree with both.

3) I believe my habits are hard to change.

4) I believe my personality will stay the same all of my life.

5) I often change the way I am, depending on who I am with.

6) I often find that things will contradict each other.

7) If I've made up my mind about something, I stick to it.

8) I have a definite set of beliefs, which guide my behavior at all times.

9) I have a strong sense of who I am and don't change my views when others disagree with me.

10) The way I behave usually has more to do with immediate circumstances than with my personal preferences.

11) My outward behaviors reflect my true thoughts and feelings.

12) I sometimes believe two things that contradict each other.

13) I often find that my beliefs and attitudes will change under different contexts.

14) I find that my values and beliefs will change depending on who I am with.

15) My world is full of contradictions that cannot be resolved.

16) I am constantly changing and am different from one time to the next.

17) I usually behave according to my principles.

18) I prefer to compromise than to hold on to a set of beliefs.

19) I can never know for certain that any one thing is true.

20) If there are two opposing sides to an argument, they cannot both be right.

21) My core beliefs don’t change much over time.

22) Believing two things that contradict each other is illogical.

23) I sometimes find that I am a different person by the evening than I was in the morning.

24) I find that if I look hard enough, I can figure out which side of a controversial issue is right.

25) For most important issues, there is one right answer.

26) I find that my world is relatively stable and consistent.

27) When two sides disagree, the truth is always somewhere in the middle.

28) When I am solving a problem, I focus on finding the truth.

29) If I think I am right, I am willing to fight to the end .

30) I have a hard time making up my mind about controversial issues.

31) When two of my friends disagree, I usually have a hard time deciding which of them is right.

32) There are always two sides to everything, depending on how you look at it.

APPENDIX E

DEMOGRAPHIC/CI QUESTIONNAIRE, PILOT STUDY

Demographic Questionnaire

1. Biological Sex:
   a) Female
   b) Male
   c) Other

2. Age:
   a) 22-28
   b) 29-35
   c) 36-42
   d) 43-49
   e) 50+

3. Ethnicity:
   a) American Indian or Alaska Native
   b) Asian
   c) Black or African American
   d) Caucasian or White
   e) Latino
   f) Other. Please elaborate:_____

4. Counseling Experience:
   a) No counseling experience
   b) 1 semester of counseling experience (e.g., practicum or internship)
   c) 2 semesters of counseling experience (e.g., practicum or internship)
   d) 3 semesters of counseling experience (e.g., practicum or internship)
   e) 4 or more semesters of counseling experience (e.g., practicum or internship)

5. To what extent have you worked with people who you would describe as being culturally different than you (e.g., race, ethnicity, geographically, gender, sexual orientation, religion, etc.)?

a) Very often (every day)

b) Often (one time per week)

c) Not often (one time per month)

d) Infrequent (once a year)

e) Very Infrequent (next to none)

6. What kind of multicultural counseling training have you had?

a) None

b) A workshop

c) A multicultural or cross-cultural course

d) Additional multicultural training beyond a course. Please explain further:

_____

_____

7. To what degree do you feel that you have been honest in answering the questions among all the assessments given as part of this study?

a) Not at all

b) Somewhat

c) Mostly

d) Completely honest

8. Have you had a sustained *cultural immersion experience* (i.e., left your cultural context and immersed in the context of another cultural group for more than one encounter)?

a) Yes

b) No

If you answered NO to the above question, you may STOP completing this particular form. Otherwise, please complete the following questions, considering your most involved or powerful cultural immersion experience.

9. Did you interact with members of the target culture in a structured way before the immersion?

a) Yes

b) No

10. About how much total time (across all sessions) did you spend in *pre-immersion training*?

a) None

b) 1 hour

c) 2-5 hours

d) 5-10 hours

e) more than 10 hours

If you did NOT have pre-immersion training, skip the following 4 questions & GO TO #16.
However, if you had pre-immersion training, please answer them using these ratings:

a) Not at all

b) Somewhat

c) Adequately

d) Well prepared

e) Thoroughly prepared

How thoroughly did the pre-deployment trainings prepare you for …

11. Understanding the socio-political context of the local people

12. Communicating in the local language and customs

13. Experiencing culture shock

14. How to practice self care in the field

15. Please indicate how many days you spent immersed outside your cultural context
    a) 1-6 days
    b) 7-13 days
    c) 14-20 days
    d) 21-27 days
    e) 28 days or more

16. On average, how many hours were spent daily as part of the structured immersion experience?
    a) 1-2 hours
    b) 3-4 hours
    c) 5-6 hours
    d) More than 6 hours per day

17. About how much of that time was spent interacting with members of the target culture?
    a) No time was spent interacting with members of the target culture
    b) 25% or less of the time
    c) Between 25% and 50% of the time
    d) Between 50% and 75% of the time
    e) More than 75% of the time

Please answer the following 5 questions using these ratings:

a) Not at all
b) Once or twice
c) Several times
d) Very frequently
e) It was the focus of the immersion

During your immersion experience, how often did you…

18. Visit local museums or historical sites
19. Engage in activities that are common for the local people
20. Dialog with local people
21. Visit counseling agencies, clinics, or schools

22. Provide services to members of the target culture (e.g., counseling services, consultation, supervision, disaster response counseling)

23. Did you keep a journal or notebook during the immersion experience?
   a) Yes
   b) No

24. How frequently was there a *group process*?(e.g., dialogue with your peers and/or supervisor with the intent to reflect about your experience and learn from it and each other.)
   a) Never
   b) Once during the duration of the cultural immersion
   c) Several times
   d) Daily
   e) More than one time per day

25. How many hours (on average) did you spend in an individual group process session?
   a) None
   b) 1 hour
   c) 2 hours
   d) 3 hours
   e) More than 3 hours

26. How similar was this process group to your previous experiences of triadic or group supervision?
   a) Completely different
   b) Somewhat different
   c) Somewhat similar
   d) Completely similar

27. How structured were the process groups?
   a) Not at all structured
   b) Somewhat unstructured
   c) Somewhat structured

d) Completely structured

28. How much was the group process facilitator focused on the specific needs of yourself and your fellow trainees?

a) Not at all focused on my needs

b) Minimally focused on my needs

c) Moderately focused on my needs

d) Completely focused on my needs

29. Please feel free to add anything else that you would like to share about your cultural immersion experience that has not been captured by the above questions.

APPENDIX F

PILOT STUDY EVALUATION FORM

Please take a few minutes to complete the below evaluation of this experience. Your responses will provide knowledge and enable the researchers to modify the procedures to make the larger study more intentional.

1) Were any of the directions unclear? If so, please elaborate on what was unclear, and provide suggestions for improvement.

2) Were any of the items unclear? If so, which items were unclear, is there a different wording that would have been clearer?

3) Did you feel there was anything left out? Was there something you would have liked to have been asked that wasn't asked?

4) How long did it take you to complete all of the assessments? _____ minutes

5) What other feedback might you have for the researcher regarding your experience in participating in this study?

THANK YOU for giving of your time! Your feedback is most appreciated!!!☺

APPENDIX G

PILOT STUDY RECRUITMENT, INFORMED CONSENT, AND INSTITUTIONAL REVIEW BOARD APPROVAL

EMAIL SOLICITATION TO FACULTY

Dear Dr. X,

My name is Laura Shannonhouse and I'm working with Dr. Jane Myers in conducting a pilot study (IRB Project #: 12-0121). The purpose of this study is to test the procedures for a larger study examining the relationships between counselor trainees Multicultural Competence, Cultural Immersion, and Cognitive Emotional Developmental Styles. Such data may have implications for preparing counselors to work with an increasingly diverse world.

We are emailing to request permission to visit your class (either first 5 minutes or last 5 minutes) to recruit participants. We will read the recruitment script attached and pass out the informed consent. Any student who is interested in participating in the study will take the instruments outside of your class.

If you are willing to allow us to recruit for this research study, please let us know. Thank you for the consideration.

Laura Shannonhouse (Student Research)
Jane Myers (Project Director)

INITIAL RECRUITMENT SCRIPT

Emailed to potential participants and orally administered to those that participated

You are being asked if you want to be in a research study. The purpose of this study includes measuring:

1) The beliefs counselor-trainees have about their abilities to counsel clients of cultural backgrounds different than their own (multicultural competence - MCC)
2) The nature of their cultural immersion experiences (CI), and
3) Their proficiency in various cognitive/emotional developmental styles (CEDS).

We are inviting Master's level counselor education students at UNCG to take part in this study because we are interested in learning more about the relationships between MCC, CI, and CEDS. Such data may have implications for preparing counselors to work with an increasingly diverse world. Any data generated by this study will enable us to improve our procedures for future studies.

If these future studies can show that structuring CI process groups in a manner which engages counselor trainees from the perspective of particular Cognitive/Emotional Developmental Styles is helpful to their development of MCC, counselor educators will have a powerful tool for optimizing MCC acquisition and growth. Any knowledge gained through this proposed study will add to the toolbox for what is (and is not) important to consider in the preparation of multiculturally competent counselors, which is vital to increasing the quality of mental health service delivery to minority populations.

Students in this study will be asked to take part in paper and pencil assessments, along with a demographic form. You can expect to spend approximately 30 minutes to complete these assessments. Rest assured that your privacy will be protected. All identifying information will be removed from the assessments and they will only be accessible by Laura Shannonhouse and Dr. Jane Myers. All information obtained in this study is strictly confidential unless disclosure is required by law.

To be eligible to participate, you must have completed:

1.) a multicultural counseling course
2.) at least one semester of clinical experience (i.e., practicum/internship)

If you participate in this study, you will have the opportunity to reflect on your multicultural competence, which may provide an opportunity to grow professionally. However, you may experience minimal psychological effects (e.g., stress and anxiety) as you reflect on your ability to work with minority populations. Keep in mind that there are no costs to you or reimbursement/payment issued for participating in this study.

If you have any questions about this study, feel free to ask me, Laura Shannonhouse.

If you decide you want to be in the study, contact me and we will arrange a time for you to sign a formal consent form, take the assessments, and provide feedback regarding your experience. If later on you decide you that you do not want to be in the study, you are free to leave whenever you like without penalty or unfair treatment.

Thank you very much for your consideration,

Laura Shannonhouse (Student Researcher)
& Dr. Jane Myers (Project Director)

MODIFIED ORAL RECRUITMENT SCRIPT

You are being invited to participate in a research study. The purpose of this study includes measuring:

1) The beliefs counselor-trainees have about their abilities to counsel clients of cultural backgrounds different than their own (multicultural competence - MCC)
2) The nature of their cultural immersion experiences (CI), and
3) Their proficiency in various cognitive/emotional developmental styles (CEDS).

We are inviting Master's level counselor education students at UNCG to take part in this study because we are interested in learning more about the relationships between MCC, CI, and CEDS. Such data may have implications for preparing counselors to work with an increasingly diverse world. Any data generated by this study will enable us to improve our procedures for future studies.

If these future studies can show that structuring CI process groups in a manner which engages counselor trainees from the perspective of particular Cognitive/Emotional Developmental Styles is helpful to their development of MCC, counselor educators will have a powerful tool for optimizing MCC acquisition and growth. Any knowledge gained through this proposed study will add to the toolbox for what is (and is not) important to consider in the preparation of multiculturally competent counselors, which is vital to increasing the quality of mental health service delivery to minority populations.

Students in this study will be asked to take part in paper and pencil assessments, along with a demographic form. You can expect to spend approximately 30 minutes to complete these assessments. Rest assured that your privacy will be protected. All identifying information will be removed from the assessments and they will only be accessible by Laura Shannonhouse and Dr. Jane Myers. All information obtained in this study is strictly confidential unless disclosure is required by law.

To be eligible to participate, you must have completed:
1.) a multicultural counseling course
2.) at least one semester of clinical experience (i.e., practicum/internship)

If you have any questions about this study, feel free to ask me, Laura Shannonhouse (lrshanno@uncg.edu).

If you decide you want to be in the study, please fill out the consent form I'm passing out now. There are 3 options to take the instruments:1. stay after this class and meet in the VACC clinic, 2. meet in the VACC clinic at 8AM on Thursday morning for coffee and bagels, 3. meet in the VACC clinic on Thursday at 12PM for pizza and sodas. If you cannot make any of these times, feel free to contact me (lrshanno@uncg.edu) by Thursday at 12PM, and we will arrange a different time for you to take the instruments. If later on you decide you that you do not want to be in the study, you are free to leave whenever you like without penalty or unfair treatment.

Thank you very much for your consideration,

Laura Shannonhouse (Student Researcher)
& Dr. Jane Myers (Project Director)

UNIVERSITY OF NORTH CAROLINA AT GREENSBORO

CONSENT TO ACT AS A HUMAN PARTICIPANT: LONG FORM

Project Title: The Relationships Between Multicultural Competence, Cultural Immersion, and Cognitive/Emotional Developmental Styles

Project Director: Jane Myers
Student Researcher: Laura Shannonhouse

Participant's Name: _____

What this study is about?
This is a research project. We are interested in learning about masters-level counselor-trainees' cultural immersion experiences, beliefs about abilities in working with minority populations, and preferred helping styles. There is evidence of health disparities between majority and minority populations. The number of racial and ethnic minorities in the United States has continued to increase and it is projected that the U.S. will become a majority-minority by 2050. These changing demographics, coupled with health disparities, necessitate increasing MCC to more effectively work with minorities. This study involves examining the relationships between three variables that may have implications for preparing counselors to work with an increasingly diverse world.

Why are you asking me? You are a master's level counseling trainee. The only further eligibility criteria is that you have completed a multicultural counseling course and have had at least one semester of clinical experience. Some of you have also participated in cultural immersion; it is important that our sample contain both students who have and have not had CI. If you are currently a student and/or supervisee of the student researcher, Laura Shannonhouse, you will be ineligible to participate.

What will you ask me to do if I agree to be in the study?
All students in this study will be asked to complete 4 paper and pencil assessments, along with a demographic form. You can expect to spend approximately 30 minutes total to finish these assessments.

Is there any audio/video recording?
There is no such recording involved with this study.

What are the dangers to me?
The Institutional Review Board at the University of North Carolina at Greensboro has determined that participation in this study poses minimal risk to participants. You may experience minimal psychological effects (e.g., stress and anxiety) during the assessment process when you examine your feelings about your ability to work with minority populations.

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 Eric Allen in the Office of Research Compliance at UNCG toll-free at (855)-251-2351.

UNCG IRB
Approved Consent Form
Valid 3/28/12 to 3/27/15

Other questions
Any other questions concerns or complaints about this project or benefits or risks associated with being in this study can be answered by Dr. Jane Myers who may be contacted at (352) 334-3423 or jemeyers@uncg.edu. Additionally, Laura Shannonhouse may be contacted at (352) 359-0950 or at lrshanno@uncg.edu.

Are there any benefits to society as a result of me taking part in this research?
Once the relationships between the measured variables are elucidated, experimental designs of process group structure can be developed and tested during future studies. If it can then be shown that structuring process groups in a manner which engages counselor trainees to examine their CI experiences from the perspective of particular Cognitive/Emotional Developmental Style is helpful to their development of MCC, counselor educators will have a powerful tool for optimizing MCC acquisition and growth in trainees. Any knowledge gained through this proposed study will add to the toolbox for what is (and is not) important to consider in the preparation of multiculturally competent counselors, which is vital to increasing the quality of mental health service delivery.

Are there any benefits to *me* for taking part in this research study?
There are no direct benefits to you as a result of participating in this study.

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.

How will you keep my information confidential?
You will not be identified by name or other identifiable information as being part of this project. Student data will be collected via paper and pencil assessment. Researchers will transfer data to electronic format and code student names to protect the identities of the participants. All information obtained in this study is strictly confidential unless disclosure is required by law.

What if I want to leave the study?
You have the right to refuse to participate or to withdraw at any time, without penalty. If you do withdraw, it will not affect you in any way. If you choose to withdraw, you may request that any of your data which has been collected be destroyed unless it is in a de-identifiable state.

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.

Voluntary Consent by Participant:
By signing this consent form you are agreeing that you read, or it has been read to you, and you fully understand the contents of this document and are openly willing consent to take part in this study. All of your questions concerning this study have been answered. By signing this form, you are agreeing that you are 18 years of age or older and are agreeing to participate, or have the individual specified above as a participant participate, in this study described to you by Laura Shannonhouse.

_____ _____
Participant's Signature Date

UNCG IRB
Approved Consent Form
Valid 3/28/12 to 3/27/15

THE UNIVERSITY of NORTH CAROLINA
GREENSBORO

OFFICE OF RESEARCH COMPLIANCE
2718 Beverly Cooper Moore and Irene Mitchell Moore
Humanities and Research Administration Bldg.
PO Box 26170
Greensboro, NC 27402-6170
336.256.1482
Web site: www.uncg.edu/orc
Federalwide Assurance (FWA) #216

To: Jane Myers
Counsel and Ed Development
222 Curry Building

From: UNCG IRB

Date: 3/28/2012

RE: Notice of IRB Exemption
Exemption Category: 2.Survey, interview, public observation
Study #: 12-0121

Study Title: The Relationships Between Multicultural Competence, Cultural Immersion and Cognitive/Emotional Developmental Styles - Pilot Study

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 involves examining the relationships between masters-level counselor-trainees' cultural immersion experiences, beliefs about abilities in working with minority populations, and preferred helping styles that may have implications for preparing counselors to work in an increasingly diverse world.

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:
Laura Shannonhouse, Counsel And Ed Development
ORC, (ORC), Non-IRB Review Contact

THE UNIVERSITY of NORTH CAROLINA
GREENSBORO

OFFICE OF RESEARCH COMPLIANCE
2718 Beverly Cooper Moore and Irene Mitchell Moore
Humanities and Research Administration Bldg.
PO Box 26170
Greensboro, NC 27402-6170
336.256.1482
Web site: www.uncg.edu/orc
Federalwide Assurance (FWA) #216

To: Jane Myers
Counsel And Ed Development
222 Curry Building

From: UNCG IRB

Authorized signature on behalf of IRB

Approval Date: 4/03/2012
Expiration Date of Approval: 3/27/2015

RE: Notice of IRB Approval by Expedited Review (under 45 CFR 46.110)
Submission Type: Modification
Expedited Category: Minor Change to Previously Reviewed Research
Study #: 12-0121

Study Title: The Relationships Between Multicultural Competence, Cultural Immersion and Cognitive/Emotional Developmental Styles - Pilot Study

This submission has been approved by the above IRB for the period indicated. It has been determined that the risk involved in this modification is no more than minimal.

Submission Description:

This modification, dated 4/3/12, addresses the following:

- Modified recruitment script to recruit participants in person at either the beginning or end of a course.
- Additon of email to instructors requesting 5 minutes of class time to recruit participants via recruitment script.

Study Specific Details:

This modification, dated 4/3/12, addresses the following:

- Modified recruitment script to recruit participants in person at either the beginning or end of a course.
- Additon of email to instructors requesting 5 minutes of class time to recruit participants via recruitment script.

Investigator's Responsibilities

Signed letters, along with stamped copies of consent forms and other recruitment materials will be scanned to you in a separate email. These consent forms must be used unless the IRB hasgiven you approval to waive this requirement.

CC:
Laura Shannonhouse, Counsel And Ed Development
ORC, (ORC), Non-IRB Review Contact

APPENDIX H

FACTOR ANALYSES OF INSTRUMENTATION, PILOT STUDY

MCI

Component Matrix[a]

	Component			
	1	2	3	4
MCI3	.635		.365	
MCI6	.339	.384		
MCI7	.547	.386	-.301	
MCI8	.644			
MCI9	.635			.386
MCI11	.450	.478		
MCI12	.541		-.359	-.312
MCI13	.536			.677
MCI14		.538		.427
MCI16	.455			-.341
MCI17	.563		-.311	
MCI18		-.437		.308
MCI20	.564		.374	
MCI21	.715			
MCI22	.555			
MCI23	.585			
MCI24	.636			-.410
MCI25	.724			
MCI26	.589			
MCI27	.508	-.523		
MCI28	.494	-.613		
MCI29		-.496	.432	.327
MCI30	.417	-.544		
MCI31	.608	-.393		
MCI32	.463			
MCI33	.455	-.402		
MCI34	.606			.398
MCI35	.334	.377		
MCI36	.307	.315		

MCI37	.400	.505		.397
MCI38	.360		-.516	.494
MCI39	.522			
MCI40	.550		.479	
MCI1r			.440	
MCI2r	.483		.354	
MCI4r	.354			
MCI5r		.516		-.343
MCI10r	.548		.521	
MCI15r			.464	
MCI19r	.522			

Extraction Method: Principal Component Analysis.

a. 4 components extracted.

DSS

Component Matrix[a]

	Component			
	1	2	3	4
DSS2	.377		-.572	
DSS5		.690		-.302
DSS6	.618			
DSS10	.404	.435		-.535
DSS12	.539		.369	-.443
DSS13	.383	.517		
DSS14		.681		
DSS15	.465			.459
DSS16	.532		-.308	
DSS18	.632	.333		
DSS19	.689			-.359
DSS23		.328		
DSS27			-.553	
DSS30			-.659	
DSS31	.379		-.389	
DSS32		-.386		-.338
DSS1r				
DSS3r	-.364		.305	

DSS4r			.639	
DSS7r	.655			
DSS8r	.612		.484	
DSS9r			.418	
DSS11r				.474
DSS17r	.543			.490
DSS20r	.363	-.627		
DSS21r	.638			
DSS22r	.394	-.483		-.346
DSS24r	.624	-.312		
DSS25r	.385	-.459		
DSS26r	.357			.487
DSS28r	.566	-.401		
DSS29r	.594			

Extraction Method: Principal Component Analysis.

a. 4 components extracted.

PHSI

Component Matrix[a]

	Component			
	1	2	3	4
PHSI1	-.713			.307
PHSI2	-.560		.696	
PHSI3	-.711		.348	
PHSI4	.426	-.378	.463	
PHSI5	.395	-.546	.528	
PHSI6		-.348	.574	
PHSI7	.402	-.332		.517
PHSI8		.605	.346	
PHSI9	-.637	.368		.341
PHSI10		.618	.394	-.341
PHSI11	.546			.527
PHSI12	.686	.444		.318
PHSI13	.480	.709		
PHSI14		.784		

Extraction Method: Principal Component Analysis.

Component Matrix[a]

	Component			
	1	2	3	4
PHSI1	-.713			.307
PHSI2	-.560		.696	
PHSI3	-.711		.348	
PHSI4	.426	-.378	.463	
PHSI5	.395	-.546	.528	
PHSI6		-.348	.574	
PHSI7	.402	-.332		.517
PHSI8		.605	.346	
PHSI9	-.637	.368		.341
PHSI10		.618	.394	-.341
PHSI11	.546			.527
PHSI12	.686	.444		.318
PHSI13	.480	.709		
PHSI14		.784		

Extraction Method: Principal Component Analysis.

a. 4 components extracted.

EIS

Component Matrix[a]

	Component			
	1	2	3	4
EIS1	.680			-.433
EIS2	.670		-.375	
EIS3	.681			
EIS4	.437	-.352		-.459
EIS5	.628	-.448		
EIS6	.534	-.517		.382
EIS7	.538	-.599		
EIS8	.529	-.697		.301
EIS9	.493	.332	-.519	
EIS10	.515	.625		
EIS11	.604	.476	-.320	
EIS12	.463	.358		.494
EIS13	.380		.626	
EIS14	.473		.403	-.361
EIS15	.347	.326	.539	
EIS16	.672	.399	.376	

Extraction Method: Principal Component Analysis.

a. 4 components extracted.

APPENDIX I

DEMOGRAPHIC/CI QUESTIONNAIRE, MAIN STUDY

Demographic Questionnaire

1. Biological Sex:
    a. Female
    b. Male
    c. Other

2. Age: _____

3. Ethnicity:
    a. American Indian or Alaska Native
    b. Asian
    c. Black or African American
    d. European American or Caucasian
    e. Latino
    f. Other:_____

4. Primary track:
    a. School Counseling
    b. Clinical Mental Health Counseling
    c. Marriage and Family Counseling
    d. Student Development/College Counseling
    e. Other:_____

5. Counseling Experience (e.g., practicum or internship):
    a. No counseling experience
    b. 1 semester
    c. 2 semesters
    d. 3 semesters
    e. 4 or more semesters
    f. Other: _____

6. To what extent have you worked with people who you would describe as being culturally different than you (e.g., race, ethnicity, geographically, gender, sexual orientation, religion, etc.)?
    a. Very often (every day)
    b. Often (once a week)
    c. Infrequently (once a month)

d. Very Infrequently (once a year)
e. None

7. What kind of multicultural counseling training have you had?
a. None
b. A multicultural or cross-cultural course
c. A workshop on multicultural counseling
d. Additional multicultural training.
If additional training, please explain further:_____
_____
_____

8. To what degree do you feel that you have been honest in answering the questions **among all the assessments**given as part of this study?
a. Not at all honest
b. Somewhat honest
c. Mostly honest
d. Completely honest

Note: The questions in this survey packet are challenging to answer. Please take a moment to reflect and see how authentic your responses are. Now that you are almost done, you are welcome to go back and revise any answers as you see fit.

9. Have you entered (immersed yourself) into the activities of an identified socio-cultural group? *This requires stepping out of one's culture and comfort zone as opposed to importing elements from a socio-cultural group to one's sphere of familiarity. This may take various forms, from a day trip to an immigrant community to a month long service learning project overseas.*
a. Yes
b. No

*If you answered **yes** to this question **(#9)**, please complete the remaining pages.*

*The following questions should be answered about your **most significant** immersion experience with a socio-cultural group different from your own.*

Socio-Cultural Immersion Demographic

1. Was your immersion experience domestic *(i.e., immersed in the activities of a socio-cultural group within the United States)* or foreign *(i.e., immersed in the activities of a socio-cultural group outside the United States)?*
    a. Foreign
    b. Domestic
2. Are you an international student (*e.g., student who is enrolled in an institution of higher education in the US who is not a citizen of the US, or was born in another country and lived for several years in one's country of origin before moving to the US*)?
    a. Yes
    b. No

3. How many **days** did you spend immersed outside your cultural context? _____

4. On average, how many **hours** did you **spend daily** as part of your immersion experience? ____ *(i.e., the hours you spent engaged in the activities of an identified socio-cultural group)*

5. About how much of that time was spent **interacting** with members of the target culture?
    a. None
    b. Some
    c. Half
    d. Most
    e. All

6. Please describe your cultural immersion experience?_____
_____
_____
_____
_____
_____
_____

7. Did you experience training prior to your immersion experience *(e.g., this can take the form of an orientation, lectures, discussions, guest speakers, videotapes, and/or readings to prepare for immersion)?*
    a. Yes
    b. No

*If you did not experience pre-training, please leave questions **#8 - 15** about pre-training blank.*

8. Approximately how many pre-training **sessions** did you have? _____

9. About how many **total hours** did you spend in these pre-training sessions? _____

10. Did you interact with members of the target culture during the pre-trainings?
    a. Yes
    b. No

*Please rate the following 5 questions **(#11 - 15)** using these choices:*
    a. Not at all
    b. Somewhat
    c. Adequately
    d. Well
    e. Very well

How thoroughly did the pre-deployment trainings prepare you for …

___ 11. Understanding the socio-political context of the local people

___ 12. Communicating in the local language and customs

___ 13. Experiencing culture shock

___ 14. Practicing self-care while immersed

___ 15. Providing culturally competent clinical services

*Please rate the following 6 questions **(#16 - 21)** using these choices:*
    a. Not at all
    b. Once or twice
    c. Several times
    d. Very frequently
    e. It was the focus of the trip

How much did you do each of the following while immersed…

___ 16. Visit local museums or historical sites

___ 17. Engage in activities that are common for the local people

___ 18. Dialog with local people

___ 19. Speak in a language other than your primary language

___ 20. Visit counseling agencies, clinics, or schools

___ 21. Provide services to members of the target culture *(e.g., counseling services, consultation, supervision, disaster response counseling, etc.)*

22. Was there **group process** during the immersion *(e.g., dialogue with peers and/or supervisors with the intent to reflect about experiences and learn from them and from each other)?*
    a. Yes
    b. No

*If you did not engage in **group process,** please leave questions **#23 - 32** blank.*

23. How **frequently** was there a group process *(e.g., every day, several times during the immersion, once or twice, not at all)?*_____

24. On average, how many **hours** did you spend in each group process session? _____

*Please rate the following 4 questions **(#25 - 28)** using these choices:*

a. Completely different
b. Somewhat different
c. Somewhat similar
d. Completely similar

How similar was your group process to…..

___ 25. Receiving personal counseling

___ 26. Receiving individual supervision

___ 27. Receiving group supervision

___ 28. Talking with friends

29. How structured were the process groups *(i.e., **was a specific format or model used**)?*

a. Not at all structured
b. Somewhat unstructured
c. Somewhat structured
d. Completely structured

30. How much was the group process **facilitator** focused on **your** specific needs?

a. Not at all focused on my needs
b. Minimally focused on my needs
c. Moderately focused on my needs
d. Completely focused on my needs

31. How much was the group process **facilitator** focused on the specific needs of your **peers**?

a. Not at all focused on their needs
b. Minimally focused on their needs
c. Moderately focused on their needs
d. Completely focused on their needs

32. Is there anything you would like to share about the **process group component** of your cultural immersion experience that isn't captured in the above questions? _____

_____

_____

_____

_____

_____

_____

33. Please rank these components of your cultural immersion experience (*from **1 = most** to **5 = least**)* based upon **how much impact** they had on your growth and development.

____ Pre-training
____ Time spent immersed
____ Interaction with culturally diverse others
____ Participation in group process
____ Other: _____

34. How **safe** did you feel to share your experiences and reflections with your peers and/or supervisor while immersed?

a. Not at all safe
b. Minimally safe
c. Moderately safe
d. Completely safe

*Please rate the following 3 questions **(# 35 - 37)** using these choices:*

a. Not at all
b. Minimally
c. Moderately
d. Completely

How do you feel your cultural immersion experience increased your…

___ 35. ***Knowledge*** of how other groups define and view themselves?

___ 36. ***Skills*** in creating counseling interventions appropriate for clients of diverse worldviews?

___ 37 ***Awareness*** of your own values, beliefs, biases, and worldview and the impact these have on your work with clients?

38. Is there anything about your cultural immersion experience that you would like to share that wasn't captured in the above questions_____
_____
_____
_____
_____
_____

If you would you be willing to be contacted at a later date for a future study,

Please provide your contact information… **Email:**_____

Name:_____ **Permanent**

Phone:_____

Permanent Address: _____
_____

APPENDIX J

LIST OF INSTITUTIONS SAMPLED FROM

Selected Based on Pre-pilot Results

Antioch University New England
Arizona State University
Auburn University
Bradley University
Denver Seminary
Grace College
Georgia State University
Long Island University
Loyola University Maryland
Mercer University
Montclair State University
North Carolina Central University
Old Dominion University
St. Johns Fisher College
SUNY Brockport
University of Toledo
University of Central Florida
University of Florida
University of North Carolina at Greensboro
University of North Texas
University of Tennessee Chattanooga
Valdosta State University
Winona State Universtiy
Youngstown State University

APPENDIX K

MAIN STUDY RECRUITMENT, INFORMED CONSENT, AND INSTITUTIONNAL REVIEW BOARD APPROVAL

Recruitment Email
(Sent to programs identified in pre-pilot to request permission to recruit their students)

Dr. XXXX,

Dr. Myers and I submitted a survey last fall and received data from 62 CACREP programs on their Cultural Immersion experiences. One aim of that study was to identify programs in which to sample for the larger study. I wanted to make sure to include (name of counselor education program) in the larger study. I'm emailing to request permission to collect data from (name of counselor education program) for a study examining the relationships between multicultural counseling competence, cultural immersion, and the cognitive/emotional developmental style of counselor trainees (abstract attached for more details).
If you agree to support this research, I will endeavor to visit your program in person to administer the assessments (schedules permitting). If it's not possible or practical to visit in person, I would mail you all the necessary materials with self-addressed stamped envelopes to return the data. Both you and your students will be compensated and the results of the study will be shared with you. Hopefully, findings will be useful or meaningful to you in your cultural immersion program.
I would ask for 5 minutes of a class time to tell students about the study. In addition, I would ask that an email be sent through your dept. listserv advertising the incentives to participants. I will provide pizza/sodas, and/or bagels and coffee to the students of the programs that I visit in person. Students who complete the materials from programs I cannot visit will be compensated with a 5 dollar gift card (per student). The population of interest is master's level counselor-trainees who have had a multicultural counseling course and at least one semester of clinical experience (i.e., practicum or internship). In addition, for facilitating this, I would like to offer you a small gift card. Having experienced cultural immersion is not a requirement, as I will need to examine data from both immersed and non-immersed trainees. Average time to complete the packet is 22 minutes.
Please let me know if you have any questions. I can be reached by cell phone (352-359-0950) or email (lrshanno@uncg.edu). I would greatly appreciate your support as I collect data this summer and fall. Just let me know what would be the best date/time to learn from your students.

Thank you,
Jane E. Myers, PhD, NCC, NCGC, LPC (Project Director)
Laura R. Shannonhouse, Ed.S., NCC, LPC (Student Researcher)
Department of Counseling and Educational Development The University of North Carolina at Greensboro

Recruitment Script (to be read when distributing surveys)

You are being invited to participate in a research study. The purpose of this study includes measuring:

1) The beliefs counselor-trainees have about their abilities to counsel clients of cultural backgrounds different than their own (multicultural competence - MCC)
2) The nature of their cultural immersion experiences (CI), and
3) Their proficiency in various cognitive/emotional developmental styles (CEDS).

We are inviting Master's level counselor education students to take part in this study because we are interested in learning more about the relationships between MCC, CI, and CEDS. Such data may have implications for preparing counselors to work with an increasingly diverse world. Any data generated by this study will enable us to improve our procedures for future studies.

If these future studies can show that structuring CI process groups in a manner which engages counselor trainees from the perspective of particular Cognitive/Emotional Developmental Styles is helpful to their development of MCC, counselor educators will have a powerful tool for optimizing MCC acquisition and growth. Any knowledge gained through this proposed study will add to the toolbox for what is (and is not) important to consider in the preparation of multiculturally competent counselors, which is vital to increasing the quality of mental health service delivery to minority populations.

Students in this study will be asked to take part in paper and pencil assessments, along with a demographic form. You can expect to spend approximately 22 minutes to complete these assessments. Rest assured that your privacy will be protected. All identifying information will be removed from the assessments and they will only be accessible by Laura Shannonhouse and Dr. Jane Myers. All information obtained in this study is strictly confidential unless disclosure is required by law.

To be eligible to participate, you must have completed:

1.) a multicultural counseling course
2.) at least one semester of clinical experience (i.e., practicum/internship)

Should you participate, you will be compensated for your time either with breakfast (bagels), lunch (pizza), or a small gift card ($5). If you have any questions about this study, feel free to ask me, Laura Shannonhouse (lrshanno@uncg.edu).

If you decide you want to be in the study, please fill out the consent form being passed around now. There are several options for when you can take the instruments:
(these will change depending on the needs of the specific program)

1. stay after this class and meet in XXX,
2. meet in XXX at X:XX a.m. on XXX morning for coffee and bagels,
3. meet in XXXX on XXXX at X:XX p.m. for pizza and sodas.

If you cannot make any of these times, feel free to contact me (lrshanno@uncg.edu) by XXXX, and we will arrange a different time for you to take the instruments. If later on you decide that

you do not want to be in the study, you are free to leave whenever you like without penalty or unfair treatment.

Thank you very much for your consideration,

Laura Shannonhouse (Student Researcher)
& Dr. Jane Myers (Project Director)

Modified Recruitment Script (to be read when distributing surveys)

You are being invited to participate in a research study. The purpose of this study includes measuring:

1) The beliefs counselor-trainees have about their abilities to counsel clients of cultural backgrounds different than their own (multicultural competence - MCC)
2) The nature of their cultural immersion experiences (CI), and
3) Their proficiency in various cognitive/emotional developmental styles (CEDS).

We are inviting Master's level counselor education students to take part in this study because we are interested in learning more about the relationships between MCC, CI, and CEDS. Such data may have implications for preparing counselors to work with an increasingly diverse world. Any data generated by this study will enable us to improve our procedures for future studies.

If these future studies can show that structuring CI process groups in a manner which engages counselor trainees from the perspective of particular Cognitive/Emotional Developmental Styles is helpful to their development of MCC, counselor educators will have a powerful tool for optimizing MCC acquisition and growth. Any knowledge gained through this proposed study will add to the toolbox for what is (and is not) important to consider in the preparation of multiculturally competent counselors, which is vital to increasing the quality of mental health service delivery to minority populations.

Students in this study will be asked to take part in paper and pencil assessments, along with a demographic form. You can expect to spend approximately 22 minutes to complete these assessments. Rest assured that your privacy will be protected. All identifying information will be removed from the assessments and they will only be accessible by Laura Shannonhouse and Dr. Jane Myers. All information obtained in this study is strictly confidential unless disclosure is required by law.

To be eligible to participate, you must have:

1.) completed a multicultural counseling course (or are enrolled in such a course after having had prior exposure to multicultural counseling issues
2.) at least one semester of clinical experience (i.e., practicum/internship)

Should you participate, you will be compensated for your time either with breakfast (bagels), lunch (pizza), or a small gift card ($5). If you have any questions about this study, feel free to ask me, Laura Shannonhouse (lrshanno@uncg.edu).

If you decide you want to be in the study, please fill out the consent form being passed around now. There are several options for when you can take the instruments:
(these will change depending on the needs of the specific program)

1. stay after this class and meet in XXX,
2. meet in XXX at X:XX a.m. on XXX morning for coffee and bagels,
3. meet in XXXX on XXXX at X:XX p.m. for pizza and sodas.

If you cannot make any of these times, feel free to contact me (lrshanno@uncg.edu) by XXXX, and we will arrange a different time for you to take the instruments. If later on you decide that

you do not want to be in the study, you are free to leave whenever you like without penalty or unfair treatment.

Thank you very much for your consideration,
Laura Shannonhouse (Student Researcher)
& Dr. Jane Myers (Project Director)

Modified Informed Consent

CONSENT TO ACT AS A HUMAN PARTICIPANT: LONG FORM

Project Title: The Relationships Between Multicultural Competence, Cultural Immersion, and Cognitive/Emotional Developmental Styles

Project Director: Jane Myers

Participant's Name: _____

What is the study about?
This is a research project. We are interested in learning about masters-level counselor-trainees' cultural immersion experiences, beliefs about abilities in working with minority populations, and preferred helping styles. There is evidence of health disparities between majority and minority populations. The number of racial and ethnic minorities in the United States has continued to increase and it is projected that the U.S. will become a majority-minority by 2050. These changing demographics, coupled with health disparities, necessitate increasing MCC to more effectively work with minorities. This study involves examining the relationships between three variables that may have implications for preparing counselors to work with an increasingly diverse world. .

Why are you asking me?
You are a master's level counseling trainee. The only further eligibility criteria are that you have completed a multicultural counseling course (or are enrolled in such a course after having had prior exposure to multicultural counseling issues), and have had at least one semester of clinical experience. Some of you have also participated in cultural immersion; it is important that our sample contain both students who have and have not had CI.

What will you ask me to do if I agree to be in the study?
All students in this study will be asked to complete 3 paper and pencil assessments, along with demographic form. You can expect to spend approximately 22 minutes total to finish these assessments.

Is there any audio/video recording?
There is no audio/video recording involved with this study.

What are the dangers to me?
The Institutional Review Board at the University of North Carolina at Greensboro has determined that participation in this study poses minimal risk to participants. You may experience minimal psychological effects (e.g., stress and anxiety) during the assessment process when you examine your feelings about your ability to work with minority populations.
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 Eric Allen in the Office of Research Compliance at UNCG toll-free at (855)-251-2351.

Other questions
Questions, concerns, or complaints about this project, or benefits or risks associated with being in this study can be answered by Dr. Jane Myers who may be contacted at (352) 334-3423 or jemeyers@uncg.edu. Additionally, Laura Shannonhouse (student researcher) may be contacted at (352) 359-0950 or at lrshanno@uncg.edu.

UNCG IRB
Approved Consent Form
Valid 10/11/12 to 5/23/13

Are there any benefits to society as a result of me taking part in this research?
Once the relationships between the measured variables are elucidated, experimental designs of process group structure can be developed and tested during future studies. If it can then be shown that structuring process groups in a manner which engages counselor trainees to examine their CI experiences from the perspective of particular Cognitive/Emotional Developmental Style is helpful to their development of MCC, counselor educators will have a powerful tool for optimizing MCC acquisition and growth in trainees. Any knowledge gained through this proposed study will add to the toolbox for what is (and is not) important to consider in the preparation of multiculturally competent counselors, which is vital to increasing the quality of mental health service delivery.

Are there any benefits to *me* for taking part in this research study?
By reflecting upon your work with minority clients, you may gain new insight that will be helpful to your growth as a counselor. Additionally, you may gain perspective on the use of cognitive/emotional developmental styles in a therapeutic or teaching context.

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. However, there are incentives. Should you participate, you will be compensated for your time either with breakfast (bagels), lunch (pizza), or a small gift card ($5).

How will you keep my information confidential?
Your privacy will be protected. You will not be identified by name or other identifiable information as being part of this project. Your paper assessments will have identifying information removed once it has been confidentially recorded. All information obtained in this study is strictly confidential unless disclosure is required by law.

What if I want to leave the study?
You have the right to refuse to participate or to withdraw at any time, without penalty. If you do withdraw, it will not affect you in any way. If you choose to withdraw, you may request that any of your data which has been collected be destroyed unless it is in a de-identifiable state.

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.

Voluntary Consent by Participant:
By signing this consent form you are agreeing that you read, or it has been read to you, and you fully understand the contents of this document and are openly willing consent to take part in this study. All of your questions concerning this study have been answered. By signing this form, you are agreeing that you are 18 years of age or older and are agreeing to participate, or have the individual specified above as a participant participate, in this study described to you by Laura Shannonhouse.

_____ _____
Participant's Signature Date

UNCG IRB
Approved Consent Form
Valid 10/11/12 to 5/23/13

Initial Informed Consent

CONSENT TO ACT AS A HUMAN PARTICIPANT: LONG FORM

Project Title: The Relationships Between Multicultural Competence, Cultural Immersion, and Cognitive/Emotional Developmental Styles

Project Director: Jane Myers

Participant's Name: _____

What is the study about?
This is a research project. We are interested in learning about masters-level counselor-trainees' cultural immersion experiences, beliefs about abilities in working with minority populations, and preferred helping styles. There is evidence of health disparities between majority and minority populations. The number of racial and ethnic minorities in the United States has continued to increase and it is projected that the U.S. will become a majority-minority by 2050. These changing demographics, coupled with health disparities, necessitate increasing MCC to more effectively work with minorities. This study involves examining the relationships between three variables that may have implications for preparing counselors to work with an increasingly diverse world. .

Why are you asking me?
You are a master's level counseling trainee. The only further eligibility criteria are that you have completed a multicultural counseling course, and have had at least one semester of clinical experience. Some of you have also participated in cultural immersion; it is important that our sample contain both students who have and have not had CI.

What will you ask me to do if I agree to be in the study?
All students in this study will be asked
to complete 3 paper and pencil assessments, along with a demographic form. You can expect to spend approximately 22 minutes total to finish these assessments..

Is there any audio/video recording?
There is no audio/video recording involved with this study.

What are the dangers to me?
The Institutional Review Board at the University of North Carolina at Greensboro has determined that participation in this study poses minimal risk to participants. You may experience minimal psychological effects (e.g., stress and anxiety) during the assessment process when you examine your feelings about your ability to work with minority populations.
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 Eric Allen in the Office of Research Compliance at UNCG toll-free at (855)-251-2351.

Other questions
Questions, concerns, or complaints about this project, or benefits or risks associated with being in this study can be answered by Dr. Jane Myers who may be contacted at (352) 334-3423 or jemeyers@uncg.edu. Additionally, Laura Shannonhouse (student researcher) may be contacted at (352) 359-0950 or at lrshanno@uncg.edu.

UNCG IRB
Approved Consent Form
Valid 5/24/12 to 5/23/15 Version: 1 9/12/2011

Are there any benefits to society as a result of me taking part in this research?
Once the relationships between the measured variables are elucidated, experimental designs of process group structure can be developed and tested during future studies. If it can then be shown that structuring process groups in a manner which engages counselor trainees to examine their CI experiences from the perspective of particular Cognitive/Emotional Developmental Style is helpful to their development of MCC, counselor educators will have a powerful tool for optimizing MCC acquisition and growth in trainees. Any knowledge gained through this proposed study will add to the toolbox for what is (and is not) important to consider in the preparation of multiculturally competent counselors, which is vital to increasing the quality of mental health service delivery.

Are there any benefits to *me* for taking part in this research study?
By reflecting upon your work with minority clients, you may gain new insight that will be helpful to your growth as a counselor. Additionally, you may gain perspective on the use of cognitive/emotional developmental styles in a therapeutic or teaching context.

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. However, there are incentives. Should you participate, you will be compensated for your time either with breakfast (bagels), lunch (pizza), or a small gift card ($5).

How will you keep my information confidential?
Your privacy will be protected. You will not be identified by name or other identifiable information as being part of this project. Your paper assessments will have identifying information removed once it has been confidentially recorded. All information obtained in this study is strictly confidential unless disclosure is required by law.

What if I want to leave the study?
You have the right to refuse to participate or to withdraw at any time, without penalty. If you do withdraw, it will not affect you in any way. If you choose to withdraw, you may request that any of your data which has been collected be destroyed unless it is in a de-identifiable state.

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.

Voluntary Consent by Participant:
By signing this consent form you are agreeing that you read, or it has been read to you, and you fully understand the contents of this document and are openly willing consent to take part in this study. All of your questions concerning this study have been answered. By signing this form, you are agreeing that you are 18 years of age or older and are agreeing to participate, or have the individual specified above as a participant participate, in this study described to you by Laura Shannonhouse.

_____ _____
Participant's Signature Date

UNCG IRB
Approved Consent Form
Valid 5/24/12 to 5/23/15

Version: 1 9/12/2011

Grace College

Informed Consent Form
Department of Counseling and Interpersonal Relations

Principal Investigator: Jane Myers
Student Investigator: Laura Shannonhouse
Title of Study: The Relationships Between Multicultural Competence, Cultural Immersion, and Cognitive/Emotional Developmental Styles

You have been invited to participate in a research project titled "The Relationships Between Multicultural Competence, Cultural Immersion, and Cognitive/Emotional Developmental Styles." This project will serve as Laura Shannonhouse's dissertation for the requirements of the Doctor of Philosophy degree at the University of North Carolina at Greensboro. This consent document will explain the purpose of this research project and will go over all of the time commitments, the procedures used in the study, and the risks and benefits of participating in this research project. Please read this consent form carefully and completely and please ask any questions if you need more clarification.

What are we trying to find out in this study?

We are interested in learning about masters-level counselor-trainees' cultural immersion experiences, beliefs about abilities in working with minority populations, and preferred helping styles. There is evidence of health disparities between majority and minority populations. The number of racial and ethnic minorities in the United States has continued to increase and it is projected that the U.S. will become a majority-minority by 2050. These changing demographics, coupled with health disparities, necessitate increasing multicultural counseling competence to more effectively work with minorities. This study involves examining the relationships between three variables that may have implications for preparing counselors to work with an increasingly diverse world.

Who can participate in this study?

You are a master's level counseling trainee. The only further eligibility criteria are that you have completed a multicultural counseling course, and have had at least one semester of clinical experience. Some of you have also participated in cultural immersion; it is important that our sample contain both students who have and have not had CI.

Where will this study take place?

Data will be collected on Grace College campus in classrooms used by the Counseling department.

What is the time commitment for participating in this study?

The full survey packet has taken other participants an average of 22 minutes to complete.

What will you be asked to do if you choose to participate in this study?

You will be asked to complete four pen-and-paper assessments: a demographic form, and three other surveys.

What information is being measured during the study?

Basic demographic information will be recorded along with a more detailed account of any cultural immersion experience that you have had in the domain of counseling. Additionally, you will be asked questions about your counseling experiences with those who differ in worldview to yourself. Lastly, you will be asked questions about your cognitive-emotional developmental preferences.

What are the risks of participating in this study and how will these risks be minimized?

You may experience minimal psychological effects (e.g., stress and anxiety) during the assessment process when you examine your feelings about your ability to work with minority populations. Should this occur, pause taking the survey immediately. If after several minutes the adverse psychological effects persist, then please indicate that in writing on the survey form, stop completing it, and hand it to the proctor. The student researcher, Laura Shannonhouse, has experience supervising counselor trainees in multicultural and developmental issues and on cultural immersion experiences. If you continue to feel distress after stopping this study feel free to contact her directly.

What are the benefits of participating in this study?

By reflecting upon your work with minority clients, you may gain new insight that will be helpful to your growth as a counselor. Additionally, you may gain perspective on the use of cognitive/emotional developmental styles in a therapeutic or teaching context.

Are there any costs associated with participating in this study?

There are no costs to you for participating in this study

Is there any compensation for participating in this study?

Should you participate, you will be compensated for your time either with a small gift card ($5) to Target.

Who will have access to the information collected during this study?

Your privacy will be protected. You will not be identified by name or other identifiable information as being part of this project. Once collected by Grace College counseling faculty, your paper assessments will be mailed to Laura Shannonhouse and confidentially recorded. All identifying information will be removed blacking out any initials or names found at the top of the instruments and the surveys will only be accessible by Dr. Jane Myers or Laura Shannonhouse in Dr. Myer's UNCG office. The unidentified data may be kept indefinitely in electronic form on the PI's office computer, but after three years (May 2016), all hard copies of surveys and informed consents will be removed from storage and destroyed by shredding. All information obtained in this study is strictly confidential unless disclosure is required by law.

What if you want to stop participating in this study?

You have the right to refuse to participate or to withdraw at any time, without penalty. If you do withdraw, it will not affect you in any way. If you choose to withdraw, you may request that any of your data which has been collected be destroyed unless it is in a de-identifiable state.

Contacts and Questions – Questions, concerns, or complaints about this project, or benefits or risks associated with being in this study can be answered by Dr. Jane Myers who may be contacted at (352) 334-3423 or jemeyers@uncg.edu. Additionally, Laura Shannonhouse (student researcher) may be contacted at (352) 359-0950 or at lrshanno@uncg.edu.

If you have any questions about your rights as a research participant, you may contact Grace College – Institutional Research Board Office at 574. 372.5100 ext. 6473 or swansoje@grace.edu

_____

Please Print Your Name

_____ _____

Participant's signature Date

Modified IRB Approval

THE UNIVERSITY of NORTH CAROLINA
GREENSBORO

OFFICE OF RESEARCH COMPLIANCE
2718 Beverly Cooper Moore and Irene Mitchell Moore
Humanities and Research Administration Bldg.
PO Box 26170
Greensboro, NC 27402-6170
336.256.1482
Web site: www.uncg.edu/orc
Federalwide Assurance (FWA) #216

To: Jane Myers
Counsel And Ed Development
222 Curry Building

From: UNCG IRB

Authorized signature on behalf of IRB

Approval Date: 10/11/2012
Expiration Date of Approval: 5/23/2013

RE: Notice of IRB Approval by Expedited Review (under 45 CFR 46.110)
Submission Type: Modification
Expedited Category: Minor Change to Previously Reviewed Research
Study #: 12-0107
Study Title: The Relationships Between Multicultural Competence, Cultural Immersion, and Cognitive/Emotional Developmental Styles

This submission has been approved by the above IRB for the period indicated. It has been determined that the risk involved in this modification is no more than minimal.

Submission Description:

This modification, dated 10/5/12, addresses the following:

- Change in eligiblity criteria so that counselor-trainees may be enrolled in a course in multi-cultural counseling, rather than require that they have completed it.
- Change in consent to reflect change in protocol.

Investigator's Responsibilities

Signed letters, along with stamped copies of consent forms and other recruitment materials will be scanned to you in a separate email. These consent forms must be used unless the IRB has given you approval to waive this requirement.

CC:
Laura Shannonhouse, Counsel And Ed Development
ORC, (ORC), Non-IRB Review Contact

Initial IRB Approval

THE UNIVERSITY of NORTH CAROLINA
GREENSBORO

OFFICE OF RESEARCH COMPLIANCE
2718 Beverly Cooper Moore and Irene Mitchell Moore
Humanities and Research Administration Bldg.
PO Box 26170
Greensboro, NC 27402-6170
336.256.1482
Web site: www.uncg.edu/orc
Federalwide Assurance (FWA) #216

To: Jane Myers
Counsel and Ed Development
222 Curry Building

From: UNCG IRB

Date: 5/24/2012

RE: Notice of IRB Exemption
Exemption Category: 2.Survey, interview, public observation
Study #: 12-0107

Study Title: The Relationships Between Multicultural Competence, Cultural Immersion, and Cognitive/Emotional Developmental Styles

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:

The purpose of this study includes measuring the beliefs counselor-trainees have about their abilities in counseling clients of different cultural backgrounds, cultural immersion experiences and preferred helping styles.

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:
Laura Shannonhouse, Counsel And Ed Development
ORC, (ORC), Non-IRB Review Contact

Required IRB Approval from Sampling Universities

GRACE
COLLEGE &
SEMINARY

Laura Shannonhouse
The University of North Carolina Greensboro
1400 Spring Garden Street
Greensboro, NC 27412

The Grace College Institutional Review Board evaluated the changes to your application, *The Relationships between Multicultural Competence, Cultural Immersion, and Cognitive/Emotional Developmental Style*. Your application has now received **Full Approval**. This means that you may proceed with your plan of research as it is proposed in your application.

Please note that if you wish to make changes to your procedures or materials, you must provide written notification to the Grace IRB in advance of the changes, co-signed by Dr. Jane Myers. Such changes must be approved by the Grace IRB prior to implementation. The Board wishes you success as you proceed with your research. Please feel free to contact myself should you have any questions.

Approval Termination: October 6, 2013

Sincerely,

Debra Musser Psy.D LMHC

Debra Musser, Psy.D., LMHC
Core Faculty, Graduate Department in Counseling and Interpersonal Relations
Chair, Institutional Review Board Grace College

DM/dm

200 Seminary Drive
Winona Lake, IN 46590
T 574-527-5100
www.grace.edu

MONTCLAIR STATE
UNIVERSITY

September 18, 2012

Laura R. Shannonhouse, Ed.S., NCC, LPC
Doctoral Candidate, Counseling and Educational Development
University of North Carolina at Greensboro

Dear Ms. Shannonhouse:

After an administrative review of your research and information provided in your *Request to Engage in Research with MSU Participants* form {submitted ; 9/06/2012}, we approved your recruitment of Montclair students in this research study entitled "The Relationships Between Multicultural Competence, Cultural Immersion, and Cognitive/emotional Developmental Styles." Since you are not affiliated with Montclair State University (MSU) this human subjects research activity did not constitute engagement of MSU employees, students or staff.

This procedure constitutes an administrative review, not an IRB review. Responsibility for IRB review lies with the researcher's home institution. If required, please obtain site approval for addition of MSU as a recruitment site with your home institution. Please be aware that the Provost or other Designated Officials reserve the right to reject or terminate such activities from being conducted with Montclair students at any time. Significant changes to your protocol or any unanticipated adverse events should be reported to us within 3 business days.

If you have any questions regarding this review please contact me at [973-655-7781, bergerh@mail.montclair.edu].

Thank you for your continued cooperation.

Sincerely,

Hila Berger

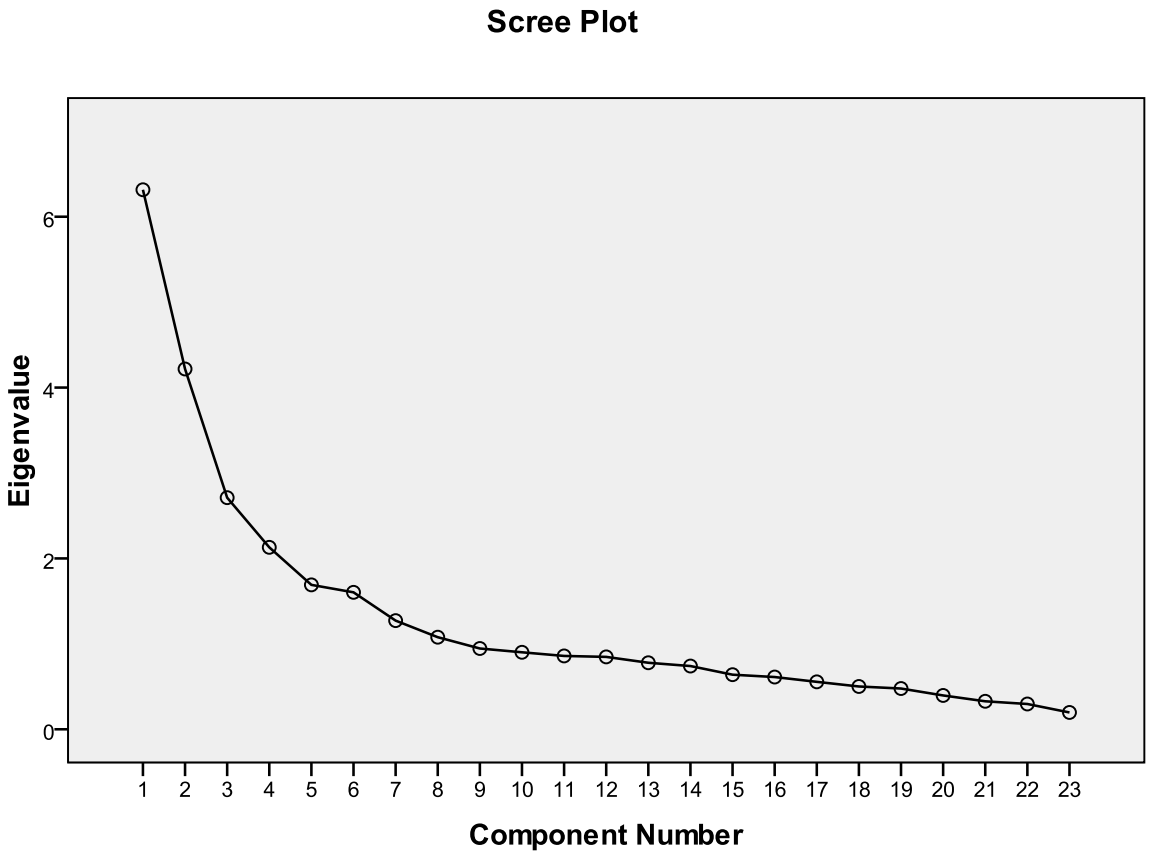
Digitally signed by Hila Berger
DN: cn=Hila Berger, o=Montclair State University, ou=Compliance, email=bergerh@mail.montclair.edu, c=US
Date: 2012.09.18 10:02:17 -04'00'

Hila Berger
Research Compliance Administrator

Cc: Dr. Jane Meyer, Counseling and Educational Development, University of North Carolina at Greensboro
Dr. Karen Pennington, Vice President for Student Development and Campus Life, Montclair State University

APPENDIX L

FACTOR ANALYSIS OF INSTRUMENTATION, MAIN STUDY



Factor Loadings for CI Demographic Items

Rotated Component Matrix[a]

	Raw		Rescaled	
	Component		Component	
	1	2	1	2
PT_context		.686		.588
PT_lang_cust		.644		.507
PT_Cshock		.739		.603
PT_selfcare		.861		.675
PT_CC_service		.959		.729
TIF4_cat	1.074		.778	
TIF4_hrs	.816		.683	
INT_time_frac	.338		.323	
INT_tour_sites	.768		.649	
INT_local_activ	.585		.504	
INT_dialog	.483		.465	
INT_Lang	.950		.719	
INT_cnslg_sites	.881		.653	
INT_services	.555		.439	
PG4_freq	.814		.550	
PG4_like_cnslg				
PG4_like_indvsup		.408		.412
PG4_like_grpsup		.440		.478
PG4_like_talking				
PG4_structure		.360		.367
PG4_myneeds		.403		.470
PG4_peerneeds		.389		.493
CI4_safety				

Extraction Method: Principal Component Analysis.
Rotation Method: Varimax with Kaiser Normalization.
a. Rotation converged in 3 iterations.