

PAREDES, DANIEL M., Ph.D. Multi/Cross-cultural Competence: Integrating Universal and Particular Perspectives. (2007)
Directed by. Dr. Craig S. Cashwell. 232 pp.

Multi/cross cultural competence is a core value of the counseling profession (ACA, 2005; ACES; 1972; AMHCA, 2000; ASCA, 2004; CACREP; 2001; NBCC, 2005). Although various theoretical approaches have been developed to describe multi/cross-cultural competence, one approach has garnered the most acceptance (D'Andrea, 2002; Mollen, Ridley, & Hill, 2003; Weinrach & Thomas 2002). This approach, first introduced by D.W. Sue and his colleagues in 1982, was further revised in 1992, 1996, and 2001. The 1992 version, entitled the ACA/AMCD Multicultural Counseling Competencies, has been adopted officially by the American Counseling Association and a number of its divisions.

As multi/cross-cultural counseling has grown in prominence, counselors have debated the relative influence of general helping skills, such as the use of empathy, and specific training on effective work with diverse clients (Arredondo & Toporek, 2004; Fukuyama, 1991; Locke, 1991; Sue, Arredondo, & McDavis, 1992; Weinrach & Thomas, 2002). The view that general helping skills are sufficient has been termed the *universalist* perspective, while the view that specialized training is necessary has been termed the *particularist* perspective (Pederson, 1991b). In this study, universalist and particularist perspectives were integrated and their relative influence on supervisors's ratings of counseling student multi/cross-cultural counseling competence was explored. Study instrumentation included the Scale of Ethnocultural Empathy (SEE; Wang et al., 2003) as

a measure of empathy. The Multicultural Counseling Competence and Training Survey – Revised (Holcomb-McCoy & Day-Vines, 2004) and the Multiethnic Identity Measure-1999 (MEIM-1999; Roberts, Phinney, Masse, Chen, Roberts, & Romero, 1999) were used as measures of the particularist perspective. Supervisor ratings of competence were measured with the Cross-Cultural Counseling Inventory – Revised (CCCI-R; LaFromboise, Hernandez, & Coleman, 1995). Based on past research (Constantine & Ladany, 2002), the Marlowe-Crowne Social Desirability Scale (MCSDS; Crowne & Marlowe, 1960) also was administered.

A total of 101 student counselor instrument packets and 21 supervisor instruments were returned out of the 216 packets that were mailed. Responses were received from a total of 10 counselor education programs in the north central and southern United States. On average, student counselors were 30.5 years of age ($SD = 8.5$) and 87% self reported their ethnicity as European American. Supervisors were an average of 38 years of age ($SD = 9.4$) and 16 of 21 reported European American as their ethnicity. The number of student counselors per supervisor ranged between two and eleven.

Not all study hypotheses were tested due to the observed factor structure in the study's instrumentation. Results of data analyses related to the relationship between empathy and the tripartite model with supervisor ratings of student counselor competence were inconclusive. Similarly, life experience variables, such as the number of languages spoken, interactions with members of diverse ethnic groups, among others, did not predict counselor empathy self-ratings or supervisor ratings of multi/cross-cultural counseling competence. The results of this study, however, do not eliminate the

possibility that universal and particular perspectives complement each other and should be explored further. Results also suggest that continued research on the measurement of empathy and multi/cross-cultural counseling competence is warranted.

MULTI/CROSS-CULTURAL COMPETENCE: INTEGRATING UNIVERSAL AND
PARTICULAR PERSPECTIVES

by

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

Greensboro
2007

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ACKNOWLEDGMENTS

I offer my deep gratitude to my chair and mentor, Dr. Craig Cashwell, who has patiently supported me in this process and throughout my graduate studies. Additional thanks are offered to my doctoral committee members, Dr. L. DiAnne Borders, Dr. Terry Ackerman, and Dr. Sharon Morrison. Each of these individuals has helped shape me as a professional seeking to help others through practice-minded contributions to the scholarly literature.

My colleagues in the faculty in the Department of Counselor Education at the University of North Carolina at Greensboro and at the National Board for Certified Counselors have prepared me for a career as a professional counselor and have provided me environments where I was challenged and encouraged to grow. I thank all members of both of these groups. I feel fortunate to be part of both the UNCG-CED and NBCC families and I hope to live up to the excellence these groups personify.

My family has been an ever-present source of support and personal guidance. Without the difficult choices and sacrifices made by Daniel and Silvia Paredes, I have no doubt that my lifecourse would have been different and that this accomplishment would not have been possible. My grandparents, Enrique, Alicia, Roberto, and Emma encouraged me to have a profession and to do it with conviction – every child should be so lucky.

Finally, I offer my thanks to my (soon to be) wife, my love, Maria Brunelli. I have the great fortune of having a partner who is also a colleague – some one exceptionally adept at reminding me of the importance of having a purpose to what I do. Her love and

support has been instrumental for overcoming the day-to-day challenges of completing this project. Already we have shared many milestones together - I look forward to sharing many more.

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CHAPTER I

INTRODUCTION

The world has become an increasingly mobile society. North Americans, in particular, have witnessed the great effects of migration. For example, according to the Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, North America's net migration rate was the highest in the world at 4.2 per 1000 persons for the years 2000-2005 while, comparatively, the lowest was in Latin America and the Caribbean at -1.5 per 1000 persons (Population Division, 2004a, 2004b). United States population statisticians have identified similar trends in noting the increase in ethnic diversity in the U.S. population between 2000 and 2003 (U.S. Census Bureau, 2005). Further, it is likely that U.S. Census Bureau statisticians are under-sampling certain ethnic minority groups. As such, it is reasonable to assume that counselors, who are first line providers of public services through educational and community mental health systems, are charged with addressing the needs of an increasingly diverse clientele. In light of this reality, professional counselors strive to identify how to better provide services to clients from a variety of ethnic and cultural backgrounds.

Multicultural approaches and multicultural competence are necessary for the continued relevance of the counseling profession (Arredondo-Dowd & Gonsalves, 1980; Holcomb-McCoy, 2000; 2001; Lee, 1997a; Pedersen, 1991b; Rogers, 1951; Sue, 1978,

2001; Wrenn as cited in Wachowiak & Aubrey, 1976). Proponents of the necessity of multicultural competence point to the fact that the client population served by counselors, regardless of setting, is increasingly diverse due in part to immigration and globalization (Leong & Blustein, 2000; Leong & Ponterotto, 2003; Lynch, 2002; Pederson, 1991b; Suarez-Orozco, 2001; Sue, Arredondo, & McDavis, 1992; Sue et al., 1998; Super, 1983). Further, it is unlikely that the trend of increasing diversity will reverse in the foreseeable future. Thus, counselors must be prepared to respond to the needs of a diverse cultural population.

Given the diversity of client populations, counselors need to understand how best to provide counseling services to diverse populations. Specifically, it is important for counselors to develop multicultural proficiency in multicultural client conceptualization, assessment, and intervention (ACES, 1973; Ponterotto & Casas, 1987; Ridley, & Kleiner, 2003; Ridley, Hill, & Li, 1998; Ridley, Mendoza, Kanitz, Angermeier, & Zenk, 1994; Sue, 1978, 2001; Sue et. al., 1982; Sue, Arredondo, & McDavis, 1992). Worldview differences stemming from cultural variation can account for relationship and process expectations within the counseling relationship and, more importantly, can be a critical factor in helping clients identify a means to achieve their counseling goals (Atkinson, Wampold, Lowe, Matthews, & Ahn, 1998; Carter, 1991; Fraga, Atkinson, & Wampold, 2004; Ibrahim, 1985; Ibrahim & Kahn, 1987; Kleinman, 1977; Lin, 2001; Rogers, 1951; Treviño, 1996). Failing to account for these worldview differences may put a counselor at risk not only of being ineffective, but also possibly of being harmful to their client

(Fraga, Atkinson, & Wampold, 2004; Garcia, Cartwright, Winston, & Borzuchowska, 2003; Sue et al., 1982).

Importance of Multiculturalism in the Counseling Profession

As a professional group, counselors have acknowledged the risk posed to client well-being by practitioners who are ill-equipped to account for differences in worldview in the counseling process (ACA, 2005; CACREP, 2001; NBCC, 2006). Respect for cultural differences on the part of the counselor has become one of the core beliefs of the counseling profession. Evidence of this sentiment is found in the explicit inclusion of language regarding the role of cultural diversity in the preamble to the current American Counseling Association (ACA) Code of Ethics which indicate, “Association members recognize diversity in our society and embrace a cross-cultural approach in support of the worth, dignity, potential, and uniqueness of each individual” (ACA, 2005, p. 3). Similar guidance is provided in the ethical codes of the National Board for Certified Counselors (NBCC), American Mental Health Counselors Association (AMHCA), American School Counselor Association (ASCA), American Psychological Association (APA), and other bodies monitoring counseling practice (AMHCA, 2000; APA, 2002; ASCA, 2004; NBCC, 2005). Beyond the possibility of sanction from these voluntary certification and membership organizations for failing to respect the dignity of clients of different cultures, counselors also may face disciplinary sanctions from many state licensure boards that have adopted one of these ethical standards documents as the standard against which counselor behavior is considered.

Language compelling counselors to respect cultural diversity is included in documents guiding counselor preparation as well as documents guiding the practice of counseling. The Council for the Accreditation of Counseling and Related Educational Professions (CACREP), the preeminent counselor preparation accreditation body in the United States, and many state licensure boards specifically require that counselors be exposed to curricular content engendering counselor consideration of cultural diversity. For example, in the 2001 version of the CACREP standards, the social and cultural diversity standard for counselor education, Standard II-K.2, defines inclusion of training in cultural diversity as follows:

2. SOCIAL AND CULTURAL DIVERSITY - studies that provide an understanding of the cultural context of relationships, issues and trends in a multicultural and diverse society related to such factors as culture, ethnicity, nationality, age, gender, sexual orientation, mental and physical characteristics, education, family values, religious and spiritual values, socioeconomic status and unique characteristics of individuals, couples, families, ethnic groups, and communities including all of the following:

- a. multicultural and pluralistic trends, including characteristics and concerns between and within diverse groups nationally and internationally;
- b. attitudes, beliefs, understandings, and acculturative experiences, including specific experiential learning activities;
- c. individual, couple, family, group, and community strategies for working with diverse populations and ethnic groups;
- d. counselors' roles in social justice, advocacy and conflict resolution, cultural self-awareness, the nature of biases, prejudices, processes of intentional and unintentional oppression and discrimination, and other culturally supported behaviors that are detrimental to the growth of the human spirit, mind, or body;
- e. theories of multicultural counseling, theories of identity development, and multicultural competencies, and

f. ethical and legal considerations (CACREP, 2001, p. 61).

Therefore, counselor preparation programs wishing to obtain accreditation from CACREP and those preparing students for state certification or licensure must provide training in cross-cultural counseling.

Despite the inclusion of multiculturalism in counselor preparation, the degree to which training occasions cross-cultural counseling practice is not well understood (D'Andrea, Daniels, & Heck, 1991; Fuertes & Brobst, 2002; Ponterotto & Casas, 1987; McRae & Johnson, 1991; Steward, Wright, Jackson, & Han, 1998). A plethora of scholarly articles and professional presentations acknowledge the greater degree to which culture has been addressed since the seminal article by Ponterotto and Casas (1987), yet many authors still note the paucity of multiculturally competent training programs in the United States (Constantine, 2001, 2002; Fuertes & Brobst, 2002; Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002; Pope-Davis & Dings, 1994; Pope-Davis, Liu, Toporek, & Brittan-Powell, 2001). Though multicultural stances and multicultural competence are being introduced to a greater degree, scholars also have called into question the relevance of the training counselors receive to work with persons of a different culture (Constantine, 2001; Constantine, Gloria, & Ladany, 2002; D'Andrea, Daniels, & Heck, 1991; Fuertes & Brobst, 2002; Hartung, 1996; McRae & Johnson, 1990; Mollen, Ridley, & Hill, 2003; Pope-Davis & Dings, 1994; Pope-Davis, Liu, Toporek, & Brittan-Powell, 2001; Whitfield, 1994). To date, discussion of the applicability of multicultural training is largely related to the ways in which counseling students learn what is important for competent cross-cultural practice.

Beyond minimal competence and training as defined by ethical codes and accreditation requirements, the counseling profession also has demonstrated its embrace of cultural diversity in the establishment of associations dedicated to minority advocacy. In this instance, minority, a word with a broad range of possible meanings, reflects the status of groups who yield limited political and social power (Arredondo et al., 1996). Examples of minority groups include ethnic/racial minorities, sexual orientation minorities, and age-group minorities. Advocacy for these groups with respect to political and social support as well as support for research into improved counseling practice is embodied by ACA divisions such as the Association for Multicultural Counseling and Development (AMCD), Association for Lesbian, Gay, Bisexual, and Transgendered Issues in Counseling (AGLBIC), and the Association for Adult Development and Aging (AADA). Each of these organizations is active in the counseling profession and in American society as a whole, seeking to foster a better understanding of concerns specific to these minority groups. It is largely because of the leadership of these organizations' membership that the counseling profession has been at the forefront of recognizing the need for cultural sensitivity and culturally competent counseling.

Multiculturalism in the Counseling Profession as an Evolving Process

Multiculturalism and the importance of cross-cultural counseling competence are widely recognized on an ideological basis and are hypothesized to be important factors in the provision of effective counseling services. The ideology underlying the relevance of cross-cultural competence is based on work begun as early as the 1950s. Rogers (1951) wrote of the limitations of Person Centered Therapy insofar as it was conceptualized by a

North American, while at the same time postulating that feeling a sense of empathy was a universally helpful factor. Later, in the 1960's, the counseling profession took a true shift toward acknowledgement of the need for exploration of the influence of worldview and culture on the counseling process. Counseling leaders such as Donald Super, Carl Rogers, and Hans Hoxter paved the way for researchers exploring the appropriateness of counseling interventions with non-White and other minority populations in the 1970's and 1980's (Pope-Davis, Liu, Toporek, & Brittan-Powell, 2001; Super, 1983).

As the general population in the United States considered the need for assumption of a multicultural stance on equality for different racial groups, questions first asked in the 1950s and 1960s were operationalized in counseling research of the 1970s. Broadly speaking, the emphasis of this research was the exploration of the ways in which counseling practice further oppressed non-White groups (Sue et al., 1998). Additionally, researchers explored the disparity in mental health service utilization rates for White U.S. consumers and other demographic groups (Maramba & Nagayama Hall, 2002; S. Sue, 1977, 1998). Increased awareness of the disparities in counseling utilization and the irresponsible application of counseling interventions in mental health and school settings supported Allen Ivey's and Sue et al.'s (1982) initiative in advocating for and presenting the Cross-Cultural Counseling Competencies position paper.

The Cross-Cultural Counseling Competencies (Sue et al., 1982) first presented the tripartite model, the preeminent model in the counseling profession. This model, which was designed for working with racial minority clients vulnerable to continued oppression from culturally insensitive counseling practitioners, emphasizes counselor Awareness,

Knowledge, and Skills. The area of Awareness references the need for a culturally skilled counselor to be aware of “assumptions about human behavior, values, biases, preconceived notions, personal limitations, and so forth” (Sue, Arredondo, & McDavis, 1992, p. 481). In short, awareness posits that in order to be effective in working with the culturally different, counselors must undergo the process of examining their own way of interpreting “normalcy.” The second component of the tripartite model, Knowledge, references the need for a culturally skilled counselor to “understand the worldview of his or her culturally different client without negative judgments” (Sue, Arredondo, & McDavis, 1992, p. 481). Essentially, proponents of the tripartite model argue that counselors should have some knowledge of a client’s cultural mores, especially in instances where the client is of a different culture. The third component of the tripartite model, Skills, posits that counselors should have the capacity to select interventions in light of their awareness and knowledge relative to their work with a specific client of a different culture.

The tripartite model has been refined significantly on three occasions, yet past refinements have failed to address some limitations of the model (Arredondo et al., 1996; Sue, 2001; Sue, Arredondo, & McDavis, 1992). Criticisms of the tripartite model stem from the way it was developed and its lack of a supporting research base, its incompleteness, and its relevance for practical application (Constantine, 2001; Constantine, Gloria, & Ladany, 2002; Dunn, Smith, & Montoya, 2006; Mollen, Ridley, & Hill, 2003; Pope-Davis, & Ottavi, 1994; Ridley, Mendoza, Kanitz, Angermeier, & Zenk, 1994; Weinrach & Thomas, 2002, 2004). Additionally, measurement of the tripartite

model has proven challenging. In a factor analysis of the four major instruments that were designed around the tripartite model and purport to measure cross-cultural competence, Constantine, Gloria, and Ladany (2002) found that none have a three-factor structure, but instead can be aggregated into a two-factor structure (Constantine, Gloria, & Ladany, 2002; D'Andrea, Daniels, & Heck, 1991; Dunn, Smith, & Montoya, 2006; LaFromboise, Coleman, & Hernandez, 1991; Sadowsky, Taffe, Gutkin, & Wise, 1994; Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002). The movement towards the inclusion of cultural consideration in counseling practice and training has faced challenges from the failure of the tripartite model to withstand rigorous empirical examination.

Although discussion of the need for consideration of cultural variables in the counseling process has been taking place, a concurrent discussion has been taking place concerning the role of “core” counseling techniques. Historically, the need for taking what Pedersen (1991b) labeled a *particularist* perspective has been challenged on the basis that a counselor relying on *universal* skills will be able to successfully provide services to clients of any culture (Draguns, 2002; Fukuyama, 1990; Pedersen, 1991b; Sue, 2001; Sue et al., 1998, Weinrach & Thomas, 2002). “The *universalist* position assumes that the same psychological processes are operating in all humans independent of culture” (Pedersen, 1991b, p. 9). *Particularist* or focused positions are associated with the notion that special skills are to be mobilized when counseling a culturally different client.

Particularist and universalist perspectives are not mutually exclusive, however, and a blending of the two has been called for in providing culturally sensitive counseling (Pedersen, 1991b; Sue, 2001; Sue, Arredondo, & McDavis, 1992). Arguments emphasizing training in empathy, one of the “core” conditions, suggest that while forming an empathic relationship is clearly beneficial, the particularist perspective facilitates the process of building such a relationship (Jenkins, 1997; Locke, 1990; Ridley & Lingle, 1996; Ridley & Udipi, 2002). In other words, particularists suggest that assumptions should not be made in counseling a culturally different client as this may reflect the counselor’s stereotypes; instead, the counselor should ask clients about the role their culture has in their daily existence. Concomitantly, the importance of assessing a client’s level of acculturation, through exploration of the relationship of their culture to problem etiology and resolution, has been highlighted. (Sue & Sue, 2002; Treviño, 1996). Strategies for exploring the relationship of cultural background to problem source and solution are similar to those used to express empathy and other universalist strategies are critical to the success of counseling with the culturally different. It could be argued that this process is equivalent to the empathic relationship building process that is a universal component of counseling practice.

The current study was designed to revisit the tripartite model by expanding upon a line of research exploring the components of counseling which comprise multicultural competence. Specifically, the emphasis of this study was on one component that has received limited empirical attention, the role of empathy (Duan & Hill, 1996, Ridley & Lingle, 1996; Youngs, 1999). This broad construct is seen as one of the critical

components to an effective counseling relationship and consistently accounts for a significant proportion of counseling outcome variance (Barrett-Lennard, 1962; Constantine, 2001; Duan & Hill, 1996; Garfield & Bergin, 1971; Gladstein, 1977; Greenberg, Elliot, Watson, & Bohart, 2001; Lambert, 1992; Lambert & Barley, 2001; Luborsky, Chandler, Auerbach, Cohen, & Bacrach, 1971; Kolden, 1996; Orlinsky, Ronnestad, & Willutzki, 2004; Rogers, 1951; Sexton & Whiston, 1994; Truax & Carkhuff, 1967). In the present study, a possible reorganization of the tripartite model was explored such that the skills component, which is currently conceived of as the ability to select interventions appropriately, based on knowledge of the client and awareness of self, will be comprised of empathy. This reorganization is theoretically consistent as questions about the role of universal components in effective cross-cultural counseling have paralleled the development and acceptance of the competencies (Constantine & Ladany, 2001; Fischer, Jome, & Atkinson, 1998; Fukuyama, 1990; Hanna, Bemak, & Chung, 1999; Locke, 1990; Sue et al., 1996). Results from this study inform the degree to which cross cultural empathy is mobilized in the counseling relationship and describe characteristics contributing to response patterns that are indicative of greater empathy.

Purpose of the Study

The purpose of this study was to inform future cross-cultural counseling competence models by revisiting the universal construct of empathy and its mobilization in the counseling process. Prior researchers largely have relied on the tripartite Knowledge, Awareness, and Skills model which, since it was first proposed, has not

adequately incorporated research findings (Jenkins, 1997; Mollen, Ridley, & Hill, 2003; Ridley & Lingle, 1996; Ridley, Mendoza, Kanitz, Angermeier, & Zenk, 1994; Weinrach & Thomas, 2002). In short, the model has not withstood statistical and practical scrutiny. This study investigated the role of empathy as it is applied to counseling the culturally different and as it may be applied in future iterations of the tripartite model. Demographic characteristics which may contribute to intercultural empathy also were explored.

Statement of the Problem

The need for competence in cross-cultural counseling has been acknowledged and adopted as a core belief in the counseling profession (ACA, 1995, 2005; CACREP, 2001; Fraga, Atkinson, & Wampold, 2004; Pedersen, 1991a). Since the inception of this notion, however, counselors have not adequately explored the realities behind promoting universal versus particularist factors in counseling. Statements have been made suggesting that universal and particularist factors might better be considered in a symbiotic rather than adversarial relationship; yet, to date, the two have not been integrated into one parsimonious model. The current preeminent conceptualization of multicultural competence, the tripartite model, also has not withstood empirical, theoretical, and practical evaluation satisfactorily. For example, psychometric studies have not adequately replicated the postulated three factors (Constantine, Gloria, & Ladany, 2002; D'Andrea, Daniels, & Heck, 1991; Kim, Cartwright, Asay, D'Andrea, 2003; LaFromboise, Coleman, & Hernandez, 1991; Ponterotto et al, 2001; Ponterotto, Rieger, Barrett, & Sparks, 1994; Pope-Davis & Ottavi, 1994). Also, the tripartite model has faced criticism for the way in which it was developed and labeled as a competence

model without an outcome research base to support the inclusion or exclusion of certain constructs. Some scholars have argued that this process constitutes faulty model building and has engendered questionable clinical relevance (Allison, Echemendia, Crawford, & Robinson, 1996; Barone, 1996; Constantine, 2001; Fuertes & Brobst, 2002; Mollen, Ridley, & Hill, 2003; Pope-Davis, Liu, Toporek, & Brittan-Powell, 2001; Ridley, Li, & Hill, 1998; Weinrach & Thomas, 2002). The counseling profession is faced with clear signs that a return to the foundation of model building is necessary. Nonetheless, the tripartite model introduces important concepts in expressing the sentiment that an effective counseling relationship is not possible if the counselor lacks awareness of her or his own biases and is not knowledgeable about the client's worldview. This study explored accurate empathic response ability with emphasis on being able to empathize with the culturally different as a means of bolstering the skills component of the model, which currently calls only for the accurate selection of intervention.

Research Questions

The role of empathy in multi/cross-cultural counseling is examined in the present study by addressing the following research questions:

1. What is the relationship between cross-cultural Empathy skills and counselors' awareness of their own culture?
2. To what extent can multi/cross-cultural competence be accounted for by including both universal (i.e., empathy) and particularist (i.e., Knowledge & Awareness) factors?
3. What demographic and life experience characteristics are associated with level of Empathy?
4. What demographic and life experience characteristics are associated with cross/multicultural counseling competence?

Need for the Study

The influence of culture has been recognized as an important part of the counseling process for more than 50 years (Pedersen, 1991b; Rogers, 1951; Sue et al., 1982; Wrenn, 1962). In an effort to better understand the client who is not a middle-class White male, the person upon whom the vast majority of counseling assessment, theory, and practice were empirically based, the cross-cultural counseling competencies were presented to the profession (Arredondo et al., 1996; Sue, 2001; Sue et al., 1992). These competencies and the precursor position paper (Sue et al., 1982) have been adopted as the preeminent structure guiding cross-cultural research and practice (Mollen, Ridley, & Hill, 2003; Ponterotto, Rieger, Barrett, & Sparks, 1994; Sue et al., 1998; Treviño, 1996). Unfortunately, while these competencies, which are widely known as the tripartite (or Knowledge, Awareness, and Skills) model, have been updated on multiple occasions, limitations to the model have not yet been addressed in a major revision of the model. Research findings suggest the next evolution of the tripartite model might include a greater degree of sophistication informing counseling practice and may need a significant reorganization of the number of factors postulated (Burkard & Knox, 2004; Coleman, 2004; Kim & Abreu, 2003; Patterson, 2004; Pope-Davis & Dings, 1994; Ridley, Baker, & Hill, 2001; Ridley, Mendoza, Kanitz, Angermeier, & Zenk, 1994; Ridley, Mollen, & Hill, 2003; Weinrach & Thomas, 2002). As such, one avenue for filling the need created by an incomplete cross-cultural counseling model is to conduct exploratory research which may inform future model building endeavors. In light of many multi/cross-cultural counseling scholars' recommendations and research suggesting empathy accounts for a

significant proportion of the variance in counseling outcomes, embedding empathy skills within the tripartite model may be indicated.

Definition of Terms

Throughout the current study, the following definitions will guide the use of terms frequently used in discussions of cultural competence. In light of Ridley, Mendoza, Kanitz, Angermeier, and Zenk's (1994) and Constantine, Gloria, and Ladany's (2002) findings that a broad range of interpretations are used in reading these terms, transparency and clarity are paramount.

Acculturation: Lee (1997a) defined acculturation as “the degree to which an individual [not identifying as a White, middle class, Protestant male] identifies with or conforms to the attitudes, lifestyles, and values of the European-American based macroculture” (p. 19).

Culture: membership in a socially constructed way of living, which incorporates collective values, beliefs, norms, boundaries, and lifestyles that are cocreated with others who share similar worldviews comprising biological, psychosocial, historical, psychological, and other factors (ACA, 2005).

Cross-Cultural: an instance where there is a meeting of two different cultures. Although these instances can be those deriving from differences in ethnicity, sexual orientation, age cohort, religion, and regional sub-culture, this study postulates that the process of being adaptive in forming an empathic relationship is universal. For the purposes of instrumentation, however, this study will focus on ethnic group differences as identified by the five ethnic major ethnic groups

identified in Sue, Arredondo, and McDavis (1992) and Kluckhohn and Strodtbeck's (1961) Value Orientations.

Cultural competence: Cultural competence has been ill defined in the counseling literature (Ridley, Mollen, & Hill, 2001). Existing definitions fail to account for the behavioral aspects of approaching a client's attributions for wellness and illness. Furthermore, existing definitions are limited by not adequately addressing questions about the relative influence of universal and particularist factors. As such, in the present study cultural competence will be construed as the mobilization of a fund of knowledge and empathy building skill sets as measured by the Multicultural Counseling Competence and Training Survey-Revised (MCCTS-R; Holcomb-McCoy & Day-Vines, 2004), the Multigroup Ethnic Identity Measure-1999 (MEIM-1999; Roberts, Phinney, Masse, Chen, Roberts, & Romero, 1999), and the Cross-Cultural Counseling Inventory-Revised (CCCI-R; LaFromboise, Coleman, & Hernandez, 1991).

Empathy: Duan and Hill (1996) synthesized past writings to define intellectual empathy as the ability of a counselor to assume the perspective of the client and emotional empathy as the ability of a counselor to attend to a client's emotional state. In his seminal work, Rogers (1951) described how the counselor strives to take the viewpoints of the client with genuineness and communicate attention to the client's emotional state such that the client feels understood. In the present study, empathy will be measured using the Scale of Ethnocultural Empathy (SEE; Wang et al., 2003).

Multicultural: Although related to the term cross-cultural, the key difference is that the term multicultural does not imply a physical interaction between two cultural groups. Additionally, the term *multicultural* has been adopted to mean cross-cultural work within the scope of ethnic differences and not the broader diversity audience (Sue, Arredondo, & McDavis, 1992).

Particularist: Sometimes also referenced as *specific* or *focused*. Indicates a special attention to cultural variables as they impact the counseling relationship and counseling outcomes.

Universalist: “The universalist position assumes that the same psychological processes are operating in all humans independent of culture” (Pedersen, 1991b, p. 9). Advocates of this position suggest that special attention to cultural variables is unnecessary as the application of “core” counseling skills is facilitative of client/student progress.

Organization of the Study

The study is presented in five chapters. Chapter 1 is designed to introduce the topic and its temporal salience. Consequently, the need, purpose, and specific research questions for the study are presented. The final section of Chapter 1 explains the organization of the study.

Chapter 2 introduces the reader to the relevant empirical and expositive literature on the topics related to the present study. The literature review begins by introducing how the construct of multiculturalism has been viewed in counseling. Next, the reader is introduced to the historical and empirical underpinnings that spurred the profession into

response through the cross-cultural and multicultural movement. The third subsection in Chapter 2 addresses current thought on how counseling student competence can be engendered. Finally, Chapter 2 closes with a brief summary.

Chapter 3 outlines the data collection and analysis procedures used in the present study. The participants in the study are described as well as the recruitment strategy. Subsequently, the instrumentation to be used is introduced along with considerations in the use of these instruments. Results of a pilot study, an introduction of the data analyses to be used, and limitations of the present study also are included.

Chapter 4 describes the results of the study. Presentation of results for the overall study includes a description of participants and reliability analyses for the instrumentation, and results of analyses for each of the research questions.

Chapter 5 describes the implications of the findings of this research study. Implications for future counseling and counselor education, and directions for future research are presented. Additionally, limitations to be considered in interpreting the findings of this study are acknowledged.

CHAPTER II

REVIEW OF THE RELEVANT LITERATURE

The literature supporting the importance of the current study is organized intentionally to highlight the historical significance of cultural considerations in counseling. Additionally, the review of the literature includes measurement of multi/cross-cultural competence, empathy as a universal component in counseling, measurement of empathy in counseling, studies supporting the importance of empathy as a universal component, and a discussion of attempts to integrate cultural competence (particularist perspectives) and empathic responding (universalist perspectives) into effective multi/cross-cultural counseling.

The years between the end of the Second World War and the start of the 1960s represent a unique period in the history of the counseling profession. A variety of social, political, and economic circumstances converged to facilitate the development of a foundation for counseling to develop into a helping profession centered on sensitivity to client and student needs. Throughout this time period of slightly more than a decade, a profound need for the skills and expertise counselors had been refining since the turn of the 20th century was recognized and, as such, the counseling profession rapidly expanded into a profession contributing to the daily lives of individuals in varied nations and cultures (Evraiff, 1996; Harper & Deen, 2003; Martin, 1997; Stewart, 1983; Sweeney, 2003). Concurrently, innovative methods were being incorporated into counseling

practice. Especially notable for the current study, humanistically oriented therapies were gaining a foothold in the counseling profession (Barrett-Lennard, 1962, 1981; Espy, 1975; Garfield & Bergin, 1971; Gladstein, 1970, 1975, 1977; Luborsky, Chandler, Auerbach, Cohen, & Bachrach, 1971; Orlinsky, Ronnestad, & Willutzky, 2003; Patterson, 1984, 2004; Rogers, 1957, 1975; Truax & Carkhuff, 1967). Theories that redefined the way that professional helpers approach their work and that placed a greater emphasis on the processes within and between the parties in counseling relationships gained greater acceptance. Issues of culture were being considered and the application of universal counseling conditions as a way to minimize the impact of culture was being considered, even at this early time in the history of the profession (Cottle, 1965; Patterson, 1984, 2004; Rogers, 1951, 1957). For clarity, the review of the literature is organized such that the literature on multi/cross-cultural sensitivity and empathy are reviewed discretely. Multi/Cross-culturalism is reviewed chronologically to highlight how the rise of multi/cross-culturalism was an extension of larger social changes. The rise of empathy as a healing condition took place at the same time as multi/cross-culturalism. The review begins with a review of particularist or multi/cross-cultural perspectives, measurement of cultural competence in counseling, and studies highlighting the need for multi/cross-culturalism. The rise of empathy, a universalist component, as a central component in the counseling process, operationalizations and measurement of empathy, and the role of empathy in counseling outcome and process are reviewed subsequently. Finally, an explanation of how both literature bases are integrated and the rationale for the current study is provided.

Multi/Cross-culturalism in Counseling

Multi/Cross-culturalism presently is considered a central tenet of the counseling profession (ACA, 2005; CACREP, 2001; NBCC, 2006). The multi/cross-cultural perspective has gained prominence in the profession over nearly sixty years as a confluence of political, and social factors converged in the United States and abroad. As is often the case in the counseling profession, external events contributed to progress by scholars and practitioners; one of the first examples of this type of external event is the post-World War II reconstruction.

1950s: Multi/Cross-culturalism Flashpoint

Gilbert Wrenn is widely credited with orienting the collective professional conscience toward consideration of how failing to account for cultural variables can lead to ineffective counseling services (Arredondo et al., 1996; Leong & Ponterotto, 2003; Patterson, 1996; Pedersen, 1976; 1991b; D.W. Sue, 1977). Following Dr. Wrenn's proposition of the dangers of cultural encapsulation in 1962, the profession took steps toward assuring future generations of counselors were better equipped to address the needs of diverse clients. While Wrenn's influence is widely acknowledged in modern multi/cross-cultural counseling texts and journal articles, the history of multi/cross-culturalism in the helping professions has roots that extend beyond the 1960s (Lee, 1997; Meyers, Estvan, & Perry, 1951; Rogers, 1951; Sue & Sue, 2004). In fact, as the world recovered from the Second World War and increasing numbers of former European colonies gained independence, a confluence of factors within and beyond the helping professions influenced the development of counselors' roots as culturally sensitive

providers (Evraiff, 1996; Lee, 2004; Martin, 2004; Stewart, 1983; Super, 1983). These factors include the pressures of redeveloping economies and educational systems that had been decimated during the war, and the ensuing pressures stemming from the Cold War.

Post World War II Reconstruction

Throughout the immediate post-World War 2 period, counselors throughout the world were called upon to aid in institutional and individual (personal) reconstruction measures. Significantly, counseling leaders such as Hans Hoxter, Donald Super, and Carl Rogers consulted in countries undergoing significant restructuring of their educational and vocational guidance systems (Evraiff, 1996; Harper & Deen, 2003; Stewart, 1983). Although significant restructuring of social and educational systems was taking place in war ravaged countries such as the United Kingdom and Japan, other countries such as the United States (U.S.) also experienced social and political events where counselors were at the forefront of intervention.

In the U.S., the development of the Cold War and the launch of Sputnik by the Union of Soviet Socialist Republics (USSR) spurred politicians to pass the National Defense Education Act (NDEA) in 1957. This act allocated funds for the development of counselor education programs so that a pool of guidance counselors could enter the workforce and identify and support students who showed signs of promise in engineering and the sciences (Collison, 2003; Herr, 2003; Remley & Herlihy, 2001; Sweeney, 2003). These international events facilitated the growth of the counseling profession by directly providing an avenue for counseling to be provided to diverse populations and for counseling as a profession to take steps towards responding to macro-scale needs.

Counseling Formalizes

As the need for counselors became more salient throughout the post-World War II era, counselors formed professional organizations. Each of these professional organizations focused on promoting counseling as a medium for national and international change agents (ACA, 2006; IAEVG, 2005; Lee, 2004; Martin, 2004; Remley & Herlihy, 2001; Sweeney, 2003). The formation of a unique professional group through the formalization of the American Personnel and Guidance Association (APGA) and specialty through Division 17 of the American Psychological Association, both in 1952, facilitated the subsequent development of a unique body of knowledge. Klatt (1967) identified a unique body of knowledge as a key component to the professionalization process. A unique body of knowledge, in turn, has provided the forum(s) through which scholars 20, 30, and 40 years later have been afforded a place to call into question how students and clients have their needs met by professional counselors, in general, and specifically how services are provided to historically disenfranchised groups. Additionally, while APGA (now known as the American Counseling Association [ACA]) and APA Division 17 provided a forum for consideration of how counseling knowledge is appropriately applied, so too have the International Roundtable for the Advancement of Counseling (IRTAC) and the International Association for Vocational and Educational Guidance (IAEVG) provided a forum for examination of counseling from a trans-national perspective (Harper & Deen, 2003; Lee, 2004; Martin, 2004; Skovholt, Hansen, Goh, Romano, & Thomas, 2005).

Discussion of how counseling is and might be applied in different countries in culturally appropriate terms dates back to this time period. The formation of IAEVG in 1951 was the product of the actions of counseling leaders, such as Hans Hoxter forming an organization describing counseling as it takes place in different countries (Lee, 2004; Harper & Deen, 2003). The need for such an organization may have been highlighted by the activities of these leaders in consulting with countries reforming their educational systems in the post-war era (Evraiff, 1996; Stewart, 1983). Furthermore, international conferences were taking place, ostensibly with the goal of counseling knowledge exchange. Such efforts constitute concrete examples of a burgeoning professional awareness, both from U.S.-based counselors and those abroad, that counseling theory is perhaps not best applied in a uniform way to diverse clients.

Multi/Cross-culturalism Embraced: Early Examples

Research including population samples from culturally diverse groups also took place in the post-war period. Meyers, Estvan, and Perry (1951) provided a literature review on concepts about minority groups. Their conclusion was that members of minority and majority groups both accept stereotypes to some extent. The reviewers concluded that social class had an impact on individual's choices in character formation, behaviors, and in sex role identification. Meyers et al. (1951) also wrote of stereotypes found by Clark and Clark (1950, cf. Meyers et al, 1951) and Goff (1949, cf. Meyers et al., 1951), which in the modern multi/cross-cultural counseling literature might be described as internalized racism. Other research with ethnic minorities include Hsueh's (1946) article on providing guidance services to a Chinese boy; Grunwald, Headley, Stevens,

and Slavson's (1951) case study of an interdisciplinary group's work with an African-American child; Ross and Ross' (1957) study of Apache Indian vocational choices; and Brazziel Jr.'s (1958) recommendations for designing a school guidance component for African-American youth.

Data from researchers in the fields of sociology and anthropology during the post-war period also informed the future work of counselors leading the multi/cross-cultural counseling movement. One example is the in-depth analyses of worldviews conducted by Kluckhohn and Strodtbeck (1961), arguably one of the most influential studies in multi/cross-culturalism to date (Carter, 1991; Ibrahim, 1985; Treviño, 1996). This team of researchers, who had independently formed relationships with different ethnically homogenous communities in the American southwest, reported differences in Man-Nature Orientation, Time Orientation, Activity, and Relational Orientation (Kluckhohn & Strodtbeck, 1961). This research has been instrumental because it demonstrates a methodology of adapting a survey into culturally relevant terms in multiple languages and asking members of different ethnic groups about their preferences, a method being revisited in multi/cross-culturally sensitive research and assessment. In more recent multi/cross-cultural counseling scholarship, sensitivity to worldview and values has been identified as an important consideration in the provision of culturally appropriate counseling (Carter, 1991; Ibrahim, 1985, 1996; Ibrahim & Kahn, 1987; Ibrahim & Owen, 1994; Locke, 1992; D. W. Sue, 1978b).

Social Movements Fuel Later Developments

Although reconstruction in the post-war era already has been provided as an example of how the counseling profession's response to social movements is an antecedent to multi/cross-culturalism, it is important to note that counseling and the current attention to cultural sensitivity had their roots in the racial equal-access movements of the United States in the 1950s. Undoubtedly, the single most important event to multi/cross-culturalism in this time period was the U.S. Supreme Court decision in *Brown vs. Board of Education of Topeka, Kansas* (Arredondo et al., 1996; Higgins & Warner, 1975). The Court's ruling that separate and equal is in fact, not equal, forced Americans to examine how they were going to live and work together, despite racial/ethnic differences. Further, this legislation forced institutions, including the counseling profession, to consider how to adjust.

1960s: Pivotal Social Transitions

Extending the scholarly and social movements that gained prominence in the 1950s, counseling in the 1960s provided a foundation for the further development of lines of inquiry into the appropriateness of counseling for non-White populations (Arredondo & Toporek, 2004; Margolis & Rungta, 1986; Sue, Arredondo, & McDavis, 1992; Sue & Sue, 2002). From a sociological perspective, this period marked a time when the traditional approaches to family, social, and governmental rulemaking were challenged. Many multi/cross-cultural scholars of the first decade of the 21st century point to the racial movements of the 1960s and the support of state sponsored mental health services as being pivotal to the current multi/cross-cultural stance of the counseling profession

(Arredondo et al., 1996; Christensen, 1975; Flores & Heppner, 2001; Ibrahim, 1996; Pedersen, 1991a). Perhaps even more salient as an antecedent to the current multi/cross-cultural stance, however, is the landmark work of Gilbert Wrenn (1962) who introduced the concept of the culturally encapsulated counselor.

Wrenn Challenges Counseling

Gilbert Wrenn (1962) is credited with challenging the counseling profession directly to consider the adverse effect that would result from failing to consider the cultural diversity of students and clients in providing services (Leong & Ponterotto, 2003; Patterson, 1996; Pedersen, 1976, 1991; D. W. Sue, 1977; Wachowiak & Aubrey, 1976). His short monograph of 5 pages challenged counselors to consider how cultural encapsulation, that is, entrenchment in their own set of schema for problem etiology and resolution, may lead them to use interventions based on faulty assumptions. In this brief article, Wrenn further stated that counselors have a responsibility to immerse themselves in the student/client's attributions to better understand how to design and implement interventions. While clearly one of the pillars for future work with cultural issues in counseling, this work also distinguishes itself through the credibility of the author, Gilbert Wrenn, a recognized leader of the counseling profession (Parker, 2002; Wachowiak & Aubrey, 1976). Through his direct challenge as a senior scholar, he likely facilitated the removal of barriers to mainstream evaluation of cultural differences in the practice of counseling.

Further, the literature suggests that the social movements of the 1960s provided an impetus to question counseling practice to a greater degree (Margolis & Rungta, 1986;

Parker & Myers, 1991). The increased awareness of the general public and the membership of the American Personnel and Guidance Association [APGA, now the American Counseling Association (ACA)] facilitated the development of the Office of Non-White Concerns (McFadden & Lipscomb, 1985). Although the exact degree to which groups should be included in the “non-white” category was a matter of debate in the early years of its existence, the Office, which became a division in 1972, was tasked with working toward assuring that minority group counseling and advocacy needs were attended to by APGA (McFadden & Lipscomb, 1985; Parker & Myers, 1991).

1970s: Multi/Cross-cultural Agents Gain Foothold

In examining the developments of the 1970s in the counseling profession vis-à-vis multi/cross-culturalism, the presence of diversity concerns becomes more evident. During this time period, special issues of the American Personnel and Guidance Association flagship journal, the *Personnel and Guidance Journal*, and institutional policies reflected an interest in being responsive to the needs of minority clients. The first versions of guidelines and recommendations for the practice of cross-cultural counseling were published and what might be considered a new generation of scholars was developing.

Counseling Literature Approaches Sensitivity

One of the hallmarks of the counseling profession is its attention to the impact of cultural differences on the helping process (ACA, 1995, 2005; ACES, 1973; Arredondo et al., 1996; Arredondo-Dowd & Gonsalves, 1980; D’Andrea, 2005; Pedersen, 1991b). During the 1970s, there was a dramatic increase in the incidence of scholarly publications related to the provision of services to varied ethnic groups, socioeconomic statuses, and

sexes. During this period, editors of the flagship journal for professional counselors, the *Journal of Counseling and Development* (then the *Personnel and Guidance Journal*) made calls for articles related to counseling from international perspectives and from culturally sensitive perspectives (Goldman, 1975; D.W. Sue, 1976, 1978a). In 1970, Leo Goldman asked one of the Editorial Board members, Paul Smith, to serve as Guest Editor and prepare a special issue of the *Personnel and Guidance Journal* titled “What Guidance for Blacks?” This issue was seminal as an example of the flagship journal responding to research and discussion taking place over the latter half of the 1960s and early 1970 that counseling as practiced with Black students and clients needed serious reconsideration. Vontress (1970) and Russell (1970) provided especially powerful contributions to the special issue delineating some of the challenges facing Black clients and the counselors who provide services to them. Vontress (1970) specifically identified the challenges White counselors face in building a therapeutic relationship based on trust with Black clients, while acknowledging also that Black clients may have their own problems with self hatred and the cultural norm of being reticent to disclose their problems, further creating barriers to the counseling process. Russell (1970) described the perceptions many inner-city Black students of the period had in seeing “guidance as a wellspring of frustration and despair, not a source of hope and encouragement” (p. 722). He described how Black students in inner-city schools may perceive counselors as agents of the status quo and not as individuals interested in the success of Black students. Both of these articles spoke to the predominately White counseling profession about the degree

to which disenfranchised groups need different perspectives from counseling practitioners.

Other examples of Leo Goldman supporting a multi/cross-cultural agenda as editor of the *Personnel and Guidance Journal* include other special issues and individual articles focusing on culturally diverse students and clients. Issue number 9 of volume 49 (1971) is titled *Counseling and the Social Revolution* and featured articles on how counselors are faced with responding to the women's, Black, and gay empowerment movements. Other special issues focused on populations now classified as part of the multi/cross-cultural counseling movement include issue 2 of volume 51 (1972) focused on women and counseling and issue 6 of volume 51 (1973) focused on Asian-Americans. The special sub-section Goldman edited for issue 1 of volume 53 (1974) entitled *Guidance USA: Views from Abroad* was an article in which 11 counselors practicing in other parts of the world who were familiar with counseling in the U.S. had the opportunity to reflect on the similarities and differences between how guidance was practiced in the two countries with the "hope that these ideas and opinions will stimulate further communication in both directions" (p. 40). Goldman also accepted submissions such as Christensen's (1975) article describing Puerto Rico and the unique challenges faced by Puerto Ricans who are accepted neither on the island nor in the States; this was perhaps one of the earliest articles to acknowledge the bicultural experience. The body of knowledge moving in the direction of cultural sensitivity through the *Personnel and Guidance Journal* and other outlets such as the *Journal of Non-White Concerns*, and the *School Counselor* served to demonstrate how the profession was both distinguishing

itself from other professions and laying the foundation for more developed inclusion of multi/cross-cultural rhetoric in counselor training and rhetoric.

Early Institutional Steps

During the 1970s, inclusion of cultural issues was included in policy recommendations for the training of counselors. While some vague statements had earlier indicated that counselors should be educated in the views and customs of others (see Cottle, 1953; Rogers, 1951 for examples), it was in 1973 that the Association for Counselor Education and Supervision adopted the *Standards for the Preparation of Counselors and Other Personnel Services Specialists*. This document proposed an 8-facet common core of studies to be addressed in counselor preparation. Included in the common core is training in social and cultural foundations, which includes training in the characteristics of different social groups and ethnic groups, realities stemming from these differences, and the use of learning from disciplines other than counseling to inform counseling students.

Counseling psychologists identify the Vail Conference as being the flashpoint that allowed for the discussion of cultural issues as applied to the practice of psychology (Ridley & Kleiner, 2003). The relationship of this event to the counseling profession is that the proceedings of that conference are identified as precursors to the development of the Division 17 position paper making recommendations for the practice of cross-cultural counseling, a document of importance to professional counseling (Sue et al. 1982). In effect, the work of multi/cross-cultural agents in the 1970s to publicize the critical need for training in cultural issues allowed for more questions about the “how to” of being

culturally sensitive, which later was directly applied in professional counseling (Sue, 1978a, p. 298).

Models First Introduced

Although by 1978 it had been stated that mental health professionals should have training in diversity issues (ACES, 1973; Stewart, 1976), this had not been operationally defined. Allen Ivey (1978) and Derald W. Sue (1978a) each addressed this shortcoming by separately proposing characteristics culturally sensitive counselors should be able to demonstrate. The characteristics outlined by Sue are especially worth noting because of their similarity to current characteristic based models and for the very fact that Sue has been intimately involved in the construction of the preeminent stances on cultural competence in counseling (Arredondo-Dowd & Gonsalves, 1980; Sue et al., 1982, Sue, Arredondo, & McDavis, 1992; Sue, 2001)

Sue (1978a) editorial. Sue's (1978a) editorial entitled *Counseling Across Cultures* bears mentioning. Up to that point in time, no comprehensive multi/cross-cultural counseling models had been developed, although some recommendations had been made for counseling specific minority groups (e.g., Christensen, 1975; Harrison, 1975; Higgins & Warner, Jr., 1974; Ruiz & Padilla, 1977; Russell, 1970; Vontress, 1970). Sue's one page recommendations were intended to stimulate other researchers to explore the characteristics he proposed and to add to them, as he described them as a tentative list. These characteristics, which in their construction bear similarities to models developed in the 1980s and 1990s, are the forerunners to operationalizations of what is meant by cultural competence.

1980s: Institutionalization Develops

By the culmination of the 1970s, sectors of the counseling profession had come to recognize the importance of cultural sensitivity. By this time, the majority of Americans had experienced the various movements promoting the rights of minority groups.

Counselors, in particular, were exposed to a broadening literature base on the role of counselors in promoting culturally competent practice. The transition at this time was from acknowledging the needs of culturally different clients to identifying how best to provide competent services.

Tripartite Competencies Proposed

Counselors worked to expand the inroads made in the 1960s and 1970s about what it means to be culturally sensitive. Research and opinion papers through the late 1970s had largely focused on identifying how counseling needed to adapt in order to better provide services to minorities (Ivey, 1977; D. W. Sue, 1977, 1978a, 1978b). The hallmarks of the 1980s were the adoption of the Cross-Cultural Competencies position paper (Sue, Bernier, Durran, Feinberg, Pedersen, Smith, & Vasquez-Nuttall, 1982), the formulation of the Council for the Accreditation of Counseling and Related Educational Programs (CACREP) and the National Board for Certified Counselors (NBCC), the widespread development of state licensure, and the crystallization of multicultural issues as a central tenet of the counseling profession (Collison, 2003; Sue et al., 1996; Sweeney, 2003). These events mark the widespread institutionalization of multiculturalism in counseling.

Arguably the most significant event of the 1980s for the multiculturalism movement was the development of the Cross-Cultural Competencies position paper (Sue et al., 1982). This document has been cited as the foundation for much of the multicultural counseling research (Arredondo, Rosen, Rice, Perez, & Tovar-Gamero, 2005; Constantine & Ladany, 2001; D'Andrea, Heck, & Daniels, 1991; Flores & Heppner, 2001; Fraga, Atkinson, & Wampold, 2004; Holcomb-McCoy, 2000; LaFromboise, Coleman, & Hernandez, 1987; Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2000; Sadowsky, Taffe, Gutkin, & Wise, 1994; Weinrach & Thomas, 2002). Although the competencies themselves did not represent the first time a recommendation had been made in the literature for the provision of culturally sensitive counseling services (see Arredondo-Dowd & Gonsalves, 1980; Ivey, 1977; Sue, 1978a; Vontress, 1970 for examples), they sparked a debate about the nature of counseling the culturally different (Sue et al., 1998; Weinrach & Thomas, 2002, 2004). The 1982 competencies were comprised of three domains, Beliefs/Attitudes, Awareness, and Skills. This model, hereafter referred to as the tripartite model, served as the foundation for the 1992 Multicultural Competencies (Sue, Arredondo, & McDavis, 1992), the Operationalization of the Multicultural Competencies (Arredondo et al., 1996), and the Multidimensional Model of Cultural Competence (MDCC; Sue, 2001).

The tripartite model distinguished itself as the preeminent model of multi/cross-cultural counseling. Although other models have been proposed, most of these were proposed in the 1990s and have not been as widely cited or accepted as the model in the 1982 Sue et al. statement or its subsequent evolutions (Arredondo et al., 1996; Arredondo

& Arciniega, 2001; Holcomb-McCoy, 2001; Ridley, Mollen, and Hill, 2003; Sadowsky et al., 1994; Sue, Arredondo, & McDavis, 1992; Sue, 2001). The tripartite model has been considered in evaluations of how multi/cross-culturalism is taught in counselor education and counseling psychology programs (Arredondo & Arciniega, 2001; Arthur & Achenbach, 2004; Daniels, D'Andrea, & Heck, 1991; Holcomb-McCoy & Day-Vines, 2005; Holcomb-McCoy & Myers, 1999; McRae & Johnson, 1991; Parker & Schwartz, 2001). Fundamentally, the tripartite model suggests that counselors should possess three kinds of characteristics. These characteristics include *Knowledge*, which includes an understanding of the culturally different clients' perspectives on problem etiology and resolution and the institutional barriers they may face as a U.S. minority. Activities in the literature designed to gain a greater sense of *Knowledge* include reading about cultures; participating in activities such as festivals, holidays, and mealtimes; and interviews of culturally different clients (Arredondo & Arciniega, 2001; Parker, 1988; Pressly, Parker, & Jennie, 2001; Sue & Sue, 2002). *Beliefs/Attitudes* in the 1982 tripartite model described counselors being aware of how their experiences and manner of interpreting problem etiology and resolution affects their ability to form an effective working relationship with culturally different clients. Examples of activities used in counselor education to engender competence in this domain include journaling, life histories, and interviews of parents and family members (Hartung, 1996; Parker & Schwartz, 2001; Pressly, Parker, & Jennie, 2001). Finally, the *Skills* portion of the tripartite model describes the ability to appropriately select interventions to help clients relieve their

distress in culturally relevant ways. Major extensions of the tripartite model took place in 1992 and 1996 and will be discussed later in this chapter.

CACREP, NBCC, and State Licensure

The development of mechanisms in professional counseling to recognize training programs and individuals who have received training in the realm of multi/cross-cultural counseling continue to be a significant achievement that gained momentum in the 1980s. The Council for the Accreditation of Counseling and Related Educational Programs (CACREP) established mechanisms and criteria for the accreditation of counselor preparation programs, while the development of credentials by the National Board for Certified Counselors (NBCC) and individual state licensing boards identified individuals who had met certain coursework training and supervised practice requirements. In the realm of multi/cross-culturalism, these achievements share the inclusion of training in social and cultural foundations as a requirement.

The accreditation of counselor education programs is administrated by CACREP, which reviews applicant programs' adherence to the CACREP Standards. The Standards, which are revised every seven years, are clearly related to the Standards for the Preparation of Counselors and other Personnel Service Specialists (ACES, 1973). The most recent iteration of the Standards serve as the index against which counseling programs are assessed and include social and cultural foundations as a core area of counselor preparation (CACREP, 2001). For example, curricular standards in the area of social and cultural foundations read as follows:

2. SOCIAL AND CULTURAL DIVERSITY - studies that provide an understanding of the cultural context of relationships, issues and trends in a multicultural and diverse society related to such factors as culture, ethnicity, nationality, age, gender, sexual orientation, mental and physical characteristics, education, family values, religious and spiritual values, socioeconomic status and unique characteristics of individuals, couples, families, ethnic groups, and communities including all of the following:

- a. multicultural and pluralistic trends, including characteristics and concerns between and within diverse groups nationally and internationally;
- b. attitudes, beliefs, understandings, and acculturative experiences, including specific experiential learning activities;
- c. individual, couple, family, group, and community strategies for working with diverse populations and ethnic groups;
- d. counselors' roles in social justice, advocacy and conflict resolution, cultural self-awareness, the nature of biases, prejudices, processes of intentional and unintentional oppression and discrimination, and other culturally supported behaviors that are detrimental to the growth of the human spirit, mind, or body;
- e. theories of multicultural counseling, theories of identity development, and multicultural competencies, and
- f. ethical and legal considerations (CACREP, 2001, p.61).

Requiring training programs to include training in the role of culture in the helping relationship in order to be accredited demonstrates clear support of multi/cross-culturalism. Although scholars such as Ponterotto and Casas (1987) and McRae and Johnson (1991) have criticized the degree and manner to which multi/cross-culturalism was incorporated into counselor education curricula, it is nonetheless important to note the institutional adoption of cultural issues into accreditation standards.

Credentialing in mental health counseling began in 1976 and developed rapidly throughout the 1980s (Clawson, Henderson, & Schweiger, 2003; Sweeney, 1995; 2003). Counselor credentialing took place through certification by the National Board for Certified Counselors (NBCC) and through licensure by individual states. NBCC and state licensing boards delineated standards for the minimal competency of professional counselors. Inclusion of cultural coursework in order to be credentialed again suggested that the professional bodies representing counselors adhere to the belief that counselors must consider the impact of culture on their work.

1990s and Beyond: Multi/Cross-culturalism Gains Prominence

Throughout the 1990s and the early part of the first decade of the 21st century, multiculturalism enjoyed a central place in the identity of the counseling profession. The Cross-Cultural competencies, the initial expression of the tripartite model, were expanded and updated in 1992 and 1996 (Arredondo et al., 1996; Sue, Arredondo, & McDavis, 1992; Sue et al., 1996). Several models were developed [e.g., Hanna, Bemak, & Chung's (1999) Counselor Wisdom Paradigm, Treviño's (1996) Worldview and Change Model, Locke's (1992) Model of Multicultural Understanding, and Constantine and Ladany's (2003) Alternative Conceptualization of Multicultural Competence], each making recommendations for the practice of competent multi/cross-cultural counseling. Institutionally, the 1992 Multicultural Counseling Competencies, one of the extensions of the 1982 Cross-Cultural Competencies, were adopted formally by the American Counseling Association and several divisions (D'Andrea & Daniels, 2003; Sue, Arredondo, & McDavis, 1992). In the realm of research, several studies and scholarly

activities were actualized to make recommendations for the infusion of cultural issues into the counseling curriculum and several instruments were designed for the assessment of cultural competence. The present study benefits from the existence of these related series of events.

Development of Multicultural Models

As the concept of culture being important in the counseling process gained more widespread attention and the first generation of counselors trained to consider culture in their work entered the field, a plethora of models were introduced, including the Counselor Wisdom Paradigm (Hanna, Bemak, & Chung, 1999), the Worldview and Change Model (Treviño, 1996), the Model of Multicultural Understanding (Locke, 1992), and the Alternative Conceptualization of Multicultural Competence (Constantine & Ladany, 2003). Each of the models' authors set out to describe what makes a counselor culturally competent. Although several of the models were authored by leaders in the multi/cross-culturalism movement, the central model remains the tripartite model (Mollen, Ridley, & Hill, 2003). A brief introduction of various models is presented, followed by a discussion of the tripartite model as manifested by the Multicultural Competencies and the Operationalizations of the Multicultural Competencies. The tripartite model provides the primary conceptual and theoretical foundation for the current study.

In general terms, the underpinning commonality of multi/cross-cultural competence models is a desire to describe and inform counseling practice. Although early guidelines were developed in the 1970s (e.g., Ivey, 1977; Sue, 1978a) and developmental

models applying processes similar to the development of ethnic identity and counselor proficiency to cultural sensitivity were developed, most cultural competence models were developed in the 1990s (Carney & Kahn, 1984; Cross, 1988; Hardy, Delworth, & Loganbill, 1982; Mollen, Ridley, & Hill, 2003; Phinney, 1991).

Stage Models Describing Competence Development

Many multi/cross-cultural competence models adopt a stage approach to describe the process that counselors must undergo in order to become culturally competent. Although these models describe a discrete series of tasks or experiences the counselor must experience in order to approach competence, they lack the linear, developmental nature of other stage models. For example, the previously mentioned Counselor Development Model (Carney & Kahn, 1984) puts counselor multi/cross-cultural development in the context of counselor development and the kinds of learning environments that may facilitate counselor development towards greater cultural competence. Stage models such as the Model of Cultural Competence (Cross, 1988) and the Coping with Diversity Counseling Model (Coleman, 1995) task counselors with developing the ability to integrate different perspectives in their work with clients. These models place an emphasis on counselor knowledge related to the systemic and individual challenges a culturally diverse client experiences, and how these challenges might manifest in the process of forming a therapeutic relationship. One of the criticisms of models such as these is that they are *secondary models* (Mollen, Ridley, & Hill, 2003), meaning that they are not as well developed and do not enjoy the status of the tripartite model.

In contrast to stage models are models that focus on principles of culturally competent counseling and/or characteristics of culturally competent counselors. Models of this nature include Sue, Ivey, and Pedersen's (1996) Theory of Multicultural Counseling, Locke's Model of Multicultural Understanding, and Constantine and Ladany's (2003) Alternative Conceptualization of Multicultural Competence.

Principle and Characteristic Based Models

Principle or characteristic based models are notable for their popularity in the counseling literature and for providing a starting point for research hypotheses. Generally, the authors of these models and guidelines provide a set of characteristics (3-7 is a typical range) that culturally competent counselors should demonstrate and/or possess. Characteristic models share components across models. Commonly shared characteristics include competent counselors having explored their own background, having gained knowledge about the worldviews of culturally different clients, and having a respect for diversity. Characteristic models also typically include a component relating to the counseling skills a counselor might use in working with culturally different clients. The principal limitation to these models, however, is their vagueness. The fundamental questions of how an observer would know if a counselor were competent and how to train counselors to develop these characteristics remain unclear.

Counselor Wisdom Paradigm. Models and theories developed in the 1990s take varied approaches to the concept of multi/cross-cultural competence. Some models such as the Hanna, Bemak and Chung (1999) Counselor Wisdom Paradigm emphasize the counselor developing a stance of wisdom, which might best be described as a counselor

reaching actualization as a helper. Empathy is explicitly included and the end goal, actualization or wisdom, is characterized by counselors thinking dialectically in a way that is “fluid, flexible, and encompassing of many viewpoints” (p. 129). Although there are some similarities to dialectic thought as described by Ivey and Ivey (1996) and Ivey, Ivey, Myers, and Sweeney (2005), Fuertes and Gretchen (2003) laud the Counselor Wisdom Paradigm as a fresh approach to multi/cross-culturalism.

Characteristics associated with wisdom include *Metacognition, Problem Finding and Solving, Perspicacity, Tolerance of Ambiguity, Efficient Coping Skills, Cognitive Dialectical Reasoning, Sagacity, Deautomatization, Recognition of Affect, Concern, and Affective Awareness and Empathy* (Hanna, Bemak, & Chung, 1999). There are some overlaps between this model and the Multicultural Counseling Competencies and the Operationalizations. The *Sagacity* and *Recognition of Affect* components both incorporate statements about the wise counselor being aware of their own emotional reactions and those of the client, possessing listening skills, and approaching self-awareness. These characteristics are similar to those captured by the *Beliefs/Awareness* component of the tripartite model. Notably, the Counselor Wisdom Paradigm specifically mentions a wise counselor being able to assume the perspective of another. With respect to criticisms of the paradigm, Fuertes and Gretchen (2003) identify the loftiness of the model as a challenge to widespread use. In writing this, they refer to the characteristics that a wise counselor will have developed favorably, but they note as a limitation the failure to mention how beginning counselors might develop these skills. Additionally, the paradigm does not specifically mention the kinds of concrete knowledge wise counselors, as

culturally competent counselors, must have amassed to be change agents at the systemic level.

Alternative Conceptualization of Multicultural Competence. The Alternative Conceptualization of Multicultural Competence Model (Constantine & Ladany, 2003) suggests six dimensions that represent an integration of the tripartite model and the integrative perspective highlighted by Fischer, Jome, and Atkinson (1998). Constantine and Ladany's work represents an early example of a measure to integrate both universal and particularist components into a single list. They suggested that multicultural competence includes a counselor's *Self-Awareness, General Knowledge about Multicultural Issues, Multicultural Counseling Self-Efficacy, Understanding of Unique Client Variables, an Effective Working Alliance, and Multicultural Counseling Skills.* They proposed that counselors be evaluated on each of these six dimensions to determine their level of multi/cross-cultural competence, with the understanding that higher levels of these characteristics translate into higher levels of competence. They also posited that no individual can ever achieve complete competence but that it is each counselor's responsibility to continue to work to become more culturally competent.

In the Alternative Conceptualization of Multicultural Counseling Competence, *Self-Awareness* and *General Knowledge about Multicultural Issues* parallel the tripartite model's description of these characteristics. A self-aware counselor is one who has explored her or his own biases and the relationship of these biases to personal cultural experiences and current identity. Similarly, general knowledge about multicultural issues

encompasses a command of knowledge on the impact of sociological phenomena affecting power minority groups and about the sociology of different cultural groups.

Within Constantine and Ladany's model, *Multicultural Counseling Self-Efficacy* attends to the outcomes of multi/cross-cultural counseling research indicating that counselor self-efficacy has not always been well defined. Specifically, findings by researchers such as Barone (1997), Holcomb (1996), Holcomb-McCoy and Myers (1999), and Holcomb-McCoy (2000) suggest that counselors may score highly on existing measures of multi/cross-cultural competence, but that their self-perceived ability to effectively counsel culturally different clients may not be as high.

Understanding of Unique Client Variables is, in some ways, similar to *Knowledge* in the tripartite model and to *General Knowledge about Multicultural Issues* in the Alternative Conceptualization of Multicultural Counseling Competence. The critical distinction here is that competent counselors are understood to have the ability to integrate not only general knowledge into their case conceptualization and intervention, but that they see the client as an individual in a context. Therefore, the culturally competent counselor is able to recognize both that the client is a cultural being and that all of the experiences commonly associated with members of that cultural group may not apply to this individual. Furthermore, based on the particular problem and circumstances facing the client, the counselor should be reevaluating their conceptualization and intervention strategies constantly.

Inclusion of the *Effective Working Alliance* as a dimension to multi/cross-cultural competence in the Alternative Conceptualization of Multicultural Counseling

Competence speaks directly to a universal component of counseling. In their proposition of a common factors stance, Fischer, Jome, and Atkinson (1998) found the therapeutic relationship to be one of the most important factors in counseling. Direct reference is made to the working alliance as conceptualized by Bordin (1979), which is related to empathic understanding, a construct at the core of the current study. Constantine and Ladany (2003) identified the *Effective Working Alliance* as being indicative of the client and counselor being in agreement about the exploration of racial or ethnic issues. In effect, the working alliance is seen as a context under which the counseling process takes place, a process that can strengthen or weaken the relationship capital of both parties. The concept of an *Effective Working Alliance* is slightly different from the empathic understanding proposed by Rogers (1951, 1957, 1975), in that empathic understanding focuses on attempting to understand clients' experience with their issue and perhaps their identity, rather than on the therapeutic process (Kirschenbaum & Jenks, 2006). At the same time, counselors must foster the client development of empathic understanding in order to have a strong working alliance.

In the Alternative Conceptualization of Multicultural Competence Model, selecting appropriate interventions is termed *Multicultural Counseling Skills*. Constantine and Ladany (2003) presented this as an integration of all the other dimensions of competence. This dimension is one most reflective of a culturally skilled counselor's flexibility. However, the fact that the "appropriate" course of action is dependent on a virtually infinite number of client and counselor variables, this dimension has not been operationalized and is difficult to quantify discretely.

Worldview and Change Model. Treviño's (1996) Worldview and Change Model differs slightly from characteristic models in that more specific attempts are made to describe what counselors should be doing and what the change process involves in multi/cross-cultural counseling. Treviño used the concept of worldview as the mediating variable in understanding the change process in counseling. The concept of worldview has seen some degree of attention in the counseling literature, mostly through the contributions of Derald W. Sue, Robert Carter, and Farah Ibrahim (Carter, 1991; Ibrahim, 1991; Ibrahim & Arredondo, 1986; Ibrahim & Kahn, 1987). Worldview has been identified as the manner in which an individual interprets the relationships and incidents presented to them (Ibrahim, 1985; Sue, 1978b). Research conducted by anthropologists such as Florence Rockwood Kluckhohn, Clyde Kluckhohn, and Fred Strodbeck in the 1950s (Kluckhohn & Strodbeck, 1961) informed later work in psychology. Treviño (1996) noted the evolution in the anthropology literature from exploration of between-group differences as manifested through shared cultural experiences and unique cultural experiences to exploration of within-group differences at the individual level (for examples see Carter, 1991; Szapozknic, 1981) as being instrumental in the development of her model.

Treviño also noted two distinct positions in the counseling and psychology literature that have emerged related to exploration of the role of worldview in the counseling process. She identified two different therapeutic stances with the shared assumption that problems and resolutions have boundaries set by a client's worldview. The distinction between these two stances is that in one a counselor enters the client's

worldview and operates with the client to identify a resolution (convergent). In the other, the counselor manipulates the differences in worldview as a therapeutic intervention (divergent). The model itself is predicated on a culturally competent counselor being able to negotiate the differences between both convergent and divergent worldviews. In this way, the counselor uses both convergent and divergent stances to understand the general context of a client's issue, while challenging the client toward problem resolution.

Treviño's (1996) model of multi/cross-cultural counseling and a reorganization of the tripartite model to place a greater emphasis on empathy are not mutually exclusive. Treviño's discussion of convergence in worldviews is similar to the notion of a truly empathic counselor being able to understand the client from an "as if" stance (Rogers, 1951; Truax & Carkhuff, 1967). Furthermore, the concept of worldview constructing definitions of health and illness has been discussed in the medical anthropology and nursing literature since at least the 1970s (Fadiman, 1994; Kleinman, 1977). Treviño's worldview model distinguishes itself, however, by positing that the change process is facilitated by mismatching the client in a way that will not alienate the client, but certainly one that is a stand against complacent collusion.

Similar yet less well developed assertions have been made by Farah Ibrahim in her theoretical and measurement contributions to the literature (Ibrahim, 1985; Ibrahim & Saw, 1994). Specifically, Ibrahim's use of worldview focuses on the convergence component where matching worldview is a strategy to both bridge communication differences and undergo the process of gaining knowledge in order to understand the worldview of culturally diverse clients. In comparison to the tripartite model, Treviño's

worldview model notably lacks a component related to a counselor's process of evaluating her or his own history in understanding worldview differences. Although she does acknowledge that it is important for counselors to be aware of their own worldviews, Treviño does not describe how a counselor gains awareness or how it might be measured, (Ibrahim 1993; Katz, 1985 cf. Treviño 1996). Additionally, in focusing on an individual client's worldview, a lack of larger sociological influences on client outcomes is lacking. Recently, as the social justice perspective has come into favor (for examples see D'Andrea & Daniels, 2005; Kiselica & Robinson, 2001; Savage, Harley, & Nowak, 2005), emphasis on community-level or societal intervention has come into favor. Proponents of the social justice perspective as well as other scholars suggest that clients are better served through services which include systemic intervention (Coleman, 1995; D'Andrea, 2005; Juhnke, 2001; Locke, 1992; UNHCR, 2002; WHO, 2003).

Model of Multicultural Understanding. The Model of Multicultural Understanding (Locke, 1992) is a hybrid between principle or characteristic models and process oriented models. As indicated earlier, characteristic models are identifiable by a concrete list of characteristics or tasks that a culturally competent counselor should be able to negotiate. At the same time, a more process oriented model, like the Worldview and Change Model (Treviño, 1996), describes the context in which counselors and clients operate as cultural beings and how the counseling relationship is impacted by these realities. In his model, Locke (1992) concretely outlines dimensions that describe counselors and clients as cultural beings in various contexts. He proposes that we as social beings operate in Individual, Family, Community, Cultural, and Global Influence

contexts. Within these contexts, people can be described by their level of *Acculturation*, *Poverty and Economic Concerns*, *History of Oppression*, *Language and the Arts*, *Racism and Prejudice*, *Sociopolitical Factors*, *Child-Rearing Practices*, *Religious Practices*, *Family Structure and Dynamics*, and *Cultural Values and Attitudes*. The model suggests that in order to move toward cultural understanding, counselors must first understand themselves on these 10 dimensions and then strive to understand each client on these 10 dimensions. Locke expressed his belief that these 10 dimensions are the most important for understanding diverse clients. This list of dimensions constitutes somewhat of a characteristic model in that counselors should start by exploring these dimensions for themselves in the spirit of self-awareness and then strive to understand these dimensions in clients (Locke, 1992). The process orientation of the model lies in the suggestion that these elements be explored as a means to engender greater understanding between counselor and client.

According to Fuertes and Gretchen (2003), an important distinction of the Model of Multicultural Understanding is its juxtaposing clients and counselors against the “dominant culture.” Whereas other models refer to the sociopolitical factors affecting a client and consideration of these factors in working with a diverse client, Locke does not include it as a task within the model, but rather as a caveat in approaching the model. Furthermore, in elaborating upon his stance for juxtaposing exploration of the 10 elements of culture against dominant culture, Locke (1992) noted the powerful influence of “dominant culture” in defining wellness and “normal” social structures.

Tripartite Model

Characteristic models have provided important contributions to the multi/cross-cultural counseling literature, yet none of these has gained the prominence of the tripartite model. The tripartite model has evolved since its 1982 presentation by a special committee commissioned by then Division 17 President, Allen Ivey. Fundamentally, the tripartite model posits that culturally effective counselors have examined their *Beliefs and Attitudes*, have enhanced their *Knowledge* about culturally different client populations, and possess the *Skills* to appropriately select interventions. Throughout the 1980s, the tripartite model was promoted within the counseling profession culminating with a revision of the model in 1992 (D'Andrea & Heck, 2003; Kim & Lyons, 2003; Sue et al., 1996; Sue, Arredondo, & McDavis, 1992). The 1992 Multicultural Competencies have subsequently been adopted by the American Counseling Association and several divisions (Arredondo, Rosen, Rice, Perez, & Tovar-Gamero, 2005; Arredondo & Toporek, 2004; D'Andrea & Heck, 2003).

The 1992 Multicultural Counseling Competencies (MCCs) were drafted in response to what was seen as a lack of responsiveness by the American Association for Counseling and Development (AACD; now ACA) to cultural issues. Sue, Arredondo, and McDavis (1992) pointed to the lack of reference to counselor cultural sensitivity in the 1988 Ethical Standards as a reflection of the inadequacy of the counseling profession's acceptance of demographic data pointing to increased cultural diversity and to research noting the different needs of minority clients (Carkhuff, Banks, & Berenson, 1969; Ponce & Atkinson, 1989; S. Sue, 1977; S. Sue & Zane, 1987). The 1992 competencies differ

from the Sue et al., (1982) position paper in that the competencies are organized into a three-by-three matrix of characteristics, *Counselor Awareness of Own Assumptions, Values, and Biases; Understanding the Worldview of the Culturally Different Client; Developing Appropriate Intervention Strategies* and dimensions; *Beliefs and Attitudes; Knowledge; and Skills*. Each of the cells of the matrix was explained in the 1992 update. The 1992 version of the competencies is presented in table form in APPENDIX D. The authors, however, acknowledged that a richer description was warranted and advocated for the development of a task force. In the 1996 update, which was the result of the task force's work, the authors established that the MCCs are written with the expectation that they will most commonly be reflective of a White counselor – minority client counseling relationship. Furthermore, they explicitly posited that although universalist and particularist (they use the term *focused*) views are not mutually exclusive, they believed that counseling with a particularist view is a viable specialty.

The 1996 Operationalization of the Multicultural Competencies update was the product of a team of authors working to elaborate on the skills that might be reflected in each of the three-by-three cells postulated in the 1992 MCCs (Arredondo et al., 1996). In this update, the competencies were presented in the Dimensions of Personal Identity perspective developed by Arredondo and Glauner (1992). The three dimensions, A, B, and C, each address different relationships individuals have with their own identity. The A dimension can succinctly be classified as innate characteristics such as height and phenotype. Arredondo et al. included accents as an example of an A dimension as well, even though speech patterns are not an innate characteristic per se. The authors'

description of the A dimension also acknowledges that individuals are judged by others based on the characteristics encompassed in the A dimension. As an example of the self-exploration related to the A dimension, they advocate for an examination of the value judgments counselors make when they interact with an overweight person.

The B dimension in the 1996 Operationalizations is described as the result of what happens when the A and C dimensions are experienced. For example, following the implementation of Title IX of the 1972 U.S. Education Amendments (Title 20 USC Sections 1681-1688) that required universities to provide equal opportunity for female and male programs, such as sports teams, more women began to participate in collegiate sports. In this instance, the A dimension would ostensibly be an individual with innate skills or abilities to excel at a sport and the C dimension would be the passage of this legislation.

The C dimension in the 1996 Operationalizations essentially describes cohort effect characteristics. The authors posited that the C dimension reflects the impact of sociological events such as war, and social/political movements that impact the individual's worldview. An example of how the C dimension is reflected is how older adults who were raised in the United States in the 1930s and 1940s place a value on work and saving money based on previous financial hardships. Therefore, culturally skilled counselors are able to consider the A, B, and C, dimensions for themselves and their clients in working toward problem resolution. As an update to the 1992 MCCs, then, a counselor is tasked with exploring Awareness, Knowledge, and Skills, in the context of the A, B, and C, personality dimensions. Besides this reframe of how cultural

competence is described, Arredondo et al. went into more explicit detail for each dimension with accompanying explanatory statements.

A subsequent revision of the tripartite model was presented by D. W. Sue (2001). This model, the Multidimensional Model of Cultural Competence (MDCC) assumes a different approach than the 1982 Position Paper or 1992 and 1996 Competencies. The MDCC expands the classification rubric for cultural competence into a three-by-four-by-five matrix. Each side of the matrix describes one of three dimensions, *Racial and Culture-Specific Attributes of Competence*, *Components of Cultural Competence*, and *Foci of Cultural Competence*. *Racial and Culture-Specific Attributes of Competence* include the five ethnic categories described as being the predominant ones in the United States in the 1992 and 1996 competencies (European American, Native American, Latino American, Asian American, and African American). *Components of Cultural Competence* includes the tripartite, *Awareness of Attitudes/Beliefs*, *Knowledge*, and *Skills*. Finally, the *Foci of Cultural Competence* dimension encompasses the level at which intervention takes place (Societal, Organizational, Professional, and Individual). Aside from these dimensions, Sue (2001) encouraged examination of personal identity as an individual, a member of a group, and a member of the human race. Viewing competent practice through this model, then, the culturally skilled counselor would take into consideration the client's identity with her or his specific ethnic group while also taking universal and individual influences to identity besides group membership into consideration. In this way, counselors work within the framework of the competencies (the *Components of Cultural Competence*) while understanding they are focusing on the

individual. The addition of the other Foci highlighted the belief that counseling providers may have to intervene with groups and organizations to truly engender cultural sensitivity.

Research Supporting the Need for Multi/Cross-cultural Competence

The need for multi/cross-cultural sensitivity in counseling is grounded upon the notion that historically marginalized clients have been ill-served by counseling practitioners working from the framework of the socially and economically privileged. Studies justifying the assertion that historically marginalized clients have been ill-served are rooted in studies of client perceptions and expectations of their counselors (Cashwell, Rivera, Watson, Barrio, & Paredes, in press; Christensen, 1974; Fuertes & Brobst, 2002; Harrison, 1975; Maramba & Nagayama Hall, 2002; Pope-Davis, Liu, Toporek, Brittan-Powell, 2001; Russell, 1970; D.W. Sue, 1978b; S. Sue, 1977; 1998; Vontress, 1970; Zane, Nagayama Hall, Sue, Young, & Nunez, 2003), minority client persistence and service utilization (Ruiz, & Padilla, 1977; S. Sue, 1977; Zane, Nagayama Hall, Sue, Young & Nunez, 2003), the increased interpersonal effectiveness resulting from shared understanding between individuals of different cultures (Arredondo & Toporek, 2004; Coleman, 1995; Coleman, Wampold, & Casali, 1995; Flores & Heppner, 2001; Fraga, Atkinson, & Wampold, 2004; Fuertes & Brobst, 2002; Locke, 1992; Trevino, 1996; Zane et al., 2005), and the inevitable increase in situations where culturally different individuals will interact.

Studies of Client Perceptions

Often, counselors are not well perceived by clients of diverse backgrounds (Christensen, 1975; Fuertes & Brobst, 2002; Fraga, Atkinson, & Wampold, 2004; Harrison, 1975; Ruiz & Padilla, 1977; Russell, 1970; S. Sue, 1977; Sue, Zane, & Young, 1997; Trimble, 1976; Vontress, 1970; Zane, Nagayama Hall, Sue, Young, & Nunez, 2003). For example, studies of Black students' perceptions indicated that did not believe they could approach a counselor with their problems (Harrison, 1975; Russell, 1970; Vontress, 1970). Similar reports have been made for other populations, including Native Americans (Trimble, 1976), Latinos (Christensen, 1974; Lopez-Baez, 1997; Ruiz & Padilla, 1977) and Asian-Americans (Lin, 2003). Although some authors base their reports on anecdotal evidence, survey research corroborates assertions that a barrier exists in how client perceptions of counseling and counselors affect the helping process (Atkinson, Wampold, Lowe, Matthews, & Ahn, 1998; Nutt, 1979; S. Sue, 1977; Zhang, Snowden, & Sue, 1998).

One solution suggested to alleviate these problems has been to match clients and counselors based on their ethnicity. Research on counselor-client matching has suggested that matching may be helpful under certain circumstances, but that other variables such as socioeconomic status (Arbona, 1996, 2000), perceived expertness (Atkinson, Wampold, Lowe, Matthews, & Ahn, 1998; Lin, 2003), and relationship variables (Coleman, 1995; Gelso & Carter, 1985; Harrison, 1975; Higgins & Warner, 1975) have a greater impact on the outcome of counseling. The research on this topic has not yielded enough data, however, for unequivocal assertions to be made (Pope-Davis, Liu, Toporek, Brittan-

Powell, 2001; Zane, Nagayama Hall, Sue, Young & Nunez, 2003). Atkinson et al. (1998) found that client expectations of the role their counselor assumed differed between Asian-Americans and White-Americans. Lin (2003) found Taiwanese university-age counseling clients preferred Taiwanese counselors who used directive, more problem-solution oriented styles. These findings have been supported elsewhere (Maramba & Nagayama Hall, 2002). Coleman, Wampold, and Casali (1995) analyzed 17 articles and 4 dissertations related to ethnic matching for different groups and exploring client perceptions and preferences. Their meta-analysis suggested it is not clear whether client and counselor matching is helpful. Relatedly, Fuertes and Brobst (2002) found that client ratings of their non-ethnically matched counselor's cultural competence correlated with their ratings of the counselor's attractiveness, trustworthiness, and expertness.

Clearly, then, while some researchers indicate that client perceptions are mediated through matching, other researchers suggest this is not necessarily helpful (Gonzalez, Alegria, & Prihoda, 2005; Maramba & Nagayama Hall, 2002; Pope-Davis, Liu, Toporek, & Brittan-Powell, 2001). Nonetheless, despite a relatively limited amount of empirical research, these assertions have led to widespread acceptance within the counseling field that many minority group clients hold a sense of mistrust of the counseling process, and that counselors must work to overcome this belief to be effective.

Studies of Client Persistence

A lack of client persistence and low counseling services utilization has been suggested by some as an index of culturally insensitive counseling (Sue & Sue, 2002; Tidwell, 2004). Two of the best known examples of research into ethnic minority service

utilization were spearheaded by Stanley Sue and colleagues in the Seattle, Washington, area in 1977 and in the Los Angeles, California, area in the late 1980s. These research teams found that client persistence and utilization data varied by client ethnicity, hypothesized client acculturation, and the number of ethnic minority staff available (Sue, 1977, 1988; Sue, Fujino, Hu, Takeuchi, & Zane, 1991; Zane et al., 2004). The results further suggested that African-Americans and American-Indians tended to overutilize services when compared to the relative percentage of the population within the service areas. Tidwell (2004) also found that client persistence in counseling in the Los Angeles area differed by ethnic group. One explanation provided is that ethnic minority clients drop out because a lack of ethnically similar providers suggests an uninviting environment (Zane et al., 2003; Zane et al., 2005).

While ethnic matching has been used as a proxy for understanding cultural differences, other researchers have noted the limitations of this perspective in understanding cultural competence. In their review, Maramba and Nagayama Hall (2002) noted that ethnic matching alone is not a sufficient predictor of client outcomes. They and others posited that matching on worldview or more specifically on views of problem etiology and resolution may be a more effective means to working effectively with the culturally different (Arbona, 1996, 2000; Atkinson, Wampold, Lowe, Matthews, & Ahn, 1998; Esters, 2001; Kleinman, 1977; Nutt, 1979; Sue, 1977; Zane et al, 2005).

Effects of Increased Understanding

In contrast to studies that support ethnic match, some researchers have found that it is a common set of beliefs about the purpose of counseling between client and

counselor that are better predictors of effective multi/cross-cultural counseling (Fraga, Atkinson, & Wampold, 2004; Lin, 2003; Zane et al., 2005). These findings support the positions espoused in anecdotal reports and recommendations for the effective practice of multi/cross-cultural counseling and are the purpose for encouraging counselors to develop an understanding of their client's worldview and circumstances (Arredondo-Dowd & Gonsalves, 1980; Coleman, 1995; Harrison, 1974; Locke, 1992; Padilla & Ruiz, 1977; Sue, Ivey, & Pedersen, 1996; Sue, 1978, 2001, Sue, Arredondo, & McDavis, 1992; Sue et al., 1982; Sue et al., 1996; Trevino, 1996; Vontress, 1970, 1979, 2004)

Applying Research to Counselor Training

Support for the inclusion of cultural competence training in counselor education also stems from the notion that client differences in persistence and utilization reflect historically insensitive counseling services. One perspective related to demographics and geography which has highlighted the need for counselors to be trained in the provision of services to the culturally different is national and international migration. The U.S. accepts more immigrants than any other nation in the world. Regardless of an immigrant's documentation status, they are eligible to access certain services, many of which are provided by counselors. As such, one of the arguments for why counselors need to be more culturally competent is the sheer probability based on internal and international migration statistics, that a counselor will provide services to a culturally diverse group of people. Further, many counselors feel that they need more specific training to provide services to the culturally different (Barone, 1997; Constantine, 2001; Holcomb-McCoy, 2000).

Measurement of Multi/Cross-cultural Competence

The competent assessment of multi/cross-cultural competence has presented a challenging line of research (Barone, 1996; Constantine, 2001a, 2001b, 2002a, 2002b; Constantine, Gloria, & Ladany, 2002; Constantine & Ladany, 2000; D'Andrea, Daniels, & Heck, 1991; Dunn, Smith, & Montoya, 2006; Holcomb, 1996; Holcomb-McCoy & Day-Vines, 2004; Holcomb-McCoy & Myers, 1999; Kim, Cartwright, Asay, & D'Andrea, 2003; LaFromboise, Coleman, & Hernandez, 1991; Pope-Davis, Lui, Toporek, & Brittan-Powell, 2001; Ponterotto & Casas, 1987; Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002; Pope-Davis & Ottavi, 1994; Ridley, Hill, & Li, 1998; Sodowsky, Taffe, Gutkin, & Wise, 1994). Three methodologies, counselor self-report, observer/supervisor ratings, and portfolio assessment, have gained the most prominence as assessment strategies. More recently, a unique methodology involving case conceptualization has been pioneered (Constantine, 2001b).

Self-Report Measures

Four counselor self report measures have been used widely in multi/cross-cultural counseling research. These instruments are the Multicultural Knowledge and Awareness Scale (MCKAS; Ponterotto, Gretchen, Utsey, Rieger and Austin, 2002), the Multicultural Counseling Inventory (MCI; Sodowsky, Taffe, Gutkin, & Wise, 1994), the Multicultural Knowledge Awareness and Skills Survey, Counselor Edition-Revised (MAKSS-CE-R; Kim, Cartwright, Asay, & D'Andrea, 2003), and the Multicultural Counseling Competence and Training Survey-Revised (MCCTS-R; Holcomb-McCoy & Day-Vines, 2004). The Cross-Cultural Counseling Inventory-Revised (CCCI-R; LaFromboise,

Coleman, & Hernandez, 1991) also has been modified for use as a self-report measure (Barone, 1997; Fuertes & Brobst, 2002), but was originally designed for supervisors to rate competence. As such, it also will be described more fully later in this chapter.

Ongoing revisions of the instruments have generally led to more precise factor structures. Nonetheless, severe limitations still characterize this general body of instruments (Constantine, Gloria, & Ladany, 2002; Dunn, Smith, & Montoya, 2006; Pope-Davis & Ottavi, 1994; Ridley, Hill, & Li, 1998). In their seminal factor analysis of the MCKAS, the unrevised MAKSS authored by D'Andrea, Daniel, and Heck (1991), the MCI, and the CCCI-R, Constantine, Gloria, and Ladany (2002) found that when all these instruments' items were combined into a single factor analysis, the 3-factor tripartite model was not supported. In the case of the MCCTS-R, the factor structure has been explored over a 10-year period, yielding, 3, 5, and 4 factors, respectively (Holcomb-McCoy, 1995; Holcomb-McCoy & Myers, 1997; Holcomb-McCoy & Day-Vines, 2004). This variability suggests that the constructs underlying multicultural competence have been difficult to operationalize. Constantine et al. (2002) further suggested that perhaps the differences in factor structure were due to different interpretations of the same elements.

Supervisor Report Measures

In addition to the counselor self-report measures, there is one supervisor report measure of multicultural competence that is used in counseling research. This measure, the Cross-Cultural Counseling Inventory-Revised (LaFromboise, Coleman, & Hernandez,

1991) is based on the Knowledge, Awareness, and Skills elements of the tripartite model, much like the self-report measures.

Universal and Particular Factors Debated

At the same time that leaders in the counseling profession advocated for the necessity of culturally sensitive approaches (Arredondo-Dowd & Gonsalves, 1981; Constantine, 2001; Holcomb-McCoy, 2001; Fischer et al., 1998; Ivey, 1977; Locke, 1990; 1992; Pedersen, 1991, 1999; Sue, 1978; Sue et al., 1992; Sue et al., 1982; Vontress, 1970), other leaders argued that universal helping factors are sufficient for the provision of competent services regardless of client cultural background (Cottle, 1953; Fischer et al., 1998; Fukuyama, 1991; Patterson, 1986, 1996, 2004; Stewart, 1976; Weinrach & Thomas, 2002, 2004). The debate between universal and particular approaches has been acknowledged by some of the leading scholars in multicultural thought (Arredondo & Toporek, 2004; Coleman, 2004; Fischer et al., 1998; Pedersen, 1999; Sue, 2001; Sue et al., 1992) who have generally acknowledged that the two perspectives are not mutually exclusive. Although such statements have been made by both universalist and particularist theorists, there is a dearth of literature examining these two perspectives simultaneously.

Additionally, the events leading up to the central role given to cultural issues in counseling took place at the same time that Carl Roger's humanistic approach was gaining widespread acceptance. The stage was then set for a scholarly discussion of the relative roles of universalist factors (i.e., those that inform counseling regardless of the client) and particularist factors (i.e., those that might be specific to a client from a

particular cultural group) (Pedersen, 1991). Various authors have agreed that the bulk of client change is attributable to their sense of being understood (Fraga, Atkinson, & Wampold, 1996; Patterson, 1996, 2005; Sue et al., 1996; Weinrach & Thomas, 2002). Gelso's research has similarly supported the role of helping relationships, including empathy, though he has not criticized the role of particular factors (Gelso & Carter, 1985, 1994). The idea that empathy is a therapeutic factor is a deeply rooted notion in the counseling professions, yet it is not necessarily mutually exclusive to particularist or multi/cross-culturally sensitive approaches (Fischer, Jome, & Atkinson, 1998; Fraga, Atkinson, & Wampold, 1996; Pedersen, 1991; Sue, 2001; Sue, Arredondo, & McDavis, 1992). Nonetheless, there continues to be a debate in the counseling profession regarding the role of particularist and universalist perspectives, as evidenced by the recent special issue of the *Journal of Mental Health Counseling* in response to Weinrach and Thomas' (2002) article questioning the validity of the 1992 AMCD Multicultural Counseling Competencies.

In contrast to the particularist perspectives advocating for specific attention to the needs of culturally diverse clients, universalist perspectives promote the notion that certain strategies are applicable to all clients. One of the central components identified by those who espouse universal components is empathy within the relationship (Draguns, 2003; Harrison, 1975; Patterson, 1996; 2004; Stewart, 1976; Rogers, 1951, 1957, 1975; Vontress, 1995). This assertion is made in light of the finding that the construct of empathy is one of the central healing factors in counseling relationships (Barrett-Lennard, 1962, 1981; Bozarth, Zimring, & Tausch, 2001; Feshbach, 1997; Fischer, Jome, &

Atkinson, 1998; Greenberg, Elliot, & Lietnar, 2003; Rogers, 1951, 1957, 1975; Sachse & Elliot, 2001; Truax & Carkhuff, 1967). Much of this research is based on studies of Client Centered Therapy, which enjoys a legacy of outcome research that began in the 1940s and 1950s under the direction of Carl Rogers, largely at the University of Chicago Counseling Center (Bozarth, Zimring, & Tausch, 2001; Rogers, 1951). Understanding empathy as the principal universal component relevant to multi/cross-cultural competence is rooted in an understanding of the history of empathy in counseling and therapy.

Empathy: The Universal Factor In Therapy

In a unique historical twist in the counseling profession, at the same time that cultural sensitivity was being developed as a core value, so too was the notion evolving that respect for clients is a core component of competent service. The notion of respect for clients evolved with the advancement of humanistic therapy modalities. Included in the development of a respectful therapeutic relationship is the belief that clients or students are better served when they believe a counselor truly understands their predicament, a process described as empathy. Although the trajectory assumed by empathy as a central condition to the counseling relationship is different than that seen in the rise of multi/cross-culturalism, there are some striking parallels. An important consideration in exploring the empathy literature is the evolution in how helpers are labeled. At times in the review of this literature, the term ‘therapist’ is used rather than counselor. In fact, although the research was conducted by members of various disciplines, including counseling, the term therapist has been used historically. Except

when explicitly stated, the term therapist is understood to reference helping professionals who provide talking therapies (i.e., counselors, psychologists, psychiatrists, and social workers).

Empathy Defined

Through years of research and scholarly writing, the definition of empathy has been refined. The earliest definitions are traced to the German concept of *empathie*, while more contemporary definitions in counseling are attributed to Heinz Kohut and Carl Rogers (Duan & Hill, 1996; Watson, 2001). The definition provided by Rogers, in particular, has been the subject of much research, despite having evolved over only the past 50 years (Bergin & Garfield, 1971; Luborksy, 1971; Olinsky, Ronnestad, & Willutsky, 2003; Watson, 2001).

Empathie

The construct of empathy has been traced back to the German concept of *empathie*, which might be translated into the phenomenon where one perceives and mimics another's perspective (Barrett-Lennard, 1981; Duan & Hill, 1996; Stewart, 1976; Vontress, 1979; Watson, 2001). Initial usage of the word has been linked to art appreciation and the way in which an observer is able to understand the artist's meaning (Duan & Hill, 1996; Watson, 2001). Helping professionals credited with introducing empathy as it is now understood are Heinz Kohut and, perhaps more notably, Carl Rogers (Aspy, 1975; Duan & Hill, 1996; Rogers, 1951, 1957; Kirshenbaum & Jenks, 2006; Schlien 1997; Watson, 2001). In turn, as a result of the scholarly investigation that was pioneered by Rogers in the 1950s and 1960s, and later continued by others, it is widely

accepted that empathy plays a central role in successful helping relationships (Constantine & Ladany, 2003; Corey, 1994; Fischer et al., 1998; Fish, 1970; Gelso & Carter, 1985; Lambert, 1994; Lambert & Cattani-Thomson, 1996; Orlinsky, Ronnestad, & Willitsky, 2003; Truax, 1963; Truax & Carkhuff, 1967; Truax, Witmer, & Wargo, 1969).

Rogers' Definition

Carl Rogers is associated by many as the theorist most responsible for the promotion of a genuine empathic relationship as a central tenet to the provision of psychotherapy (Corey, 1994; Duan & Hill, 1996; Rogers, 1951; Truax & Carkhuff, 1967; Wickman & Campbell, 2003). In the modern era of counseling and other helping professions, it is perhaps difficult to comprehend the revolutionary nature of emphasizing the importance of the empathic relationship (Cain, 2001; Kirschenbaum, 1979). Rogers (1951) stated that empathy was the process of experiencing with the client, both in the cognitive (Rogers used the term "attitudinal) and affective realm while still maintaining psychological distance so as not to adopt those cognitions or those emotions. This definition was further refined in Rogers' subsequent writings such that in 1957 he expanded on what empathy in the counseling relationship is and in 1975 noted empathy was a process rather than a state (Rogers, 1957, 1975) .

In appreciating the magnitude of Rogers' assertion, it is important to consider that at the time he was first credited with proposing a new school of thought in 1940, the predominant methods of providing counseling did not take into account the role of the client or the helping relationship (Kirschenbaum, 1979). Instead, the emphasis was on

uncovering and reporting the root of the neurosis or on designing a mechanism that would lead to a change in behavior. Carl Rogers' development of Client Centered Therapy, and the growth of other humanistic perspectives such as Gestalt and existentialism, spawned the widespread conclusion that relationship variables and processes are critical to successful therapy (Bohart, 2001; Lambert, 1994; Patterson, 1996, 2004; Vontress, 1979; Watson, 2001). Cottle (1953) also identified characteristics of the counseling relationship similar to those in Rogers' Client Centered Therapy, including the role of empathic understanding. Rogers is predominately credited, however, with proposing that successful therapy is based on client perceptions of counselor empathy, unconditional positive regard, and genuineness (Rogers, 1951, 1957, 1975).

Furthermore, Rogers' (1957) proposition of six necessary and sufficient conditions for successful counseling has been identified as an event sparking increased research into how empathy relates to client outcome (Aspy, 1975; Barrett-Lennard, 1962; Duan & Hill, 1996; Gladstein, 1970, 1977; McWhirter, 1973; Orlinsky, Ronnestad, & Willutzky, 2003; Rogers, Gendlin, Keisler, & Truax, 1966; Truax & Carkhuff, 1967). Although Rogers is generally associated with three core conditions, and most of the research by his students focused on these three therapeutic conditions, he postulated three other core conditions and one of these "extra" conditions Rogers also considered critical. The fourth necessary condition was that the client be in a state of need, a state Rogers identified as incongruent, anxious, or vulnerable. Another condition Rogers identified as necessary is that "two persons are in psychological contact," which is to say, there is a relationship between the client and therapist and both are cognizant of its existence

(Rogers, 1957, p. 96). The sixth condition is one that was supported subsequently by Barrett-Lennard (1962) and has been particularly salient in methodologies relying on client ratings in that the therapist successfully related her or his empathic understanding and unconditional positive regard to the client. For the purposes of this study, the term “core conditions” refers to conditions three through five, which are, *genuineness*, *unconditional positive regard*, and *empathy*.

Character-based Definition

A related conception of empathy that has been investigated by scholars in counseling related fields is empathy as an extension of and foundation for character (Feschbach, 1975; 2003; Hogan, 1969; 1975; van der Veen, 2003). This line of inquiry focuses less on the dynamics within the counseling relationship, and instead places emphasis on the characteristics that make one empathic. Feschbach has focused largely on children and on the development of morality through the development of empathy. In other words, her research suggests that we care about others when we learn to relate to their experience. An anecdotal example might be a parent asking a child to relate to a sibling’s experience when a toy is broken intentionally; empathy is successfully relating to the sibling’s experience and not wanting to break toys in the future so that the sibling doesn’t feel “bad.” Hogan and van der Veen’s work is notable because of their temporal significance and the creative application of empathy beyond the counseling relationship into human relations in other realms such as business leadership. While an elaborate discussion of their work is beyond the scope of this study, which focuses on empathy in counseling, their work has implications for future research and bears acknowledgement.

Measurement of Empathy

Throughout the decades of research on the impact of empathy on therapy outcomes has been taking place, a variety of methodologies have been employed (Barrett-Lennard, 1962, 1981; Luborsky, Chandler, Auerbach, Cohen, & Bachrach, 1971; Orlinsky, Ronnestad, & Willutsky, 2003; Rogers, Gendlin, Kiesler, & Truax, 1967). Earlier methodologies, those employed by Rogers in the earliest outcome research, relied on observer ratings and sometimes therapist ratings of the levels of genuineness, unconditional positive regard, and empathy. Later methodologies included client ratings of these core conditions. Finally, an ancillary, but related line of research developed, which explored the personality characteristics associated with the ability to be empathic and the development of empathy.

Observer and Therapist Ratings

Much of the research on empathy within the therapy process relies on the use of ratings of therapist behavior. Typically, outside observers are provided excerpts of counseling sessions and trained research assistants rate the degree to which the therapist provided one of the core conditions on a rating scale. In other words, a tape excerpt of varying length, but very often 3-5 minutes is listened to by a researcher and the therapist is rated on a continuum according to how empathic the observers thinks he or she was being. In the case of empathy, one of the most commonly used measures is Truax's Accurate Empathy Scale (Truax, 1963). Using this scale, an observer ranks therapist behavior on a 1-10 continuum. Ratings of 1 indicate a low level of empathy and 10 represents a high level.

Although observer ratings have an important place in empathy research, significant concerns have been raised about their use in counseling research. Marshall (1972) challenged the poor statistical support these measures have with respect to reliability, even though inter-rater reliability is typically reported to be high. Additionally, because most ratings in these studies are of short excerpts of counseling sessions, it remains to be understood how representative a short segment of a session is of the overall counseling relationship and a particular counselor's performance over time. Finally, questions about the clinical significance of ratings have been raised. This is the case especially with Truax's (1963b) rating scales. Despite his explanations for each point on the scale, it is unclear how the descriptions for each point are assigned and whether or not the descriptions are truly valid representative expressions of empathy. Furthermore, as a clinician, regardless of whether the excerpt being rated is taken from a pre-determined point in the session (1st half, mid-point, last half, etc.) or randomly, one is certainly left to wonder how an observer would take clinical judgment and intentionality into account. Further discussion of criticisms made of observer and therapist ratings is provided later in this chapter.

Client Ratings

The other principal way that empathy has been measured in counseling relationships is by asking clients about their perceptions. Perhaps the most recognizable measure used to accomplish this is Barrett-Lennard's (1962) Relationship Inventory. This 92-item instrument was developed by Barrett-Lennard as part of his doctoral dissertation and purports to measure a client's perception of a clinician's *Empathic Understanding*,

Level of Regard, Unconditionality of Regard, Congruence, and Willingness to be Known. Barrett-Lennard defined *Empathic Understanding* as “experiencing the process and content of another’s awareness in all its respects” (p. 3). He further developed the idea that empathy is most strongly associated with the affective component of the relationship, but includes the context, an allusion to what has elsewhere been termed cognitive empathy. *Level of Regard* is defined as the presence of an affective component within the counseling relationship, but not necessarily one that is positive or negative, rather just one that is present. *Unconditionality of Regard* refers to the degree to which positive regard is perceived by the client. In other words, it is not only the connection found in *Level of Regard*, but the degree to which it is positive. *Congruence* refers to what has elsewhere been termed genuineness or, more specifically in the case of client perception, the degree to which the client believes the therapist’s true nature is consistent with their therapeutic presence. *Willingness to be Known* refers to the therapist’s risk taking in terms of disclosing about her or himself and being engaged in the relationship rather than distant, as was the case in classical psychoanalysis. Scoring for the instrument is based on the assignment of -3 to +3 values based on the client’s perception of the degree to which the therapist demonstrated the behavior in the item stem. The 5 scales range in the number of items from 16 to 18 so that scores could hypothetically range from +/- 48 to +/-54, with total scores ranging between +/-255. Shorter versions of the Relationship Inventory have been used in subsequent research on empathy in counseling (Barrett-Lennard, 1973, 1986; Walker & Little, 1969; Watson & Geller, 2005)

Client rating measures certainly may be useful insofar as they assess client perceptions of the core conditions. Nonetheless, threats to validity exist. For example, Barrett-Lennard (1962) noted the challenge in differentiating between the presence of the core conditions and client liking of her or his therapist. Therefore, one of the challenges in this line of research has been the confound of difficulty in discerning the degree to which favorable ratings of a therapist by a client are related to liking the therapist rather than the actual influence of the core conditions..

Other Empathy Measures

Other measures of empathy do not focus on the therapeutic context, but address the degree to which empathy is a characteristic. For example, Hogan (1969) created a scale based on California Psychological Inventory items and q-sorts to identify what he termed “a good man” with various subject pools. The resulting instrument purports to make decisions about empathic capacity as a personality trait. Subsequently, Hogan asserted that his scale had been studied since 1966 and had been cross-validated through correlation with empathy ratings, social acuity ratings, and skill at playing charades (Hogan, 1975).

Similar research presenting empathy as an extension of personality has been presented by Cui and van den Berg (1991) in exploring the role of empathy in international management. Cui (1989) had earlier written about intercultural effectiveness, which includes cultural empathy as a component. Cui and van den Berg (1991) examined factors that improve intercultural effectiveness in the context of a foreign manager directing employees of a different culture, much as would be the case

for an upper level manager in a multinational corporation. As stated earlier, these lines of researchers were focused more on personality characteristics rather than describing empathy within the dynamic of counseling, and, as such, are not reviewed further in the current study.

Qualitative Approximations of Empathy

Q-sorts and other qualitative methods also have been used to approximate empathy and empathic stances. Q-sorts in particular have long-standing usage in empathy research (Hogan, 1969; Rogers & Dymond, 1954). More recently, innovative approaches such as those used by Beyer (2000) to explore participant intercultural empathy, as conceived of as perspective taking, have been employed. Beyer explored respondents' ability to take the perspective of cultural minorities by comparing the responses of participants from majority and minority cultures to ambiguous stimuli. These stimuli were culturally charged images that were double-entendres, such as Oreos (where the expectation was that African-American participants would indicate that the Oreos represent "race traitorship" while a non-African-American participant would identify them as cookies), presented to elicit responses.

Empathy in Successful Counseling and Therapy

Early studies on the role of empathy in the helping relationship included hospitalized, outpatient, and analog samples. Although some of the earliest studies, and arguably very influential ones, relied on clinical samples of hospitalized patients, diversity in the samples and methodologies has helped solidify the assertion that empathy is in fact a central component of helping relationships. The research of the time was

largely impacted by Eysenck's (1959) questioning of the efficacy of therapy. As such, a significant proportion of early researchers explored ratings of empathy and the other conditions highlighted by Rogers (1957) and treatment outcome (Orlinsky, Ronnestad, & Willutzky, 2003).

Studies with Hospitalized Populations

Many early studies exploring the role of empathy in counseling were focused on hospitalized populations. Much of this research, though criticized by later reviewers, established the foundation for the conclusions counselors now hold as true with respect to empathy as a facilitative condition. Arguably, the most prolific early researchers were Charles Truax and Robert Carkhuff. Early studies regarding the efficacy of empathy and Rogers' (1957) necessary and sufficient conditions of therapeutic personality change indeed found a positive relationship between empathy and client outcomes. Notable and extensive investigations of the relationship between empathy and client outcomes were conducted with 16 inpatient psychiatric patients at the University of Wisconsin. The findings of these studies are reported in Truax and Carkhuff (1967) and Rogers, Gendlin, Kiesler, and Truax (1967).

The University of Wisconsin studies provided an early base upon which future exploration of empathy and the other facilitative conditions would take place. The studies were essentially analyses of taped sessions with 16 schizophrenic patients. The length of stay for the patients varied from 6 months to as long as 4 and half years. Outcome was operationalized through a variety of means, including MMPI scores, Rorschach ratings,

TAT ratings, Q-sort self-perception rankings, therapist diagnostic ratings, and length of stay after treatment (Gendlin & Rogers, 1967; Truax, 1963b; Truax & Carkhuff, 1967).

Truax reported his findings from his 1961 study with the Wisconsin group with four patients who improved and four who did not. Listening to two minute samples of the middle third of therapy sessions over six-month period, judges rated the level of empathy using the Accurate Empathy scale. The raters considered the level of empathy to be relatively consistent across the six-month period and found that the four patients who had improved had received higher levels of empathy. In other words, a positive correlation was found between levels of empathy and improvement while low levels of empathy were correlated with patient deterioration.

Using a group therapy methodology and moving beyond the Wisconsin study, Truax, Witmer, and Wargo (1971) explored the effects of empathy and other therapeutic conditions on inpatients at three Midwestern psychiatric facilities. The study, a relatively large one in comparison to contemporary studies, included 160 patients assigned to 10 groups with 15 therapists in 48 sessions over three months. Truax et al. reported that therapists were randomly assigned and that they identified with a variety of theoretical orientations, including client-centered, psychoanalytic, learning theory-centered, and eclectic. Experience and training backgrounds varied and included psychiatrists, social workers, and psychologists. Many groups had psychiatric nurses or psychologist trainees as co-therapists, but the authors indicated co-therapists were not included in analyses because of the minimal role they played in their respective groups. Thus, their influence on the group dynamic is therefore not taken into account. The independent variables were

levels of core conditions with empathy measured through Accurate Empathy Scale ratings on three, two-minute samples of sessions, while the independent variables were personality change as measured by the MMPI, the Barron Ego Strength Scale, the Edwards Social Desirability Scale, the Truax Constructive Personality Change Scale (CPC), the Welsh Anxiety Index and Internalization of Anxiety Ratio, and five measures obtained from an 80-item Q-sort for self- and ideal-self-concept. Truax et al. reported that high levels of core conditions (including empathy) were associated with higher levels of positive outcome or no deterioration on 25 of the 28 outcome measures. Accurate empathy alone was associated with positive outcome on 20 of the 28 outcomes.

Cannon and Pierce (1968) explored the relationship of counselor use of empathy and other core conditions to client outcome by asking participant counselors to manipulate the level of empathy they expressed throughout taped sessions with schizophrenic patients. Raters reviewed segments of sessions conducted with manipulation from either High-Low-High or Low-High-Low levels of counselor expressed empathy to one of six schizophrenic clients. It is not entirely clear how the therapists who worked with the six patients in the participant pool was able to manipulate empathy, genuineness, and positive regard discretely, but these were rated on independent five-point ratings scales by outside raters. Though the origin of the scales was not identified, they were used to measure the therapist's manipulation of High/Low levels of conditions and compared to ratings of client self-exploration. Cannon and Pierce (1968) found that the client's level of self-exploration was higher during periods

of high expressed empathy and other core conditions regardless of when in the session these conditions were offered.

Studies with Outpatient Populations

Truax (1963b) replicated his (1963a) study with a larger number of patients and a more diverse sample by including outpatient participants. This study was conducted as a replication of the 1963(a) study reported in Truax and Carkhuff (1967). His findings for this study also supported the notion that there is a positive relationship between high levels of observer rated empathy and patient outcome. In this instance, the relationship was found significant for both inpatient and outpatient groups. Subsequent reports based on the same sample, such as Kiesler, Klein, and Mathieu (1966), further confirmed a relationship between empathy ratings and patient outcome. Kiesler et al., however, noted that there were differences in how empathy was rated by third-party observers, clients, and therapists. These findings were corroborated by later studies, which will be discussed later in this chapter.

Truax and Witmer (1971) examined the relationship between empathy, as measured by observers using the Accurate Empathy Scale, ratings of counselors' focus on the presenting issue, and measures of outcome. The authors indicated that anxiety was the presenting issue for all participants, but did not specify the diagnostic classifications represented. In the study of 40 outpatient clients assigned to work with 4 different psychiatrists, the authors found that there was a significant positive relationship between empathy ratings and both patient and therapist global ratings of therapy outcome. A relationship also was found between the interaction of Accurate Empathy Scale ratings

and therapist focus on the presenting issue and the therapists' global ratings of outcome. Although the findings suggest that empathy has a significant positive relationship with patient and therapist ratings of outcome, no relationship was found between empathy ratings and some of the more specific measures of outcome related to patients' presenting concerns.

Truax, Wargo, Frank, Imber, Battle, Hoehn-Saric, Nash, and Stone (1966) conducted a study with 40 "psychoneurotic" patients between the ages of 18 and 55. Patients were assigned to one of four psychiatric residents at the Henry Phipps Psychiatric Clinic Outpatient Department. Assignment was not random, but instead was based on the patient-resident match judgments of an intake interviewer. Each of the residents participating in the study was assigned five patients considered to be "poor" candidates for therapy and five patients considered to be "good" matches for psychotherapy. Within each subset to five patients, three received detailed "role induction", which might be more readily recognized as informed consent by contemporary mental health service providers. As with other research conducted by Truax, empathy was rated by observers using the Accurate Empathy Scale. Other scales were used to measure other core conditions as independent variables. Dependent variables of therapy outcome included global improvement scales filled out by the patient and resident independently, change score on a discomfort scale, social ineffectiveness ratings by a post-therapy interviewer, and target symptom improvement as rated by the patient. ANOVAs conducted by the authors suggested that statistically significant differences in patient outcome between high and low resident-provided core conditions

were reflected. In this instance, Truax et al. (1966) did not report the relationship between specific conditions like empathy and outcome, but rather on the aggregate of the all the core conditions collapsed into high or low categories. Although the authors did not explicitly state the rationale for reporting the combination of conditions rather than the conditions independently as had been done elsewhere (Truax & Carkhuff, 1967), Marshall (1972) argued that the data were collapsed based on the high correlation between empathy and genuineness ratings. Truax et al. (1966) reported the correlation between empathy and genuineness as a Pearson's r of 0.60, a correlation that likely was statistically significant, but only mentioned as a footnote in the text.

In a study examining use of the facilitative conditions and client process *and* outcome, rather than just outcome, Schauble and Pierce (1974) found further support for the role of empathy. They reported that therapists of clients who had been deemed successful, as measured by changes in MMPI scores, were rated as significantly higher in empathy than the therapists of unsuccessful clients. These findings were obtained by having the sessions of 34 university counseling center therapists tape their sessions with 41 students. Schauble and Pierce reported that a tape from the first third and last third of the relationship were arbitrarily chosen for coding, but that in most cases these were the third and third to last session. Therapist responses were then coded for levels of Empathy, Genuineness, Positive Regard, and Concreteness on five point scales previously used in research by Carkhuff. Client responses were then coded for depth of self-exploration, internalization-externalization, owning of feelings, commitment to change, and differentiation of stimuli. Not surprisingly, the successful clients were rated as having

significantly more empathic counselors during the third to last session than the clients who were unsuccessful. Although this was true for the third to last session for successful and unsuccessful clients, as measured by the MMPI, therapists did not receive significantly different ratings in process measures based on the third session. Although these two relationships were not related to each other statistically speaking, they certainly encourage notions that there might be a relationship between the higher levels of empathy and process as well as outcome.

One of the most frequently cited examples of research on the role of empathy in therapy is Barrett-Lennard's 1962 study with University of Chicago Counseling Center clients. His study, conducted as part of his dissertation at the University of Chicago, investigated the impact of the therapeutic conditions on client change. Although he originally intended to use a Q-sort methodology to capture the level of the conditions, he found that a paper-and-pencil format was better suited to collecting data of interest. The resulting instrument, the Barrett-Lennard Relationship Inventory asked clients to rate their therapists on *Level of Regard*, *Empathic Understanding*, *Congruence*, *Unconditionality*, and *Willingness to be Known* on a 6-point scale ranging from -3 to +3, with zero not listed as an option for respondents. The development of the Relationship Inventory alone makes this study significant in the study of empathy as a helping condition, but Barrett-Lennard's study also is considered a landmark study for his inclusion of the client's perspective of the helping relationship and for his comparison of "expert" and novice therapists in providing the conditions.

Barrett-Lennard (1962) is distinguished from the collective body of earlier studies in that client perspectives and the differential ability of therapists to provide Rogers' core conditions were assessed. Prior research conducted at the University of Chicago (e.g., Halkides, 1958; Rogers & Dymond, 1954) used observer ratings of conditions as a measurement technique. Barrett-Lennard interpreted Rogers' (1957) core conditions to be relevant only insofar as the client perceived them, a view he concedes is slightly different than that presented by Rogers. It is worth considering that Rogers' original position was that empathy be communicated to the client, but later, more explicitly that the client understands the expression of empathy (Rogers, 1957, 1975). In order to measure if there was a difference in the ability of therapists to mobilize the core conditions based on their experience, Barrett-Lennard matched clients in the 42 person subject pool and assigned them to one of 21 either relatively experienced or inexperienced therapists. "Expert" therapists had at least two years of experience and were regular staff members at the University of Chicago Counseling Center while novice therapists were interns. Data were collected from the clients and therapists at the conclusion of therapy. There was no predetermined time criterion and it was at the client and therapists' discretion how long therapy would continue. Therefore, client ratings of their therapeutic relationships varied 7 weeks and 96 sessions.

Barrett-Lennard found evidence supporting the impact of the relationship on therapy outcome. He found that client ratings of conditions early in the relationship (after 5 sessions) were stronger predictors of therapy outcome than therapist ratings of the conditions at the 5 session point. The findings in this study also suggest that the change

seen in clients with less severe problems was greater than for those who started with more severe problems, a finding that would be replicated by subsequent researchers (Truax & Carkhuff, 1967). Barrett-Lennard found, however, that therapist ratings of the relationship at termination more strongly related to the outcome of therapy than did client ratings. There is a difference, however, in how clients rated their therapists' ability to mobilize the core conditions based on status as an expert or novice. In the case of empathy, experts had a mean rating of 36.2 ($SD = 16.8$) out of a theoretically possible 54 while novices had mean ratings of 32.2 ($SD = 11.3$). These findings yielded a statistically significant difference at the 0.05 level, yet seem to suggest limited clinical significance.

Similarly, Bozarth and Grace (1969) analyzed tapes from 15 university counseling center therapists in exploring the role of the core conditions, including empathy. They noted that Truax and Carkhuff (1967) had written that client-report measures would be inappropriate with hospitalized schizophrenics, but that "neurotic" patients could appropriately provide feedback. As such, the authors for this study used the Barrett-Lennard Helping Relationship Inventory. In analyzing their data, three-minute segments from the middle and last one-third of fifth sessions, Bozarth and Grace (1969) found that correlations between empathy ratings on the HRI and the ratings of the sessions by raters were low and insignificant. Therefore, they found that client ratings and observer ratings were not related.

In an early study on empathy that included special attention to race, Banks, Berenson, and Carkhuff (1967) conducted a study with four African-American

undergraduate students at the University of Massachusetts. Researchers manipulated counselor race and clinical training by having participants conduct an intake interview with each of the four counselors representing the different treatment conditions on subsequent weeks. The counselor characteristics were summarized by the authors as follows: Counselor A, a 20-year old [African-American] senior undergraduate student with a single theories and practice course, Counselor B, a 25-year old White second year graduate student with relatively little experience, Counselor C, a 25-year old White third year student with a year of experience as a guidance counselor, and Counselor D, a 32-year old White Ph.D. with eight years experience. The orientation affiliations for the four counselors are not clearly delineated, although the student counselors reported to have all taken the same skills course focusing on the relationship, while the doctoral level therapists used a trait-and-factor approach not focusing specifically on the therapeutic relationship. The intake sessions with all clients and counselors were recorded for observer rating of the Rogers (1957) facilitative conditions, including empathy. Random excerpts of unspecified length were rated on five-point scales, although the scale anchors were not identified. In addition to observer tape ratings, clients completed inventories on each of the counselors following interviews and participated in a summative interview once all four sessions had been completed. Data analysis indicated that the three counselors who had participated in the skills course rated higher on use of facilitative conditions than did the counselor who identified as strictly trait-and-factor, a not unsurprising finding. Similarly, clients' ratings of their counselors indicated that the relationship oriented counselors were similar and, with the exception of C, all were

significantly higher in facilitative conditions than the trait-factor counselor. Finally, in what is perhaps one of the earliest findings on counselor-client ethnic or racial match Banks, Berenson, and Carkhuff found that clients indicated they would return to see the African-American counselor (the least experienced one), but not the formally trained White counselors.

Criticisms of Empathy Research

Researchers have studied extensively the correlations between client ratings of empathy, counselor ratings of empathy, and client outcome. Findings suggest that there is a low correlation between client ratings of therapist empathy and counselor and observer ratings of empathy (Bergin, 1966; Bozarth & Grace, 1970; Burstein & Carkhuff, 1968; Carkhuff & Burstein, 1970; Keisler, Klein, & Mathieu, 1966; McWhirter, 1973; Orlinsky, Ronnestad, & Willutsky, 2003). Such findings suggest that much caution is warranted in interpreting the outcomes of any one study.

One study comparing the ratings of therapists, observers, and clients in empathy ratings research was conducted by Kurtz and Grummon (1972). In their study with data collected over a two year period at Michigan State University's Counseling Center they found that client, observer, and therapist ratings of therapist offered empathy were not consistent with each other. Furthermore, Kurtz and Grummon reported that only client ratings of empathy were related to therapy outcome as measured by Tennessee Self-Concept Scale scores, changes in pre/post MMPI scores, overall ratings by therapists on a 4-point scale (with 4 as the highest success rating), and overall ratings by clients on a 7-point scale (with 7 as extremely helpful). The outcome measures were verified for

consistent relationship and then each individual measure was compared to empathy ratings. Only client ratings were found to be related to outcome measures. Furthermore, although only partially reported, a multiple-regression analysis yielded client-perceived empathy as the strongest predictor on the MMPI and a composite score (the authors provided no detail as to how the composite was derived). Client empathy ratings were reported to account for 44% of the variance in MMPI scores and 30% of the variance in the composite.

In addition to the significant challenge posed by an inconsistent relationship between observer, client, and therapist ratings to each other and outcome, other methodological concerns regarding empathy research have been raised (Banks & Berenson, 1968; Bergin & Jasper, 1969; Gladstein, 1970, 1977; Kurtz & Grummon, 1972; Marshall, 1972; Watson, 2001). In one of the most critical articles written on this line of research, Marshall (1972) focused specifically on Truax and Carkhuff who had been involved in a significant proportion of the empathy and outcome research. She noted that, in general, Truax and Carkhuff were vague in their methodology and in identifying which processes were planned a priori. Marshall described the measurement, interpretations, and reports of these two authors as being suspect. For example, she referred to Truax and a junior author, Mitchell who in a 1971 summary of the research on the core conditions reported reliabilities ranging from 0.42 to 0.95, despite the fact that generally the studies had a low number of therapists being rated. This is a relevant detail because, as Chinsky and Rapaport (1970) pointed out, when the number of therapists being rated is low, it is easy for raters to determine which therapist is which, and,

therefore, which ones are the “good ones.” This would mean that the observers’ ratings are not truly blind. Marshall (1972) also noted a conspicuous failure by Truax and Mitchell (1971) to include reports from other findings and reports from the University of Wisconsin study with which Truax had been involved that did not present data favorable to the core conditions.

With respect to the way in which reports are made in the literature, Marshall (1972) identified Truax, Witmer, and Wargo (1971) as a study where Truax’s process and results were reported in an inconsistent way. She noted that 700 data samples were taken for the 16 therapists, but that no rationale is presented for why such a large number of samples and such a large number of dependent variables (28 reported measures) are necessary, particularly when only relationship statistics that are sensitive to the sample were being used. Upon re-analysis of the data, Marshall reported that the data did not support the therapists’ demonstration of the core conditions as important, and actually may have suggested the opposite. As a contrast to the reports typically authored by Truax, Marshall pointed to the reports made by Rogers, Gendlin, Kiesler, and Truax (1967), which were based on the same 16 patients studied by Truax and Carkhuff (1967). Marshall noted that in the chapters in this text where data were analyzed and interpreted, few of which have Truax as a first author, a much more cautious tone is taken in stating the contribution of the core conditions to client outcome. Furthermore, in chapters where Rogers is the first author, he admits that the need for further exploration of the discreteness of the conditions was highlighted by the low reliability ratings and lack of consistent fit with theory .

Though not as outspoken as Marshall (1972), Chinsky and Rappaport's (1970) review is one of the most frequently cited reports examining the literature using the Accurate Empathy scale developed and refined by Truax (Truax, 1963a; Truax & Carkhuff, 1967). Chinsky and Rapapport focused on the problems stemming from scale development and the questionable reliability associated with the scale. Specifically, they noted the inextricability of therapist responses of empathy in the context of client statements and the relationship of empathy to other core conditions. Much like Marshall (1972) did later, Chinsky and Rappaport pointed to the reports from the Wisconsin studies which were made by both Truax and Carkhuff (1967) and Rogers, Gendlin, Kiesler, and Truax (1967), and the different approaches used in reporting Accurate Empathy scale data. The authors of individual chapters (for example, Kiesler, Mathieu, and Klein) pointed to the poor discrimination of the Accurate Empathy scale and the likelihood that this scale measures a more global characteristic or more general relationship dynamic. Oddly, the possibility that there is a more general characteristic or relationship dynamic is acknowledged by Truax and Carkhuff (1967) and unequivocally refuted – without data.

Reports From Meta-analyses and Reviews

Empathy as a phenomenon important to successful therapy also has been examined through various reviews and meta-analyses. The earliest reviews date back to shortly after the first studies on the topic started to appear (see Garfield & Bergin, 1971; Gladstein, 1970; Luborsky, Chandler, Auerbach, & Cohen, 1971; Shapiro, 1969; and Truax & Carkhuff, 1967, for early examples, and Duan & Hill, 1996; Fischer, Jome, & Atkinson, 1998; Greenberg, Elliot, Watson, & Bohart, 2001; and Lambert, DeJulio, &

Stein, 1978, for more recent examples). More recently, as statistical methods were refined, meta-analytic methodologies were introduced (Elliot, 2001; Lambert, 1994; Orlinsky, Ronnestad, & Willtuzki, 2003; Sachse & Elliot, 2001). These reviews included studies that relied on client, therapist, and observer ratings of empathy as predictors or independent variables and various measures of process and outcome as independent variables. The overarching commonality to these reviews and meta-analyses is that empathy and the other core conditions are indeed related to what might be called “good” therapy or counseling. In light of the present study’s focus on counseling, it is important to address the work of Gladstein.

Gerald Gladstein is one of the first authors to highlight the role of empathy in the counseling-specific literature (Gladstein, 1970, 1975, 1977). At the time, the counseling profession was still in its early stages as a unique profession and was diffuse with its scope of practice. Although some scholars (e.g., Lambert, DeJulio, & Stein, 1978) did not provide a favorable view of Robert Carkhuff’s process of introducing core conditions techniques to counselors, it was nonetheless taking place. Carkhuff is credited as working to dissect what behaviors were favored as reflective of the core conditions, and favored teaching these. Rogers (1975) encouraged the view that true Person Centered Therapy was beyond a mechanical use of the skills. Although beyond the scope of the present review, it is worth noting the developmental, need-based shift in the counseling profession to one that dealt with more mental health oriented issues in the 1970s when Robert Carkhuff and others were training counselors. Gladstein (1970) examined the literature base at the time and separated the studies of empathy into those where

psychotherapy was provided (he defines this as work with “an emotionally disturbed person” p. 823) and those where counseling services were provided to essentially “normal” individuals. Gladstein noted that in the six studies categorized as counseling related, two focused on client-process and four focused on counseling outcome. No relationship between outcome and empathy was found in the studies reviewed and no report was made on the findings of process studies. In the mental health delivery system of today, counselors are likely providers of mental health services and, therefore, the distinctions made by Gladstein between counseling and therapy and early assertions of the applicability of empathy to counseling practice are less applicable.

To better understand the magnitude of the literature related to empathy, it might be helpful to consider that Orlinsky, Ronnestad, and Willutzki (2003) found more than 2,300 process-outcome findings drawn from hundreds of studies published between 1950 and 1992. Although only a minority of the studies, 53 studies with 100 findings, focused on the role of empathy in particular, the focus on the humanistic therapies is suggestive of the importance of relationship phenomena in counseling during this time. With respect to specific studies relating client outcome to counselor expressions of empathy, Orlinsky et al. noted significantly fewer studies and a progression towards a decrease in the number of studies conducted in recent years. One of the hypotheses proposed for the decrease is that empathy has consistently been found to be instrumental in facilitating positive outcome and therefore researchers have found little need for continued exploration. Nonetheless, Orlinsky et al. provided one of the most comprehensive summative reports on the humanistic therapies and outcome. Imbedded in the discussion of humanistic

therapies is a discussion on the role of empathy and the core conditions. In the case of empathy and the relationship, Orlinsky et al. reported that the strongest relationship to outcome was found for the therapeutic bond.

In a similar review, Elliot, Litaer and Greenberg (2003) reported a medium effect size of 0.30 for the relationship of empathy to outcome. The authors, however, conceded that empathy as considered in the studies reviewed is likely more descriptive of a “climate” rather than a technique per se. It is therefore unclear how well empathy is distinguished from the relationship in general, although it is likely that both have a cumulative effect. Earlier reviews of the research on the role of the therapeutic conditions, including empathy, similarly suggested that empathy was related to positive outcome in therapy (Bergin & Garfield, 1971; Luborsky, Chandler, Auerbach, & Cohen, 1971, Shapiro, 1969).

Luborsky, Chandler, Auerbach, and Cohen (1971) performed a review of quantitative research that was robust for the standards of that time. In this review, they reported that some of the early data on the role of empathy was mixed, but that the overall trend was for empathy and counselor experience level to be related to outcome. Luborsky et al. reported that three of six tape review studies found significance differences between high and low empathy and outcome, while four of six based on client ratings and therapist ratings found significant differences in outcome for high and low empathy rated therapists. Furthermore, these authors stated that the causal direction of empathy is unclear and that it may be possible that because patients are improving that therapists offer greater degrees of empathy and are rated as such. Unlike other reviews, a

correlation between therapist ratings of empathy and client or observer ratings were found. Many reviews and empirical studies report that it is only client ratings and observer ratings that are related to outcome and that therapist ratings may not correlate with client and observer ratings (Bergin & Jasper, 1969; Fish, 1970; Greenberg, Elliot, Watson, & Bohart, 2001; Kurtz & Grummon, 1972; McWhirter, 1973; Orlinsky, Ronnestad, & Willutzky, 2003; Watson, 2001).

Attempts To Reconcile Universal and Particularist Perspectives

Multi/Cross-cultural counseling is now seen as a core characteristic of the counseling profession, yet there has been a history of members of the same profession calling into question the validity of special attention to issues of culture (Patterson, 1984; 2004; Sue et al., 1996; Weinrach & Thomas, 2002, 2004). Although it is arguable that there has been some polarization in the literature, there also have been concessions that universal and particular perspectives are not mutually exclusive (Fischer, Jome, & Atkinson, 1998; Sue, Arredondo, & McDavis, 1992; Vontress, 1979; 1999). Although arguments on theoretical bases have been made for the integration of culture-specific and universal components (e.g., Constantine, 2002; Fischer, Jome & Atkinson, 1998; Fukuyama, 1990; Harrison, 1975; Ridley & Lingle, 1996; Stewart, 1976; Vontress, 1999), very few authors have worked to develop *how* this would be accomplished and none have provided empirical evidence exploring their relative relationships.

Notable scholarly contributions on how to integrate universal and particularist components are those of Fischer, Jome, and Atkinson (1998) and Vontress (1979, 1999). Vontress, one of the senior statesmen in multicultural thought (Lee, 2001), has proposed

an existential theory perspective to the integration of specific and universal. Similarly, Fischer, Jome, and Atkison (1998) suggested a reframe of the existing multi/cross-cultural literature through a common factors approach. A central shared characteristic that both of these perspectives have is that they encourage counselors to strive to acknowledge the shared characteristics of the human condition and to capitalize on these commonalities in working with the culturally different.

Vontress' Existential Perspective

The perspective presented by Vontress is based on the work of Binswanger (1962) and van Deurzen-Smith (1988) and promotes an existential perspective to the multi/cross-cultural counseling process. Vontress (1979, 1999) indicated that clients, and therefore appropriate intervention, can be understood in the context of four general categories: *umwelt*, *mitwelt*, *eigenwelt*, and *uberwelt*. Each of these categories describes a level of perspective around the client, with the client as the focal point, not unlike the premise in Urie Brofenbrenner's Ecological Theory. According to Vontress (1999), the *umwelt* is the physical world and describes all that is in the tangible environment. It includes "the air, water, soil, sun, vegetation, animals, mountains, valleys, and everything in the universe upon which humans depend for survival" (p. 34). It also includes the biological self and relationships to the other physical components.

The *mitwelt* is the social relationship level. Vontress indicated that this level is fundamentally represented by the inherent social and sexual nature of humans. The *mitwelt* represents the struggle between individuals' separateness and unique identity and affiliation with a larger community. Furthermore, a postulate included in the concept of

the *mitwelt* is the hierarchy characteristic of social communities where there is typically an unbalanced distribution of power. The relationship to the community also has the added characteristic of helping individuals define mores and distinguish between right and wrong. By extension, therefore, this level is also how health and illness are defined.

The *eigenwelt* is the individual level adopted by Vontress in his explanation of universal conditions that cut across cultures. This level especially highlights the aloneness of the individual and represents the struggle to find meaning. Perhaps more familiar to counselors who study existential therapies, this is the level at which meaning is made. Because it is the struggle for people to make their own meaning, they are tasked with making decisions about how to interpret events and how to proceed in finding their own meaning. Vontress (1999) related the various philosophies and religions that have provided an avenue through which to make meaning within the human existence and pointed out the value placed on the act of introspection to find meaning at this level.

The fourth level, the *uberwelt*, is not included in Vontress' 1979 proposition of an existential view to negotiating culture through universality; it was not introduced until 1988 (Vontress, 1999). Vontress (1999) credited van Deurzen-Smith for addressing the failure of Binswanger (1962) to acknowledge the spirituality of people. Specifically, the *uberwelt* refers to the relationship people have with a Higher Power in struggling to find meaning.

In operating as a multi/cross-cultural counselor, Vontress (1979, 1999) argued that it is important for counselors to help clients negotiate the four levels of existence, the *umwelt*, *mitwelt*, *eigenwelt*, and *uberwelt*. These levels are posited to be universal to all

people, of all cultures, and that the content of each is what varies. Nonetheless, the task for the multi/cross-cultural counselor is to engage clients in this meaning making struggle in such a way that the counselor does not maintain a hierarchical relationship, even if the client initially may establish it. Rather, the key is for the counselor to rely on empathy and the counseling relationship itself to help the client function as an equal person and to progress with their meaning making struggle.

Fischer, Jome, and Atkinson's (1998) Common Factors Approach

Fischer, Jome, and Atkinson (1998) approached the integration of universal components and multi/cross-cultural methods by identifying components shared across counseling modalities, their relationship to multi/cross-cultural counseling, and the application of these common factors to future research. The rationale provided for the integration of universal components is that these might highlight the process commonalities that could be used to address the needs of culturally diverse clients. Fischer et al. also suggested that the use of common factors informs how students and practicing counselors may organize the somewhat amorphous multi/cross-cultural counseling literature. An example given by the authors is how a common factors approach can be used to explain a variety of challenges experienced by many minority clients and how the various recommendations or considerations for counseling members of particular minority groups may be grouped in the context of the four common factors.

Fischer et al. (1998) identified four core components, or common factors to the counseling process. Identified through a review of the counseling outcome literature and the multi/cross-cultural counseling literature, the identified factors were the *therapeutic*

relationship, a shared [counselor-client] worldview, client expectations [for improvement], and rituals or interventions [to engender change]. The first of these, the *therapeutic relationship*, is perhaps the one most closely related to empathy research and Rogers' (1957) necessary and sufficient conditions. Scholars who have examined the role of empathy in counseling have noted that the relationship may be largely responsible for empathy ratings while, at the same time, empathy ratings may be largely responsible for relationship ratings (Bergin & Jasper, 1969; Lambert, DeJulia, & Stein, 1978; Orlinsky, Ronnestad, & Willutzky, 2003; Watson, 2001). The fact that this is identified as a shared component useful to the application of multi/cross-cultural counseling supports the union between universal and culture-specific approaches.

A second commonality across modalities identified by Fischer, Jome, and Atkinson (1998) that complements the counseling relationship as a universal component is a *shared worldview* between counselor and client. The authors indicated that this factor is responsible for client and counselor understanding of their relative roles in the relationship and, therefore, is conducive to forming a strong working relationship. Additionally, a *shared worldview* also allows for the counselor and client to jointly approach the presenting issue's etiology and possible resolution strategies. Interestingly, shared worldview was introduced as one of the first aspects of culturally sensitive counseling and has developed in various mental health professions (Fadiman, 1997; Ivey, 1977; Klienman, 1977; Sue, 1978). Fischer et al. identified further corroboration for the inclusion of worldview as a universal component in the work of David Orlinsky, who is notable for his extensive reviews of humanistic therapies and the outcomes associated

with their use (see Orlinsky & Howard, 1978, 1986, Orlinsky, Ronnestad, & Willutzky, 2003; Orlinsky & Russell, 1994). Fischer et al. pointed to what Orlinsky and Howard (1986) described as empathic resonance, or the state where client and counselor are operating on similar schema and jointly working toward problem resolution. The authors argued that this constitutes a parallel to a shared worldview.

The third universal factor identified by Fischer et al. is *client expectations*. As the name suggests, this common factor is built upon clients' expectations that their presenting issue will be resolved. Fischer et al. referred to this succinctly as hoped, but note that the empirical literature supporting the relationship of client hope to outcome is not clear. They wrote that the relative importance of a client's hope is theoretically critical, but that this line of research lacks well constructed studies.

The fourth universal factor identified by Fischer, Jome, and Atkinson (1998) is a set of *rituals or interventions*. Based upon the establishment of the other three common factors, a strong *working relationship*, a *shared worldview*, and *client expectations* of improvement, a counselor therefore has the cultural capital to implement counseling techniques to help clients address their presenting issue. The authors pointed to Sue and Nagayama Hall's (1987) work on the development of credibility as a function of a strong working relationship and as a means to introduce intervention. The techniques used may vary according to the counselor's theoretical orientation. The key task for multi-cultural counselors is to understand how to conceptualize their approach and interventions in the context of how each of these common factors has been addressed.

Fischer, Jome, and Atkinson stated that their intention was not to minimize the importance of particularist perspectives and their varied recommendations or of universalist perspectives and their parsimony. Rather, their goal was to bridge the gap between the two in theoretical terms and to help students in particular understand the process of multi/cross-cultural counseling can be understood in a broader scope than specialized recommendations provided for each client demographic category, while also respecting cultural differences.

Relevance to the Current Study

Both particular and universal perspectives have been acknowledged as key to successful counseling, particularly with minority clients. The current study will elaborate on this body of literature through statistical examination of how these perspectives integrate by revisiting the structure of the preeminent model of multi/cross-cultural counseling. While it is not the purpose of this study to advocate for one perspective or another, subsequent chapters will detail how the relationship and relative contribution to multi/cross-cultural ratings is anchored to empathy. Subsequently, this study aims to provide data as to how particular and universal perspectives might complement each other.

CHAPTER III

METHODOLOGY

A review of the counseling literature suggests that the way cross-cultural competence is conceived warrants further reconsideration. Specifically, past research based upon the preeminent tripartite model, first proposed by Sue et al. (1982), has not adequately addressed concerns about the relative importance of universal and particular factors in working with culturally different clients. This study explored the role of empathy, a universal helping factor, and knowledge and awareness of cultural characteristics in a single study. Such an integration of different constructs has not yet been attempted. This chapter presents the research questions being evaluated, research hypotheses, methodology, statistical analyses, and a priori limitations.

Research Questions and Hypotheses

This study's overarching goal was the examination of how multi/cross-culturally competent counseling practice might be conducted. Specifically, this study aimed to explore the relative roles of universal and particular factors in one statistical model. The following questions and hypotheses guided the study:

1. What is the relationship between cross-cultural Empathy skills and counselors' awareness of their own culture?

H1a: There will be a positive correlation between scores on the Scale of Ethnocultural Empathy (SEE) and the Awareness scale on the Multicultural Counseling Competence and Training Survey-Revised (MCCTS-R) while accounting for socially desirable responding through Marlowe-Crowne Social Desirability Scale (MCSDS) scores.

H1b: There will be a positive correlation between scores on the Scale of Ethnocultural Empathy (SEE) and the Ethnic Identity scale of the Multigroup Ethnic Identity Measure (MEIM-1999) while accounting for socially desirable responding through Marlowe-Crowne Social Desirability Scale (MCSDS) scores.

2. To what extent can multi/cross-cultural competence be accounted for by including both universal (i.e., empathy) and particularist (i.e., Knowledge & Awareness) factors?

H2a: Empathy, as measured by the SEE, will predict a greater amount of variance in multi/cross-cultural counseling competence, as measured by supervisor ratings on the Cross-Cultural Counseling Inventory-Revised (CCCI-R), than Knowledge as measured by the MCCTS-R, Awareness as measured by the MCCTS-R the MEIM-1999, and socially desirable responding as measured by the MCSDS.

3. What demographic and life experience characteristics are associated with level of Empathy?

H3a: There will be a significant difference in empathy scores, as measured by the SEE, accounting for social desirability, between student counselor ethnic groups when student counselors are grouped according to the predominant ethnicity of their clients.

H3b: Demographic data including age, ethnicity, rating of childhood school (K-12) diversity, rating of childhood interactions with cultural diversity, completion of a multicultural counseling course during graduate training, completion of an immersion project as part of their multicultural counseling course, rating of diversity in training program, number of languages spoken, and social desirability scores will predict a significant amount of variance on SEE scores.

4. What demographic and life experience characteristics are associated with cross/multicultural counseling competence?

H4a: There will be a significant difference in supervisor ratings of multi/cross-cultural competence, as measured by the CCCI-R, accounting for social desirability, between student counselor ethnic groups when student counselors are grouped according to the predominant ethnicity of their clients.

H4b: Demographic data including age, ethnicity, rating of childhood school (K-12) diversity, rating of childhood interactions with cultural diversity, completion of a multi/cross-cultural counseling course during graduate training, completion of an immersion project as part of their multicultural counseling course, rating of

diversity in training program, number of languages spoken, and social desirability scores will predict a significant amount of variance on the CCCI-R.

Participants

Graduate students in counselor preparation programs who were completing their practicum or internship requirements were recruited for participation. Supervisors for each of these students also were asked to participate in the study. In light of prior findings that self-report multi/cross-cultural instrumentation may be less than accurate in measuring counselor perceived levels of cross-cultural competence (Barone, 1997), a multi-method assessment was used to assess student competence. Recruitment took place by contacting counselor educators to invite student counselors and university supervisors to participate. Additional information about participants is provided in Chapter IV.

Instrumentation

The instrumentation completed by study participants varied depending on their status as an student counselor or supervisor. All students were asked to complete 1) the Multicultural Counseling Competence and Training Survey-Revised (MCCTS-R; Holcomb-McCoy & Day-Vines, 2004), 2) the Multigroup Ethnic Identity Measure (MEIM-1999; Roberts, Phinney, Masse, Chen, Roberts, & Romero, 1999), 3) the Scale of Ethnocultural Empathy (SEE; Wang et al., 2003), 4) the Marlowe-Crowne Social Desirability Scale (MCSDS; , and 5) a demographic questionnaire assessing ancillary multi/cross-cultural exposure activities. Copies of this instrumentation may be found in APPENDIX A. Supervisors were asked to complete 1) the Cross-Cultural Counseling Inventory-Revised (CCCI-R, LaFromboise, Coleman, & Hernandez, 1991) for each

supervisee who participated in the study and 2) a demographic questionnaire. Copies of this instrumentation may be found in APPENDIX B.

Multicultural Counseling Competence and Training Survey-Revised (MCCTS-R)

According to the authors, the MCCTS-R “consists of 32-behaviorally based statements assessing school counselors’ perceived multicultural competence” (Holcomb-McCoy & Day-Vines, 2004, p. 156). Although this version of the instrument was originally developed for use with school counselors, minor adaptations detailed later in this section make the instrument applicable for counselors trained in all program areas. The MCCTS-R is an extension of prior work conducted by Holcomb-McCoy (Holcomb-McCoy, 2000, 2001; Holcomb-McCoy & Myers, 1999) and is unique in comparison to the other frequently used measures of multicultural or cross-cultural counseling competence in that items are anchored around the Multicultural Counseling Competencies developed by Sue, Arredondo, and McDavis (1992). These competencies represent an evolution of the tripartite model originally developed by Sue et al. in 1982.

Initially, a 5-factor structure was identified in development of the MCCTS. Although research on other versions of the instrument has found a 4-factor structure, the current iteration resulted in a 3-factor structure (Holcomb-McCoy & Day-Vines, 2004). The three factors identified were labeled *Multicultural Terminology*, *Multicultural Knowledge*, and *Multicultural Awareness*. Moderate correlations were present among the factors, ranging from 0.44 to 0.61. The factor subscales are comprised of 4, 19, and 9 items, respectively. Holcomb-McCoy and Day-Vines reported descriptive statistics for each subscale as follows: *Multicultural Terminology* (\underline{M} = 3.40, \underline{SD} = 0.61, α = 0.97),

Multicultural Knowledge ($\underline{M} = 2.45$, $\underline{SD} = 0.81$, $\alpha = 0.95$), and *Multicultural Awareness* ($\underline{M} = 3.36$, $\underline{SD} = 0.61$, $\alpha = 0.85$). Each of the reliability estimates provides evidence of subscale reliability despite the relatively small number of items per scale. In the current study, the *Multicultural Knowledge* scale scores, *Multicultural Awareness* scale scores were used in hypotheses and the total score was used in analyses.

Response choices for the 32-item instrument are on a four point Likert-type scale and factor scores are obtained by averaging the item scores that load on a particular factor. Higher mean scores suggest a greater degree of multicultural competence. The MCCTS-R, like other multicultural competence assessment instruments, including the Multicultural Knowledge and Awareness Scale (MCKAS, Ponterotto, Gretchen, Utsey, Reiger, & Austin, 2002), the Multicultural Awareness, Knowledge, and Skills Survey-Counselor Edition-Revised (MAKSS-CE-R; Kim, Cartwright, Asay, & D'Andrea, 2003), and the Multicultural Counseling Inventory (MCI; Sadowsky, Taffe, Gutkin, & Wise, 1994), is limited by the need for further evidence of criterion validity. More concretely, further studies are needed to determine which score patterns are indicative of a counselor who is, in fact, multi/cross-culturally sensitive. That such problems exist is supported by qualitative interviews of practitioners who score well on such instruments yet report lower self-efficacy in providing cross-cultural services than their scores would suggest (Barone, 1997). Nonetheless, instruments such as the MCCTS-R with items such as "I can discuss how culture affects the help-seeking behavior of students" are consistent with curricular components identified as being important by the counseling profession (for example, CACREP 2001 Standards II.K.2.a-f) in cross-cultural practice and, as such, are

important for measuring competence as it is being facilitated in counselor education programs.

A notable aspect of the MCCTS-R is its use of the word *student* rather than *client* in item stems. In the most recent iteration, the instrument authors chose to use *student* in an effort to better capture the vernacular of counselors working in school settings. Use of the word *student* or *client* in the item stems does not, however, change the spirit of the item in assessing multicultural counseling competence, but simply provides a context. In the context of the present study, the author granted permission (C. Holcomb-McCoy, personal communication, October 11, 2005) to change the word *student* back to *client* (as it was in the original version of the instrument) to avoid any possible confusion by counseling students and supervisors practicing in a setting other than a K-12 school.

Multigroup Ethnic Identity Measure (MEIM-1999)

The MEIM (Phinney, 1992; Roberts, Phinney, Masse, Chen, Roberts, & Romero, 1999) distinguishes itself from other ethnic identity and acculturation measures in that the item-stems are worded such that they are not specific to a particular ethnic group (e.g., Asian-American, Latino, etc.). The 1992 version of the MEIM is comprised of 20-items that loaded on two factors, *Ethnic Identity* and *Other-group Orientation*. An additional 3 demographic items are included that ask respondents to self-identify their ethnic group and that of their parents. The MEIM's author purported the instrument measures the degree to which respondents have formed their cultural identity. Although Phinney has previously written about the process of ethnic identity development through Marcia's (1966) identity development stages of foreclosure, diffusion, moratorium, and

achievement, scoring of the MEIM does not identify per se the stage at which a respondent is best classified.

The MEIM-1999, which will be used in this study, is rooted in the notion that ethnic identity formation has been explained as both a socially-related phenomenon and a developmental process with discrete stages describing discrete acceptance phenomenon (Roberts, Phinney, Masse, Chen, Roberts, & Romero, 1999). The emphasis on these two theoretical views on ethnic identity development underpins a simplification in the MEIM's structure and score interpretation relative to the 1992 version. Phinney's 1992 MEIM items loaded on two factors, *Ethnic Identity* (EI) and *Other-group Orientation* (OGO). The *Ethnic Identity* factor was associated with three subscales, *Affirmation and Belonging*; *Ethnic Identity Achievement*; and *Ethnic Behaviors*. The 1999 revision of the MEIM focuses only on *Ethnic Identity* because *Other-group Orientation* is seen as a separate concept (Roberts et al., 1999). The MEIM-1999 validity studies were conducted with middle-school students from the Houston, Texas area and explored between group differences based on ethnicity. Alphas ranging between 0.81 to 0.89 were obtained in the MEIM-1999 development studies. Although the original MEIM had two factors, one of which had three subscales, the data reduction process was simplified for the MEIM-1999. The three subscales from the 1992 *Ethnic Identity* factor were reduced to two components and are labeled factors for the refocused MEIM-1999 (Pegg & Plybon, 2005; Roberts et al, 1999). According to the MEIM-1999 scoring instructions, only two scale scores and a total score may be calculated from responses.

MEIM-1999 scores are determined by calculating mean scores. The instrument instructions recommend use of the total score, though it is possible to calculate factor (*Affirmation, Belonging, and Commitment*; and *Ethnic Identity Search*) scores. Item endorsements are made on a five point Likert-type scale with “5” and “4” indicating endorsement of the item, “3” indicating a neutral response, and “2” and “1” indicating disagreement with the item.

Fourteen of the original MEIM’s items loaded on the *Ethnic Identity* factor and this factor has been subjected to further empirical inquiry (Pegg & Plybon, 2005; Roberts, Phinney, Masse, Chen, Roberts, & Romero, 1999; Spencer, Icard, Harachi, Catalano, & Oxford, 2000). Only 12 of the 1992 *Ethnic Identity* scale items were retained for the revised instrument, the MEIM-1999, which focused specifically on measuring ethnic identity. Much of the work on this factor has been done to determine the degree to which Phinney’s (1992) subscales captured the components of ethnic identity. Findings have suggested that the three subscales proposed by Phinney (1992), *Affirmation and Belonging*; *Ethnic Identity Achievement*; and *Ethnic Behaviors* are better organized as two subscales. The MEIM-1999 labels the subscales (termed *factors* by Roberts et al.) *Affirmation, Belonging, and Commitment* and *Ethnic Identity Search* (Roberts et al., 1999). Other researchers have corroborated a two-factor structure for the MEIM, though different labels for the factors have been posited by some (Pegg & Plybon, 2005; Spencer, Icard, Harachi, Catalano, & Oxford, 2000). In conducting exploratory factor analyses for the MEIM-1999, Roberts et al. determined that two items loaded onto a third factor and were removed. Roberts and colleagues (1999) posited that these items were

possibly loading onto a third, extraneous factor because they were negatively worded and likely were difficult to interpret. As such, the MEIM-1999 includes only 12 - items. In this study, the total score was used.

Scale of Ethnocultural Empathy (SEE)

The Scale of Ethnocultural Empathy (SEE; Wang et al., 2003) is a 31-item instrument measuring several aspects of empathic ability. The SEE asks respondents to indicate their agreement as to how well item stems describe them on a 6-point Likert-type scale with an endorsement of “1” indicating a low degree of agreement and “6” indicating a high degree of agreement. Higher scores indicate a greater level of ethnocultural empathy. Development of the instrument over multiple studies identified four factors that have been labeled *Empathic Feeling and Expression*, *Empathic Perspective Taking*, *Acceptance of Cultural Differences*, and *Empathic Awareness*. The inclusion of multiple scales, capturing multiple kinds of empathy in helping relationships, highlights the authors’ attention to the therapeutic empathy literature base where affective and cognitive empathy have been identified.

Wang et al. (2003) were intentional in capturing what others have identified as intellectual or cognitive empathy as well as emotional or affective empathy. Their efforts to capture multiple kinds of empathy and empathy expression avoided criticisms directed at prior research on the role of empathy in the counseling relationship where only one kind of empathy was addressed. The Cronbach’s alpha for the overall instrument is reported at 0.91, while subscale alphas are acceptable at reported 0.89 (*Empathic Feeling and Expression*), 0.75 (*Empathic Perspective Taking*), 0.73 (*Acceptance of Cultural*

Differences), and 0.76 (*Empathic Awareness*). The total score on the SEE represented the unit of analysis in the current study.

Although score interpretation data for the SEE remain in its formative stages, criterion validity data are promising. Wang et al. (2003) reported higher scores for respondents who had family members with different ethnic/racial backgrounds and those who attended diverse schools and/or lived in more diverse neighborhoods. Nonetheless, the lack of ethnic diversity in the normative samples themselves warrants caution in making conclusions based on SEE data.

Cross-Cultural Counseling Inventory-Revised (CCCI-R)

The Cross Cultural Counseling Inventory Revised (CCCI-R; LaFromboise, Coleman, & Hernandez, 1991) is an update of an instrument originally published in 1985 to provide other-report (e.g., supervisor) data on the cultural competence of counselors and counseling students. Although other multi/cross-cultural counseling competence scales such as the MCCTS-R, MCKAS, MAKSS-CE-R, and MCI are self-report in nature, the CCCI-R stands apart in that item stems are written to elicit other-report. At the same time, it is important to note that much of the research that has been conducted using the CCCI-R has featured modified versions of the instrument on which respondents are asked to self-report their own skills. LaFromboise et al. (1991) reported that the CCCI-R is structured around the Sue et al. (1982) position paper proposing the tripartite Knowledge, Awareness, and Skills model. This same instrument provides the theoretical basis for other multi/cross-cultural counseling inventories (e.g., MCKAS, MCI, MAKSS-CE-R). The 20-item instrument asks respondents to endorse item stems on a 6-point

Likert-type scale with “1” indicating low agreement with the item stem and “6” indicating high agreement with the item stem. Scoring involves summing response scores.

LaFromboise et al. (1991) fit their data into a three factor solution and were able to obtain adequate discrete loadings by the individual items. Factors identified included *Cross-Cultural Counseling Skill*, *Socio-Political Awareness*, and *Cultural Sensitivity*. An alpha of 0.95 was reported for total scores; however, no alphas were reported for the subscales. Other authors, such as Fuertes and Brobst (2002), have reported similar total score alphas at 0.93 and have opted not to use subscale scores. Use of the total score over the scale scores is likely a reflection of the CCCI-R’s authors’ admission that factor interpretability has been challenging for the instrument. An initial factor analysis found that 19 of the 20 items loaded on a single factor (with a cut-off of 0.55), which accounted for 51% of the variance, and suggested that while a three-factor solution might better align with the tripartite model, the CCCI-R might be best interpreted using a total score. Total scores on the CCCI-R were the unit of analysis in the current study.

Marlowe-Crowne Social Desirability Scale (MCSDS)

The Marlowe Crowne Social Desirability Scale (MCSDS; Crowne & Marlowe, 1960) was developed to explore socially desirable responding in non-clinical respondents. Crowne and Marlowe (1960) identify their work as being an alternative to measures of socially desirable responding that had been developed from personality inventories such as the Minnesota Multiphasic Personality Inventory. The authors posited there was an important difference between items deemed to be socially desirable based

on statistical deviance (i.e., different response patterns between “normal” and “abnormal” respondents) and items deemed to be socially desirable by a panel of 10 psychology faculty and graduate students. Crowne and Marlowe reported that the items considered by the judges were derived from existing personality measures, but were screened based on the degree to which the judges initially associated them with pathology.

The MCSDS is a 33-item, true/false measure. Each socially desirable true/false response is assigned a value of one for scoring purposes (range = 0-33). Higher scores denote higher levels of socially desirable responding. Crowne and Marlowe (1960) report a mean of 13.72 and standard deviation of 5.78 for their development sample of 120 college students. Reliability is reported as a KR-20 of 0.88 and a one-month test-retest correlation of 0.89. Similar findings have been found more recently by researchers such as Constantine and Ladany (2000) who found a Cronbach’s alpha of 0.86, a mean of 12.69, and a standard deviation of 6.32.

Concurrent and divergent validity were derived from correlational studies with existing measures such the Edwards Social Desirability Scale (Edwards, 1957) and the MMPI. The MMPI K-scale correlated moderately with the MCSDS at ($r = 0.40, p < 0.05$) and moderately high with the Edwards SDS ($r = 0.65, p < 0.01$). Furthermore, the Edwards SDS correlated more strongly with twelve of the seventeen MMPI scales. Crowne and Marlowe report this correlational pattern supports the notion that the MCSDS taps into a similar construct, social desirability, but is different from social desirability derived from the standpoint of psychopathology.

Demographic Form

In light of past research findings that various demographic statuses may impact cross-cultural competence, data to this effect will be collected in the present study. It is common to include demographic and experience statuses in multi/cross-cultural studies (Allison, Echemendia, Crawford, and Robinson, 1996; Atkinson, Wampold, Lowe, Matthews, & Ahn, 1998; Pope-Davis & Ottavi, 1994; Wang et al., 2003). Demographic information collected in the study included age; ethnicities represented in the participant's household; rating of the cultural diversity through participants' childhood formal education (K-12); frequency rating of interactions with culturally different people throughout childhood (outside of school); highest degree attained; whether or not a multi/cross-cultural counseling course was completed, or is currently being completed as part of graduate training; which semester the multi/cross-cultural counseling course was completed; how many months had passed since the multi/cross-cultural counseling course was completed; whether an immersion activity was part of the multi/cross-cultural counseling course; current work/internship setting; number of semesters in an applied setting (practicum/internship); experience in a counseling-related setting prior to internship/practicum; rating of cultural diversity in training program; number of languages spoken; and the frequency with which participants provide counseling to clients of different ethnicities. Respondents were asked to provide percentage ratings and/or nominal data. A copy of the demographic form is available in the student participant instrument packet in APPENDIX B and the supervisor participant instrument packet in APPENDIX A.

Procedures

Participants were recruited by contacting counselor education faculty and inviting them to participate in the study. Through listserv postings, current faculty in counselor training programs were invited to ask internship supervisors and supervisees to participate in this study. Personalized e-mails were mailed to this convenience sample and to the program chairs of select counselor education programs.

Once preliminary assent was obtained, instrument packets containing study disclosure forms, demographic forms, and copies of the MCCTS-R, MEIM-1999, SEE, CCCI-R, and MCSDS were mailed to potential participant supervisors' university mailing addresses. In some instances, when feasible, data collection was conducted by the primary investigator delivering the packets to the participating university or supervisors.

Packets delivered to participant supervisors contained study instructions, copies of notification of participants' rights (informed consent form), color and letter/number coded student instrument packets, a single color and letter/number coded supervisor instrument packet, a large sealable envelope for participants to insert their completed instruments and a smaller envelope where participants could choose to enter a Barnes and Noble gift card drawing by submitting a post card. Two \$50 dollar gift card recipients were selected at random from postcards received, at which point the winners each were asked to provide the address to which they would like the gift cards mailed.

Once sealed, the provided addressed envelopes were delivered to the primary investigator. Participant consent was expressed by signing of the notification of participants' rights (informed consent form) attached to instrument packets and insertion

of completed packets into the provided envelope to be returned to the primary investigator. To protect respondent confidentiality, no identifying information that could be linked to instrument packets was collected. Student instrument packets and supervisor packets were color coded and coded with a number code to help assure supervisors were considering the appropriate student and so that student and supervisor evaluations could be matched. Color coding entailed printing student packets on colored paper in one of 12 shades and having a single CCCI-R of that color in the supervisor's packet. In instances where there are more than 12 student participants per supervision group, supervisors were asked to be mindful of the order in which packets were distributed as one student participant had a number higher than the other with the same color. These number codes, which were applied to all packets, including those that were being collected from supervision groups with fewer than 12 students, consisted of a combination of numbers. Reminder e-mails and postcards were be mailed to supervisors two weeks after mailing instrument packets.

Data Analysis

Upon return of instrument packets, analyses were undertaken using the SPSS 14.0 (SPSS, 2006) statistical package. Analysis procedures varied depending on the nature of the research questions and the type of data being collected. A matrix of research questions, hypotheses, and analyses is provided in Table 3.1.

Table 3.1

Hypotheses, Constructs of Interest, and Related Variables

Hypothesis	Constructs	Variables
H1a	Multi/Cross-cultural Awareness; Empathy	IV: MCCTS-R (Awareness) IV: SEE
H1b	Multi/Cross-cultural Awareness (ethnic identity); Empathy	IV: MEIM-1999 IV: SEE
H2a	Empathy; Multi/Cross-cultural counseling competence	IV: MCCTS-R (total) ; MEIM-1999; SEE DV: CCCI-R
H3a	Empathy; Life experiences (client populations served)	IV: Life experiences DV: SEE
H3b	Empathy; Life experiences	IV: Demographics statuses; Life experiences DV: SEE
H4a:	Multi/Cross-cultural counseling competence (supervisor ratings); Life experiences (client populations served)	IV: Life experiences DV: CCCI-R
H4b	Multi/Cross-cultural counseling competence (supervisor ratings); Life experiences	IV: Demographic statuses; Life experiences DV: CCCI-R

Preliminary analyses included descriptive statistics, principal components analysis, and estimates of internal consistency (Cronbach's alpha) for the MCCTS-R, MEIM-1999, SEE, and CCCI-R. Question 1 (What is the relationship between cross-cultural Empathy skills and counselor Awareness of their own culture?) was analyzed by correlating scores obtained from measures of counselor self-awareness and counselor empathy. Specifically, MCCTS-R Awareness scale and MEIM-1999 total scores were correlated to SEE total scores with Pearson-product moment correlations. Partial correlations controlling for MCSDS scores also were computed. Based on Rogers (1951, 1957) and Sue's (2001) statements that counselor ability to form empathic relationships is related to counselor self-awareness, positive correlations were expected.

Question 2 (To what extent can cultural competence be accounted for by including both universal (i.e., empathy) and particularist (i.e., Knowledge & Awareness) factors?) was analyzed through a regression analysis. A stepwise multiple regression was used to identify the degree to which scores on the SEE, scores on the MCCTS-R *Multicultural Knowledge* scale, MCCTS-R *Multicultural Awareness* scale, MEIM-1999 total scores, and MSCSDS total scores, predicted variance in supervisor ratings of counselor multi/cross-cultural competence on the CCCI-R. This analysis tested whether empathy is the greatest predictor of supervisor ratings of competence. It was expected that, in the stepwise regression, SEE total scores would be included in the measurement model before other predictors.

Given the broad range of data being collected, Question 3 (What demographic and life experience characteristics are associated with level of Empathy?) was expected to

yield a range of information. This question was approached with two hypotheses in mind. One hypothesis (H3a) explored any differences in empathy scores as measured by SEE total scores according to the ethnic group student counselors rated as the one most often receiving their services. A factorial ANOVA with student counselor ethnicity, collapsed into a White/Non-White dichotomy, as the independent variable was conducted. The independent variable cells were populated by first determining which ethnic group each counseling student rated as the group that most often received their services on item 14 of the demographic form. SEE total scores were assigned to the ethnic group cell corresponding to the ethnic group to which they most often provided services. For example, if respondent one was a Non-White intern who identified Asian-Americans as the client group he or she most often worked with, then respondent one's SEE score were included in the Non-White counselor by Asian-American client ANOVA cell. This process was repeated until all respondent's SEE scores were assigned to a cell. Once all scores were assigned a cell, an ANCOVA, with social desirability scores as a covariate, was conducted. A stepwise multiple regression analysis was conducted to explore the predictive nature of select demographic characteristics (Hypothesis H3b). This analysis explored the predictive relationship of age, ethnicity, rating of childhood school diversity, rating of childhood interaction with cultural diversity, if a multicultural counseling course has been completed, whether an immersion project was completed as part of their multicultural counseling course, rating of diversity in training program, number of languages spoken, and social desirability to empathy scores as measured by the SEE.

A series of analyses was used to answer research question 4 (What demographic and life experience characteristics are associated with cross/multicultural counseling competence?). Procedures identical to those for analyses associated with question 3 were used, with the exception of supervisor CCCI-R ratings being used in place of SEE scores. The ANCOVA to test Hypothesis H4a identified differences in student counselor competence ratings according to the population most often receiving their services. Hypothesis H4b was tested with a multiple regression analysis. This analysis explored the predictive relationship of age, ethnicity, rating of childhood school diversity, rating of childhood interaction with cultural diversity, if a multicultural counseling course had been completed, whether an immersion project was completed as part of their multicultural counseling course, rating of diversity in training program, number of languages spoken, and social desirability to multi/cross-cultural counseling competence ratings as measured by the CCCI-R.

Pilot Study

As per University of North Carolina at Greensboro (UNCG) policy for the protection of human participants, an Internal Review Board (IRB) application was submitted prior to conducting data collection for the pilot study. Upon receipt of approval from the UNCG Office of Research Compliance, a convenience sample of counseling internship supervisors and interns in their second or greater semester of internship were recruited. The principal purposes of the pilot study were to identify methodology limitations (i.e., identify ambiguous questions, receive feedback from participants on the clarity of study instructions) and to identify strategies to remediate limitations reported by

pilot study participants. A full report on the pilot study design and findings as they pertain to the study's main research questions may be found in APPENDIX C.

Pilot Study Research Questions

The pilot study addressed the following questions in addition to the study's central research questions:

P1. Will survey respondent score patterns differ between groups according to the order in which survey instruments are presented?

PH1: There are no significant between group differences in score pattern based on the order in which survey instruments are presented to participants.

P2. Are there any ambiguous or unclear items in the survey packet?

PH2: There will be no ambiguous or unclear items.

P3. Are there any ambiguous or unclear instructions in the survey packet?

PH3: There will be no ambiguous or unclear instructions.

Procedures

Prior to proceeding with participant recruitment and data collection, permission to conduct the study was obtained from the University of North Carolina at Greensboro Institutional Review Board. Subsequently, the internship coordinator at a medium sized southeastern university's counseling program agreed to provide the e-mails of nine university internship supervisors. Once supervisors had expressed an interest in participating, arrangements were made for delivery of study instrumentation. Packets were delivered either in person or by leaving them in supervisors' university mailboxes. Examples of the student and supervisor instrument packets are available in Appendices I

and II. Completed survey packets were coded and analyzed using SPSS 14.0 (SPSS, 2006).

P1, the pilot study research question 1 was addressed by randomizing the order in which the study instruments were presented in student instrument packets. Student instrument packets were printed in four different colors, as per the main study's procedures, to assure accurate rating of students by supervisors. The order in which the instruments were provided was different for each color category of research packets (i.e., all the blue in one particular order, all the pink in a different order). No differences in scores were hypothesized according to the order in which instruments were presented.

Pilot study research questions 2 and 3 (P2 and P3) were addressed qualitatively. A sheet was attached to the end of both supervisor and student instrument packets asking respondents to indicate how long it had taken them to complete the survey packet and which, if any, items were confusing; if the instructions were clear; and an opportunity to provide any comments.

Sample

The supervisors had a range of 1-4 students in their second or greater semester of internship (total possible N of 27 students and 9 supervisors). Eight of these supervisors replied indicating they would invite their supervisees to participate. No data were collected about barriers to participation. The final number of returned surveys was six supervisor and 14 student surveys.

Those students who chose to participate were relatively homogenous with respect to demographic characteristics. All but one selected European-American as their

ethnicity. Seven students reported having at least some command of a second language when asked to identify the number of languages they spoke; only one of these students did not add a qualifier such as “some” when reporting a second language. Most respondents, both students and supervisors, reported having infrequent or rare interactions with members of different cultural groups throughout their childhood. Despite stratification of the sample to students who were in their second or higher semester of internship, some students reported a master’s or specialist’s degree as their highest degree. Respondents also indicated that their exposure to multicultural topics were relatively recent in their formal education as well. Though 85% reported having three or fewer multiculturally oriented courses, 30% of all respondents indicated having no multiculturally oriented courses prior to their counselor training.

Not surprisingly, supervisor respondents reported more diversity in their levels of experience in general. Supervisors reported greater frequency in their childhood interactions with members of different cultural groups when compared with students. All supervisors selected European-American as their ethnicity, which means that for this study, supervisors and students matched on ethnicity with the exception of one supervisor-student pair.

Results

Pilot study question one (P1) was addressed by a univariate ANOVA procedure. No significant within or between group differences were found for the four different orderings of instrument presentation.

Feedback from participants for questions P2 and P3 was generally favorable of the study's procedures. Supervisor feedback for P2 suggested that greater specificity in the wording of items 10 and 13 of the demographic form would be helpful. Of concern were the opportunity to indicate experience during post-master's practice and in populations to be rated in item 13. Additional feedback from supervisors suggested inclusion of an item on the demographic form for multicultural courses taught. On average, it took supervisors 15-minutes to complete the survey packet. Only one supervisor provided feedback regarding P3; the name of the site coordinator was missing from the study's instructions and caused some confusion. As a result of supervisor feedback, a demographic item asking supervisors to indicate the number of multicultural counseling courses they have taught was added. Additionally, prompts were reworded so that item nine now asks for the number of semesters conducting supervision and item 13 asks about the ethnicities of supervisees.

Student feedback regarding the clarity of survey items (P2) and instructions (P3) was favorable as well. Students reported concern with the scaling of the Multicultural Counseling and Training Survey-Revised (MCCTS-R; Holcomb-McCoy & Day-Vines, 2004). Some students reported difficulty distinguishing between Somewhat Competent (response 2), Competent (response 3), and Extremely Competent (response 4). Interestingly, some student respondents indicated that competence required recognition that life-long learning was required – therefore, extreme competence could not be achieved. Additional suggestions provided by student respondents indicated that it might be helpful to include demographic items regarding college multicultural experiences and

another ethnic category for South Asians. Regarding P3, all student respondents indicated the instructions were clear. In response to student feedback, an item asking about the frequency of interactions with diverse populations during college/university was added to both the student and supervisor packets. This phrasing was used instead of a rating of the college/university's diversity because some universities can be very large and, therefore, diverse, but this may not speak to a respondent's exposure. No ethnic category was added for South Asians, although greater specificity in respondent subgroups may be warranted in future studies.

Refinements not related to the pilot study's research questions also were identified as a result of the pilot study process. Significant refinements were made to the hypotheses associated with this study. Most notably, hypotheses H3a and H4a were added in order to simplify the regression analyses associated with questions three and four respectively. Additionally, it was evident that refinements to demographic items three, four, and ten were needed. A line that allows respondents to indicate their characterization of the degree of diversity in various contexts on a ratio scale was introduced. Additionally, items asking about multi/cross-cultural counseling training were refined.

Pilot Study Limitations

The pilot study presents limitations different than those identified as limitations for the main study earlier in the chapter. Principally, the convenience sample used for the pilot study poses significant challenges to analysis of the main study's research questions. The sample size was prohibitive with respect to the ability to conduct the regression

statistics necessary to test hypotheses H2a, H2b, H3a and H4a. Valuable feedback was provided by student and supervisor respondents, nonetheless. The homogeneous nature of the student sample with respect to demographic characteristics such as ethnicity, number of languages spoken, and the fact that most had completed a comparable number of multiculturally oriented courses during their counselor training, may have yielded different feedback than a more heterogeneous sample might, however. Pairings of supervisors and students of different ethnicities may contribute to variance in student competence ratings as well.

CHAPTER IV

RESULTS

The purpose of this study was to explore the vitality of empathy within a multicultural framework. In this chapter, the results of the study are presented. Demographic data describing the sample, descriptive statistics, and reliability coefficients for all the scales are provided. Finally, results of the analyses used to test the research hypotheses are presented.

Sample

Study participants were recruited by contacting counselor education faculty members throughout the United States. Faculty at twelve (12) institutions agreed to invite participation from their master's level interns and practicum students who were receiving clinical supervision from university faculty. A total of 216 study instrument packets were sent to ten institutions. A single faculty member served as the study coordinator at eight of the ten participating institutions. Study coordinators disseminated and collected packets that included consent forms, study instrumentation, and incentive postcards to internship and practicum supervisors. Individual supervisors were contacted directly by the author at the remaining two institutions that participated.

Of the 216 study instrument packets that were distributed, 122 were returned for a return rate of 56%. Twenty-one supervisor packets were included in the 122 returned

packets. The number of student counselors per supervisor ranged from 2 to 11. Thirteen student counselor packets were returned without a corresponding supervisor packet; these packets were excluded from the analyses that required matching of supervisor and student counselor data (i.e., hypotheses H2a, H4a, and H4b).

Supervisor Characteristics

Responses were received from 21 supervisors. Supervisors ranged in age from 27 years to 59 years old with a mean age of 38 years ($M = 38.3$, $SD = 9.4$). The supervisor sample was relatively ethnically homogeneous with 16 of 21 endorsing *European-American* as their ethnicity. Of the remaining five supervisors, one identified as *Asian-American*, two as *African-American*, one as *Native American*, and one as *Multiethnic/Mixed*. On average, supervisor participants reported it had been 104 months since a multicultural counseling course had been completed (range = 5-264 months, $SD = 79$ months). Despite the fact that most supervisors reported little diversity in their homes, nearly half reported attending K-12 schools with moderate to high diversity (scores greater than 50 on a 0-100 rating scale). Three supervisors reported speaking more than one language.

Student Counselor Characteristics

On average, student participants who reported their age ($n = 100$) were 30.5-years old (range 23-56; $M = 30.5$, $SD = 8.5$) and were predominantly European-American (87%; $n = 88$). Participant ratings of the diversity of their K-12 schools suggests a nearly even split between low and high levels of diversity. On a scale of 0-100, 56% of student counselor respondents endorsed a rating less than the midpoint (no diversity or low

diversity) and 44% endorsed a rating greater than the midpoint (moderate to high levels of diversity). Similarly, student counselor ratings of the frequency of their childhood interactions with culturally different individuals outside of school were split nearly evenly. On a scale of 0-100, 55% of respondents endorsed a frequency of interactions with cultural diversity less than the midpoint (no interaction or rare interaction) and 45% reported frequencies of interaction greater than the midpoint (somewhat to highly frequent interaction).

Ninety-four of 96 students (97.9%) responded that a multicultural counseling course had been completed or was in progress at the time of study participation and 82 of 97 (84.5%) reported that an immersion experience was required in that course.

Ratings of program diversity were distributed with a positive skew. On a scale of 0-100, 72% of respondents indicated that their program had less than the midpoint of diversity in their training program (no diversity or little diversity). Ninety-two percent of respondents reported diversity at or less than 70 on a scale of 0-100.

Although 75% ($n = 76$) of respondents indicated they spoke only one language, 19% ($n = 19$) reported speaking two languages. The greatest number of languages spoken by any respondent was four.

Nearly half (48%; $n = 46$; range = 0-180 months) reported having no counseling-related experience prior to practicum/internship. Most respondents were in either their first, second, or third semester of practicum/internship. Twenty-one percent ($n = 21$) of respondents reported that they were in their first semester of practicum/internship, 50% ($n = 50$) in their second semester, and 19% ($n = 19$) in their third semester.

Instrumentation Observed Statistics

Four instruments were used in this study. These were the Multicultural Counseling Competence and Training Survey-Revised (MCCTS-R; Holcomb-McCoy & Day-Vines, 2004), the Multigroup Ethnic Identity Measure (MEIM-1999; Roberts, Phinney, Masse, Chen, Roberts & Romero, 1999), the Scale of Ethnocultural Empathy (SEE; Wang et al., 2003), and, for supervisors, the Cross-Cultural Counseling Inventory-Revised (CCCI-R, LaFromboise, Coleman, & Hernandez, 1991). Internal consistency and factor structure was explored for each of these scales. The descriptive statistics for the instruments used in this study are summarized in Table 4.1. Both observed and instrument author-reported means, standard deviations, and reliability statistics are presented. Descriptives for instrument subscales are presented in Table 4.1 as well.

Intercorrelations between the instruments used in the study were generally small and not statistically significant. One exception, however, is the intercorrelation between MCCTS-R total scores and MCSDS scores. Additionally, a trend towards a negative correlation between the self-report instruments (MCCTS-R, MEIM-1999, and SCSDS) with the CCCI-R, a rating form for supervisor judgment of student counselor multicultural counseling competence, was found. Instrument intercorrelations are reported in Table 4.2.

Table 4.1

Summary of Key Statistics for Study Instrumentation

Instrument & Scales	<u>M</u>	<u>SD</u>	α	Observed <u>M</u>	Observed <u>SD</u>	Observed α
MCCTS-R	-	-	-	3.03	0.39	0.87
Multicultural Awareness	3.36	0.61	0.85	3.26	0.44	0.85
Multicultural Knowledge	2.45	0.81	0.95	2.81	0.46	0.80
Multicultural Terminology	3.40	0.61	0.97	3.54	0.49	0.96
MEIM-1999	2.71 [†]	0.59 [†]	0.84 [‡]	3.73 [‡]	0.57 [‡]	0.86 [‡]
SEE	4.29	0.53	0.91	4.70	0.53	0.88
Empathic Feeling & Expression	4.57	0.58	0.89	4.86	0.55	0.78
Empathic Perspective Taking	3.25	0.92	0.75	3.85	0.88	0.74
Acceptance of Cultural Differences	4.67	0.86	0.73	4.96	0.72	0.61
Empathic Awareness	4.57	0.75	0.76	5.11	0.72	0.79
CCCI-R	84	21	0.95	93	15	0.94
MCSDS	13.72	5.78	0.88	13	5	0.79

[†] Calculated with a White sample.

[‡] Calculated with a multiethnic sample.

Table 4.2
Intercorrelations of Study Instrumentation Total Scores

	1	2	3	4	5
1. MCCTS-R	1.00				
2. MEIM-1999	0.16	1.00			
3. SEE	0.19	0.10	1.00		
4. CCCI-R	-0.14	-0.19	-0.42	1.00	
5. MCSDS	0.23*	0.05	0.08	-0.09	1.00

* $p < 0.05$

Further details regarding each of the instruments used in this study are presented below. As a generality, the factor structures for the instruments were not replicated with a confirmatory factor analysis.

Multicultural Counseling Competence and Training Survey-Revised

A Cronbach's alpha and principal components analysis were conducted on obtained MCCTS-R scores. For the overall instrument, an alpha of 0.87 was obtained with a mean score of 3.03 and a standard deviation of 0.39. Scale scores for the *Multicultural Awareness* and *Multicultural Knowledge* scales, which are used in hypothesis testing in this study, yielded Cronbach's alphas of 0.85 ($\underline{M} = 3.26$, $\underline{SD} = 0.44$) and 0.80 ($\underline{M} = 2.81$, $\underline{SD} = 0.46$), respectively.

The factor structure in the obtained sample of MCCTS-R scores did not match the factor structure obtained by the instrument authors. Instead of the 3-factor structure identified by Holcomb-McCoy and Day-Vines (2005), eight components with

eigenvalues greater than 1.0 were found (see Table 4.3). The eight obtained components accounted for 69% of the variance in MCCTS-R scores. However, upon examination of the loadings in the component matrix (Table 4.4), and the values in the correlation matrix, it appears that most of the 32 items are best categorized into a single component that accounts for 30% of the variance in scores. Though some of items constituting each of the intended components clustered, with negative correlations (for example, items 1-4 and 9-12), the loadings on the first component were greater in every case but one. This finding suggests that the integrity of the subscales, at least for this sample, does not support use of the *Multicultural Awareness* and *Multicultural Knowledge* as unique scores to test hypotheses H1a and H2a.

Table 4.3

Obtained MCCTS-R Components and Variance Explained

Component	Eigenvalue	% Variance Explained	Cumulative % Variance Explained
1	9.72	30.39	30.39
2	3.16	9.88	40.26
3	2.63	8.23	48.50
4	1.82	5.67	54.17
5	1.39	4.35	58.52
6	1.36	4.24	62.76
7	1.04	3.25	66.01
8	1.00	3.13	69.14

Note. Only components with eigenvalues greater than 1.0 reported

Table 4.4

Obtained MCCTS-R Component Matrix

Item	<u>Component</u>							
	1	2	3	4	5	6	7	8
1	.524	-	-.441	-	-	-	-	-
2	.530	-	-.483	-	-	-	-	-
3	.546	-.370	-.572	-	-	-	-	-
4	.584	-	-.333	-	-	-	-	.413
5	.583	-	-	.541	-	-	-	-
6	.488	-.342	-	-	-	-.425	-	-
7	.584	-	-.426	-	-	-	-	-
8	.552	-	-	.346	-	-	-	-
9	.574	-.575	.407	-	-	-	-	-
10	.592	-.628	.418	-	-	-	-	-
11	.596	-.622	.444	-	-	-	-	-
12	.595	-.574	.410	-	-	-	-	-
13	.483	-	-	-	-	-	-	-
14	.547	-	-.337	-.302	-	-	-	-
15	.613	-	-.314	-.349	-	-	-	-
16	.618	-	-	-.359	-	-	-	.318
17	.589	-	-	-	-.409	-.402	-	-
18	.577	-	-	-	-.381	-.318	-	-
19	.497	.392	.316	.336	-	-	-	-
20	.575	-	-	-	-	-	-	.323
21	.581	.-	-	-.457	-	-	-	-
22	.642	-	-	-.426	-	-	-	-
23	.607	.373	-	-	-	-	-	-
24	.616	.304	-	-	-	-	-	-
25	.621	-	-	-	-	-	-	-.351
26	.475	.432	-	.353	-	-	-	-
27	-	-	-	-	-	.713	-	-
28	.610	-	-	-	-	-	-	-.366
29	.399	-	-	-	.362	-	-	-
30	.458	.414	.326	-	-	-	.304	-
31	.565	-	-	-	-	-	.387	-
32	.414	-	-	-	.632	-	-	-

Note: Only loadings above 0.300 reported

Multigroup Ethnic Identity Measure-1999 (MEIM-1999)

One hundred student responses were used to explore the MEIM-1999's reliability and factor structure. A Cronbach's alpha of 0.86 was obtained with this study's sample ($\underline{m} = 3.73$, $sd = 0.57$). Principal component analysis results suggest that as many as three factors could underlie the MEIM-1999 for this sample. Eigenvalues and variance explained percentages are provided in Table 4.5.

Table 4.5

Obtained MEIM-1999 Components and Variance Explained

Component	Eigenvalue	% Variance Explained	Cumulative % Variance Explained
1	5.16	43.00	43.00
2	1.51	12.55	55.55
3	1.08	9.04	64.58

Note. Only components with eigenvalues greater than 1.0 reported

The obtained component matrix (Table 4.6) suggests that for this sample, the items did not clearly discriminate into the two factors others have found (Pegg & Plybon, 2005; Roberts et al., 1999). Most of the items appear to load on more than one component. As suggested in the scoring instructions that accompany the instrument, as obtained from J. S. Phinney (personal communication, September, 2, 2005), a total mean score of all twelve items in the MEIM was used in subsequent analyses.

Table 4.6

Obtained MEIM-1999 Component Matrix

Item	Component		
	1	2	3
1	.499	.553	-
2	-	-.356	.622
3	.524	.418	-
4	.495	.418	.459
5	.729	-.433	-
6	.765	-.315	-
7	.666	-	.357
8	.501	.618	-
9	.803	-	-.374
10	.714	-	-
11	.871	-	-
12	.783	-	-

Note: Only loadings above 0.300 reported

Scale of Ethnocultural Empathy (SEE)

The authors of the Scale of Ethnocultural Empathy (Wang et al., 2003) found that the instrument had a four-factor structure and an overall Cronbach's alpha of 0.91. The obtained Cronbach's alpha for SEE total score among the current sample ($n = 98$) was 0.88.

Table 4.7

Obtained SEE Components and Variance Explained

Component	Eigenvalue	% Variance Explained	Cumulative % Variance Explained
1	7.47	24.09	24.09
2	2.51	8.09	32.18
3	2.26	7.29	39.46
4	1.82	5.88	45.34
5	1.68	5.43	50.77
6	1.46	4.70	55.47
7	1.36	4.40	59.88
8	1.20	3.87	63.74
9	1.01	3.27	67.01

Note. Only components with eigenvalues greater than 1.0 reported

Nine components with eigenvalues greater than 1.0 were identified through a principal components analysis of the sample's SEE scores (see Table 4.7). The nine obtained components accounted for 67% of the variance in scores. Several items, however, seemed to load on more than one component, suggesting that the subscales are not clearly defined (see Table 4.8). The four-factor structure obtained by Wang et al.(2003) was not reproduced. From this, it appears that further examination of the instrument's structure may be warranted. In the current study, only the total score was of interest and all items were included in the total score used for statistical analyses.

Table 4.8

Obtained SEE Component Matrix

Item	Component								
	1	2	3	4	5	6	7	8	9
1	.380	-	-	.425	-.399	-	-	.327	-
2	.335	-	-	-	-	.391	.448	-	-
3	.519	-	-	-	-	-	-.341	-.336	-.305
4	.344	.400	-	-	.376	-	-	-	-
5	.571	-	-	-	-	.411	-	-	-
7	.671	-	-	-	-	-	-	-	-
6	.369	.496	-	-	-	-	-	-	-
8	.313	-	-	-.441	.322	-	-	-	-
9	.550	-	-	-	-	-	-	-.333	-
10	.352	-	.429	-	-.357	-	-	-	-
11	.549	-	-	-	-	-	.385	-.364	-
12	.586	-	-.459	-	-	-	-	-	-
13	.445	-	-	-	-.461	-	-	-	-
14	.665	-	-.321	-	-	-	-	-	-
15	.593	-.398	-	-	-	-	-	-	-
16	.335	-.349	-	.395	-	-	-	-	-.464
17	.251	-	.423	-	.324	-.422	-	-	-
18	.600	-	-	-	-	-	-	-	.349
19	.371	.660	-	.396	-	-	-	-	-
20	.597	-	-	-	-	-.317	-	-	-.306
21	.366	-.532	-	-	-	-	-	-	-
22	.591	-	-.388	-	-	-	-	-	-
23	.670	-	-.316	-	.303	-	-	-	.-
24	.553	.-	-	-.424	-	-	-	.478	-
25	.633	-	-	-.404	-	-	-	.340	-
26	.427	-	-.425	-	-	-	-.374	-	-
27	.343	-	.589	-.305	-	-	-	-	-
28	.458	.400	-	-	-	-	-	-	-
29	.437	-	.387	-	-	-	-	-	.308
30	.430	-	-	-	-.325	-.396	.310	-	-
31	.442	.489	-	-	-	-	-	-	-

Note: Only loadings above 0.300 reported

Cross-Cultural Counseling Inventory-Revised (CCCI-R)

CCCI-R scores were obtained from supervisors who rated student counselor participants. Although 77 responses were obtained, only 21 individuals were responsible for the 77 responses. A Cronbach's alpha of 0.94 was obtained. With respect to the factor structure, a structure somewhat similar to that found by LaFromboise, Coleman, and Hernandez (1991) was obtained.

Three components with eigenvalues greater than 1.0 were obtained in this study (see Table 4.9). The authors' intention was to capture the Awareness, Knowledge, and Skills of the (1982) Sue et al. position paper, but found that one single factor best explained their obtained data. In the case of the current study, two items loaded on a second factor about equally as well as they loaded onto the first. The third factor was largely made up of a single item, "*Presents own values to clients,*" which also happened to be the only reverse scored item. The obtained component matrix is presented in Table 4.10. Several returned responses skipped this item or had notes in the margins. For the analyses in this study, the total score with all 20 items will be used as, with the exception of the single reverse-scored item, all items were strongly related to the first component.

Table 4.9

Obtained CCCI-R Components and Variance Explained

Component	Eigenvalue	% Variance Explained	Cumulative % Variance Explained
1	11.17	55.86	55.86
2	2.52	12.59	68.45
3	1.42	7.12	75.56

Note. Only components with eigenvalues greater than 1.0 reported.

Table 4.10

Obtained CCCI-R Component Matrix

Item	Component		
	1	2	3
1	.636	-.572	-
2	.786	-	-
3	.827	-	-
4	.791	-	.383
5	.739	-	-
6	.815	-.375	-
7	.807	-	-
8	.727	.464	-
9	.824	-	-
10	.641	.626	-
11	.656	.653	-
12	.704	-.371	-
13	.750	.431	-
14	.849	-	-
15	-	-	.888
16	.741	.358	-
17	.871	-	-
18	.828	-	-
19	.622	.543	-
20	.862	-	-

Note: Only loadings above 0.300 reported

Results of Hypothesis Testing

Results for the analyses associated with each hypothesis are presented separately. The four research questions addressed in this study were:

1. What is the relationship between cross-cultural Empathy skills and counselors' awareness of their own culture?
2. To what extent can multi/cross-cultural competence be accounted for by including both universal (i.e., empathy) and particularist (i.e., Knowledge & Awareness) factors?

3. What demographic and life experience characteristics are associated with level of Empathy?
4. What demographic and life experience characteristics are associated with cross/multicultural counseling competence?

Hypothesis H1a

Hypothesis H1a reads:

There will be a positive correlation between scores on the Scale of Ethnocultural Empathy (SEE) and the Awareness scale on the Multicultural Counseling Competence and Training Survey-Revised (MCCTS-R) while accounting for socially desirable responding through Marlowe-Crowne Social Desirability Scale (MCSDS) scores.

Hypothesis H1a was not tested due to problems with the Awareness scale of the MCCTS-R. A principal components analysis of the sample's MCCTS-R scores did not support a clear distinction between items capturing *Multicultural Awareness*, *Multicultural Knowledge*, and *Multicultural Terminology*.

Hypothesis H1b

Hypothesis H1b reads:

There will be a positive correlation between scores on the Scale of Ethnocultural Empathy (SEE) and the Ethnic Identity scale of the Multigroup Ethnic Identity Measure (MEIM-1999) while accounting for socially desirable responding through Marlowe-Crowne Social Desirability Scale (MCSDS) scores.

A one-tailed Pearson's r was calculated. A correlation of 0.10 ($p = 0.17$) was obtained in this study. The sample included 101 responses. When a partial correlation controlling for the influence of social desirability, where x equals SEE total score, y equals MEIM-1999 total score, and z equals MCSDS scores, was conducted, a correlation statistic ($r_{xy.z}$) of 0.09 ($p = 0.20$) was obtained. These findings do not support

a significant correlation between empathy, as measured by SEE scores, and Awareness, as measured by MEIM-1999 scores. This hypothesis was not supported.

Hypothesis H2a

Hypothesis H2a reads:

Empathy, as measured by the SEE, will predict a greater amount of variance in multi/cross-cultural counseling competence, as measured by supervisor ratings on the Cross-Cultural Counseling Inventory-Revised (CCCI-R), than Knowledge as measured by the MCCTS-R, Awareness as measured by the MCCTS-R the MEIM-1999, and socially desirable responding as measured by the MCSDS.

In light of the observed factor structure of study instrumentation, this hypothesis could not be tested in its original form. In light of the finding that *Multicultural Knowledge* and *Multicultural Awareness* might be better explained by a single score for this sample, MCCTS-R total scores were used in the regression analysis. MCCTS-R total scores include items assigned to the *Multicultural Terminology* scale as well as *Multicultural Awareness* and *Multicultural Knowledge*. Relative relationships between supervisor ratings of cross cultural competence, student counselor empathy self ratings, MCCTS-R total scores, MEIM-1999 total scores, and social desirability scores were explored with a stepwise multiple regression analysis ($n = 87$). With an inclusion criteria of .05, however, no predictors entered the regression equation.

Alternatively, SEE total scores, MCCTS-R total scores, and MEIM-1999 total scores, as well as social desirability scores, were regressed using the enter method. An R -squared statistic of 0.054 was obtained. This suggests that only 5% of the variance in supervisor competence ratings was accounted for by a measure of empathy self ratings, a measure of counselor ethnic identity, and a general measure of knowledge statements

associated with the tripartite model. An F -statistic of 1.16 with a significance of 0.33 was obtained. These findings suggest that the model was not supported and that hypothesis 2a was not supported.

Hypothesis H3a

Hypothesis H3a reads:

There will be a significant difference in empathy scores, as measured by the SEE, accounting for social desirability, between student counselor ethnic groups when student counselors are grouped according to the predominant ethnicity of their clients.

This hypothesis was tested by conducting an analysis of covariance (ANCOVA) with counselor respondents first being collapsed into two ethnic categories, White and non-White. All student respondents who endorsed only European American as their ethnic identity were included in the White category. All respondents who endorsed any category other than European American were placed in the non-White category. Next, student counselor respondents ($n = 95$) were separated in a 2×5 matrix according to the ethnic group to which they most often provided counseling (see Table 4.11). In instances where a respondent had indicated an equal amount of their clients came from two or more ethnicities (i.e., 50% European American clients and 50% African American clients), their SEE scores were not included in the analysis.

Table 4.11

Obtained SEE Responses According to Ethnic Groups Most Frequently Counseled by Collapsed Student Counselor Ethnic Group

Student Counselor Ethnic Group	Ethnic Groups Counseled				
	Asian- American	African- American	Hispanic	European- American	Native- American
White	0	12	1	69	0
non-White	0	4	0	8	0

Due to missing cases, the ANCOVA was effectively collapsed into a 2 x 2 matrix (see Table 4.12). The ANCOVA essentially tested for differences in White and non-White student counselor empathy scores across European-American and African-American client groups while also taking into account student counselor social desirability scores. Social desirability scores were not related to differences in empathy scores ($F = 0.63$, $p = 0.43$). No significant differences in empathy scores were found between White and non-White student counselors ($F = 0.74$, $p = 0.39$). No significant differences in empathy scores according to whether clients were mostly African-American or European-American were found ($F = 0.46$, $p = 0.50$). Small effect sizes with low observed power were obtained (see Table 4.13). As such, hypothesis 3a was not supported.

Table 4.12

Collapsed 2x2 Table of SEE Responses According to Ethnic Groups Most Frequently Counseled by Collapsed Student Counselor Ethnic Group

Student Counselor Ethnic Group	Ethnic Groups Counseled	
	African- American	European- American
White	12	69
non-White	4	8

Table 4.13

Analysis of Covariance for Student Counselor Self Ratings of Empathy

Effect	df	F	p	Partial η^2	Observed Power
MCSDS	1	0.63	0.43	0.01	0.12
Counselor ethnicity	1	0.74	0.39	0.01	0.14
Client ethnicity	1	0.46	0.50	0.01	0.10
Counselor ethnicity by Client ethnicity	1	0.40	0.53	0.01	0.10

Hypothesis H3b

Hypothesis H3b reads:

Demographic data including age, ethnicity, rating of childhood school (K-12) diversity, rating of childhood interactions with cultural diversity, completion of a multicultural counseling course during graduate training, completion of an immersion project as part of their multicultural counseling course, rating of diversity in training program, number of languages spoken, and social desirability scores will predict a significant amount of variance on SEE scores.

A regression analysis was conducted to examine if any demographic characteristics or life experiences predicted counselor empathy, as measured by the SEE ($n = 91$). Initially, a stepwise regression with the default inclusion criteria ($\alpha = 0.05$) was conducted. The only predictor meeting minimum criteria to be included in the regression equation was student counselor's ratings of the frequency of childhood interactions with cultural diversity. This single predictor model yielded an R-squared of 0.06 ($F = 5.33$; $p = 0.02$).

In order to explore what the potential influence of the select demographic characteristics and life experiences might be on empathy scores, all were included in a regression using the enter method. Under these circumstances, an R-squared statistic of 0.10 was obtained ($F = 0.97$, $p = 0.47$). A summary of the statistics resulting from a regression analysis using the enter method is presented in Table 4.14. As a whole, and with some consistency, these findings suggest that student counselor age, ethnicity, rating of childhood school (K-12) diversity, rating of childhood interactions with cultural diversity, participation in a multicultural counseling course during graduate training, requirement of an immersion project as part of their multicultural counseling course, rating of diversity in training program, number of languages spoken, and social desirability scores play a limited role in predicting empathy scores. This hypothesis was not supported with the exception of rating of childhood interactions with cultural diversity.

Table 4.14

Summary of Regression Analysis (Enter) for Variables Predicting Empathy (N = 91)

Variable	B	Std. Error	β	p
Number of languages spoken	0.05	0.53	0.05	0.64
Participation in an immersion experience	0.06	0.11	0.04	0.71
Rating of K-12 school diversity	0.00	0.17	0.03	0.84
Rating of frequency of childhood interactions with diversity	0.00	0.00	0.18	0.20
Student counselor age	0.00	0.01	-0.03	0.80
Participation in a multicultural counseling course	0.63	0.39	0.18	0.11
Counselor ethnicity	-0.06	0.19	-0.04	0.76
Rating of counseling program diversity	0.00	0.00	0.02	0.83
MCSDS	0.01	0.01	0.06	0.58

Note. $R^2 = 0.10$

Hypothesis H4a

Hypothesis H4a reads:

There will be a significant difference in supervisor ratings of multi/cross-cultural competence, as measured by the CCCI-R, accounting for social desirability, between student counselor ethnic groups when student counselors are grouped according to the predominant ethnicity of their clients.

This hypothesis was tested by conducting an analysis of covariance (ANCOVA) with counselor respondents first being collapsed into two ethnic categories, White and non-White. All student counselor respondents who endorsed only European American as their ethnic identity were included in the White category. All respondents who endorsed any category other than European American were placed in the non-White category.

Next, respondents ($n = 84$) were separated in a 2 x 5 matrix according to the ethnic group

to which they most often provided counseling (see Table 4.15). In instances where a respondent had indicated an equal amount of their clients came from two or more ethnicities (i.e., 50% European American clients and 50% African American clients), their supervisor provided CCCI-R ratings were not included in the analysis.

Table 4.15

Obtained CCCI-R Responses According to Ethnic Groups Most Frequently Counseled by Collapsed Student Counselor Ethnic Group

Student Counselor Ethnic Group	Ethnic Groups Counseled				
	Asian- American	African - American	Hispanic	European- American	Native- American
White	0	10	1	65	0
non-White	0	3	0	6	0

As was the case with an earlier analysis, this analysis was effectively collapsed into a 2 x 2 matrix due to the limited distribution of client ethnic groups predominantly receiving student counselor's services (see Table 4.16). Social desirability scores were not related to differences in competence scores ($F = 0.23$, $p = 0.64$). No significant differences in competence scores were found between White and non-White student counselors ($F = 0.08$, $p = 0.78$). No significant differences in empathy scores according to whether clients were mostly African-American or European-American were found ($F = 0.002$, $p = 0.97$). Small effect sizes with low observed power were obtained (see Table 4.17).

Table 4.16

Collapsed 2x2 Table of CCCI-R Responses According to Ethnic Groups Most Frequently Counseled by Collapsed Student Counselor Ethnic Group

Student Counselor Ethnic Group	Ethnic Groups Counseled	
	African- American	European- American
White	10	65
non-White	3	6

Table 4.17

Analysis of Covariance for Student Multi/Cross-cultural Counseling Competence

Effect	df	F	P	Partial η^2	Observed Power
MCSDS	1	0.23	0.64	0.00	0.08
Counselor ethnicity	1	0.08	0.78	0.00	0.06
Client ethnicity	1	0.00	0.97	0.00	0.05
Counselor ethnicity by Client ethnicity	1	0.30	0.59	0.00	0.08

Hypothesis H4b

Hypothesis H4b reads:

Demographic data including age, ethnicity, rating of childhood school (K-12) diversity, rating of childhood interactions with cultural diversity, completion of a multi/cross-cultural counseling course during graduate training, completion of an immersion project as part of their multicultural counseling course, rating of diversity in training program, number of languages spoken, and social desirability scores will predict a significant amount of variance on the CCCI-R.

A stepwise regression analysis was conducted to explore if select demographic characteristics and life experiences predict supervisor ratings of student counselor cross-cultural counseling competence on the CCCI-R ($n = 79$). With an inclusion criteria of .05, however, none of the hypothesized predictors entered the regression equation.

To explore the value of the entire set of select demographic characteristics and life experiences, a regression analysis with the enter method was conducted. The resulting model yielded an R-squared statistic of 0.10 ($F = 0.82$, $p = 0.60$). A summary of the statistics resulting from a regression analysis using the enter method is presented in Table 4.18. These findings suggest that supervisor ratings of cross-cultural counseling competence, as measured by CCCI-R ratings, are not well predicted by a student counselor's age, ethnicity, rating of childhood school (K-12) diversity, rating of childhood interactions with cultural diversity, participation in a multi/cross-cultural counseling course during graduate training, requirement of an immersion project as part of their multicultural counseling course, rating of diversity in training program, and number of languages spoken. This hypothesis was not supported.

Table 4.18

Summary of Regression Analysis (Enter) for Variables Predicting Multi/Cross-cultural Counseling Competence (N = 79)

Variable	B	Std. Error	β	p
Number of languages spoken	6.33	3.40	.217	.067
Participation in an immersion experience	6.41	5.11	.152	.215
Rating of K-12 school diversity	0.10	0.10	.164	.287
Rating of frequency of childhood interactions with diversity	-0.09	0.10	-.144	.328
Student counselor age	-0.08	0.22	-.043	.713
Participation in a multicultural counseling course	1.01	11.67	.010	.931
Counselor ethnicity	-0.71	6.58	-.013	.914
Rating of counseling program diversity	0.01	0.09	.011	.929
MCSDS	-0.36	0.36	-.119	.310

Note. $R^2 = 0.10$

Summary of Results

Several important findings were obtained from this study. Although not presented as a research question that would guide this study, information regarding the measurement of constructs related to the particularist and universalist perspectives was obtained. The factor structure and internal consistency of each of the instruments used in this study was explored. This step was taken to assure that the measures being used conformed to the design parameters outlined by each of the instrument's authors. With this sample of 21 supervisors and 101 counseling students enrolled in practicum or internship, the factor structure presented for the Multicultural Counseling Competence and Training Survey-Revised (MCCTS-R; Holcomb-McCoy & Day-Vines, 2004), the Scale of Ethnocultural Empathy (SEE; Wang et al., 2003), and the Multigroup Ethnic Identity Measure-1999 (MEIM-1999; Roberts et al, 1999) was not confirmed. With

respect to the Cross-Cultural Counseling Inventory-Revised (CCCI-R; LaFromboise, Coleman, & Hernandez, 1991), the predominance of the first factor was replicated even though the exact item-component relationships were not. Despite the variance in the observed factor structure of most of the study's instrumentation, internal consistency statistics similar to those found by the authors were obtained. The obtained Cronbach's alphas were 0.87 (MCCTS-R), 0.86 (MEIM-1999), 0.88 (SEE), and 0.94 (CCCI-R).

The findings related to the research questions provided additional empirical data to a body of literature where multiple calls for additional empirical research have been made (Constantine, Gloria, & Ladany, 2002; Pope-Davis & Dings, 1994; Ridley, Mollen Baker, & Hill, 2001). In this study, the relationship between empathy as measured by SEE scores and counseling student cultural self-awareness, as measured by MCCTS-R *Multicultural Awareness* scale scores (hypothesis H1a) and MEIM-1999 scores (hypothesis H1b) was explored. Due to the observed instrumentation phenomena already described, the correlation analysis using MCCTS-R scale score was not conducted. The hypothesized correlation between MEIM-1999 and SEE scores was not supported. Additionally, the predictive relationship of demographic experiences and characteristics on counseling student self-ratings of empathy (hypothesis H3b) and supervisor ratings of multi/cross-cultural competence (hypothesis H4b), as measured by CCCI-R scores was generally not supported. Only student counselor ratings of childhood diversity entered the stepwise regression for empathy ($R^2 = 0.05$; $F = 4.48$; $p = 0.04$). Using the enter method for both analyses, no statistically significant prediction models were supported. The related explorations of the relationships between empathy (hypothesis H3a) and

multi/cross-cultural competence (hypothesis H4a) and the ethnicity of clients to whom participating student counselors mostly provide services yielded no significant relationships. The central research question explored the relationship between empathy, a proxy for the universalist perspective, and measures consistent with the tripartite model, a proxy for the particularist perspective. The results obtained from regression analyses with the stepwise and enter methods did not support the preeminence of the universalist perspective, the particularist perspective, or a combination of both as predictors of multi/cross-cultural counseling competence.

CHAPTER V

CONCLUSIONS

In this chapter the findings are discussed in the context of past research. Additionally, study limitations, implications for counseling practice, and possible future research avenues are presented.

Discussion

Multi/cross-culturalism has been identified as an important tenet of professional counseling (American Counseling Association, 2005; Constantine, Gloria, & Ladany, 2002; Ottavi & Pope-Davis, 1994). This study approached multi/cross-culturalism by exploring the relationship between universalist and particular perspectives. Universalist perspectives or “general” counseling skills such as the use of empathy have been presented as sufficient for the provision of services to culturally diverse clients (Patterson, 1994; Patterson 2004; Pederson, 1991). Particularist perspectives emphasize that counselors should adapt their practice according to the culture of their client (Pederson, 1991). The profession has had an undercurrent stating the importance of responding to cultural differences since well before the first recommendations for multi/cross-cultural counseling were presented in the 1970s. In the ensuing decades, several multicultural counseling models have been presented (Constantine & Ladany, 2003; Hanna, Bemak, & Chung, 1999; Ridley & Kleiner, 2003; Ridley, Mollen Baker, & Hill, 2001; Sue, 2005; Sue et al, 1982; Sue, Arredondo, & McDavis, 1992; Treviño,

1996). The most widely accepted model, as evidenced by endorsement by professional counseling associations, has been the tripartite model first presented by Sue and his colleagues in 1982 and later established as competencies by Sue, Arredondo, and McDavis in 1992 (American Counseling Association, 1992; Association for Multicultural Counseling and Development, 1992; D'Andrea, 2005; Ridley, Mollen, & Hill, 2001). In this study, the central objective was to explore the relative influence of universalist, particularist, and a combination of universalist and particularist perspectives.

Additionally, other research questions and hypotheses explored positions that have been presented previously in counseling literature without empirical validation, including if there is a relationship between awareness of self and empathy, and the influence of life experience on empathy and multi/cross-cultural counseling skill.

Universalist and Particularist Discussed

Theorists and past researchers have found that empathy, a universalist component, is the most important predictor of therapeutic outcomes (Garfield & Bergin, 1971; Gelso, 1985; Luborsky, Chandler, Auerbach, Cohen, & Bachrach, 1971; Orlinsky, Ronnestad, & Willutzky, 2003). Recent multicultural counseling competence models either directly or indirectly note the importance of empathy (Constantine & Ladany, 2000; Hanna, Bemak, & Chung, 1999).

The particularist perspective is anchored on the belief that multi/cross-cultural counseling training facilitates the provision of culturally sensitive counseling and improves counselor effectiveness (McRae & Johnson, 1991; Ponterroto & Casas, 1987;

Pope-Davis & Ottavi, 1994; Stewart, 1976). In this study, the tripartite model was used as a framework for organizing the particularist perspective.

Given these assumptions, it was expected that a greater amount of the variance in supervisor ratings of student counselor multi/cross-cultural counseling competence would be predicted by empathy skills and components of the tripartite model rather than either one alone. As such, a stepwise regression analysis that incorporated student counselor self report empathy skills as well as measures of particularist components was conducted. Contrary to expectations, none of the predictors entered the equation. Using the enter method of predictor selection, where both universalist and particularist predictors were included in the regression equation, only five percent of the variance in supervisor competence ratings was explained. The five percent figure was not significant ($p = 0.33$).

Universalist and Particularist Facilitators

Neither universalist nor particularist skills are thought to develop independently. Programs designed to improve both empathy and multi/cross-cultural counseling competence have been developed (Arredondo & Arciniega, 2001; Deitch Feshbach, 1975, 1997; Hanson, 2003; Parker, 1998; Pope-Davis & Ottavi, 1994). For both empathy and multi/cross-cultural competence, it is believed that life experiences are associated with increased skill. Rogers (1951) wrote of counselors being well-rounded individuals and how this would support them in being better able to connect with clients. Furthermore, Rogers and others have stated that it is important for counselors to be self-aware before they can be empathetic with clients (Locke, 1990; Rogers, 1951, 1957). In the current study, a relationship between counselor self awareness and empathy was

hypothesized. Specifically, a correlation between empathy, as measured by SEE total scores and awareness as postulated by the tripartite model, the Multicultural Awareness scale of the MCCTS-R, was tested. This correlation, however, was not calculated due to the observed problems with the integrity of the *Multicultural Awareness* scale of the MCCTS-R. A correlation between SEE total scores and achievement of ethnic identity, as measured by the MEIM-1999, also was tested. The correlation was found to be $r = 0.10$ ($p = 0.17$). When controlling for social desirability, a partial correlation of $r = 0.09$ ($p = 0.20$) was obtained. This data suggests that, at least for this sample and contrary to expectations, that cultural self-awareness and empathy were not significantly correlated.

Certain life experiences also are sometimes expected to contribute to the development of empathy and multi/cross-cultural competence (Allison, Echemendia, Crawford, & Robinson, 1996; Pope-Davis & Ottavi, 1994). Some multi/cross-cultural counseling courses incorporate immersion activities to provide exposure to the realities of interacting with culturally different individuals (Parker, 1998; Pressley, Parker, & Jennie, 2001). In exploring the relationship between select demographic characteristics and life experiences to supervisor ratings of multi/cross-cultural counseling competence, it was expected that greater exposure to diversity would be facilitative of greater competence. In the current study, demographic characteristics and life experiences of interest included age, ethnicity, rating of childhood school (K-12) diversity, rating of childhood interactions with cultural diversity, completion of a multi/cross-cultural counseling course during graduate training, completion of an immersion project as part of their multicultural counseling course, rating of diversity in training program, and number of

languages spoken. With criteria for inclusion of alpha equals 0.05, however, none of the predictor variables entered a stepwise regression. Using the enter method, the demographic characteristics and life experience measures did not contribute to a statistically significant prediction model ($R^2 = 0.08$, $F = 0.78$, $p = 0.62$). According to theory, exposure to diversity should be directly related to increased competence. These results, however, do not support that belief.

In exploring the relationship between select demographic characteristics and life experiences with student counselor empathy, it was expected that greater exposure to diversity would be facilitative of higher empathy. In the current study, demographic characteristics and life experiences of interest included age, ethnicity, rating of childhood school (K-12) diversity, rating of childhood interactions with cultural diversity, completion of a multi/cross-cultural counseling course during graduate training, completion of an immersion project as part of their multicultural counseling course, rating of diversity in training program, and number of languages spoken. In the case of empathy, frequency ratings of childhood interactions with cultural diversity were the only predictor variable to enter a stepwise regression ($R^2 = 0.05$, $F = 4.48$, $p = 0.04$). Using the enter method, the demographic characteristics and life experience variables did not contribute to a statistically significant prediction model ($R^2 = 0.09$, $F = 0.99$, $p = 0.45$).

One of the most challenging aspects of multi/cross-cultural counseling research that this study corroborates is measurement. Constantine, Gloria, and Ladany (2002) explored the similarity and factor structure of the most widely used tripartite model based multicultural counseling competence measures. They found that the various measure's

authors approached the tripartite model differently. There appeared to be no consensus on what kind of item was consistent with Awareness that was exclusive of Knowledge. Furthermore, when Constantine et al. conducted exploratory factor analysis with all of items from the most popular measures, they found that all of the items were best reduced to a two factor solution. They described the two factors they found as self-perceived multicultural counseling skill and self-perceived attitudes/beliefs about multicultural counseling. Additionally, as multicultural counseling competence scales have been revised, the underlying factor structure has continually been adjusted (Holcomb-McCoy & Day-Vines, 2004; Kim, Cartwright, Asay, & D'Andrea, 2003; Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002). Given this past research, it was not wholly unsurprising that the current factor structures were inconsistent with the expected factor structures.

Limitations

Not unlike other research, the findings of this study should be interpreted with the understanding that there were limitations. The first of these limitations was that the concept of multi/cross-culturalism was limited to ethnic diversity. Second, the majority of this study's participants identified uniquely as European-American. The construct validity of the instrumentation used is also a limitation that should be considered when interpreting the results of this study.

Focus on Ethnicity

One topic that has been discussed in the multi/cross-cultural counseling literature is the emphasis that has been placed on ethnic and racial minorities (Locke, 1990; Sullivan & Cottone, 2006; Vontress & Jackson, 2004; Weinrach & Thomas, 2002). In

this study, diversity was limited to racial and ethnic minority status. The instruments that were used also highly emphasize ethnic/racial diversity in their approach to multi/cross-culturalism. Many interpretations of cultural diversity, however, extend beyond ethnic/racial identity and include diversity in gender identity, sexual identity, age, religion, regionalism, and other descriptors that integrate holistically (Arredondo et al., 1996; Weinrach & Thomas, 2002). Perhaps one of the most important aspects of the counseling profession is its respect for all diversity and respect for the human dignity of all (American Counseling Association, 2005). Therefore, in many ways, multi/cross-cultural competence increasingly may be regarded as an approach rather than a specific set of knowledge and skills to be matched with specific categories of individuals.

European-American Respondents

The sample in this study consisted largely of European-American respondents. This limitation, however, is consistent with the counseling profession as a whole. The profession is largely made up of European American women (Duffy et al., 2004). As reported by the counseling representatives from ACA and NBCC in *Mental Health United States*, 72.4% of clinically trained professional counselors are women. Of that 72.4%, 82.6% are White. A similar statistic, 80.0%, is provided for the percentage of male professional counselors who are White. Further corroborating the representation of European American, or White counselors in the profession, studies that have drawn participants from the American Counseling Association general membership also report a majority of European American respondents (Robinson, Flowers, & Ng, 2006). That reality notwithstanding, readers should keep in mind that not all counselors are European

American and that, as discussed earlier, diversity may include not just ethnicity and race (Arredondo et al., 1996; Locke, 1990). It may be that the underlying facets of multi/cross-cultural competence may only become apparent with the intentional inclusion of more research participants who represent a greater range of diversity.

Measurement

Measurement of the constructs of interest, empathy and multi/cross-cultural competence, has proven to be challenging. Measures of empathy, as well as measures of multi/cross-cultural competence, have existed for decades, but no one measure of either construct has gained irrefutable acceptance (Barrett-Lennard, 1962; D'Andrea, Daniels, & Heck, 1991; LaFromboise, Coleman, & Hernandez, 1995; Pope-Davis & Dings, 1994; Truax, 1967). Throughout the development and updating process for each of these measures, the reliability indices and underlying factor structure have been inconsistent (Holcomb-McCoy & Day-Vines, 2004; Kim, Cartwright, Asay, & D'Andrea, 2003; Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002). In the current study, two relatively new measures for empathy and multi/cross-cultural counseling competence were used. As reported in Chapter 4, these instruments were subjected to confirmatory factor analysis to assure the integrity of subsequent analyses. The obtained factor structures for the SEE (Wang et al., 2003), MCCTS-R (Holcomb-McCoy & Day-Vines, 2003), and MEIM-1999 (Roberts et al., 1999) did not match those found by the instrument's authors. This finding highlights the challenge of quantifying relationally based constructs such as empathy and multi/cross-cultural counseling competence. Therefore, readers should interpret the current findings not as a definitive answer to the discussion between

universalist and particularist perspectives. Instead, readers may note how these findings suggest that model building and measurement will not be possible until more precise descriptions of the constructs of interest have been developed.

Implications for Counseling

The current findings do not support the universalist perspective uniquely, the particular perspective uniquely, or a combination of the two. The evidence to date, however, does not eliminate the possibility that particularist and universalist perspectives complement each other and increase counselor proficiency with culturally different clients. The current state of empirical uncertainty should not undermine the advances made by professional counselors to search for the skills to provide services to clients of diverse backgrounds and consider personal and institutional influences on their success and that of their clients. Furthermore, these findings suggest that our incomplete understanding of both empathy and multi/cross-cultural competence warrants a reevaluation of the associated models counselors use.

Increasingly, competence statements are being disseminated in the counseling profession (Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling, n.d.; Lewis, Arnold, House, & Toporek, 2003; Miller, 1999; Sue, Arredondo, & McDavis, 1992; Trusty & Brown, 2005; Young, Cashwell, Wiggins-Frame, & Belaire, 2002). In most cases, these competency statements are based on expert opinion and in some cases gain acceptance as a theory – a way of explaining counseling interventions. Clearly, these competence statements provide the important service of helping counselors better articulate what behaviors are consistent with their professional practice. As a

profession, however, counselors must recognize that these competency statements are not static. Rather, they provide a framework for subsequent self-reflection and research. In the case of the multi/cross-cultural counseling competencies, which are sometimes referred to as the tripartite model, several research reviews have been conducted and - unanimously - the conclusion has been that additional research is needed (Arredondo, Rosen, Rice, Perez, & Tavar-Gamero, 2005; Pope-Davis & Dings, 1994). It may be prudent to reevaluate the value of the tripartite model as a theory-like structure that helps counselor organize their conceptualizations and interventions. It may be prudent to initiate the theory building process by identifying what all stakeholders consider important to the practice of multi/cross-cultural counseling.

Suggestions for Future Research

The most important direction that this study supports pursuing is model building for multi/cross-cultural counseling competence. As multi/cross-cultural competence has been accepted as a key feature of the counseling profession, it is imperative that a defensible, research-based body of literature be developed to justify its importance. Theory building may proceed with descriptive and qualitative research that helps define what clients and the general counseling membership considers to be multi/cross-cultural competence. These descriptive and qualitative processes may be helpful in subsequent multi/cross-cultural counseling research.

Conclusions

The counseling profession has adopted multi/cross-cultural counseling competence as a core value. Within the profession, there has been a discussion about the relative utility of fundamental counseling skills, those associated with a universalist perspective, and specialized counseling skills, those associated with the particularist perspective. Some calls have been made for viewing the two perspectives as complementary, but no research on this relationship had yet been conducted. Consequently, this study was conducted to explore that relationship. Additional questions, such as the role of life experience in contributing to the ability to be empathetic and its contribution to multi/cross-cultural counseling competence were addressed. The results suggest that continued inquiry that deviates from the way multi/cross-cultural competence is most often conceived of in the United States may be warranted at this time.

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APPENDIX A
SUPERVISOR INSTRUMENT PACKET

Demographic Form

1. Age _____

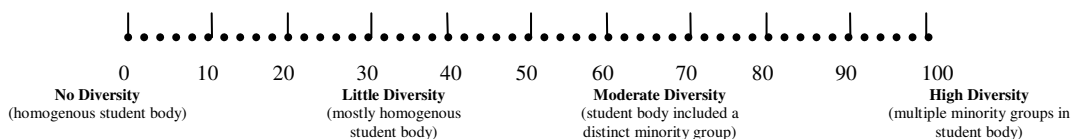
2. Ethnic Identity (circle one)

- 1. Asian or Asian American, including Chinese, Japanese, and others
- 2. Black or African American; not Latina/o
- 3. Hispanic or Latina/o, including Mexican American, Central American, and others
- 4. White, Caucasian, Anglo, European American; not Latina/o
- 5. American Indian/Native American
- 6. Mixed heritage; Parents are from two or more different groups
- 7. Other (write in): _____

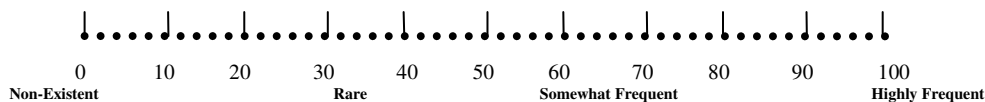
3. Ethnicities represented in your household (circle all that apply)

- 1. Asian or Asian American, including Chinese, Japanese, and others
- 2. Black or African American; not Latina/o
- 3. Hispanic or Latina/o, including Mexican American, Central American, and others
- 4. White, Caucasian, Anglo, European American; not Latina/o
- 5. American Indian/Native American
- 6. Mixed heritage; Parents are from two or more different groups
- 7. Other (write in): _____

4. Relative cultural diversity through childhood formal education (K-12) (circle one)



5. How would you rate the frequency of interactions you had with culturally different persons throughout your childhood (other than in school)?



6. Highest degree attained (circle one): Bachelor's Master's Specialist Doctorate

7. Multi/Cross-cultural counseling course *completed or currently being completed* (circle one):

YES / NO (YES, proceed to 7a.; No, proceed to question 8)

7a. When in your program was the multi/cross-cultural counseling course completed? _____ (e.g., 1st, 2nd semester)

7b. How many months have passed since you completed this course? _____ mos.

8. Graduate multi/cross-cultural counseling course included requirement to participate in different cultural group immersion activity (circle one):

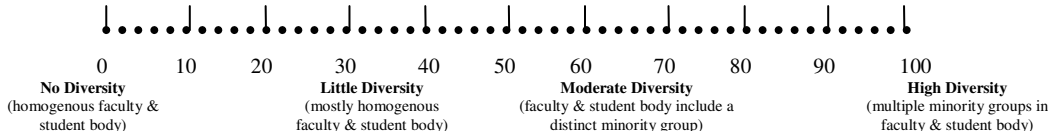
YES / NO

9. Current work/internship setting (circle one)

1. Community agency
2. K-12 School
3. University administrative unit (Student Affairs, Residence Life, etc.)
4. University counseling center
5. University supervisor

10. Number of semesters in an applied counseling setting (practicum/internship): _____

11. Relative cultural diversity in current counselor training program (faculty and students) (circle one)



12. Number of languages you speak: _____

13. Client/student populations currently served (ethnicity and percentage of your client-load)

Ethnic Group	<u>Client-Load</u>
1. Asian or Asian American, including Chinese, Japanese, and others	%
2. Black or African American; not Latino	%
3. Hispanic or Latino, including Mexican American, Central American, and others	%
4. White, Caucasian, Anglo, European American; not Latino	%
5. American Indian/Native American	%
6. Mixed heritage; Parents are from two or more different groups	%
7. Other (write in): _____	%
	Total: 100 %

Cross Cultural Counseling Inventory Revised[‡]

Please rate your supervisees on the following items. Circle the letter indicating your assessment of the degree to which your supervisees possess these characteristics. Please respond to each item using the following scale:

	1 Strongly Disagree	2 Moderately Disagree	3 Slightly Disagree	4 Slightly Agree	5 Moderately Agree	6 Strongly Agree
1. [REDACTED]						1 2 3 4 5 6
2. [REDACTED]						1 2 3 4 5 6
3. [REDACTED]						1 2 3 4 5 6
4. [REDACTED]						1 2 3 4 5 6
5. [REDACTED]						1 2 3 4 5 6
6. [REDACTED]						1 2 3 4 5 6
7. [REDACTED]						1 2 3 4 5 6
8. [REDACTED]						1 2 3 4 5 6
9. [REDACTED]						1 2 3 4 5 6
10. [REDACTED]						1 2 3 4 5 6
11. [REDACTED]						1 2 3 4 5 6
12. [REDACTED]						1 2 3 4 5 6
13. [REDACTED]						1 2 3 4 5 6
14. [REDACTED]						1 2 3 4 5 6
15. [REDACTED]						1 2 3 4 5 6
16. [REDACTED]						1 2 3 4 5 6
17. [REDACTED]						1 2 3 4 5 6
18. [REDACTED]						1 2 3 4 5 6
19. [REDACTED]						1 2 3 4 5 6
20. [REDACTED]						1 2 3 4 5 6

[‡] For a full version of this instrument, contact Dr. Teresa LaFromboise.

Marlowe-Crowne Social Desirability Scale

Listed below are a number of statements concerning personal attitudes and traits. Read each item and decide whether the statement is *true* or *false* as it pertains to you personally. Circle T if this item is *true* as it pertains to you or F if it is *false* as it pertains to you.

1.	Before voting I thoroughly investigate the qualifications of all the candidates.	T	F
2.	I never hesitate to go out of my way to help some on in trouble.	T	F
3.	It is sometimes hard for me to go on with my work if I am not encouraged.	T	F
4.	I have never intensely disliked anyone.	T	F
5.	On occasion I have had doubts about my ability to succeed in life.	T	F
6.	I sometimes feel resentful when I don't get my way.	T	F
7.	I am always careful about my manner of dress.	T	F
8.	My table manners at home are as good as when I eat out in a restaurant.	T	F
9.	If I could get into a movie without paying and be sure I was not seen I would probably do it.	T	F
10.	On a few occasions, I have given up doing something because I thought too little of my ability.	T	F
11.	I like to gossip at times.	T	F
12.	There have been times when I felt like rebelling against people in authority even though I knew they were right.	T	F
13.	No matter who I'm talking to, I'm always a good listener.	T	F
14.	I can remember "playing sick" to get out of something.	T	F
15.	There have been occasions when I took advantages of someone.	T	F
16.	I'm always willing to admit it when I make a mistake.	T	F

17.	I always try to practice what I preach.	T	F
18.	I don't find it particularly difficult to get along with loud mouthed, obnoxious people.	T	F
19.	I sometimes try to get even rather than forgive and forget.	T	F
20.	When I don't know something I don't at all mind admitting it.	T	F
21.	I am always courteous, even to people who are disagreeable.	T	F
22.	At times I have really insisted on having things my own way.	T	F
23.	There have been occasions when I felt like smashing things.	T	F
24.	I would never think of letting someone else be punished for my wrong-doings.	T	F
25.	I never resent being asked to return a favor.	T	F
26.	I have never been irked when people expressed ideas very different from my own.	T	F
27.	I never make a long trip without checking the safety of my car.	T	F
28.	There have been times when I was quite jealous of the good fortune of others.	T	F
29.	I have almost never felt the urge to tell someone off.	T	F
30.	I am sometimes irritated by people who ask favors of me.	T	F
31.	I have never felt that I was punished without cause.	T	F
32.	I sometimes think when people have a misfortune they only got what they deserved.	T	F
33.	I have never deliberately said something that hurt someone's feelings.	T	F

APPENDIX B
COUNSELING STUDENT INSTRUMENT PACKET

Demographic Form

1. Age _____

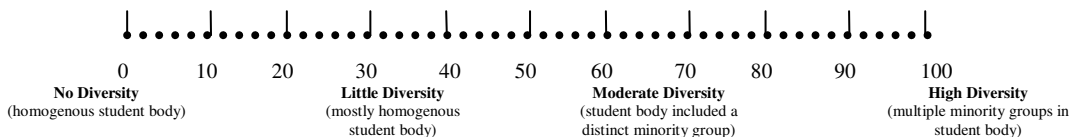
2. Ethnic Identity (circle one)

- 1. Asian or Asian American, including Chinese, Japanese, and others
- 2. Black or African American; not Latina/o
- 3. Hispanic or Latina/o, including Mexican American, Central American, and others
- 4. White, Caucasian, Anglo, European American; not Latina/o
- 5. American Indian/Native American
- 6. Mixed heritage; Parents are from two or more different groups
- 7. Other (write in): _____

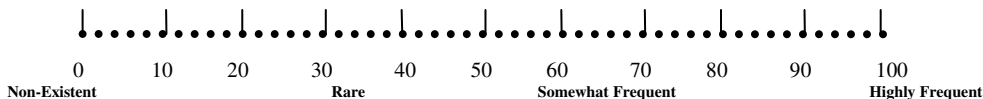
3. Ethnicities represented in your household (circle all that apply)

- 1. Asian or Asian American, including Chinese, Japanese, and others
- 2. Black or African American; not Latina/o
- 3. Hispanic or Latina/o, including Mexican American, Central American, and others
- 4. White, Caucasian, Anglo, European American; not Latina/o
- 5. American Indian/Native American
- 6. Mixed heritage; Parents are from two or more different groups
- 7. Other (write in): _____

4. Relative cultural diversity through childhood formal education (K-12) (circle one)



5. How would you rate the frequency of interactions you had with culturally different persons throughout your childhood (other than in school)?



6. Highest degree attained (circle one): Bachelor's Master's Specialist Doctorate

7. Multi/Cross-cultural counseling course *completed or currently being completed* (circle one):

YES / NO (YES, proceed to 7a.; No, proceed to question 8)

7a. When in your program was the multi/cross-cultural counseling course completed? _____ (e.g., 1st, 2nd semester)

7b. How many months have passed since you completed this course? _____ mos.

8. Graduate multi/cross-cultural counseling course included requirement to participate in different cultural group immersion activity (circle one):

YES / NO

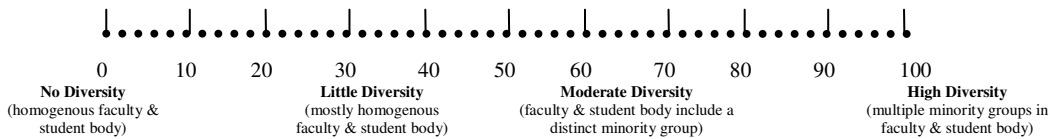
9. Current work/internship setting (circle one)

1. Community agency
2. K-12 School
3. University administrative unit (Student Affairs, Residence Life, etc.)
4. University counseling center
5. University supervisor

10. Number of semesters in an applied counseling setting (practicum/internship): _____

11. How much experience in counseling-related settings did you have *prior* to practicum/internship? ___yrs. ___mos.

12. Relative cultural diversity in current counselor training program (faculty and students) (circle one)



13. Number of languages you speak: _____

14. Client/student populations currently served (ethnicity and percentage of your client-load)

Ethnic Group	Client-Load
1. Asian or Asian American, including Chinese, Japanese, and others	%
2. Black or African American; not Latino	%
3. Hispanic or Latino, including Mexican American, Central American, and others	%
4. White, Caucasian, Anglo, European American; not Latino	%
5. American Indian/Native American	%
6. Mixed heritage; Parents are from two or more different groups	%
7. Other (write in): _____	%
	Total: 100 %

Multicultural Counseling Competence and Training Survey-Revised***
Multicultural Counseling Competence Component

Directions: Listed below are competency statements based on AMCD's Multicultural Counseling Competencies and Explanatory Statements. Please read each competency statement and evaluate your multicultural competence using the following 4-point scale.

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

1.		1	2	3	4
2.	I am aware of how my cultural background and experiences have influenced my attitudes about psychological processes.	1	2	3	4
3.	I am able to discuss how my culture has influenced the way I think.	1	2	3	4
4.		1	2	3	4
5.		1	2	3	4
6.		1	2	3	4
7.		1	2	3	4
8.		1	2	3	4
9.	I can define racism.	1	2	3	4
10.	I can define prejudice.	1	2	3	4
11.		1	2	3	4
12.	I can define stereotype.	1	2	3	4
13.		1	2	3	4
14.		1	2	3	4

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

15.	[REDACTED]	1	2	3	4
16.	[REDACTED]	1	2	3	4
17.	I can articulate the possible differences between the nonverbal behavior of the five major ethnic groups (i.e., African/Black, Hispanic/Latino, Asian, Native American, European/White).	1	2	3	4
18.	[REDACTED]	1	2	3	4
19.	[REDACTED]	1	2	3	4
20.	I can discuss within-group differences among ethnic groups (e.g., low SES Puerto Rican client vs. high SES Puerto Rican client).	1	2	3	4
21.	[REDACTED]	1	2	3	4
22.	[REDACTED]	1	2	3	4
23.	I can discuss how culture affects the manifestations of psychological disorders.	1	2	3	4
24.	[REDACTED]	1	2	3	4
25.	[REDACTED]	1	2	3	4
26.	[REDACTED]	1	2	3	4
27.	[REDACTED]	1	2	3	4

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

28.	I can list at least three barriers that prevent ethnic minority clients from using counseling services.	1	2	3	4
29.	[REDACTED]	1	2	3	4
30.	[REDACTED]	1	2	3	4
31.	I can anticipate when my helping style is inappropriate for a culturally different client.	1	2	3	4
32.	[REDACTED]	1	2	3	4

*** Sample of items used in the study provided. For a full version of this instrument, contact Dr. Cheryl Holcomb-McCoy.

The Multigroup Ethnic Identity Measure (MEIM-1999)

In this country, people come from many different countries and cultures, and there are many different words to describe the different backgrounds or ethnic groups that people come from. Some examples of ethnic groups are Hispanic or Latino, Black or African American, Asian American, Chinese, Filipino, American Indian, Mexican American, Caucasian or White, Italian American, and many others. These questions are about your ethnicity or your ethnic group and how you feel about it or react to it.

Please fill in: In terms of ethnic group, I consider myself to be _____
Use the numbers below to indicate how much you agree or disagree with each statement.

(5) Strongly agree (4) Agree (3) Neutral (2) Disagree (1) Strongly disagree

- 1- I have spent time trying to find out more about my ethnic group, such as its history, traditions, and customs. _____
- 2- I am active in organizations or social groups that include mostly members of my own ethnic group. _____
- 3- I have a clear sense of my ethnic background and what it means for me. _____
- 4- I think a lot about how my life will be affected by my ethnic group membership. _____
- 5- I am happy that I am a member of the group I belong to. _____
- 6- I have a strong sense of belonging to my own ethnic group. _____
- 7- I understand pretty well what my ethnic group membership means to me. _____
- 8- In order to learn more about my ethnic background, I have often talked to other people about my ethnic group. _____
- 9- I have a lot of pride in my ethnic group. _____
- 10- I participate in cultural practices of my own group, such as special food, music, or customs. _____
- 11- I feel a strong attachment towards my own ethnic group. _____
- 12- I feel good about my cultural or ethnic background. _____
- 13- My ethnicity is _____
 (1) Asian or Asian American, including Chinese, Japanese, and others
 (2) Black or African American
 (3) Hispanic or Latino, including Mexican American, Central American, and others
 (4) White, Caucasian, Anglo, European American; not Hispanic
 (5) American Indian/Native American
 (6) Mixed heritage; Parents are from two different groups
 (7) Other (write in): _____
- 14- My father's ethnicity is (use numbers above) _____
- 15- My mother's ethnicity is (use numbers above) _____

Scale of Ethnocultural Empathy (SEE) ‡

Please respond to each item using the following scale:

	1 Strongly Disagree	2 Moderately Disagree	3 Slightly Disagree	4 Slightly Agree	5 Moderately Agree	6 Strongly Agree				
1.	[Redacted]				1	2	3	4	5	6
2.	[Redacted]				1	2	3	4	5	6
3.	[Redacted]				1	2	3	4	5	6
4.	[Redacted]				1	2	3	4	5	6
5.	[Redacted]				1	2	3	4	5	6
6.	[Redacted]				1	2	3	4	5	6
7.	[Redacted]				1	2	3	4	5	6
8.	[Redacted]				1	2	3	4	5	6
9.	[Redacted]				1	2	3	4	5	6
10.	[Redacted]				1	2	3	4	5	6
11.	[Redacted]				1	2	3	4	5	6
12.	[Redacted]				1	2	3	4	5	6
13.	[Redacted]				1	2	3	4	5	6
14.	[Redacted]				1	2	3	4	5	6
15.	[Redacted]				1	2	3	4	5	6

Instruments used under authors' permission

Please respond to each item using the following scale:

	1 Strongly Disagree	2 Moderately Disagree	3 Slightly Disagree	4 Slightly Agree	5 Moderately Agree	6 Strongly Agree
16.	[Redacted]				1	2 3 4 5 6
17.	[Redacted]				1	2 3 4 5 6
18.	[Redacted]				1	2 3 4 5 6
19.	[Redacted]				1	2 3 4 5 6
20.	[Redacted]				1	2 3 4 5 6
21.	[Redacted]				1	2 3 4 5 6
22.	[Redacted]				1	2 3 4 5 6
23.	[Redacted]				1	2 3 4 5 6
24.	[Redacted]				1	2 3 4 5 6
25.	[Redacted]				1	2 3 4 5 6
26.	[Redacted]				1	2 3 4 5 6
27.	[Redacted]				1	2 3 4 5 6
28.	[Redacted]				1	2 3 4 5 6
29.	[Redacted]				1	2 3 4 5 6
30.	[Redacted]				1	2 3 4 5 6
31.	[Redacted]				1	2 3 4 5 6

‡ For a full version of this instrument, contact Dr. Yu-Wei Wang

Marlowe-Crowne Social Desirability Scale

Listed below are a number of statements concerning personal attitudes and traits. Read each item and decide whether the statement is *true* or *false* as it pertains to you personally.

1.	Before voting I thoroughly investigate the qualifications of all the candidates.	T	F
2.	I never hesitate to go out of my way to help some on in trouble.	T	F
3.	It is sometimes hard for me to go on with my work if I am not encouraged.	T	F
4.	I have never intensely disliked anyone.	T	F
5.	On occasion I have had doubts about my ability to succeed in life.	T	F
6.	I sometimes feel resentful when I don't get my way.	T	F
7.	I am always careful about my manner of dress.	T	F
8.	My table manners at home are as good as when I eat out in a restaurant.	T	F
9.	If I could get into a movie without paying and be sure I was not seen I would probably do it.	T	F
10.	On a few occasions, I have given up doing something because I thought too little of my ability.	T	F
11.	I like to gossip at times.	T	F
12.	There have been times when I felt like rebelling against people in authority even though I knew they were right.	T	F
13.	No matter who I'm talking to, I'm always a good listener.	T	F
14.	I can remember "playing sick" to get out of something.	T	F
15.	There have been occasions when I took advantages of someone.	T	F
16.	I'm always willing to admit it when I make a mistake.	T	F

17.	I always try to practice what I preach.	T	F
18.	I don't find it particularly difficult to get along with loud mouthed, obnoxious people.	T	F
19.	I sometimes try to get even rather than forgive and forget.	T	F
20.	When I don't know something I don't at all mind admitting it.	T	F
21.	I am always courteous, even to people who are disagreeable.	T	F
22.	At times I have really insisted on having things my own way.	T	F
23.	There have been occasions when I felt like smashing things.	T	F
24.	I would never think of letting someone else be punished for my wrong-doings.	T	F
25.	I never resent being asked to return a favor.	T	F
26.	I have never been irked when people expressed ideas very different from my own.	T	F
27.	I never make a long trip without checking the safety of my car.	T	F
28.	There have been times when I was quite jealous of the good fortune of others.	T	F
29.	I have almost never felt the urge to tell someone off.	T	F
30.	I am sometimes irritated by people who ask favors of me.	T	F
31.	I have never felt that I was punished without cause.	T	F
32.	I sometimes think when people have a misfortune they only got what they deserved.	T	F
33.	I have never deliberately said something that hurt someone's feelings.	T	F

APPENDIX C

PILOT STUDY

A pilot study was conducted to identify methodology limitations and strategies to remediate these limitations. Besides the central questions to be addressed by the study, additional procedural questions were asked. This Appendix provides a full description of the questions, methods, and results of the pilot study.

Pilot Study Questions

The research questions to be addressed by the main study are included in the pilot study, yet the role of the statistical integrity of outcomes was secondary to process integrity. The pilot study addressed the following questions:

P1. Will survey respondent score patterns differ between groups according to the order in which survey instruments are presented?

PH1: There are no significant between group differences in score pattern based on the order in which survey instruments are presented to participants.

P2. Are there any ambiguous or unclear items in the survey packet?

PH2: There will be no ambiguous or unclear items.

P3. Are there any ambiguous or unclear instructions in the survey packet?

PH3: There will be no ambiguous or unclear instructions.

Additionally, the main study hypotheses were tested. The main study questions and hypotheses were as follows:

1. What is the relationship between cross-cultural Empathy skills and counselors' awareness of their own culture?

H1a: There will be a positive correlation between scores on the Scale of Ethnocultural Empathy (SEE) and the Awareness scale on the Multicultural Counseling Competence and Training Survey-Revised (MCCTS-R).

H1b: There will be a positive correlation between scores on the Scale of Ethnocultural Empathy (SEE) and the Ethnic Identity scale of the Multigroup Ethnic Identity Measure (MEIM-1999).

2. To what extent can multi/cross-cultural competence be accounted for by including both universal (i.e., empathy) and particularist (i.e., Knowledge & Awareness) factors?

H2a: Empathy, as measured by the SEE, will predict a greater amount of variance in multi/cross-cultural counseling competence, as measured by supervisor ratings on the Cross-Cultural Counseling Inventory-Revised (CCCI-R), than Knowledge as measured by the MCCTS-R, and Awareness as measured by the MCCTS-R the MEIM-1999.

3. What demographic and life experience characteristics are associated with level of Empathy?

H3a: There will be a significant difference in empathy scores, as measured by the SEE, between student counselor ethnic groups in accordance with which of the seven client ethnic groups are rated as the one most frequently receiving their services.

H3b: Demographic data including age, ethnicity, rating of childhood school (K-12) diversity, rating of childhood interactions with cultural diversity, completion of a multicultural counseling course during graduate training, completion of an immersion project as part of their multicultural counseling course, rating of diversity in training program, and number of languages spoken, will predict a significant amount of variance on SEE scores.

4. What demographic and life experience characteristics are associated with cross/multicultural counseling competence?

H4a: There will be a significant difference in supervisor ratings of multi/cross-cultural competence, as measured by the CCCI-R, between student counselor ethnic groups in accordance with which of the seven client ethnic groups are rated as the one most frequently receiving their services.

H4b: Demographic data including age, ethnicity, rating of childhood school (K-12) diversity, rating of childhood interactions with cultural diversity, completion of a multi/cross-cultural counseling course during graduate training, completion of an immersion project as part of their multicultural counseling course, rating of diversity in training program, and number of languages spoken, will predict a significant amount of variance on the CCCI-R.

Procedures

Prior to proceeding with participant recruitment and data collection, permission to conduct the study was obtained from the University of North Carolina at Greensboro Institutional Review Board. Subsequently, the internship coordinator at a medium sized southeastern university's counseling program agreed to provide the e-mails of nine university internship supervisors. Once supervisors had expressed an interest in participating, arrangements were made for deliver of study instrumentation. Packets were delivered either in person or by leaving them in the university mailboxes of supervisors. Examples of the student and supervisor instrument packets are available in Appendices I & II. Completed survey packets were coded and analyzed using SPSS 14.0 (SPSS, 2006).

Readers are encouraged to review Chapter 3 for details regarding the data collection for the main study's proposed research questions, questions 1-4. The pilot study, however, addressed an additional set of research questions, questions P1-P3. P1 was addressed by randomizing the order in which the study instruments are presented in student instrument packets. Student instrument packets were printed in four different colors, as per the main study's procedures, to assure accurate rating of students by supervisors. The order in which the instruments were provided was different for each color category of research packets (i.e., all the blue in one particular order, all the pink in a different order). This was done with acknowledgement of the hypothetical, but highly unlikely, possibility that an interaction effect between instrument order and packet color would be introduced. No differences in scores were hypothesized according to the order in which instruments were presented.

Pilot study research questions 2 and 3 (P2 & P3) were addressed qualitatively. A sheet was attached to the end of both supervisor and student instrument packets asking respondents to indicate how long it had taken them to complete the survey packet; which, if any, items were confusing; if the instructions were clear; and an opportunity to provide any comments.

Sample

The supervisors had a range of 1-4 students in their second or greater semester of internship (total possible N of 27 students and 9 supervisors). Eight of these supervisors replied indicating they would invite their supervisees to participate. No data were collected about barriers to participation. The final number of returned surveys was six supervisor and 14 student surveys.

Those students who chose to participate were relatively homogenous with respect to demographic characteristics. All but one selected *European-American* as their ethnicity. Seven students reported having at least some command of a second language when asked to identify the number of languages they speak; only one of these students did not add a qualifier such as “some” when reporting a second language. Most respondents, both students and supervisors, reported having infrequent or rare interactions with members of different cultural groups throughout their childhood. Despite stratification of the sample to students who were in their second or higher semester of internship, some students reported a master’s or specialist’s degree as their highest degree. Respondents also indicated that their exposure to multicultural topics may be relatively recent in their formal education as well. Though 85% reported having three

or fewer multiculturally oriented courses, 30% of all respondents indicated having no multiculturally oriented courses prior to their counselor training.

Not surprisingly, supervisor respondents reported more diversity in their levels of experience in general. Supervisors reported greater frequency in their childhood interactions with members of different cultural groups when compared with students. All supervisors selected *European-American* as their ethnicity, which means that for this study, supervisors and students matched on ethnicity with the exception of one supervisor-student pair.

Results

Inferences drawn from statistical decision making procedures should be considered with caution due to the small sample size. Nonetheless, valuable data about the process for completing survey packets were provided. A presentation of results for the pilot study's research questions is provided.

With respect to the main study's questions, all hypotheses were tested and the preliminary assessments of internal consistency and factor structure were conducted for pilot study data. The Scale of Ethnocultural Empathy (SEE, Wang et al, 2003) yielded a Cronbach's alpha of 0.923. A principal components analysis (PCA) yielded eight components with an eigenvalue greater than 1.0. Approximately 39% of the variance was accounted for by the first component (eigenvalue = 12.1) and 13.7% of the variance explained was accounted for by the second component (eigenvalue = 4.3). Components three, four, and five each accounted for an additional 8.5 to 7.3 % of the variance. Review of the components matrix did not allow for assertions to be made on the factor

structure as the current data suggest some items could be placed in more than one component and that the second, third, and fourth components each had one of two items strongly fitting into that component. Although only two scales of the MCCTS-R are being used in the study, all items were included in the preliminary analysis of reliability and factor structure. Overall, the MCCTS-R yielded a Cronbach's alpha of 0.91 and ten components with eigenvalues greater than 1.0. Though the first component accounts for 29.6% of the variance explained, the nine remaining components with eigenvalues greater than 1.0 account for 14.1-3.4% of the explained variance. A review of the component matrix supports the author's findings of four factors, though item assignment is not as hypothesized. The Multiethnic Identity Measure (MEIM-1999; Roberts, Phinney, Masse, Chen, Roberts, & Romero, 1999) yielded a Cronbach's alpha of 0.82 and four components with eigenvalues greater than 1.0. A review of the component matrix, however, suggests that most items fit into the first component, while only one or two items fit into each of the remaining three components. As noted previously, these findings are of limited utility given the miniscule sample size, and are presented here only to the extent that they inform the larger study.

With respect to Hypothesis H1a, [There will be a positive correlation between scores on the Scale of Ethnocultural Empathy (SEE) and the Awareness scale on the Multicultural Counseling Competence and Training Survey-Revised (MCCTS-R)], a Pearson's r of 0.425 at a significance level of 0.057 (one-tailed) was found. Given the small sample of 15 respondents, the hypothesis for the full study (that a significant positive correlation exists between these variables) appears viable.

With respect to Hypothesis H1b [There will be a positive correlation between scores on the Scale of Ethnocultural Empathy (SEE) and the total score of the Multigroup Ethnic Identity Measure (MEIM-1999)], a Pearson's r of 0.039 at the 0.076 significance level (one-tailed) was obtained. The sample size of 15 limits the ability to determine the relative significance of this statistic, though generally, as sample size increases, increases in correlation statistics can be expected. As a result, this research question and hypothesis will be retained for the larger study.

With respect to Hypothesis H2a [Empathy, as measured by the SEE, will predict a greater amount of variance in cross/multicultural counseling competence as measured by supervisor ratings on the Cross-Cultural Counseling Inventory-Revised (CCCI-R) than Knowledge scale scores as measured by the MCCTS-R, Awareness scale scores as measured by the MCCTS-R, and Ethnic Identity as measured by the MEIM-1999], the data are equivocal. Initially, a stepwise selection method was selected with the expectation that, in line with theory, empathy would account for the greatest amount of variance. With a sample size that violates what Howell (2002) identified as a general rule of measurement of 10 cases per predictor, however, no one predictor was identified as significantly accounting for variance in supervisor competency ratings. As an alternative, the enter selection method was used to specify that all predictors be included in the regression equation. Using the enter selection method, a R-squared of 0.442 was obtained. Of the predictors, only MCCTS-R Knowledge scale scores and MCCTS-R Terminology scale scores yielded positive standardized Beta coefficients at 1.162 and 0.391. This would suggest that Knowledge and Terminology scores accounted for the

greatest amount of variance in supervisor CCCI-R ratings of competence; Hypothesis H2a was not supported. Because of the limited sample size, however, this question and hypothesis will be retained for the full study.

Testing of hypotheses H3a [There will be a significant difference in empathy scores, as measured by the SEE, between student counselor ethnic groups in accordance with which of the seven client ethnic groups are rated as the one most frequently receiving their services]. As detailed in Chapter 3, this analysis first requires that response frequencies be identified for each cell in the counselor ethnicity by frequency of services to client ethnic groups cells (See Table III-1 for a graphic representation). For the present sample, one student counselor was Non-White and 13 student counselors were White. Only the African-American, Hispanic, and European-American groups were identified as the ethnic groups most frequently seen by participants. The only possible comparison of Non-White and White student counselors was for those who reported African-Americans were most frequently their clients. The results suggest there is no significant difference in counselor empathy scores between counselors who mostly provide services to one ethnic group over another. The obtained F statistic was 1.09 with a significance of 0.40.

Table III-1.

Ethnic Groups Student Counselors Reported Most Frequently Receive Counseling Services

	African-American	Hispanic/Latino	European-American
Non-White	1		
White	2	2	5

Hypothesis H3b [Demographic data including age, ethnicity, rating of childhood school (K-12) diversity, rating of childhood interactions with cultural diversity, completion of a multicultural counseling course during graduate training, completion of an immersion project as part of their multicultural counseling course, rating of diversity in training program, and number of languages spoken, will predict a significant amount of variance on SEE scores] was tested with multiple regression analysis. No variance was obtained for the completion of a multi/cross-cultural counseling course, and immersion activity requirement predictors; these were not included in the analysis. Intern ethnicity, rating of childhood school diversity, frequency rating of childhood interactions with cultural diversity, and rating of diversity in the training program were collapsed from four-point ordinals to dichotomous variables. Using the enter method, a R-squared of 0.53 was obtained.

Hypothesis H4a [There will be a significant difference in supervisor ratings of multi/cross-cultural competence, as measured by the CCCI-R, between student counselor ethnic groups according to which of the seven client ethnic groups rated as the one most frequently receiving their services] was tested with an ANOVA. A process similar to the one used in testing hypothesis H3a was used to assign CCCI-R scores to the appropriate ANOVA cell. A total sample of five was obtained as few supervisors chose to rate their interns' multi/cross-cultural competence. The obtained F-statistic was 0.021 with a significance of 0.91.

Hypothesis H4b [Demographic data including age, ethnicity, rating of childhood school (K-12) diversity, rating of childhood interactions with cultural diversity, completion of a multi/cross-cultural counseling course during graduate training, completion of an immersion project as part of their multicultural counseling course, rating of diversity in training program, and number of languages spoken, will predict a significant amount of variance on the CCCI-R] was tested with a multiple regression analysis. No variance was obtained for the completion of a multi/cross-cultural counseling course, and immersion activity requirement predictors; these were not included in the analysis. Furthermore, intern ethnicity, rating of childhood school diversity, frequency rating of childhood interactions with cultural diversity, and rating of diversity in the training program were collapsed from four-point ordinals to dichotomous variables. Using the enter method, a R-squared of 0.26 was obtained. Restricted variance, coupled with the small sample, preclude any conclusion being made on the basis of this data, however.

Pilot Study Limitations

The pilot study presents limitations different than those identified as limitations for the main study Chapter 3. Principally, the convenience sample used for the pilot study poses significant challenges to analysis of the main study's research questions. The sample size was prohibitive with respect to the ability to conduct the regression statistics necessary to test hypotheses H2a, H2b, H3a and H4a. Nonetheless, valuable feedback was provided by student and supervisor respondents. The homogeneous nature of the student sample with respect to demographic characteristics such as ethnicity, number of

languages spoken, and the fact that most had completed a comparable number of multiculturally oriented courses during their counselor training, may have yielded different feedback than a more heterogeneous sample might however. Pairings of supervisors and students of different ethnicities may contribute to variance in student competence ratings as well.

APPENDIX D

MULTICULTURAL COUNSELING COMPETENCIES (TRIPARTITE MODEL)

	Beliefs and Attitudes	Knowledge	Skills
	1. Culturally skilled counselors have moved from being culturally unaware to being culturally sensitive to their	1. Culturally skilled counselors have specific knowledge about their own racial and cultural	1. Culturally skilled counselors seek out educational, consultative, and training experiences to enrich their
Counselor Awareness of Own Assumptions, Values, and Biases	own cultural heritage and to valuing and respecting differences	heritage and how it personally and professionally affects their definitions and	understanding and effectiveness in working with culturally different populations. Being
	2. Culturally skilled counselors are aware of how their own cultural background, experiences, attitudes, and values and biases influence	biases of normality-abnormality and the process of counseling.	able to recognize the limits of their competencies, they (a) seek consultation, (b) seek further training or education, (c) refer
		2. Culturally skilled counselors possess	

psychological	knowledge and	out to more qualified
processes.	understaning about	individuals or
3. Culturally skilled	oppression,	resources, or (d)
counselors are able	racism,	engage in a
to recognize the	discrimination,	combination of
limits of their	and stereotyping	these.
competencies and	affect them	2. Culturally skilled
expertise.	personally and	counselors are
4. Culturally skilled	their work. This	constantly seeking to
counselors are	allows them to	understand
comfortable with	acknowledge their	themselves are racial
differences that exist	own racist	and cultural beings
between themselves	attitudes, beliefs,	and are actively
and clients in terms	and feelings.	seeking a nonracist
of race, ethnicity,	Although this	identity.
culture, and beliefs	standard applies to	
	all groups, for	
	White counselors	
	it may mean that	
	they understand	
	how they may	
	have directly or	

indirectly
benefited from
individual,
institutional and
cultural racism
(White racial
identity
development
models).

3. Culturally skilled
counselors possess
knowledge about
their social impact
upon others. They
are knowledgeable
about
communication
style differences,
how their style
may clash or
facilitate the
counseling

<p>Understanding the Worldview of the Culturally Different Client</p>	<p>1. Culturally skilled counselors are aware of their negative emotional reactions toward other racial and ethnic groups that may prove detrimental to their clients in counseling. They are willing to contrast their own beliefs and attitudes with those of their culturally different clients in a nonjudgmental fashion.</p>	<p>1. Culturally skilled counselors possess specific knowledge and information about the particular group that they are working with. They are aware of the life experiences, cultural heritage, and historical background of their culturally different clients. This particular</p>	<p>1. Culturally skilled counselor should familiarize themselves with relevant research and the latest findings regarding mental health and mental disorders of various ethnic and racial groups. They should actively seek out the educational experiences that enrich their knowledge, understanding, and cross-cultural skills.</p>
	<p>2. Culturally skilled counselors are aware of their stereotypes and preconceived notions that they</p>	<p>competency is strongly linked to the “minority identity development</p>	<p>2. Culturally skilled counselors become actively involved with minority</p>

may hold toward other racial and ethnic minority groups.

models” available in the literature.

2. Culturally skilled counselors understand how race, culture, ethnicity and so forth may affect personality formation, vocational choices, manifestation of psychological disorders, help seeking behaviors, and the appropriateness or inappropriateness of counseling approaches.

3. Culturally skilled counselors

individuals outside their counseling settings (community events, social and political functions, celebrations, friendships, neighborhood groups, and so forth) so that their perspective of minorities is more than an academic or helping exercise.

understand and have knowledge about sociopolitical influences that impinge upon the life of racial and ethnic minorities. Immigration issues, poverty, racism, stereotyping, and powerlessness all leave major scars that may influence the counseling process.

Developing Appropriate Intervention Strategies and Techniques	1. Culturally skilled counselors respect clients' religious and/or spiritual beliefs and values	1. Culturally skilled counselors have a clear and explicit knowledge and understanding of	1. Culturally skilled counselors are able to engage in a variety of verbal and nonverbal helping
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- about physical and mental functioning.
2. Culturally skilled counselors respect indigenous helping practices and respect minority community intrinsic help-giving networks.
3. Culturally skilled counselors value bilingualism and do not view another language as an impediment to counseling (monolingualism may be the culprit).
- the generic characteristics of counseling and therapy (culture bound, class bound, and monolingual) and how they may clash with the cultural values of various minority groups.
2. Culturally skilled counselors are aware of the institutional barriers that prevent minorities from using mental health services.
3. Culturally skilled counselors have responses. They are able to *send* and *receive* both *verbal* and *nonverbal* messages *accurately* and *appropriately*. They are not tied down to only one method or approach to helping but recognize that helping styles and approaches may be culturally bound. When they sense that their helping style is limited and potentially inappropriate, they can anticipate and ameliorate its negative impact.
-

- knowledge of the potential bias in assessment instruments and use procedures and interpret findings keeping in mind the cultural and linguistic characteristics of the client.
2. Culturally skilled counselors are able to exercise institutional intervention skills on behalf of their clients. They can help clients determine whether a “problem” stems from racism or bias in others (the concept of healthy paranoia) so that clients do not inappropriately blame themselves.
4. Culturally skilled counselors have knowledge of minority family structures, hierarchies, values, and beliefs. They are knowledgeable about the community characteristics and
3. Culturally skilled counselor are not averse to seeking consultation with traditional healers or
-

- the resources in the community as well as the family.
5. Culturally skilled counselors should be aware of relevant discriminatory practices at the social and community level that may be affecting the psychological welfare of the population being served.
- religious and spiritual leaders and practitioners in the treatment of culturally different clients when appropriate.
4. Culturally skilled counselors take responsibility for interacting in the language requested by the client; this may mean appropriate referral to outside resources. A serious problem arises when the linguistic skills of the counselor do not match the language of the client. This
-

being the case,
counselors should
(a) seek a translator
with cultural
knowledge and
appropriate
professional
background or (b)
refer to a
knowledgeable and
competent bilingual
counselor.

5. Culturally skilled
counselors have
training and
expertise in the use
of traditional
assessment and
testing instruments.
They not only
understand the
technical aspects of
-

the instruments but are also aware of the cultural limitations. This allows them to use test instruments for the welfare of the diverse clients.

6. Culturally skilled counselors should attend to as well as work to eliminate biases, prejudices, and discriminatory practices. They should be cognizant of sociopolitical contexts in conducting evaluations and providing interventions, and should develop
-

sensitivity to issues
of oppression,
sexism, and racism.

7. Culturally skilled
counselors take
responsibility in
educating their
clients to the
processes of
psychological
intervention, such as
goals, expectations,
legal rights, and the
counselor's
orientation.

Note: Summarized from D.W. Sue, P. Arredondo, & R. McDavis (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Counseling and Development*, 70, 477-485