SELF-PERCEIVED MULTICULTURAL COUNSELING COMPETENCE OF LICENSED PROFESSIONAL COUNSELORS

DISSERTATION

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ABSTRACT

Multicultural counseling competence is a crucial component of the counseling profession. Significant demographic changes have taken place in the United States over the past decade and a half making it imperative for the counseling profession to take a proactive stance on diversity. Thus, research regarding multicultural counseling competence (MCC) is of paramount importance. The following dissertation provides a comprehensive review of the existing literature regarding multicultural counseling competence, as well as describes in detail a research investigation of the multicultural counseling competence of licensed professional counselors. Implications of the study’s findings, as well as its limitations are discussed. Suggestions for future research are explored.

The present study utilized descriptive and correlational quantitative mail survey research to investigate the self-perceived multicultural counseling competence (MCC) of licensed counselors using the Multicultural Counseling Inventory (MCI; Sodowsky et al., 1994), as well as ascertaining race, sex, license(s) held, practice setting, multicultural social desirability, multicultural training activities, years of experience as a counselor, and professional organization membership. Researchers have assessed the self-perceived MCC of school counselors, counseling faculty, and graduate students in a plethora of
training programs. There exists, however, a dearth of literature pertaining to the self-perceived MCC of licensed professional counselors.

This study examined the multicultural counseling competence of practicing counselors in the state of Ohio. This investigation had two main purposes. The first was to examine how a large random sample \( (n = 364) \) of licensed professional counselors perceived their multicultural counseling competence, as measured by the MCI. The second was to explore how selected demographic factors, (race, sex, licensure, practice setting, professional organization membership, years of counseling experience, number of multicultural graduate courses taken, number of multicultural trainings and/or workshops attended) and controlling for multicultural social desirability, may affect these self-perceived competencies.

The investigation discovered that, consistent with prior research (Bruno et al., unpublished manuscript; Constantine, 2001c; Granello & Wheaton, 1998; Pope-Davis et al., 1995; and Pope-Davis & Ottavi, 1994), the respondents viewed themselves as multiculturally competent both in general (MCI Total score, \( M = 3.28, SD = .31 \)) and specifically (the MCI subscale scores). Licensed counselors reported above the scale midpoint (> 2.5) multicultural competence on all five MCI scales. As in prior research investigations, respondents viewed themselves as most competent in the area of multicultural skills (\( M = 3.67, SD = .37 \)) and least competent in the area of multicultural awareness (\( M = 2.88, SD = .55 \)). Multicultural knowledge was the second highest ranked competence score (\( M = 3.29, SD = .43 \)) and multicultural relationship (\( M = 3.20, SD = .44 \)) was the third.
A set of univariate regression analyses were conducted to determine significant independent variables contributing to the variance in multicultural competence scores. With regard to the studied selected demographic factors, (race (collapsed into two categories, White and non-White), sex, licensure, practice setting, professional organization membership, years of counseling experience, number of multicultural graduate courses taken, number of multicultural trainings and/or workshops attended), six of the eight variables contributed significant variance to at least one, if not more, of the MCI scales: experience (MCI Total, Skills), licensure (MCI Knowledge), race/ethnicity (MCI Total, Awareness), number of multicultural graduate courses taken (MCI Total, Awareness, Knowledge), and number of multicultural trainings/workshops attended (MCI Total, Awareness, Knowledge). Social desirability was used as a covariate and significantly contributed to the variance in multicultural competence scores on each of the five MCI scales. Sex, practice setting, and professional organization membership were not found to significantly contribute to self-perceived multicultural counseling competence.

For the MCI Total scale, the regression model accounted for 22% of the total variance in participants’ scores. The regression model accounted for 4% of the total variance in MCI Skills scale, 22% of the total variance in MCI Awareness scale, 6% of the total variance in MCI Relationship scale, 11% of the total variance in MCI Knowledge scale mean scores for all participants.

With regard to social desirability scores, the majority of the sample presented themselves in a relatively neutral fashion when compared to the samples’ mean ($M = $ iv
18.81, \(SD = 3.13\), whereas 5.2% of the subjects presented themselves as either having very high or very low multicultural social desirability. The last research question resulted in identifying that non-White counselors endorsed a slightly higher mean social desirability score (\(M = 20.14, SD = 3.22\)) than counselors who reported their racial identity as White (\(M = 18.69, SD = 3.07\)).

Additional analysis indicated that counselors who identified as non-White had statistically significantly higher MCI Total (non-White, \(M = 3.41, SD = .46\); White, \(M = 3.27, SD = .28\)), Awareness (non-White, \(M = 3.26, SD = .60\); White, \(M = 2.84, SD = .53\)), and Knowledge (non-White, \(M = 3.37, SD = .65\); White, \(M = 3.29, SD = .40\)) scale scores than counselors who racially identified as White. With regard to the importance of attendance at MCC workshops and/or trainings, analysis specified that counselors who had attended any workshops or trainings scored statistically significantly higher on the MCI Total (attendance, \(M = 3.31, SD = .28\); non-attendance, \(M = 3.15, SD = .34\)), Awareness (attendance, \(M = 2.92, SD = .53\); non-attendance, \(M = 2.61, SD = .60\)), and Skills (attendance, \(M = 3.70, SD = .27\); non-attendance, \(M = 3.57, SD = .34\)) scale scores than counselors who had not attended any MCC workshops and/or trainings.

The current investigation is additive to the literature because the knowledge garnered from this research has direct implications for the field of MCC in general, as well as for the training and development of counselors’ and trainees’ MCC in the field of professional counseling. Findings from the present research sustain the continued multicultural counseling debate which struggles to determine if general counseling skills are a similar, if not the same construct as multicultural counseling skills. Allowing for the
argument that they are indeed similar constructs, it is possible to grasp how participants in the present study perceived their competence in multicultural skills to exceed their perceived competence in multicultural awareness. Given that these findings are similar to prior research (Bruno et al., unpublished manuscript; Constantine, 2001c; Granello & Wheaton, 1998; Pope-Davis et al., 1995; and Pope-Davis & Ottavi, 1994), they give rise to questioning the conceptual basis for the multicultural counseling competencies, in particular the dimensions of multicultural skills and awareness. Additionally, the present research found that increased counseling experience positively correlated with self-perceived multicultural skills. Allowing for the argument that there is no difference between general counseling skills and multicultural skills, it is possible to hypothesize that general counseling experience increases general counseling skills, which are in fact the same construct as multicultural skills. Again, as noted above, such an argument allows one to potentially understand how self-perceived competence in skills surpasses self-perceived competence in awareness, when multicultural awareness is conceptualized as a predecessor of the acquisition of multicultural skills. Another perspective of this debate may indicate that if counselors’ do indeed perceive that general counseling skills are all that is necessary to work with diverse clients, they may forego a multicultural approach to counseling.

With regard for the implications for the training and development of counselors’ and trainees’ MCC in the field of professional counseling, the present study supported the positive impact of multicultural training activities on MCC. How counselors perceive their skills and abilities may help educators determine the type of training that counselors
could benefit from the most. However, the study’s findings also questioned the practical significance of training, in particular multicultural workshops/training. Given that multicultural workshops/trainings are an abbreviated form of training, they might not offer sufficient breadth or depth of multicultural issues to be effective in developing multicultural competence. Another limitation in practical significance of multicultural training is that attendance in courses and at workshops does not ensure quality learning or quality training. Attendance at a workshop in particular, without knowledge checks such as exams and grading, does not signify one’s investment in or attention paid to the topic presented or indicate retention of material or translation of material presented into more effective counseling practice.
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CHAPTER 1

INTRODUCTION

Significant demographic changes have taken place in the United States over the past decade and a half and projections have reported that by the year 2010, Whites will account for less than 50% of the U.S. population (Sue, Arredondo, & McDavis, 1992). The diversification of America, as reflected in the recent census and demographic projections, makes it imperative for the counseling profession to take a proactive stance on cultural diversity (U.S. Census Bureau, 2005a, 2005b). As the United States becomes increasingly diverse, in turn increasing the diversity of counseling clientele, the counseling profession is faced with the challenge to competently meet the varied needs of such clients. The multicultural movement of the past two and a half decades has brought issues of competent counseling care for minorities into the professional consciousness of the counseling field. Indeed, the movement has been so powerful that multiculturalism has been coined the profession’s “fourth force” and has become a specialty area in the field of counseling (Pederson, 1988).
1.1 The Development of the Multicultural Counseling Competencies

In 1982, Sue et al. published their seminal position paper on cross-cultural counseling competencies and thus initiated a long line of theoretical and empirical literature published in the psychology and counseling professions regarding multiculturalism. The collective skills and abilities necessary for delivering competent care to a diverse clientele have become known in the profession as multicultural counseling competence (MCC).

With its roots in psychology literature, the multicultural counseling and competency movement took hold in the organizations and publications of professional counseling in the 1990s. On behalf of the Association of Multicultural Counseling and Development (AMCD), a division of the American Counseling Association (ACA), Sue et al. (1992), relying heavily on the decisive Sue et al. (1982) paper, published a call to the counseling profession to recognize the diverse representation and varied needs of counseling clientele and expanded upon the original 1982 competencies.

Like Sue et al. (1982), Sue et al. (1992) argued that the counseling profession was insufficiently meeting the needs of its ethnically and racially diverse clients and asserted what they considered long-overdue standards. Sue et al. (1992) cited the lack of standards or guidelines in the counseling field for training or working with multicultural populations as unethical and necessitating the development of multicultural counseling competencies.

Sue et al. (1992), as did Sue et al. (1982) before them, stressed multicultural counseling, and thus the multicultural counseling standards, as applying to racial and
ethnic minority clients, specifically, the four main minority racial/ethnic groups in the United States: African/Black Americans, Native Americans, Asian Americans, and Hispanic/Latinos. While the authors acknowledged that to some extent all counseling is cross-cultural, they argued that if multicultural counseling included all clients it would dilute the focus on racial and ethnic concerns, which historically, they argued, the profession had neglected. Thus, while multicultural counseling as proposed by Sue et al. (1992) does not negate a universal approach to defining multiculturalism, the profession has traditionally focused on issues pertaining to these four main minority groups.

1.2 The Multicultural Counseling Competency Conceptual Model

Sue et al. (1992) reported that, beginning with Sue et al. (1982), most attempts to identify cross-cultural counseling competencies divided such competencies into three dimensions: (a) beliefs and attitudes, (b) knowledge, and (c) skills. These dimensions have become the foundation of multicultural competence and the basis of training, assessing, and identifying culturally competent counselors.

1.2.1 Multicultural Beliefs and Attitudes

The first dimension refers to a counselor’s beliefs and attitudes regarding racial and ethnic minorities, the need to check biases and stereotypes, and the development of a positive orientation toward multiculturalism. Furthermore, it refers to the counselor’s sensitivity to her/his personal values and biases and how these may influence perceptions of the client, the client’s problem, and the counseling relationship (Sue et al., 1992). A culturally aware counselor understands that there are different worldviews and that these worldviews may have an impact in the counseling setting (Ponterotto, Rieger, Barrett, &
Sparks, 1994). Sue and Sue (1990) characterized a counselor who is culturally competent in the beliefs/attitudes dimension, as one who is actively in the process of becoming aware of his/her own assumptions about human behavior, values, biases, and preconceived notions.

1.2.2 Multicultural Knowledge

Multicultural knowledge refers to understanding one’s own worldview, as well as having specific knowledge of cultural groups with whom one works, and knowledge of sociopolitical influences on members of these groups (Sue et al., 1992). This dimension entails the counselor’s knowledge of the client’s worldview and expectations for the counseling relationship (Ponterotto et al., 1994). A counselor who is competent in the dimension of multicultural knowledge is one who actively attempts to understand the worldview of his or her culturally different clients without negative judgments (Sue & Sue, 1990).

1.2.3 Multicultural Skills

The third dimension refers to specific skills, strategies, and interventions needed to work with minority groups (Sue et al., 1992). Possessing multicultural skills implies that a counselor is able to intervene in a manner that is culturally sensitive and relevant (Ponterotto et al., 1994). Sue and Sue (1990) characterized a culturally skilled counselor as one who is in the process of actively developing and practicing appropriate, relevant, and sensitive interventions and skills in working with his or her culturally different clients.
In the 2005 ACA ethical guidelines, the need for mental health professionals to understand the diverse backgrounds and cultures of the clients with whom they work is emphasized. The Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2001) requires all CACREP accredited counselor education programs to provide students with training and knowledge in working with culturally diverse populations. In March 2003, ACA endorsed the multicultural competencies (Weinrach & Thomas, 2004) as set forth by Sue et al. (1992); although, they have not yet been adopted by the profession as multicultural standards.

1.3 Assessment of Multicultural Counseling Competence

Several studies have explored MCC, as well as examined the relationship of training, experience, and demographic variables, particularly race, with the self-perceived MCC of various professionals and trainees, including school counselors (Holcomb-McCoy, 2001, 2005; Constantine, 2001a), American Counseling Association members (Constantine, 2001b; Constantine & Ladany, 2000; Holcomb-McCoy & Myers, 1999), faculty in Counselor Education and psychology programs (Constantine & Ladany, 2000), university counseling center counselors (Pope-Davis & Ottavi, 1994; Sodowsky, Kuo-Jackson, Richardson, & Corey, 1998), rehabilitation counselors (Cummings-McCann & Accordino, 2005; Granello & Wheaton, 1998; Wheaton & Granello, 1998), and graduate student trainees in a plethora of mental health training programs (Constantine, 2001c; Ladany, Inman, Constantine, & Hofheinz, 1997; Pope-Davis, Reynolds, Dings, & Nielson, 1995).
While being mindful of variations in instrumentation and procedural and methodological differences in the above noted studies, when considered together, it seems that counselors in diverse tracks (i.e. rehabilitation, school, and mental health), as well as those still in training, consider themselves multiculturally competent. Furthermore, in aggregate, researchers have found that counselors and trainees of color generally report higher MCC than their White peers report, although this is not universally true, and not true for all components of the MCCs (Granello & Wheaton, 1998; Holcomb-McCoy & Myers, 1999; Pope-Davis et al., 1995; Pope-Davis & Ottavi, 1994; Sodowsky et al., 1998).

Research investigating the relationships between multicultural training activities and self-reported MCC, as well as between experience and MCC, have not been as definitive as findings regarding perceived MCC or the relationship between race and MCC. Constantine (2001a), Constantine (2001b), Constantine (2001c), Holcomb-McCoy (2005), Holcomb-McCoy and Myers (1999), Pope-Davis et al. (1995), and Sodowsky et al. (1998) found multicultural training activities, such as multicultural courses and workshops, to significantly increase self-reported MCC. Additionally, Sodowsky et al. (1998) and Pope-Davis et al. (1995) found support for the significant contribution of experience to higher self-reported MCC. Wheaton and Granello (1998) found partial support for the significant relationship between perceived MCC and the factors of training and experience. Contradicting the findings of these studies, Holcomb-McCoy (2001), in her study of elementary school counselors, did not find training or experience to relate to perceived MCC in a statistically significant manner. Holcomb-McCoy’s
(2001) findings appear counterintuitive and contradictory to a plethora of research; however, it should be noted that she employed a small convenience sample and used the Multicultural Counseling Competence and Training Survey (MCCTS), a different assessment than the majority of previously mentioned studies, which has questionable psychometric properties. Nonetheless, the contributions of training and experience to MCC are less clear and in need of further research.

1.4 Statement of the Problem

Despite the numerous articles published on MCC, several of the existing studies have notable limitations as a result of using convenience samples (Constantine, 2001a; Constantine, 2001c; Constantine & Ladany, 2000; Holcomb-McCoy, 2001; Sodowsky et al., 1998), small sample sizes (Constantine, 2001c; Holcomb-McCoy, 2001, 2005), graduate student populations (Constantine, 2001c; Ladany et al., 1997; Pope-Davis et al., 1995; Sodowsky et al., 1998), and the use of assessments with weak psychometric properties (Holcomb-McCoy & Myers, 1999; Holcomb-McCoy, 2001, 2005). Furthermore, only four of the aforementioned studies measured social desirability (i.e. Constantine & Ladany, 2000; Granello & Wheaton, 1998; Sodowsky et al., 1998; Wheaton & Granello, 1998). Further research is called for to remedy these limitations on the profession’s knowledge of MCC. The lack of conclusive research findings regarding the effects of training and experience on MCC also warrants further research. In addition, while there has been a proliferation of articles in the counseling literature about the MCC of various mental health professionals, there remains a paucity of research evaluating how the specific population of licensed professional counselors perceives their MCC.
This study asserts to explore the self-perceived multicultural counseling competence of licensed counselors. The researcher will use a descriptive and correlational quantitative cross-sectional mail survey design to investigate this stated research problem (Fink & Kosecoff, 1998).

1.5 Purpose of the Study

The purpose of the present research study is to address previous limitations in MCC research using a random and sufficient sample size, as well as a multicultural social desirability measure, and to specifically study the MCC of licensed counselors. Additionally, this research aims to more extensively than thus far accomplished (a) describe selected personal and professional demographic characteristics of licensed counselors, including, but not limited to race, counseling experience, multicultural training activities, and professional organization membership; (b) describe licensed counselors’ perceived MCC; (c) determine the relationship between licensed counselors’ demographic characteristics and their perceived MCC; and (d) explore the role of multicultural social desirability in relation to the perceived MCC of licensed counselors.

The knowledge garnered from this research will have direct implications for training and development of counselors’ and trainees’ MCC in the field of professional counseling. The present study is expected to support the importance and impact of multicultural training activities on competence and potentially encourage training programs and continuing education programs to increase the quantity, and perhaps the quality, of multicultural training.
1.6 Research Questions

This study is designed to answer the following research questions:

1. To what extent do licensed counselors perceive themselves to be multiculturally competent as measured by the Multicultural Counseling Inventory (MCI; Sodowsky, Taffé, Gutkin, & Wise, 1994)?

2. To what extent do specific demographic variables of licensed counselors (race, sex, licensure, professional organization membership, years of counseling experience, amount of multicultural training, practice setting), and controlling for multicultural social desirability, predict perceived multicultural competence of licensed counselors?

3. To what extent do licensed counselors present themselves in a multiculturally socially desirable manner with regard to multicultural competence?

4. Are there differences in scores on a measure of multicultural social desirability, based on race of counselor?

1.7 Definition of Terms

The following terms are offered for clarification and the reader’s comprehension of this document.

1.7.1 Licensed Professional Counselors

Given that this study garners its population and sample from the state of Ohio, the definition herein provided is specific to the laws of the state of Ohio according to the Ohio Counselor, Social Worker, and Marriage and Family Therapist (CSWMFT) Board. Throughout the document, this term will be shortened to licensed counselors. In the state
of Ohio, this group is comprised of both Licensed Professional Counselors and Licensed Professional Clinical Counselors (CSWMFT, 2001).

1.7.2 Professional Counselor License

   An individual in the state of Ohio who holds a Professional Counselor license is termed a Professional Counselor (PC). A PC must hold a graduate degree in counseling from an accredited educational institution in which he or she completed at least ninety quarter hours of graduate credit in counselor training. Counselor training instruction must have occurred in the following areas: human growth and development; counseling theory; counseling techniques; group dynamics, processing, and counseling; appraisal of individuals; research and evaluation; professional, legal, and ethical responsibilities; social and cultural foundations; and lifestyle and career development. A PC license additionally indicates that one has participated in a supervised 100 hour practicum with 40 hours direct service and a 600 hour internship with 240 hours of direct service during counseling instruction. Finally, in order to hold PC status, an individual must have passed an examination administered by the board (CSWMFT, 2001).

1.7.3 Professional Clinical Counselor License

   A licensed Professional Clinical Counselor (PCC) in the state of Ohio has met the aforementioned criteria for PC licensure and additionally, has completed 3000 hours of post-PC experience, occurring over at least a two year period. An additional exam must be successfully completed. This experience must have occurred under the supervision of a PCC who holds a Supervising Counselor Designation with the Counselor, Social
Worker, and Marriage and Family Therapist Board in the state of Ohio (CSWMFT, 2001).

1.7.4 Multicultural Counseling

Multicultural counseling, synonymous throughout this document with cross-cultural counseling, applies to counseling racial and ethnic minority clients, specifically, the four main minority racial and ethnic groups in the United States: African Americans, Native Americans, Asian Americans, and Hispanics or Latinos (Sue et al., 1982; Sue et al., 1992). This is a controversial definition. Some researchers and practitioners have argued that such a definition is limited and exclusive and have contended that multiculturalism should be defined broadly, thus including not only ethnicity and race, but also disabilities, socioeconomic status, and lifestyle factors such as sexual orientation (Weinrach & Thomas, 2004; Vontress & Jackson, 2004). While acknowledging the controversy, this researcher has chosen to follow the Sue et al. (1992) definition for the following two reasons. First, previous research regarding MCC referenced to guide this current proposal has used the Sue et al. (1992) definition. Secondly, the multicultural counseling competencies endorsed by ACA are based on the Sue et al. (1992) definition.

1.7.5 Multicultural Counseling Competence (MCC)

Multicultural Counseling Competence is defined as a counselor’s (a) beliefs and attitudes regarding racial and ethnic minorities, the need to check biases and stereotypes, and the development of a positive orientation toward multiculturalism, (b) knowledge of one’s own worldview, knowledge of cultural groups with whom one works, and knowledge of sociopolitical influences on members of these groups, and (c) skills,
strategies and interventions needed to work with minority groups within a cross-cultural counseling context (Sue et al., 1982).

Sue et al. (1992) expanded upon this three-pronged conceptualization of multicultural competence by positing a 3 (Characteristics) x 3 (Dimensions) matrix to further organize the multicultural competencies. Sue et al. (1992) asserted that there are three characteristics of a multiculturally competent counselor: (a) awareness of own assumptions, values, and biases; (b) understanding the worldview of the culturally different client; and (c) developing appropriate intervention strategies and techniques. Within each of the three characteristics, the authors posited the existence of the three previously identified dimensions: (a) beliefs and attitudes, (b) knowledge, and (c) skills.

1.7.6 Self-Perceived Multicultural Counseling Competence

A counselor’s own perception of his or her competence in the aforementioned dimensions of (a) beliefs and attitudes, (b) knowledge, and (c) skills. Typically, self-perception of one’s MCC is measured through a self-report likert-scale scored instrument. In this study, it will be measured by the Multicultural Counseling Inventory (MCI; Sodowsky et al., 1994). The MCI was developed by Sodowsky et al. (1994) and is based on the three multicultural competency domains of attitudes/beliefs, knowledge, and skills as posited by Sue et al. (1982). The MCI also includes a fourth domain assessing the construct of Multicultural Relationship.

1.7.7 Multicultural Social Desirability

Sodowsky et al., (1998) found multicultural social desirability to be a distinct construct from general social desirability. Multicultural social desirability is defined as
“one professing that one personally and socially always interacts positively with minorities and that at the institutional level, one always favors government and educational policies that institute expanded multicultural diversity” (Sodowsky et al., 1998, p. 256). In this study, it will be measured by the Multicultural Social Desirability Scale (MCSDS; Sodowsky, O’Dell, Hagemoser, Kwan, & Tonemah, 1993, as cited in Sodowsky et al., 1998). This scale is similar to the Marlowe-Crowne (Crowne & Marlowe, 1964), which measures general social desirability. The main distinction between the two instruments is that the MCSDS is specific to race, and the Marlowe-Crowne is a general measure of socially desirable beliefs, attitudes, and behaviors.

Researchers have indicated (Constantine & Ladany, 2000; Granello & Wheaton, 1998; Sodowsky et al., 1998; Wheaton & Granello, 1998) inclusion of a measure of social desirability when measuring MCC is advantageous and perhaps essential. Because of the pressure for licensed counselors to be multiculturally competent, there may be a tendency to inflate one’s multicultural competence.

1.8 Limitations of the Study

There are notable limitations to this study. To begin, multicultural competence will be measured in this present investigation through a self-report measure. Self-report, and thus self-perception, is not necessarily the most accurate measure of a given construct, nor is it objective. Participants may have responded to the survey in a manner that inflated their competencies in an attempt to be seen as culturally competent. Thus, a measure of multicultural social desirability was included in the study. However, future
research efforts should include third-party ratings of competence, such as that of supervisors or clients, or other more objective manners of rating MCC.

Another potential limitation of the present study is sub-sample numbers of persons of color. If race sub-sample sizes are insufficient, conclusions drawn will be tentative and results may not be generalizable. Additionally, although this study aims to measure the influence of quantity of multicultural counseling training, it does not assess the quality of such activities. Finally, the population utilized in this study is licensed counselors in the state of Ohio; thus, the ability to generalize the results will be limited to licensed counselors in the state of Ohio. Further generalization to licensed counselors on a national level may occur insofar as Ohio licensed counselors are representative sample of licensed counselors nationally.

1.9 Summary

Multicultural Counseling Competence is a crucial component of the counseling profession. Significant demographic changes have taken place in the United States over the past decade and a half making it imperative for the counseling profession to take a proactive stance on diversity. Thus, research regarding MCC is of paramount importance. However, existing research consists of gaps and limitations. The present study aims to close these gaps and account for aforementioned limitations through the use of random and sufficient sampling, a multicultural social desirability measure, and utilizing the population of licensed professional counselors. This study describes licensed counselors’ perceived MCC and determines the correlations between licensed counselors’
demographic characteristics and their perceived MCC while also measuring and controlling for multicultural social desirability.
CHAPTER 2

REVIEW OF THE LITERATURE

2.1 Introduction

The demographics of the United States are rapidly changing. The country is becoming increasingly racially, ethnically, and culturally diverse. In the not too distant future, White Americans are projected to become the nation’s numerical minority. Today’s society is more multilingual, multiethnic, and multicultural than ever before and will continue to diversify in these respects (Holcomb-McCoy & Myers, 1999; Sue, 1991; Sue et al., 1992).

With the diversification of the United States has come a broad recognition in numerous segments of American society, such as in the mental health system, of the need to ensure cross-cultural competency of practicing counselors: to increase the cultural sensitivity of counselors; to ensure that counselors obtain the necessary knowledge and understanding of various racial and ethnic groups; and to make certain that counselors develop culturally relevant practices. In the field of mental health counseling, the collective skills necessary for delivering culturally competent care to an increasingly
diverse clientele have become known as multicultural counseling competence (MCC; Sue et al., 1992).

2.2 The Development of the Multicultural Counseling Competencies

In 1982, Sue et al. published their seminal position paper on cross-cultural counseling competencies and thus initiated a long line of theoretical and empirical literature published in the psychology and counseling professions regarding multiculturalism. The collective skills and abilities necessary for delivering competent care to a diverse clientele have become known in the profession as multicultural counseling competence. As originally theorized, Sue et al. (1982) posited multicultural counseling competence (MCC) as comprising three components, (a) beliefs/attitudes, (b) knowledge, and (c) skills, and established 11 competencies elaborating these components.

With its roots in psychology literature, the multicultural counseling and competency movement took hold in the organizations and publications of professional counseling in the 1990s. On behalf of the Association of Multicultural Counseling and Development (AMCD), a division of the American Counseling Association (ACA), Sue et al. (1992), relying heavily on the decisive Sue et al. (1982) paper, published a call to the counseling profession to recognize the diverse representation and varied needs of counseling clientele and expanded upon the original 1982 competencies.

Like Sue et al. (1982), Sue et al. (1992) argued that the counseling profession was insufficiently meeting the needs of its ethnically and racially diverse clients and asserted what they considered long-overdue standards. The authors stated that historically, psychology and counseling theoretical models guiding research and conceptualizations of
racial and linguistic minorities were deficit-oriented and thus perpetuated racist views of minorities. Furthermore, the authors argued that the mental health profession reflected the status quo and transmitted societal values, and as such needed to recognize the historical and current implications of racism and oppression for both Whites and minorities. Sue et al. (1992) also stated that while training in multiculturalism had increased in graduate counseling preparation programs, the presence of courses failed to indicate the integration of multicultural perspectives in an overall curriculum, or a program’s degree of commitment to multiculturalism. In short, Sue et al. (1992) cited the lack of standards or guidelines in the counseling field for training or working with multicultural populations as unethical and necessitating the development of multicultural counseling competencies.

In line with the previous arguments regarding the necessity of multicultural competence, Sue et al. (1992), as did Sue et al. (1982) before them, stressed multicultural counseling, and thus the multicultural counseling standards, as applying to racial and ethnic minority clients, specifically, the four main minority racial ethnic groups in the United States: African/Black Americans, Native Americans, Asian Americans, and Hispanics/Latinos. While the authors acknowledged that to some extent all counseling is cross-cultural, they argued that if multicultural counseling included all clients it would dilute the focus on racial and ethnic concerns, which historically, they argued, the profession had neglected. Thus, while multicultural counseling as proposed by Sue et al. (1992) does not negate a universal approach to defining multiculturalism, the profession has traditionally focused on issues pertaining to these four main minority groups.
2.3 The Multicultural Counseling Competency Conceptual Model

Sue et al. (1992) reported that, beginning with Sue et al. (1982), most attempts to identify cross-cultural counseling competencies divided such competencies into three dimensions: (a) beliefs and attitudes, (b) knowledge, and (c) skills. These dimensions have become the foundation of multicultural competence and the basis of training, assessing, and identifying culturally competent counselors.

2.3.1 Multicultural Beliefs and Attitudes

The first dimension refers to a counselor’s beliefs and attitudes regarding racial and ethnic minorities, the need to check biases and stereotypes, and the development of a positive orientation toward multiculturalism. Furthermore, it refers to the counselor’s sensitivity to her or his personal values and biases and how these may influence perceptions of the client, the client’s problem(s), and the counseling relationship (Sue et al., 1992). A culturally aware counselor understands that there are different worldviews and that these worldviews may have an impact in the counseling setting (Ponterotto et al., 1994). Sue and Sue (1990) characterized a counselor who is culturally competent in the beliefs/attitudes dimension, as one who is actively in the process of becoming aware of his or her own assumptions about human behavior, values, biases, and preconceived notions.

2.3.2 Multicultural Knowledge

Multicultural knowledge refers to understanding one’s own worldview, as well as having specific knowledge of cultural groups with whom one works, and knowledge of sociopolitical influences on members of these groups (Sue et al., 1992). This dimension
entails the counselor’s knowledge of the client’s worldview and expectations for the counseling relationship (Ponterotto et al., 1994). A counselor who is competent in the dimension of multicultural knowledge is one who actively attempts to understand the worldview of his or her culturally different clients without negative judgments (Sue & Sue, 1990).

2.3.3 Multicultural Skills

The third dimension refers to specific skills, strategies, and interventions needed to work with minority groups (Sue et al., 1992). Possessing multicultural skills implies that a counselor is able to intervene in a manner that is culturally sensitive and relevant (Ponterotto et al., 1994). Sue and Sue (1990) characterized a culturally skilled counselor as one who is in the process of actively developing and practicing appropriate, relevant, and sensitive interventions and skills in working with his or her culturally different clients.

2.3.4 Multicultural Counseling Competency Matrix

Sue et al. (1992) expanded upon this three-pronged conceptualization of multicultural competence by positing a 3 (Characteristics) x 3 (Dimensions) matrix to further organize the multicultural competencies. The authors asserted that there are three characteristics of a multiculturally competent counselor: (a) awareness of own assumptions, values, and biases; (b) understanding the worldview of the culturally different client; and (c) developing appropriate intervention strategies and techniques. Within each of the three characteristics, the authors posited the existence of the three dimensions: (a) beliefs and attitudes, (b) knowledge, and (c) skills. Thus, the authors
developed nine competency areas and offered 31 competencies within these areas that they deemed important, although acknowledged were not exhaustive.

2.4 Operationalization of the Multicultural Counseling Competencies

In 1996, Arredondo et al., again on behalf of AMCD, helped clarify and operationalize the multicultural competencies as conceptualized in the Sue et al. (1992) article, thus making them more amenable to implementation in both training settings and in the field. The article conceptualized multicultural competencies in the same aforementioned 3 x 3 matrix model; however, it included (a) clarification with regard to key terms in the multicultural movement, (b) the Personal Dimensions of Identity (PDI; Arredondo & Glauner, 1992, as cited in Arredondo et al., 1996) model to address universal diversity, (c) explanatory statements regarding the multicultural competencies, and (d) strategies and activities for achieving the competencies established by Sue et al. (1992).

First, Arredondo et al. (1996) provided clarification for definitions used concerning the multicultural movement, specifically the terms diversity and multiculturalism. Arguing that the words diversity and multiculturalism were overused and thus often confusing in their meaning, Arredondo et al. defined the terms in reference to the Sue et al. (1992) article to provide clarification. Multiculturalism was defined as referring to ethnicity, race, and culture; whereas, diversity was defined as referring to other individual differences including age, gender, sexual orientation, religion, physical ability or disability, and other characteristics by which someone may self-identify. Again,
multicultural was stated as referring primarily to the four main minority ethnic/racial
groups: African/Black, Asian, Latino/Hispanic, and Native American.

Another addition made by Arredondo et al. (1996) was the inclusion of the
Personal Dimensions of Identity model (PDI; Arredondo & Glauner, 1992, as cited in
Arredondo et al., 1996), which addresses diversity in the broad universal sense. The PDI
model was included to display the complexity of all individuals and the universal
definition of diversity, which includes all persons. The model consists of three
dimensions labeled A, B, and C. The A Dimension is a listing of characteristics of all
people into which they are born and thus, in some respect fixed (e.g. age, gender, culture,
etnicity, race, language). The C Dimension refers to the historical, political, socio-
cultural and economic contexts of persons (e.g. historical period into which someone is
born). These contextual factors affect the way people are perceived and treated. Finally,
the B Dimension is defined as the intersection of the A and C dimensions, such as issues
of access. For example, if a woman were born before or after the women’s liberation
movement, the historical period would most likely affect her access to higher education
and her status in the workforce.

Finally, Arredondo et al. (1996) provided explanatory statements for the 31
competencies set forth by Sue et al. (1992). The explanatory statements included
examples and anecdotes to operationalize the competencies and describe how one might
achieve or demonstrate a particular competency. One-hundred-nineteen explanatory
statements were added to the original 31 competencies for clarification.
2.5 The Multicultural Counseling Debate

To conclude their 1992 article, Sue et al. called for the profession, specifically ACA, to endorse the multicultural competencies and adopt the competencies as mandatory standards for accreditation and curriculum development. However, despite the authors’ assertions, the competencies were first met with some resistance and continue to be debated in the literature. The profession’s endorsement, which came in March of 2003, did not immediately follow the 1992 call for action, and the counseling profession has yet to adopt the competencies as enforced professional standards (Weinrach & Thomas, 2004).

Despite broad-based support for the multicultural competencies among counseling professionals, they have not gone uncontested. The literature contains numerous articles debating the merits and questioning several aspects of the multicultural competencies. Arguments challenging the conceptualization of the competencies, as well as warning against the adoption of the multicultural competencies as enforced standards have been made. For example, critics have questioned the value of competency-based education, given that it has not unequivocally been validated by research (Thomas & Weinrach, 2002). Furthermore, detractors have asserted that the competencies do not sufficiently address within-group differences, giving the impression that all persons of a particular group are the same (Vontress & Jackson, 2004).

Some have also argued that general counseling skills are a similar, if not the same construct as multicultural counseling skills. Coleman (1998), investigating the underlying constructs of general versus multicultural counseling competence, employed a
convenience sample of 189 participants, both undergraduates in social psychology and graduate students in counseling. Of the 142 graduate students in counseling, all had already taken or were enrolled at the time of the study in initial courses regarding general counseling skills and multicultural counseling. The graduate student portion of the sample consisted of 44 men and 98 women. Ninety-eight of the graduate participants were European American, 20 were African American, 6 were Hispanic American, 6 were Asian American, 3 were Native American, 5 identified as biracial, and 4 did not identify their ethnicity. The remaining 47 participants (18 men, 28 women) were undergraduate students in social psychology. All of the undergraduates were ethnic minorities (7 African-Americans, 39 Hispanic Americans, 1 Asian American).

All subjects watched two counseling videotapes, both of which demonstrated general counseling competence in a cross-cultural relationship. In addition, one of the tapes was designed to have the counselor show cultural sensitivity and the other taped demonstrated a “culturally neutral” counselor. Cultural sensitivity was used as the key factor to represent multicultural competence, which was operationalized as employing “microskills to explore contextual as well as intrapsychic variables while addressing the client’s presenting problem” (Coleman, 1998, p. 149). The same White male counselor was used in both videotapes.

Participants first watched the videotape designed to show general competency as well as cultural sensitivity and then completed the Cross-Cultural Counseling Inventory-Revised (CCCI-R; LaFromboise, Coleman, & Hernandez, 1991) and the Counselor
Effectiveness Scale (CERS; Atkinson & Wampold, 1982). This procedure was repeated with the video demonstrating general competency and culturally neutrality.

While considering limitations, such as the client was of a different sex and ethnicity in each tape, and the ordering of the tapes, which was not controlled, Coleman (1998) concluded that his findings did not support two separate constructs for multicultural and general counseling competence. Coleman (1998) stated that both groups appeared to perceive the counselor in the culturally neutral tape as having less multicultural and general counseling competence. Thus, to examine the relationship between multicultural and general counseling competence, Coleman (1998) examined the correlations between the two assessments for each of the videotapes. When accounting for level of training, there were significant correlations between the scores on the CCCI-R and the CERS for both videotapes (Tape 1: $r = .74, p < .001$; Tape 2: $r = .72, p < .001$).

Coleman (1998) argued that his results supported the assertion that culturally neutral counseling does not exist; therefore, all effective general counseling incorporates multicultural counseling.

The two largest debates regarding multicultural competence however, have involved the research basis for the competencies and the competencies’ specific focus on race, ethnicity and culture. First, it has been noted that the competencies are conceptually driven and were developed by those in academia, not practitioners. The research basis for the competencies has also been described as weak and not clearly relating to counseling effectiveness (Arredondo & Toporek, 2004; Weinrach & Thomas, 2002). Coleman (2004) asserted that there is a lack of controlled research on the degree to which mental
health professionals who possess multicultural competence are more effective than those who do not. Furthermore, Weinrach and Thomas (2004) point to qualitative research conducted by Granello, Wheaton, and Miranda (1998) as demonstrating that very little evidence exists to show that practitioners even find the competencies useful at an applied level. Finally, Patterson (2004) argued that there is insufficient evidence that cultural differences account for significant variance in the mental health of clients to justify differential treatment based on race, ethnicity, or culture.

In response to these assertions, it has been acknowledged that the competencies are not based on research but rather were written from a contextual and lived-experiences approach (Arredondo & Toporek, 2004). Furthermore, Arredondo and Toporek (2004) stated that guidelines and standards are typically not empirical models and traditionally are based on expertise. Moreover, while Arredondo and Toporek acknowledge that there are other ways to develop competencies, they stated that the lack of standards at the time of development called for action, thus action was taken. Finally, Arredondo and Toporek referenced several studies (e.g. Gim, Atkinson, & Kim, 1991; Pomales, Claiborn, & LaFromboise, 1986; Sodowsky, 1991) supporting the belief that professionals who demonstrate an interest in clients’ cultures or who behave in culturally relevant ways are perceived as more trustworthy, credible, and competent by clients or research participants of color.

The strongest argument made in addition to those pertaining to the weak research-base of the competencies, regards the limited and exclusive nature of the multicultural competencies’ specific focus on race, ethnicity and culture (Weinrach & Thomas, 2004;
Again referencing the qualitative research conducted by Granello et al. (1998), one can find evidence that practitioners concur with this argument. Using a sample of European American, African American, and Hispanic American counselors in a state vocational rehabilitation agency, Granello et al. created three focus groups: one of all African American counselors ($n = 5$; 4 females, 1 male), a second of only European Counselors ($n = 6$; 5 females, 1 male), and the third of counselors representing all three ethnicities ($n = 7$; 3 African American males, 2 Hispanics [1 male, 1 female], and 2 European Americans [1 female, 1 male]). When asked how they defined multiculturalism, all participants described multiculturalism in a broad, universal sense, including culture, race, disabilities, socioeconomic status, and lifestyle factors. They also supported the belief that all counseling is cross-cultural. The researchers concluded that such findings “raised the question of congruence between the perceptions of the professional counseling leadership and educators with those of practicing rehabilitation counselors” (Granello et al., 1998, p. 248).

Additionally, Vontress and Jackson (2004) argued that the climate of the United States has changed considerably since the 1960s and posited that the competencies may be outdated given that race is not as central as it once was. Vontress and Jackson asserted that race is not “the real problem in the United States today. The significance clients attach to it is the most important consideration” (p. 76).

Furthermore, some writers contend that the racial component of the multicultural competencies has made debate especially difficult. Weinrach and Thomas (2004) asserted that the competencies are heavily loaded regarding issues of race and have thus become
political and revolutionary symbol above reproach. They stated that the competencies create false dichotomies: (a) those advocating for the competencies are fighting racism, and (b) those debating against the competencies are racists. Weinrach and Thomas noted that such dichotomies inhibit scientific inquiry and debate. However, Arredondo and Toporek (2004) responded to this argument stating that the first competency (awareness of own assumptions, values, and biases) is inclusive because counselors are called to be aware of their own cultural values and biases, not just race and ethnicity.

Despite the controversy, many have asserted that the multicultural competencies are a way to address oppression and racism in the counseling profession (Arredondo, 1999) and that they represent ethical practice (Arredondo & Toporek, 2004). ACA (2005), in its ethical guidelines, emphasized the need for mental health professionals to understand the diverse backgrounds and cultures of the clients with whom they work and the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2001), requires all CACREP accredited counselor education programs to provide students with training and knowledge in working with culturally diverse populations. Despite this stance in the profession and the urging of many, it was not until March 2003 that ACA endorsed the multicultural competencies (Weinrach & Thomas, 2004) as set forth by Sue et al. (1992). Moreover, the counseling profession has not adopted the competencies as mandatory professional standards.

2.6 Multicultural Counseling Competency Assessment Instruments

Regardless of the debate, or perhaps partially because of it, it is clear that multiculturalism, issues of diversity, and the multicultural counseling competencies are
paramount to the profession. Embracing the importance of these competencies and
acknowledging the need to empirically assess the competence of counselors’ and trainees’,
several self-report assessment measures, based to varying degrees on the domains
identified by Sue et al. (1982) have been developed. These instruments include the
following: the Multicultural Counseling Inventory (MCI, Sodowsky et al., 1994), the
Multicultural Counseling Competence and Training Survey (MCCTS; Holcomb-McCoy
& Myers, 1999), the Multicultural Awareness-Knowledge-Skills Survey (MAKSS;
D’Andrea, Daniels, & Heck, 1991), the Multicultural Counseling Awareness Scale-Form
B (MCAS:B; Ponterotto et al., 1996), and one third-party rater form, the Cross-Cultural
Counseling Inventory-Revised (CCCI-R; LaFromboise et al. 1991). Additionally, the
MCAS:B was recently revised and titled the Multicultural Counseling Knowledge and
Awareness Scale (MCKAS; Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002).

2.6.1 Underlying Factor Structure of Multicultural Competence Assessment Scales

While each of these assessments are conceptually rooted in the tripartite model
first proposed by Sue et al. (1982), there remains much debate about the underlying factor
structure of multicultural counseling competence and the aforementioned assessment
tools. As further discussed below, factor analytic studies of the aforementioned
assessments do not support the traditional three-factor structure. For example, the
MCAS:B (Ponterotto et al., 1996) reveals a bi-dimensional construct, the MCI
(Sodowsky et al., 1994) shows a four factor structure, and the CCCI-R (LaFromboise et
al., 1991) demonstrates both a one-dimensional and three dimensional structure.
Additionally Constantine, Gloria, and Ladany (2002) conducted a confirmatory factor analysis to assess the degree to which the MAKSS, MCI, and MCKAS reflected the three-part model of multicultural counseling competence. Two-hundred-fifty-eight counselors completed the MAKSS, MCI, and the MCKAS (162 of the participants were from a national mailing list of a professional counseling association and 98 participants were identified through personal contacts such as colleagues, faculty, and students). The sample was diverse in both sex (171 women, 87 men) and ethnicity (202 White American, 19 Latino American, 14 African American, 9 Asian American, 4 biracial individuals, 1 American Indian, 1 international respondent, 8 non-respondents).

Results did not fully support the three-factor construct of knowledge, awareness, and skills. The researchers found no uniform loading on the potential three factors by subscale (i.e. all of the Awareness subscale items did not load on the Awareness factor). Constantine et al. (2002) concluded the different measures appeared to be defining the factors differently and furthermore, that the subscales and overall scales were imprecise and not wholly accurate with regard to the conceptualization of multicultural counseling competence.

Pope-Davis and Dings (1994) surveyed 92 counseling interns (76% women, 24% men; approximately 83% White and 17% persons of color) and reported similar findings as Constantine et al. (2002). Participants completed the MCAS:B and the MCI. The correlations across instruments suggested that different constructs were being measured. The Awareness subscales of the two instruments revealed a non-significant correlation of .16. And while the researchers found a much higher correlation between the MCAS:B
Knowledge/Skills subscale and the MCI knowledge subscale ($r = .58$), they added that correlations of .55, between the MCAS:B Knowledge/Skills subscale and the MCI Awareness subscale, and .54 between the MCI Knowledge and the MCI Awareness were found, thus not giving much credence to the correlation between the two knowledge subscales. Specifically, the authors concluded that the MCI survey items appeared to focus on behaviors, whereas the MCAS:B focuses on multicultural beliefs.

Holcomb-McCoy (2000) also examined the underlying factors of multicultural counseling competence, asserting that there is a lack of consensus regarding what constitutes multicultural competence. Based on AMCD’s Multicultural Competencies and Explanatory statements (Arredondo et al., 1996), Holcomb-McCoy and Myers (1999) developed the Multicultural Counseling Competence and Training Survey (MCCTS), a self-report assessment of multicultural competence. Employing a stratified sample, 151 professional counselors were given the MCCTS (66% European/White, 19% African American, 6% Latino/Hispanic, 6% Asian or Native American, and 4% “Other”). Factor analysis of the MCCTS revealed a five-factor structure, accounting for 63% of the variance. The factor structure findings were consistent with Sue et al. (1982) but also identified two additional factors including racial identity development (White racial identity model, racial/cultural identity development), multicultural terminology (i.e. race versus culture), in addition to awareness, knowledge, and skills. Alpha coefficients ranged from .66 to .92.
2.6.2 Multicultural Counseling Awareness Scale-Form B: Revised Self Assessment (MCAS:B)

Conceptually rooted in the Sue et al. (1982) influential position paper, the MCAS:B was developed by Ponterotto et al. (1996). The MCAS:B is a 45-item self-rating scale with a 7-point Likert-type format (1 = not at all true; 7 = totally true), measuring multicultural knowledge, skills, and awareness. Item and factor analysis, accounting for 28% of the common variance, revealed a bi-dimensional structure including an awareness subscale (12 items) and a combination knowledge/skills subscale (29 items). Three social desirability items are also present.

Ponterotto et al. (1996) reported coefficient alphas of .93, .93, and .78 for the full-scale, knowledge/skills subscale, and the awareness subscale respectively. Pope-Davis, Ottavi, and Dings (1992, as cited in Ponterotto et al., 1996), investigating a sample of 126 members of a Midwestern psychological association, reported coefficient alphas of .92 for the knowledge/skills subscale and .72 for the awareness subscale. They did not report a full-scale coefficient alpha. Given the coefficient alphas, the MCAS:B appears to have sufficient internal consistency.

Ponterotto et al. (1996) reported that content validity was established through expert judgment. Additionally, a card sort conducted by the expert raters supported the two-factor structure of awareness and knowledge/skills. With regard to criterion-related validity, Ponterotto et al. (1996) and Pope-Davis et al. (1992, as cited in Ponterotto et al., 1996) examined MCAS:B scores in relation to numerous demographic variables. In both studies, significant differences were found in the expected directions. For example, using
a sample of national experts, PhD, MA, and BA-level participants, Ponterotto et al. (1996) found higher degree-level participants scored significantly higher on both subscales, and racial/ethnic minority participants scored significantly higher than their White peers. Pope-Davis et al. (1992, as cited in Ponterotto et al., 1996) found more recently graduated participants scored significantly higher on the awareness subscale, and those that had completed a multicultural course or workshop scored higher on the knowledge/skills portion of the MCAS:B. Concurrent validity studies have not been conducted, nor have the social desirability items been tested.

In 2002, Ponterotto et al. revised the MCAS:B, creating a new instrument titled the Multicultural Counseling Knowledge and Awareness Scale (MCKAS). Like the MCAS:B, the MCKAS is a 7-point Likert-type scale; however, it consists only of 32 items, assessing two factors: Knowledge (20 items) and Awareness (12 items). A .85 coefficient alpha has been reported for each of the subscales and initial studies indicated good content, construct, and criterion-related validity (Ponterotto et al., 2002).

2.6.3 Multicultural Counseling Inventory (MCI)

Sodowsky et al. (1994) developed the MCI based on the three multicultural competency domains of attitudes/beliefs, knowledge, and skills as posited by Sue et al. (1982), as well as added a fourth domain assessing the construct of *multicultural relationship*. The MCI is a 40-item self-report measure scored on a 4-point Likert scale: 4 = “Very Accurate”, 1 = “Very Inaccurate”, with a fifth option of “Not Applicable”. Seven items are reverse scored. The four MCI subscales are as follows: Multicultural Counseling Skills (11 items), Multicultural Counseling Awareness (10 items),
Multicultural Counseling Relationship (8 items), and Multicultural Counseling Knowledge (11 items). Unique to the MCI (Sodowsky et al., 1994), the Relationship subscale assesses perceived interactions with minority clients, including comfort level and stereotypes.

The MCI (Sodowsky et al., 1994) is the most widely used and validated self-report multicultural competence instrument (Pope-Davis & Dings, 1994). The full MCI has shown a mean Chronbach’s alpha of .87. The Skills, Relationship, Awareness, and Knowledge subscales have demonstrated internal consistencies of .80, .68, .78, and .77 respectively (Sodowsky et al., 1998). Content validity of the MCI was determined through high interrater agreement of item clarity and content (Ponterotto et al., 1994; Pope-Davis & Dings, 1994). Pope-Davis and Dings also found the MCI to have adequate construct validity. Ponterotto et al. (1994) asserted that the MCI has also shown criterion-related validity and Sodowsky et al. (1994) found the MCI to have good predictive validity. Confirmatory factor analysis supports the four-factor model used in the MCI with a goodness of fit index of .84. Pope-Davis and Dings also contended that in using self-assessment measures, respondents might be more accurate in reporting behaviors, as required on the MCI, than attitudes.

2.6.4 Multicultural Counseling Competence and Training Survey (MCCTS)

Holcomb-McCoy and Myers (1999) developed a 61-item survey to determine multicultural counseling competence and sufficiency of multicultural training. The survey consists of six parts: (a) multicultural counseling curriculum in an entry-level graduate program, (b) faculty and students in entry-level program, (c) multicultural clinical
experiences in entry-level program, (d) postgraduate multicultural training and experience, (e) demographic information, and (f) self-assessment of multicultural counseling competence and training. The self-assessment portion consists of 32 behaviorally based statements developed from the AMCD’s operationalized competencies (Arredondo et al., 1996). Items appear on a 4-point Likert-type scale (1 = not competent; 4 = extremely competent).

The psychometric properties of the MCCTS are largely untested. Content validity was determined by expert raters’ assessment of item clarity and survey comprehensiveness. Factor analytic studies revealed the MCCTS as consisting of five factors, accounting for 63% of the variance with alpha coefficients ranging from .66 to .92: Knowledge Factor (alpha coefficient = .92), Awareness Factor (alpha coefficient = .92), Definition of Terms Factor (alpha coefficient = .79), Racial Identity Factor (alpha coefficient = .66), Skills Factor (alpha coefficient = .59). It should be noted that these five factors are drawn from just 32 items, which warrants consideration of the reliability of such scales.

In 2005, Holcomb-McCoy revised the MCCTS for an investigation regarding the perceived competence of school counselors. Holcomb-McCoy’s (2005) revisions were done to ensure that the language of the MCCTS reflected the school counseling setting. Holcomb-McCoy (2005) conducted a factor analysis of the MCCTS-R which yielded only three factors (Multicultural Terminology, Multicultural Knowledge, Multicultural Awareness), as opposed to the five factors identified on the MCCTS.
2.6.5 Multicultural Awareness-Knowledge-and-Skills Survey (MAKSS)

The MAKSS (D’Andrea et al., 1991) was designed to assess the effect of instructional strategies on students’ multicultural counseling development. It consists of 60 Likert-type four-point scaled survey items (1 = very limited or strongly disagree to 4 = very aware or strongly agree). The items were developed based on a review of the literature describing multicultural training programs and incorporate the Sue et al. (1982) competency areas of knowledge, awareness, and skills.

D’Andrea et al. (1991) reported internal consistency coefficient alphas of .75, .90, and .96 for the Awareness, Knowledge, and Skills subscales, respectively. No total scale alpha coefficient score was reported. Validity tests revealed that pretest and posttest intercorrelations were .45 and .32 for Awareness and Knowledge, .32 and .48 for Awareness and Skills, and .51 and .11 for Knowledge and Skills. Criterion-related validity, examined through pretest and posttest results, revealed expected significant differences between control groups and those who had received multicultural counseling training. Those who had participated in a multicultural training course scored higher than those who had not.

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

The CCCI-R (LaFromboise et al., 1991) is based on the 11 cross-cultural counseling competencies outlined by Sue et al. (1982). The CCCI-R consists of 20-items and is completed by a third-party evaluator, assessing the cross-cultural skills of a trainee or practitioner, using a 6-point Likert-type format (1 = strongly disagree, 6 = strongly agree). The authors first constructed two items for each of the 11 competencies,
eliminated redundant items and added two items to assess general understanding of the counseling process. The evaluator rates the extent to which the items describe the counselor being assessed. Additionally, the CCCI-R has been modified and used in studies as a self-report assessment (e.g. Constantine, 2001a; Constantine, 2001c; Constantine & Ladany, 2000; Ladany et al., 1997).

Ponterotto et al. (1994) deemed the internal consistency of the CCCI-R as adequate. The coefficient alpha, taken from a sample of 86 university students and faculty, was .95 for the full scale (LaFromboise et al., 1991). Three expert raters assessed inter-rater reliability resulting in a coefficient of .78. LaFromboise et al. provided “moderate” (Ponterotto et al., 1994) evidence of criterion and content validity. Eighty-six counseling students, after viewing a seven-minute videotape, rated a counselor above average on the CCCI-R. The counselor in the videotape was also rated above average with regard to her multicultural competence by her faculty. Trained students raters classified survey items into the three competency categories with 80% agreement, demonstrating content validity.

Factor analysis first found evidence for a single factor accounting for 51% of the variance. A second analysis forced the three-factor structure and indeed found the three-factor model to account for 63% of the total variance. The three factors evidenced were (a) Cross-cultural Counseling Skills, measuring counselor self-awareness, use of communication skills, and ability to convey comfort with cultural differences; (b) Socio-Political Awareness, counselor’s ability to recognize her/his strengths and limitations with regard to cross-cultural counseling; and (c) Cultural Sensitivity, counselor’s ability
to empathize with the client’s feelings and to understand interpersonal and environmental demands placed on the client. The factor structure is thus questionable, given that one factor was originally found and the three-factor model was forced. LaFromboise et al. (1991) recommended a uni-dimensional scoring of the CCCI-R. Ponterotto et al. (1994) stated that the CCCI-R requires test-re-test reliability and further research of interrater reliability to improve its psychometric properties.

2.7 Assessment of Multicultural Competence

Over the last two and a half decades, there has been a proliferation of research in the counseling literature assessing counselors’ multicultural competence. Using the aforementioned instruments, several studies have explored the multicultural competence of various professionals and trainees including the following: school counselors (Holcomb-McCoy, 2001, 2005; Constantine, 2001a), American Counseling Association members (Constantine, 2001b; Constantine & Ladany, 2000; Holcomb-McCoy & Myers, 1999), faculty in Counselor Education and psychology programs (Constantine & Ladany, 2000), university counseling center counselors (Pope-Davis & Ottavi, 1994; Sodowsky et al., 1998), rehabilitation counselors (Cummings-McAnn & Accordin, 2005; Granello & Wheaton, 1998; Wheaton & Granello, 1998), and graduate student trainees in a plethora of training programs including counseling psychology, social work, clinical psychology, school counseling, and school psychology (Constantine, 2001c; Constantine, 2002b; Ladany et al., 1997; Pope-Davis, Reynolds, Dings, & Nielson, 1995; Pope-Davis, Reynolds, Dings, & Ottavi, 1994). Studies, using various assessments, such as the CCCI-R modified for use as a self-report instrument, the MCI, and the MCCTS have described
the self-perceived competence of counselors and trainees, as well as explored the relationship of training, experience, and demographic variables, particularly race, with self-perceived multicultural counseling competence.

2.7.1 Self-Perceived Multicultural Competence

With the availability of numerous assessment scales and variations in the definition of the constructs of multicultural counseling competence (Pope-Davis & Dings, 1994; Constantine et al., 2002), making comparisons across studies is difficult. However, while being mindful of variations in instrumentation and procedural and methodological differences in studies, when considered together, it seems that counselors in diverse tracks (rehabilitation, school, and mental health), as well as those still in training perceive themselves to be multiculturally competent.

Constantine (2001c), Constantine (2002b), Pope-Davis et al. (1994) and Pope-Davis et al. (1995) all conducted studies using samples of counselors-in-training and measured multicultural competence using the MCI, MCAS:B, or the MCKAS. Each found that, overall, trainees perceived themselves to possess multicultural competence. Employing the MCI, Constantine (2001c) used a convenience sample of 52 master’s and doctoral graduate counseling students training in a community counseling clinic, (38 women, 14 men; 31 White Americans, 11 Latino Americans, 10 Black Americans). Utilizing MCI total scale scores (as opposed to mean scores as in all other studies conducted with the MCI) with a range of 40 to 160 and an average multicultural competence score of 100, Constantine (2001c) found that trainees scored themselves as above average on multicultural competence (M = 125.30, SD = 12.89. Constantine
(2002b) employed a convenience sample of 99 (86 women, 13 men), self-identified White master’s-level school counseling trainees. School counseling trainees rated themselves as having above average multicultural competence on the MCKAS full scale (above average > 128; M = 164.34, SD = 18.86), and the two subscales: Knowledge (above average > 80; M = 97.24, SD = 15.60) and Awareness (above average > 48; M = 67.10, SD = 7.99). Pope-Davis et al. (1994) measured the multicultural competence of a random sample of 141 counseling interns (100 women, 41 men; 119 White subjects, 22 non-White subjects), practicing at university counseling centers, using the MCAS:B. Participants rated themselves as average to above-average (≥ 112) on the Knowledge-Skills subscale (M = 126.57, SD = 21.93) and above average (> 56) on the Awareness subscale (M = 86.55, SD = 5.93). Pope-Davis et al. (1995) examined the multicultural counseling competencies of both counseling psychology and clinical psychology trainees using a national random sample of 344 graduate students (244 women, 100 men). Participants represented a variety of ethnicities: 34 African Americans, 4 American Indians, 18 Asian Americans, 164 White Americans, 18 Hispanics, and 6 chose either other or had missing ethnicity data. Aggregate scores of all participants indicated that they considered themselves to have above average (> 2.5) competence on all four subscales of the MCI (Skills: M = 3.29, SD = .35; Awareness: M = 2.54, SD = .56, Knowledge: M = 3.11, SD = .45; Relationship: M = 2.99, SD = .44).

Holcomb-McCoy and Myers (1999) and Holcomb-McCoy (2001), using the MCCTS, Holcomb-McCoy (2005), using the MCCTS-Revised (MCCTS-R), and Constantine (2001a), using the CCCI-R as a self-report measure, surveyed the
multicultural competence of professional counselors and school counselors. Employing the MCI, Pope-Davis and Ottavi (1994) also surveyed mental health counselors’ multicultural competence. Holcomb-McCoy and Myers, using a stratified (by ethnicity and recency of graduation) sample of 151 professional counselors, 46 of whom were ethnic minorities and 46 of whom had graduate in or after 1994, reported that overall, respondents perceived themselves to be overall multiculturally competent (M = 3.02; SD = .79). Professional counselors identified themselves as most competent on Awareness (M = 3.38, SD = .67), Skills (M = 3.27; SD = .73), and Definitions (M = 3.43; SD = .64) and least competent on the Knowledge (M = 2.70; SD = .91) and Racial Identity Development (M = 2.33; SD = 1.01) subscales. Holcomb-McCoy (2001) explored the self-perceived multicultural competence of 76 elementary school counselors. The sample was one of convenience and included 83% White/European Americans, 13% African American/Blacks, 1% Hispanic/Latino Americans, 1% Asian Americans, and 2% of the sample chose “other” to define themselves. Overall, school counselors rated themselves as competent (M = 3.00; SD = .78). Like the professional counselors surveyed by Holcomb-McCoy and Myers, the school counselors surveyed by Holcomb-McCoy (2001) rated themselves as most competent with regard to Awareness (M = 3.44; SD = .61), Skills (M = 3.39; SD = .63), and Definitions (M = 3.48; SD = 1.04) and least competent on the Knowledge (M = 2.52; SD = .78) and Racial Identity Development (M = 2.16; SD = .83) subscales.

In 2005, Holcomb-McCoy conducted a similar study to her 2001 research; however, she used a systematic stratified sample of 209 school counselors, stratified by
state to ensure varied geographic representation, as opposed to a convenience sample.
Participants’ self-reported race/ethnicity as followed: 89% White/European Americans,
3% African American/Blacks, 1% Hispanic/Latino Americans, 2% Asian Americans, 2%
Native Americans, and 2% of the sample chose “other” to define themselves.
Furthermore, Holcomb-McCoy revised the MCCTS for her 2005 study in order to reflect
language used in the school setting. Unlike the aforementioned studies pertaining to
school counselors, participants in the present investigation perceived themselves overall
to be “somewhat competent” (M > 2.0) as opposed to “competent”.

Constantine (2001a), using a convenience sample of 156 school counselors (98
women, 57 men; 129 White Americans, 13 Black Americans, 12 Latino Americans, 1
Asian American, and 1 “Other”), reported that school counselors rated themselves as
above-average (> 3.5) on the CCCI-R (M = 5.01, SD = .50). Finally, Pope-Davis and
Ottavi, using a random national sample of 220 counselors (136 women, 84 men; 15 Asian
Americans, 26 African Americans, 10 Hispanic/Latino Americans, and 169 White
Americans) in university counseling centers stated that all participants reported above
average multicultural competence (> 2.5) for all four MCI subscales.

Counselors in the rehabilitation track have also been found to perceive themselves
as multiculturally competent. Granello & Wheaton (1998), using the MCI, surveyed 180
African American and European American vocational rehabilitation practitioners in a
large Midwestern state. Full-scale score results indicated that rehabilitation counselors
perceived themselves to be above average in multicultural competence (M = 3.13, SD =
.34). Results of the study indicated that participants reported themselves to be most
competent in the area of multicultural skills (M = 3.39, SD = .37), followed by multicultural relationship (M = 3.29, SD = .44), knowledge (M = 3.13, SD = .43), and awareness (M = 2.76, SD = .53).

2.7.2 Race/Ethnicity and Perceived Multicultural Competence

In aggregate, four of the aforementioned studies, Granello and Wheaton (1998), Holcomb-McCoy and Myers (1999), Pope-Davis et al. (1995) and Pope-Davis and Ottavi (1994), in addition to a study conducted by Sodowsky et al. (1998), found that trainees of color and counselors of color in various professional tracks (i.e. rehabilitation, school, mental health) generally envision themselves to be more multiculturally competent than their White peers perceive themselves. Again referencing the research study conducted by Pope-Davis et al. (1995) mentioned above, examining the multicultural counseling competencies of counseling and clinical psychology trainees, the researchers conducted regression analyses to examine ethnicity as a predictor of competence. They found ethnicity to significantly predict competence on the Awareness (p ≤ .01) and Relationship (p ≤ .001) subscales of the MCI for counseling psychology students. Ethnicity was also a uniquely significant predictor of responses for clinical psychology students on the Knowledge (p ≤ .01) and Awareness (p ≤ .001) subscales.

Parallel to these findings, mental health counselors of color, specifically those working in a university counseling center setting, were found by both Pope-Davis and Ottavi (1994) and Sodowsky et al. (1998) to identify themselves as more multiculturally competent than their White peers perceived themselves. First, Pope-Davis and Ottavi found that Asian American and Hispanic counselors reported more multicultural
knowledge, as measured by the MCI, than Caucasian counselors did ($p < .01$). African American, Asian American, and Hispanic/Latino American counselors reported significantly more competence in awareness and relationship ratings than did White counselors ($p < .0001$).

Sodowsky et al. (1998) employed a combined national random and convenience sample of 176 university counseling center counselors to examine the relationship of perceived multicultural competence and race, among other factors, using the MCI. The sample included four racial groups: Whites ($n = 123$), Blacks ($n = 15$), Asian ($n = 25$), and Hispanic/Latinos ($n = 13$). The researchers reported that Hispanic/Latino Americans had a significantly higher full-scale MCI score than did White subjects ($p < .001$). Out of a possible 160 points, White participants also had the lowest full-scale score (123.86) among all four groups. With regard to subscales, of a total 32 possible points, Black participants were reported to have the highest mean Multicultural Relationship score ($M = 27.18, SD = 1.83$) and Whites the lowest ($M = 24.43, SD = 3.03$). Although not significantly different, Blacks, Hispanics/Latinos, and Asians all had higher scores than their White peers on the Multicultural Awareness scale, and Hispanics/Latinos and Asians had higher scores than Whites with regard to Multicultural Knowledge.

Again referencing the aforementioned study of professional counselors’ multicultural competence by Holcomb-McCoy and Myers (1999), ethnicity was the only demographic variable found to be statistically significantly associated with multicultural competence. As measured by the MCCTS, ethnic minority respondents perceived themselves to be more multiculturally competent than their white peers. Ethnicity was
significantly related to the Knowledge (p < .03), Awareness (p < .03), Racial Identity (p < .03), and Skills factors (p < .01). The Definition of Terms factor was the only factor not statistically influenced by ethnicity. Finally, with regard to rehabilitation counselors, Granello and Wheaton (1998) reported that African American respondents perceived themselves to be more multiculturally competent than their European American peers in multicultural relationship and awareness, as measured by the MCI.

2.7.3 Training, Experience and Perceived Multicultural Competence

Research findings investigating the relationships between multicultural training activities and self-reported multicultural competence, as well as between experience and multicultural competence, have not been as definitive as findings regarding perceived multicultural competence or the relationship between race and multicultural competence. However, research does appear to support the importance of training and experience. While Constantine (2001a), Constantine (2001b), Constantine (2001c), Constantine (2002b), Holcomb-McCoy (2005), Holcomb-McCoy and Myers (1999), Pope-Davis et al. (1994), Pope-Davis et al. (1995), Sodowsky et al. (1998), and Wheaton and Granello (1998) found multicultural training activities to significantly increase perceived multicultural competence, and Sodowsky et al. (1998) and Wheaton and Granello (1998) found support, to an extent, for the significant contribution of experience to higher self-perceived competence, Holcomb-McCoy (2001) did not find training or experience to relate to subjects’ perceived multicultural competence in a statistically significant manner.
As she expected, Constantine (2001a) found that the number of prior multicultural courses was significantly predictive ($p < .01$) of self-reported multicultural counseling competence, as measured by a self-report CCCI-R score. However, interestingly these findings only applied to the women in the study. Constantine (2001a) did not offer any hypotheses based on this unique finding, and no other study found this discrepancy in the effect of training by sex. Furthermore, the results of one study, based on a convenience sample, are insufficient to generalize such an inconsistency.

Constantine (2001b) conducted a research study investigating the relationship between counselors’ previous multicultural counseling training, among other factors, and their ability to conceptualize clients’ mental health issues from a multicultural perspective. A random selection of counselors from ACA resulted in 130 participants (83 women, 45 men, 2 missing data). Their racial composition was as follows: 100 White Americans, 11 African Americans, 8 Asian Americans, 6 Latino Americans, 2 biracial individuals, and 1 Native American. Multicultural client conceptualization was operationalized as counselors being aware of and integrating the impact of various cultural factors on clients’ presenting issues and counselors’ ability to articulate an appropriate treatment plan for working with clients based on this knowledge (Constantine & Ladany, 2000). Subjects were asked to write a conceptualization of at least three sentences describing the etiology of a client’s psychological difficulties and a conceptualization of at least three sentences describing effective treatment strategies or foci for the client. The case vignette was of a gay male Native American stockbroker. Using regression analyses, Constantine (2001b) found that greater multicultural
counseling training was associated with higher etiology case conceptualization scores ($p < .001$) and was significantly positively predictive of treatment case conceptualization ratings ($p < .05$).

Constantine (2001c), as previously described, employed a convenience sample of 52 master’s and doctoral graduate counseling students training in a community counseling clinic, (38 women, 14 men; 31 White Americans, 11 Latino Americans, 10 Black Americans) and measured the self-reported multicultural competence using the MCI, as well as incorporated observer ratings of trainees’ competence through the use of the CCCI-R as a third-party rater assessment (scores range from 20 to 120). Third-party raters assessed trainees’ competence based on a trainee’s 45-minute intake session with a client of color (32 Black clients, 15 Hispanic/Latino clients, 4 Asian American clients, and 1 Biracial American client). Results indicated that the number of formal multicultural counseling courses taken contributed significant positive variance to CCCI-R ratings ($p < .001$). Holcomb-McCoy (2005) identified similar findings for two of the three subscales on the MCCTS-R. On the Multicultural Knowledge factor, a substantial 22% of the variance was attributed to counselors having taken multicultural coursework in their graduate programs; however, only 5% of the variance in the Multicultural Terminology factor was associated with counselors having completed multicultural coursework during their graduate program. Holcomb-McCoy and Myers (1999) found similar results. Forty-six percent of the 151 professional counselors (46 ethnic minorities) they surveyed reported having taken a multicultural course. This subgroup had significantly higher levels ($p = .02$) of self-perceived multicultural counseling competence on the knowledge
and racial identity dimensions of the MCCTS. Constantine’s (2002b) study, as previously described, also revealed that higher numbers of prior multicultural counseling courses were significantly related ($p < .01$) to greater levels of White school counseling trainees’ self-reported competence, as measured by the MCKAS.

Sodowsky et al. (1998), in their research with university counseling center counselors, similarly found that multicultural counseling courses significantly contributed to MCI scores ($p = .0001$). However, while graduate courses increased MCI scores, Sodowsky et al. (1998) did not find participation in multicultural workshops to significantly increase scores. Pope-Davis et al. (1994) found both multicultural courses and workshop hours to be significantly related to competence scores on the MCAS:B subscale of Knowledge-Skills ($p < .001$), but neither were significantly related to the Awareness subscale.

Sodowsky et al. (1998) did find however, that ethnic minority and international client load, or multicultural experience, significantly increased participants’ MCI scores. Pope-Davis et al. (1995) also found a positive relationship between experience and self-perceived multicultural competence. For counseling psychology students, Pope-Davis et al. (1995) found increased contact with racially and ethnically diverse clients to be a significant predictor of multicultural knowledge ($p \leq .05$) and multicultural awareness ($p \leq .001$).

Wheaton and Granello’s (1998) study of 180 vocational rehabilitation counselors, using the MCI, did not result in consistent findings with regard to perceived multicultural competence and the factors of experience and training. Wheaton and Granello (1998)
found training to contribute significantly to multicultural counseling Skills, Awareness, Knowledge, and MCI full-scale score ($p < .0001$) but not to the relationship subscale. Interestingly, they found experience to contribute significantly only to the Relationship subscale ($p < .05$).

Contradicting these aforementioned study results, Holcomb-McCoy (2001), in her study of 76 elementary school counselors, using the MCCTS, did not find training or experience to relate to subjects’ perceived multicultural competence in a statistically significant manner. Holcomb-McCoy’s (2001) findings appear counterintuitive and result in one questioning the effectiveness of training and experience alike. However, it should be noted that she used a different instrument to measure multicultural competence than the previously mentioned studies and that the psychometric properties of the MCCTS are questionable.

Nonetheless, the contributions of training and experience to multicultural competence are less clear and in need of further research. Training, specifically multicultural coursework, does, in the majority of studies, appear to contribute to the development of multicultural competence, both from a self-perceived perspective (Holcomb-McCoy & Myers, 1999; Wheaton & Granello, 1998), as well as from that of third-party raters (Constantine, 2001b; Constantine, 2001c).

However, interestingly, there is some contradictory initial evidence that workshops are not as effective in strengthening multicultural awareness, knowledge, or skills (Sodowsky et al., 1998), and conversely, that amount of training, as found by Wheaton and Granello (1998), is not related to developing multicultural relationship
competence. With regard to workshops, one could hypothesize that such abbreviated training might not offer sufficient breadth and depth of multicultural issues to be effective in developing multicultural competence. Additionally, one could hypothesize that training is not adequately focusing on multicultural relationship competence and should include such a component to increase effectiveness, or that the development of the relationship competency is more sensitive to experience than to training, thus indicating the importance of such experience. As reported in the Wheaton and Granello (1998) study, amount of training was not clearly defined or specified with regard to the number and types of courses, which could have resulted in imprecise results regarding the effect of training amount. Training and experience effectiveness studies would be particularly helpful in identifying what components and types of training and experience, including training and experience duration, are most effective in developing all aspects of multicultural competence. Finally, with regard to experience, while Sodowsky et al. (1998) found experience with diverse clientele to be related to multicultural competence, Wheaton and Granello (1998) found it to relate solely to multicultural relationship competence and Holcomb-McCoy (2001) did not find it to relate to competence at all. These results are inconclusive but might lead one to conclude that experience alone is not sufficient to develop multicultural competence.

2.8 Summary

Significant demographic changes have taken place in the United States over the past decade and a half making it imperative for the counseling profession to take a proactive stance on cultural diversity. The multicultural counseling competencies, as first
theorized by Sue et al. (1982) and brought to the counseling profession and expanded upon by Sue et al. (1992), are of paramount importance in the counseling profession. These competencies are the cornerstone of culturally competent counselors and have been well researched over the past several decades. The multicultural movement is a strongly embraced and still growing force in the profession, as evidenced by the numerous competency assessments, the myriad of research and literature regarding the competencies, and even the debate still surrounding them. Indeed, one might argue that the debate pushes the profession further in its understanding and conceptualization of diversity, multiculturalism, and the underlying constructs of counseling in general, and multicultural counseling in specific.

It is undisputed that counselors must be prepared to address effectively the needs of a greatly diverse clientele. Furthermore, it is clear that, with regard to the multicultural competence, professionals and trainees alike perceive themselves as competent. Moreover, counselors and trainees of color often view themselves as significantly more multiculturally competent than their White peers perceive themselves to be; however, given that professionals and trainees of color lead multicultural lives and constantly experience multicultural contexts, such a finding is perhaps to be expected. While available research does not support training and experience as definitive factors relating to and enhancing multicultural competence, it is clear that training and experience are important to the development of multicultural counseling competence. Additional research is needed in relation to this identified gap in order to discover the specific
components of effective training and the components of effectual multicultural experience.

Despite the numerous articles published on multicultural competence, several of the existing empirical studies have notable limitations including lack of external validity as a result of using convenience samples (Constantine, 2001a; Constantine, 2001c; Constantine, 2002b; Constantine & Ladany, 2000; Holcomb-McCoy, 2001; Sodowsky et al., 1998; Want et al., 2004), small sample sizes (Constantine, 2001c; Holcomb-McCoy, 2001, 2005; Want et al., 2004), reliance on graduate student populations (Constantine, 2001c; Constantine, 2002b; Ladany et al., 1997; Pope-Davis et al., 1994; Pope-Davis et al., 1995; Sodowsky et al., 1998), and the use of assessments with weak psychometric properties (Holcomb-McCoy & Myers, 1999; Holcomb-McCoy, 2001, 2005). Furthermore, only four of the studies herein discussed (Constantine & Ladany, 2000; Granello & Wheaton, 1998; Sodowsky et al., 1998; Wheaton & Granello, 1998) measured and controlled for social desirability. In addition, while there has been a proliferation of articles in the counseling literature about the MCC of various mental health professionals, there remains a paucity of research evaluating how the specific population of licensed professional counselors perceives their MCC. The present study aims to remedy these limitations on the professional knowledge regarding the multicultural counseling competence of licensed counselors. Thus, while much research has been conducted in the area of multicultural counseling competence, resulting in a movement so powerful as to be labeled the “fourth force” (Pederson, 1988), gaps in the
literature and the quest for greater understanding regarding multicultural counseling competence calls for future research.
CHAPTER 3

METHODS

3.1 Introduction

This study utilized descriptive and correlational quantitative survey research to investigate the self-perceived multicultural counseling competence (MCC) of licensed counselors using the Multicultural Counseling Inventory (MCI; Sodowsky et al., 1994), as well as ascertaining race, sex, license(s) held, practice setting, multicultural social desirability, multicultural training activities, years of experience as a counselor, and professional organization membership. Researchers have assessed the self-perceived multicultural competence of school counselors, American Counseling Association members, faculty in Counselor Education and psychology programs, counselors in university counseling centers, rehabilitation counselors, and graduate student trainees in a plethora of training programs including counseling psychology, social work, clinical psychology, school counseling, and school psychology. There exists, however, a dearth of literature pertaining to the self-perceived multicultural counseling competence of licensed counselors. The knowledge garnered from this research will have direct
implications for the training and development of practitioners’ multicultural competence in the field of professional counseling.

3.2 Research Design and Methodology

This study assessed the self-perceived multicultural counseling competence (MCC) of licensed counselors. The researcher used a descriptive and correlational quantitative cross-sectional mail survey design (Fink & Kosecoff, 1998).

3.3 Research Questions

1. To what extent do licensed counselors perceive themselves to be multiculturally competent as measured by the Multicultural Counseling Inventory (Sodowsky et al., 1994)?

2. To what extent do specific demographic variables of licensed counselors (race, sex, licensure, professional organization membership, years of counseling experience, amount of multicultural training, practice setting), and controlling for multicultural social desirability, predict perceived multicultural competence of licensed counselors?

3. To what extent do licensed counselors present themselves in a multiculturally socially desirable manner with regard to multicultural competence?

4. Are there differences in scores on a measure of multicultural social desirability, based on race of counselor?
3.4 Participants

3.4.1 Population

The target population for this study was licensed counselors; however, target populations are an ideal choice and are rarely available to researchers. The accessible population is a researcher’s realistic choice (Fraenkel & Wallen, 2000). The accessible population for this study was comprised of licensed counselors in the state of Ohio. As of March 2006, Ohio had 2,766 Licensed Professional Counselors (LPCs) and 3,007 Licensed Professional Clinical Counselors (LPCCs), for a population total of 5,773 licensed professional counselors (R. Elliott, personal communication, February 10, 2006).

3.4.2 Participant Selection

In an effort to minimize sampling error and threats to external validity, sample size was a significant research consideration. To reduce sampling error, random sampling was employed (Fink & Kosecoff, 1998; Gay & Airasian, 2003). To account for the LPC and LPCC licensure structure, stratified random sampling, in which the population was subdivided into counselors holding an LPC and those with an LPCC, was employed. In further specifying participant selection, Ohio licensure laws were taken into account. Prior to 1986, mental health professionals from a variety of professions, such as social work, were grand-parented in to LPCC licensure; thus, to ensure inclusion of LPCCs trained specifically as professional counselors, LPCCs were included in the sample only if they received LPCC licensure status after 1986. LPCs were included in the sample only if they received licensure in or after 1999. Prior to 1999, Ohio counseling law operated under a two-tier system. Thus, LPCs licensed before 1999 completed 20 semester or 30
quarter hours less coursework and were required to pass a different licensing exam than LPCs licensed in or after 1999 (R. Elliott, personal communication, March 1, 2006).

The researcher consulted three different sample size tables proposed by Krejcie and Morgan (1970), Rea and Parker (1997), and Salant and Dillman (1994). Due to the cost prohibitive nature and difficulty in obtaining the needed sample size, a 95% confidence interval was chosen over a 99% confidence interval. Additionally, in the research community, a 95% confidence level has been “fairly well accepted” as a “reasonable balance” between the risks of Type I and Type II errors (Rea & Parker, 1997, p. 126). Using the table proposed by Krejcie and Morgan for a population of approximately 6,000 members, the sample size was determined to be 361 participants (95% confidence level; ± .05 margin of error). The Rea and Parker, as well as the Salant and Dillman tables asserted that the minimum sample size for a population of 6,000 (95% confidence level; ± .05 margin of error) was 357 participants. The researcher made certain that the largest sample size requirement was satisfied, thus a target sample size of 361 subjects was used (Rea & Parker, 1997).

The methodology and procedure for gathering data followed in this research study, as described below, was systematic and designed to lower nonresponse rate (Dillman, 1991). Rea and Parker (1997) asserted that the procedure followed in this proposed study could be reasonably expected to yield a return rate of 50% to 60%. Gay and Airasian (2003) were more generous in their estimates, suggesting that the approximate response rate to a first mailing is typically 30% to 50% and after a second mailing increases by 20%. In a similar study, conducted by Bruno, Granello, Wheaton,
and Moore (unpublished manuscript), the sample size was 1,000 and the response rate was 48%. To account for the rate of non-returns, and in-line with previous research, the sample mailing size of the present study was set at 1,000 subjects. As of March 2006, the population consisted of 28% LPCs and 72% LPCCs. These percentages were used to determine the sub-sample sizes of LPCs and LPCCs. Thus, 280 (28% of 1,000) of the 1,000 subjects who received a mailing were LPCs and 720 (72% of 1,000) of the 1,000 subjects were LPCCs.

3.5 Criterion Variables

Perceived MCC, as measured by the MCI will result in five continuous, interval criterion variables, an MCI total score and four mean subscale scores (Multicultural Counseling Skills, Multicultural Counseling Awareness, Multicultural Counseling Knowledge, and Multicultural Counseling Relationship). More detailed information is provided in the Instrumentation section.

3.6 Predictor Variables

This research project consisted of eight predictor variables: race, sex, multicultural social desirability, professional organization membership (national and state), years of experience as a counselor, licensure (e.g. LPC, LPCC), practice setting (e.g. community mental health, private practice, academia), and multicultural training activities, as operationalized below in the Instrumentation section.

3.6.1 Multicultural social desirability

Multicultural social desirability, as measured by the Multicultural Social Desirability Scale (MCSDS), was used as a covariate and thus was entered into the
regression equations first (see Data Analysis section below for a detailed description of statistical procedures). Multicultural social desirability was measured in a forced-choice format. The MCSDS is described in detail in the subsequent Instrumentation section.

3.6.2 Race

Race was a discrete nominal scale variable which resulted in two levels: counselors who identified as White/Caucasian and counselors who identified as non-Caucasian/White (i.e. Black/African American, Asian/Asian American, Hispanic/Latino American, and Native American). Given that the number of counselors from racial and ethnic groups other than White/Caucasian was too small for accurate statistical analysis, the racial ethnic categories were collapsed as noted. Race was measured in a forced-choice format.

3.6.3 Training

Multicultural training activities consisted of two continuous ratio variables. The first training variable was assessed in an open-ended question format in which participants identified the number of graduate multicultural counseling courses completed. The second training variable was also assessed in an open-ended question format in which participants identified the number of multicultural workshops (≥ 50 minutes < half day) completed, and the number of multicultural training sessions (≥ half day) completed, or any combination of the two.
3.6.4 *Experience*

Counselor’s years of experience was a continuous ratio variable. Participants were requested, in an open-ended format, to identify in years and months, how long they had been a licensed counselor.

3.6.5 *Sex*

Sex was a nominal scale dichotomous variable with two levels: male, female. Sex was measured in a forced-choice format.

3.6.6 *Professional organization membership*

Professional organization membership was a discrete dichotomous nominal scale variable with two levels. Participants identified belonging to any of the professional counseling organizations at either the state or national level, in particular the Ohio Counseling Association, the American Counseling Association, the Ohio School Counselor Association, and the American School Counselor Association. Professional organization membership was measured in a forced-choice format and allowed for open-ended responses of additional organizations participants belonged to aside from those previously mentioned.

3.6.7 *Licensure*

Licensure was a discrete nominal scale variable with two levels: Licensed Professional Counselor and Licensed Professional Clinical Counselor. Licensure was measured in a forced-choice format.
3.6.8 Practice Setting

Practice setting was a discrete nominal scale variable with ten levels including the following: community mental health, private practice, employee assistance program, professor, graduate student, college counseling center, career counseling, rehabilitation counseling, not working, and other. Practice setting was measured in a forced-choice format; however, participants were provided the option of identifying a work setting different from those choices provided. Participants were asked to identify their primary work setting and their secondary work setting, if applicable.

3.7 Instrumentation

This study assessed the self-perceived MCC of licensed counselors, as measured by the MCI (Sodowsky et al., 1994), the criterion variable. The predictor variable of social desirability was measured by the MCSDS (Sodowsky, O’Dell, Hagemoser, Kwan, & Tonemah, 1993, as cited in Sodowsky et al., 1998). Finally, demographic variables were collected via a demographic questionnaire. Each is discussed in detail next.

3.7.1 The Multicultural Counseling Inventory (MCI)

Sodowsky et al. (1994) developed the MCI based on the three multicultural counseling competency domains of beliefs/attitudes, knowledge, and skills as developed by Sue et al. (1982), as well as added a fourth domain assessing the construct of multicultural relationship, which measures perceived interactions with minority clients, including comfort level and stereotypes. The MCI is a 40-item self-report measure scored on a 4-point Likert scale: 4 = “Very Accurate” to 1 = “Very Inaccurate”, with a fifth option of “Not Applicable”. Seven items are reverse scored. The four MCI subscales are
described subsequently. Completion of the MCI takes approximately 15 minutes. The Internal Validity section found below will discuss the psychometric properties of the MCI.

3.7.2 Multicultural Counseling Skills

The skills scale is composed of 11 items measuring general counseling (6 items) and specific multicultural counseling techniques and methods of assessment (5 items).

3.7.3 Multicultural Counseling Awareness

This scale has 10 items measuring multicultural sensitivity, interactions, and advocacy, both in general life experiences and professionally.

3.7.4 Multicultural Counseling Relationship

This scale is constructed of 8 items and measures the counselor’s perceived interactions with minority clients, including comfort level and stereotypes.

3.7.5 Multicultural Counseling Knowledge

The 11 items on the Knowledge scale measure and understanding of multicultural treatment planning, relevant treatment interventions, and multicultural counseling research.

3.7.6 Multicultural Social Desirability Scale (MCSDS)

Researchers (Constantine & Ladany, 2000; Granello & Wheaton, 1998; Sodowsky et al., 1998; Wheaton & Granello, 1998) have indicated inclusion of a measure of social desirability when measuring MCC is advantageous and perhaps essential. Because of the pressure for licensed counselors to be multiculturally competent, there may be a tendency to inflate scores on the MCI. Wheaton and Granello (2002) warned
that strong correlations between measures of social desirability scores and the MCI indicate a need for caution in interpretation of MCI scores. Consequently, the survey questionnaire included a measure of multicultural social desirability.

Sodowsky et al., (1998) found multicultural social desirability to be a distinct construct from general social desirability. They defined multicultural social desirability as “one professing that one personally and socially always interacts positively with minorities and that at the institutional level, one always favors government and educational policies that institute expanded multicultural diversity” (p. 256). In order to assess multicultural social desirability among participants, the MCSDS was infused throughout the MCI on the survey questionnaire. This measure contains 26 forced-choice true-false items that describe behaviors that are socially sanctioned and socially approved, but unlikely. The MCSDS assesses the degree to which an individual claims favorable attitudes toward minorities (a) all of the time and (b) on all personal, social, and institutional issues. High scores (two standard deviations above the mean) on this measure indicate a tendency to endorse socially desirable, but improbable, items, and low scores (two standard deviations below the mean) indicate a lack of desire to appear socially desirable or at all sympathetic to minorities.

3.7.7 Demographic Questionnaire

The author created the demographic questionnaire based on similar studies (Bruno et al., unpublished manuscript; Constantine & Ladany, 2000; Holcomb-McCoy, 2001; Wheaton & Granello, 1998). The instrument included items designed to ascertain the socio-demographic information of race, age, and sex. Professional related information
was also a focus and thus questions regarding participants’ years of experience as a counselor, highest degree obtained, license(s) held (i.e. LPC, LPCC), primary and secondary (if applicable) practice setting (private practice, community, academia, etc.), percentage of racial ethnic minority clientele, professional organization membership, and multicultural training activities were solicited. As noted above, multicultural training activities was operationalized and assessed according to the number of graduate multicultural counseling courses completed, and the number of multicultural workshops (≥ 50 minutes < half day) completed, and the number of multicultural training sessions (≥ half day) completed, or any combination of these two. Additionally, the questionnaire asked participants to identify if they had taken any multicultural courses, workshops/training in the last year. Finally, the questionnaire requested participants to estimate their percentage of racial ethnic minority clientele and to rate their perceived multicultural competence on a scale of one (low) to five (high).

3.8 Data Collection

The researcher employed a systematic data collection method involving precise mailing and follow-up procedures. The systematic method presented herein is a comprehensive aggregation of survey research methodology from numerous sources (Ary, Jacobs, & Razavieh, 1996; Dillman, 1991; Fink and Kosecoff, 1998; Gay & Airasian, 2003; Rea & Parker, 1997; Salant & Dillman, 1994).

3.8.1 Advantages and Disadvantages of Procedure for Data Collection

A great advantage to mail surveys, over other types of surveys, such as face-to-face interviews or telephone surveys is that they require the least amount of resources
(Dillman, 1991). The effort of completion is that of the respondents. Thus, after preparation of the survey and before data analysis, little time and effort is required of the researcher. Mail surveys provide a sense of privacy, making it easier for persons to respond, and can be confidential and anonymous. Mail surveys are also less sensitive to biases introduced by an interviewer. Finally, surveys often provide standardized items with standardized scoring procedures facilitating ease of scoring, as is the case in the present study (Gay & Airasian, 2003).

Disadvantages of mail surveys include sampling error and response rate, as discussed subsequently. Another disadvantage of this method is that researchers have little control over the survey once it is mailed. Researchers cannot ensure that the correct person completes the survey or that when a person responds; he or she completes the questionnaire correctly, or in its entirety. Item nonresponse is greater with a mail survey method than a telephone or face-to-face interview (Gay & Airasian, 2003; Salant & Dillman, 1994). Many participants will not take the time to respond to open-ended items, and scoring of such items is difficult (Gay & Airasian, 2003; Schwarz, 1999). Additionally, this design lacks follow-up with individual respondents to probe further into survey responses and the respondent is unable to explain item responses and is limited by the response sets (Gay & Airasian, 2003). Nonetheless, in assessing resources and evaluating advantages and disadvantages, this method has been determined to be the most effective manner in which to implement the proposed study.
3.8.2 Procedure for Data Collection

The researcher mailed the survey packet to potential participants (Salant & Dillman, 1994). The contents and order of the survey packet materials were as follows: (a) cover letter, with explanation of informed consent; (b) confirmation-of-participation postcard; (c) questionnaire; and (d) a pre-addressed, stamped return envelope.

All packets included a one-page cover letter on letterhead stationary, personally addressed to the potential participant and individually signed by the researcher and her advisor, thus personalizing the letter with an aim to increase response rate (Dillman, 1991; Gay & Airasian, 2003). The cover letter indicated the purpose of the research, included a rationale for participation, and informed participants who was included in the survey, thus explaining why they had been chosen to participate. The cover letter also clearly explained why demographic information was collected, given that it can be perceived as very personal and as such, persons can be less likely to respond to such questions. Additionally, the letter explained informed consent issues (Dillman, 1991; Gay & Airasian, 2003; Fink & Kosecoff, 1998). Finally, the cover letter explained survey return procedures and provided the return date, which was set at three weeks from the initial mailing date (Gay & Airasian, 2003; Rea & Parker, 1997; Salant & Dillman, 1994). The cover letter included a manner in which to reach the researcher via email and phone. The cover letter informed participants of the five, $25 bookstore certificate incentives that were randomly chosen from those confirmation-of-participation postcards received. The inclusion of incentives was an effort to increase response rate (Ary et al., 1996).
The separate stamped and pre-addressed confirmation-of-participation postcard, which was returned separately from the questionnaire, was designed to maintain respondents’ anonymity on the questionnaire, while providing the researcher valuable information regarding which subjects had completed the survey and to whom to send follow-up mailings. The postcard allowed individuals to indicate whether or not they wished to participate in the study (Gay & Airasian, 2003; Salant & Dillman, 1994).

The questionnaire included a majority of close-ended questions. Sensitive issues, such as MCC and demographic information, are generally considered to be better addressed with close-ended questions, which have a pre-established acceptable range of answers (Fink & Kosecoff, 1998; Gay & Airasian, 2003). Close-ended questions also facilitated ease of data analysis and limited extraneous and irrelevant responses (Rea & Parker, 1997). The MCI, the MCSDS, and the majority of the demographic questionnaire will use close-ended questions.

Those questions asked on the demographic portion appearing in an open-ended format included age, years of experience, highest degree obtained, major field of study, multicultural training completed, percentage of racial ethnic minority clientele, and self-rated multicultural competence. Each of these open-ended questions required short responses, as opposed to a narrative, decreasing the potential for irrelevant and repetitious responses, a disadvantage of open-ended questions (Rea & Parker, 1997). Although the researcher was aware of the inherent disadvantages of open-ended questions, such a format was necessary to assess the aforementioned demographic content.
Four weeks from the initial mailing, a second follow-up mailing was sent to those participants who had not replied, as determined by the confirmation-of-participation postcards, including a new cover letter that stressed the importance of responding, an addressed stamped return envelope, an additional copy of the postcard, and another copy of the questionnaire (Gay & Airasian, 2003; Rea & Parker, 1997; Salant & Dillman, 1994).

3.9 Validity

3.9.1 Threats to Internal Validity

The major threat to internal validity in the survey design presented here was measurement error. Measurement error occurs for many reasons including survey items not being stated clearly, imprecise instructions, participants responding in a perceived socially acceptable manner or deliberately lying, and the use of invalid or unreliable instruments (Dillman, 1991; McCracken, 2002; Gliem, 2005). To reduce these threats, the researcher took several measures.

The instruments that were chosen for this project had satisfactory psychometric properties. The MCI was chosen because it is the most widely used and validated self-report MCC instrument (Pope-Davis & Dings, 1995). It has been deemed “efficient” and “carefully constructed” (Ponterotto, Rieger, Barrett, & Sparks, 1994, p. 320). The full MCI has demonstrated a mean Cronbach’s alpha of .87 (Sodowsky et al., 1998). The Skills, Relationship, Awareness, and Knowledge subscales have demonstrated internal consistencies of .80, .68, .78, and .77 respectively (Sodowsky et al., 1998). Content validity of the MCI was determined through expert judgment and high interrater
agreement of item clarity and content (Ponterotto et al., 1994; Pope-Davis & Dings, 1995). Pope-Davis and Dings (1995) also found the MCI to have adequate construct validity. The MCI has also shown criterion-related validity. Ponterotto et al. (1994) asserted that pre- and post-test results revealed expected significant differences. Students scored significantly higher at post-test on three of the MCI subscales (Skills, Awareness, and Knowledge) after participating in a multicultural training course. Sodowsky et al. (1994) found the MCI to have good predictive validity. Construct validity was determined through confirmatory factor analysis and supported the four-factor model used in the MCI with a goodness of fit index of .84. Also, subscale intercorrelations range from .27 to .56, indicating a low to moderate relationship among subscales (Ponterotto et al., 1994). Finally, Pope-Davis and Dings and Sodowsky et al. (1998) also contended that in using self-assessment measures, respondents might be more accurate in reporting behaviors, as required on the MCI, than attitudes. The MCI is the only self-report MCC instrument designed in this manner, giving it a distinct advantage over other instruments. Finally, the Cronbach alpha coefficient for the MCSDS is .80 (Sodowsky et al., 1998).

3.9.2 Threats to External Validity

Four sources of error often compromise the generalizability of findings to the population: (a) sampling error, (b) frame error, (c) selection error, and (d) nonresponse error (Groves, 1987; Gliem, 2005). To reduce sampling error, a probability sample garnered through stratified random sampling was employed (Fink & Kosecoff, 1998; Gay & Airasian, 2003). Random selection occurred using SPSS version 14.0 (SPSS Inc., 2005).
Frame error results from an incomplete frame or a discrepancy between the target population and actual population from which the sample is drawn (Salant & Dillman, 1994). Selection error occurs if certain sampling units in the population have a greater or lesser chance of inclusion in the sample than other sampling units, such as a person’s name appearing twice. To limit frame and selection error, a complete up-to-date list of licensed counselors in the state of Ohio, the research population, was used (Dillman, 1991). Nonresponse error occurs in survey research when subjects in the sample population reply late or do not reply to the survey questionnaire and additionally differ on demographic variables from subjects that respond and do so in a timely fashion. As previously described, the methodology and procedure for gathering data followed in this research is systematic, and designed to lower nonresponse error (Dillman, 1991).

3.10 Data Analysis

Research questions were analyzed using the computer-based Statistical Package for the Social Sciences, version 14.0 (SPSS Inc., 2005). Survey responses were pre-coded, when possible, at the time of preparation of the survey questionnaire for easy data entry (Rea & Parker, 1997). Scores of “5, Not Applicable” on the MCI were removed from analyses to prevent inappropriate increases in mean scores on subscales and the total MCI scale. On the MCSDS, surveys with 3 or more questions left blank, which was more than 8%, were eliminated. This decision was made based on previous research (Bruno et al., unpublished manuscript). Of those questions completed, the researcher calculated the summed scale score.
To provide a detailed description of the sample, descriptive statistics (range, frequency, mean, median, modes, and standard deviations) were calculated for the predictor variables, demographic variables not used as predictor variables, and the criterion variables. To determine the extent to which licensed counselors perceived themselves to be multiculturally competent as measured by the MCI, means and standard deviations were computed for the MCI Total scale and each of the four MCI subscales: Skills, Awareness, Relationship, and Knowledge. Results were compared with previous research.

For a large portion of the data analysis, univariate hierarchical linear regression analysis was used to explain the relationship of the five criterion variables in regard to the predictor variables. This data analysis approach allowed assessment of the relationships between the dependent variables and the independent variables and assessment of the affect of each independent variable while controlling for the others. Finally, hierarchical regression analysis was appropriate in the present study because the variables were entered into the regression equation guided by a desire to control for multicultural social desirability (Newton & Rudestam, 1999). This rationale will be explained more thoroughly below, when discussing the regression equations.

Prior to analyses, the MCI scales were examined to test the structure of the sample data (Bruno et al., unpublished manuscript). The researcher calculated Cronbach’s alphas to determine internal reliabilities for the overall MCI score, as well as the four subscales and the Multicultural Social Desirability Scale (Sodowsky et al., 1993). Scale intercorrelations were calculated. Internal reliabilities and subscale
intercorrelations were compared with previous investigations to determine the reliability of the present study data.

Prior to conducting regression analyses, the researcher tested for violations of the assumptions of regression: (a) normality, (b) linearity, (c) homoscedasticity, (d) independent error terms, and (e) multicollinearity. The researcher used a normal P-P plot of regression standardized residuals to test for normality. A violation of normality would result in invalid regressions; however, the researcher took several measures to ensure a sufficient sample size, which was expected to yield normally distributed data. Linearity between variables was determined through visual examination of the data. Bivariate scatterplots were created to identify linear relationships between the continuous predictor variables (social desirability, training, experience) and the criterion variable (MCI total scale). Square root transformations would be employed if the data is not linear; however, this was not necessary in the present study. A residual plot was created for the mean MCI Total score. Unlike the assumption of normality, violations of the assumptions of linearity and homoscedasticity are not as severe as they merely weaken regression analyses, as opposed to invalidate them. In order for errors to be independent of one another, errors associated with one observation should not be correlated with errors of any other observations. This assumption was tested through visual examination of the residual plot of the mean MCI Total scores. Finally, multicollinearity describes a condition in which predictor variables are highly correlated (> .90) and thus redundant, although intercorrelations among predictors occur in all research to some extent (Walker,
A correlation matrix of the predictor variables was conducted to test for violations of multicollinearity (Gay & Airasian, 2003; Newton & Rudestam, 1999). To determine to what extent specific demographic variables of licensed professional counselors, while controlling for multicultural social desirability, correlated with perceived multicultural competence, and to determine to what extent licensed professional counselors presented themselves in a multiculturally socially desirable manner with regard to multicultural competence, the researcher conducted hierarchical linear regressions to analyze the relationships of the five continuous criterion measures (perceived MCC) and the predictor variables of multicultural social desirability, race, experience, number of MCC graduate courses taken, number of MCC workshops/trainings attended, licensure, sex, professional organization membership, and practice setting. Multiple regressions are used to explore the relationship between multiple continuously distributed predictor variables and a single criterion variable. Dummy variables were created for the categorical predictor variables. Specifically, race resulted in two dummy variables, White and non-White, with non-White coded as zero (the criterion). Counselors self-identifying as African American, Asian American, Native American, Latino/Hispanic American or other were collapsed into one variable identified as non-Whites given that the sub-sample numbers of counselors of minority ethnicities or races was too low to analyze individually. Sex was also a dummy variable, with male coded as zero (the criterion). Licensure resulted in a dummy variable: Licensed Professional Counselor and Licensed Professional Clinical Counselor. Practice setting resulted in eight dummy variables. Professional organization membership was collapsed
into a dichotomous yes or no, categorical variable identifying membership, or lack thereof, in a professional organization. The experience variable was analyzed as continuous, ordinal, and nominal. It was first analyzed continuously to maintain the variable’s precision and detail. Experience was then analyzed as an ordinal variable to determine zero-order correlations with the dependent variables. Based on their experience, counselors were divided into three categories: novice (1 to 3 years); experienced (4 to 18 years); and, master experience (19 or more years). These categories were based on the distribution of the sample, as will be described in chapter four below. Finally, the experience variable was used in the regression analyses as a nominal variable which resulted in two dummy variables. Novice experience was the reference category and thus coded as zero.

Standard multiple regressions with block entry were employed (Newton & Rudestam, 1999). Variable entry was based on the desire to control for multicultural social desirability. Multicultural social desirability was expected to be a covariate and was therefore entered into the first block of each regression equation. Entering multicultural social desirability scores first ensured that multicultural social desirability was controlled by removing its effect from analysis prior to assessing the contribution of the other predictor variables (Newton & Rudestam, 1999). The other independent predictor variables were entered simultaneously into the second block of the regression equation.

To answer the third research question, the mean score, standard deviation and median score were calculated for the Multicultural Social Desirability Scale scale.
Finally, to answer the fourth research question, nonparametric testing was used to
determine differences in scores on the measure of multicultural social desirability, based
on race of counselor. Additional analyses was run to determine differences in scores on
the MCI Total scale and four subscales based on the race of the counselor, as well as to
further explore the importance of MCC workshops and trainings on MCI scores.

3.11 Summary

The MCC of licensed counselors is of paramount importance. As the United
States becomes increasingly diverse, counselors must be prepared to address competently
the needs of a diverse clientele. This research is necessary in order to address the paucity
of empirical research involving the self-perceived MCC of the specific population of
licensed counselors.
CHAPTER 4

RESULTS

4.1 Introduction

This chapter includes the demographic and statistical analyses for each of the examined research questions. The statistical tests conducted and their significant findings are discussed. The following research questions were examined:

Research Question 1. To what extent do licensed counselors perceive themselves to be multiculturally competent as measured by the Multicultural Counseling Inventory (Sodowsky et al., 1994)?

Research Question 2. To what extent do specific demographic variables of licensed counselors (race, sex, licensure, professional organization membership, years of counseling experience, amount of multicultural training, practice setting), and controlling for multicultural social desirability, predict perceived multicultural competence of licensed counselors?

Research Question 3. To what extent do licensed counselors present themselves in a multiculturally socially desirable manner with regard to multicultural competence?
Research Question 4. Are there differences in scores on a measure of multicultural social desirability, based on race of counselor?

4.2 Participants

The accessible population for this study comprised of 4,485 licensed counselors in the state of Ohio (i.e. 1,257 Licensed Professional Counselors [LPCs] and 3,228 Licensed Professional Clinical Counselors [LPCCs]) (R. Elliott, personal communication, February 10, 2006). The sample size was set at 1,000 subjects, including 28% LPCs and 72% LPCCs, representative of the percentage of LPCs and LPCCs in the study’s identified population. In the first mailing, 1,000 surveys were sent to the randomly selected individuals in the sample. After three weeks, (the initial return date deadline) 701 of the individuals had not returned a confirmation-of-participation postcard and thus received a second mailing. From the 1,000 subject pool, 380 surveys were returned, representing a 38% response rate.

Of the 380 surveys received, 364 provided usable data. The sample size was reduced due to incomplete responses on the MCSDS. Because the MCSDS uses a sum total score, missing scores on the MCSDS artificially lower scores. This is not of concern on the MCI, given that it uses scale mean scores. To account for the problem of potentially artificially lowered scores on the MCSDS, participants who left thee or more questions blank on the MCSDS were removed from analyses (Bruno et al., unpublished manuscript). Thus, this elimination process resulted in a sample size of 364 participants with valid scores. The final sample for the present study comprised three-hundred and sixty four participants, or a 36% response rate.
4.3 Descriptive Statistics and Graphical Analyses

Data was collected for the following independent variables: race, sex, licensure, professional organization membership, years of counseling experience, amount of multicultural training, and practice setting. In addition, demographic data was collected regarding participants’ age, highest earned degree, and major field of study. Race was a close-ended question in which participants selected what race(s) or ethnicity(s) they identified as. The responses resulted in the following six categories: African American, White/Caucasian, Asian American, Hispanic/Latino, Bi-Racial, and Other (see Table 4.1). Given the small sub-sample sizes of all categories aside from White/Caucasian, the data was collapsed into two variables (White/Caucasian and Non-White) for the purposes of analysis (see Table 4.2). The researcher was unable to compare these percentages to the population of licensed counselors in Ohio, as such demographic data is not collected by the state (J. Hodges, personal communication, August 3, 2006).
<table>
<thead>
<tr>
<th>Race (n=360)</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>White/Caucasian</td>
<td>323</td>
<td>88.7</td>
</tr>
<tr>
<td>Bi-Racial</td>
<td>17</td>
<td>4.7</td>
</tr>
<tr>
<td>African American</td>
<td>13</td>
<td>3.6</td>
</tr>
<tr>
<td>Asian American</td>
<td>3</td>
<td>0.8</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>2</td>
<td>0.5</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>0.5</td>
</tr>
</tbody>
</table>

Table 4.1: Frequency Distributions for Race

<table>
<thead>
<tr>
<th>Race (n=360)</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>White/Caucasian</td>
<td>323</td>
<td>88.7</td>
</tr>
<tr>
<td>Non-Whites</td>
<td>37</td>
<td>9.7</td>
</tr>
</tbody>
</table>

Table 4.2: Frequency Distributions for Race as a Collapsed Variable
Gender was collected as a categorical closed variable in which participants self-identified as either male or female. The sample demographics comprised 281 women and 82 men (see Table 4.3). These percentages are representative of the population of licensed counselors in Ohio, as 73.5% of the population is female and 26.5% of the population is male (State of Ohio LPC & LPCC Database, 2006).

<table>
<thead>
<tr>
<th>Gender (n=363)</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>281</td>
<td>77.2</td>
</tr>
<tr>
<td>Men</td>
<td>82</td>
<td>22.5</td>
</tr>
</tbody>
</table>

Table 4.3: Frequency Distributions for Gender

Participants’ average age was 48.7 years old ($SD = 11.6$) with a range of 25 to 75. The majority of the sample, 98.6% ($n = 359$), had earned a master’s degree or higher (see Table 4.4), and most stated that their major field of study was counseling (73.6%, $n = 268$) (see Table 4.5). Two-hundred ninety one participants identified as LPCCs (79.9%); 72 (19.8%) subjects identified as LPC. Of the 291 LPCCs, 195 of them reported holding a Supervising Counselor Designation (67.0%); whereas, only two of the seventy-two LPCs reported holding a Supervising Counselor Designation (0.3%) (see Table 4.6). In
the state of Ohio, to apply for a Supervising Counselor Designation an LPC or LPCC has to have worked for at least two years, full time, in direct counseling services under supervision and have had at least two quarters of academic work or ten clock hours of continuing education in clinical supervision. To maintain a Supervising Counselor Designation, one must complete at least six hours of supervisory continuing education every two years.

<table>
<thead>
<tr>
<th>Highest Earned Degree (n = 361)</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>MA</td>
<td>257</td>
<td>70.6</td>
</tr>
<tr>
<td>PhD</td>
<td>51</td>
<td>14.0</td>
</tr>
<tr>
<td>MA+</td>
<td>49</td>
<td>13.5</td>
</tr>
<tr>
<td>BA</td>
<td>2</td>
<td>0.5</td>
</tr>
<tr>
<td>PsyD</td>
<td>2</td>
<td>0.5</td>
</tr>
</tbody>
</table>

Table 4.4: Frequency Distributions for Highest Earned Degree
<table>
<thead>
<tr>
<th>Major Field of Study (n = 358)</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling</td>
<td>268</td>
<td>73.6</td>
</tr>
<tr>
<td>Psychology</td>
<td>50</td>
<td>13.7</td>
</tr>
<tr>
<td>Marriage and Family Therapy</td>
<td>11</td>
<td>3.0</td>
</tr>
<tr>
<td>Pastoral Counseling</td>
<td>7</td>
<td>1.9</td>
</tr>
<tr>
<td>Education</td>
<td>5</td>
<td>1.4</td>
</tr>
<tr>
<td>School Counseling</td>
<td>4</td>
<td>1.1</td>
</tr>
<tr>
<td>Rehabilitation Counseling</td>
<td>4</td>
<td>1.1</td>
</tr>
<tr>
<td>Social Work</td>
<td>4</td>
<td>1.1</td>
</tr>
<tr>
<td>School Psychology</td>
<td>2</td>
<td>0.5</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>0.8</td>
</tr>
</tbody>
</table>

Table 4.5: Frequency Distributions for Major Field of Study
Table 4.6: Frequency Distributions for Licensure

<table>
<thead>
<tr>
<th>Licensure (n = 363)</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>LPC</td>
<td>72</td>
<td>19.8</td>
</tr>
<tr>
<td>Supervising Counselor Designation</td>
<td>2</td>
<td>0.3</td>
</tr>
<tr>
<td>LPCC</td>
<td>291</td>
<td>79.9</td>
</tr>
<tr>
<td>Supervising Counselor Designation</td>
<td>195</td>
<td>67.0</td>
</tr>
</tbody>
</table>

Data was collected regarding participants’ membership in a professional organization. Forty-nine and four tenths of the sample (n = 358) indicated affiliation with a professional organization; 50.6% reported not belonging to any professional organization. The survey listed four primary counseling professional organizations (Ohio Counseling Association, American Counseling Association, Ohio School Counselor Association, and American School Counselor Association) and requested participants to identify all organizations to which they belonged, providing space to record additional organizations in a fifth category of “other”. Of the total sample, 28.3% (n = 103) reported belonging to the Ohio Counseling Association (OCA); 34.9% (n = 127) reported membership in the American Counseling Association (ACA); 3.8% (n = 14) identified as members of the Ohio School Counselor Association (OSCA); and 3.3% (n = 12) reported membership in the American School Counselor Association (ASCA). One-hundred six
persons responded that they belonged to one or more organizations in addition to or other than the four identified in the survey. Given that persons may belong to more than one professional organization, the frequency and percentages of membership in ACA, OCA, OSCA, ASCA, and “Other” is greater than the total number of persons identified as belonging to a professional organization. For the purposes of regression analysis, the data was collapsed into a dichotomous, yes or no categorical variable identifying membership, or lack thereof, in a professional organization (see Table 4.7).

<table>
<thead>
<tr>
<th>Membership (n = 358)</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>177</td>
<td>49.4</td>
</tr>
<tr>
<td>ACA</td>
<td>127</td>
<td>34.9</td>
</tr>
<tr>
<td>OCA</td>
<td>103</td>
<td>28.3</td>
</tr>
<tr>
<td>OSCA</td>
<td>14</td>
<td>3.8</td>
</tr>
<tr>
<td>ASCA</td>
<td>12</td>
<td>3.3</td>
</tr>
<tr>
<td>Other</td>
<td>106</td>
<td>29.1</td>
</tr>
<tr>
<td>No</td>
<td>181</td>
<td>50.6</td>
</tr>
</tbody>
</table>

Table 4.7: Frequency Distributions for Membership in a Professional Organization
Other independent variable data collected included years of counseling experience, amount of multicultural training, and practice setting. One open ended question on the demographic survey inquired about the number of years a person had been practicing as a counselor, from the receipt of his or her LPC status. Counselors reported on average having worked approximately 11 years with a standard deviation of 7.1 years (see Table 4.8).

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Median</th>
<th>Mode</th>
<th>Standard Deviation</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experience (n = 359)</td>
<td>10.9</td>
<td>10.0</td>
<td>10.0</td>
<td>7.1</td>
<td>39.0</td>
</tr>
</tbody>
</table>

Table 4.8: Descriptive Statistics for Years of Counseling Experience

In the data analysis (see Section 4.5 below), the experience variable was analyzed as continuous, ordinal, and nominal. Experience was first analyzed as continuous in order to maintain the variable’s precision and detail. However, it was also hypothesized that one year increments might not offer enough sensitivity to reflect useful and accurate data regarding the correlation of experience and MCC competence. It was assumed that there may be no meaningful quantitative difference between, for example, four and five years of experience, or eleven and twelve years of experience; thus, potentially, when run as a
continuous variable, the regression model would not find experience to account for a significant amount of variance in MCI scores. Therefore, experience was conjectured, when coded as a dummy variable and grouped nominally, to provide more information when run in the regression.

To account for this possibility, experience was also first analyzed as an ordinal variable to determine zero-order correlations with the dependent variables. Based on their experience, counselors were divided into three categories: novice (0 to 3 years); experienced (4 to 18 years); and, master experience (19 or more years). These categories were chosen based on the distribution of the sample. Those counselors in the novice and master experience categories are ±1 standard deviation from the mean; whereas, those counselors in the experienced category fall within the range of ±1 standard deviation. As seen below in Table 4.16, the ordinal experience variable was indeed more sensitive yielding stronger correlations with the MCI Skills scale and the MCI Total scale. In addition, as an ordinal variable, the data was sensitive enough to identify a correlation between experience and the MCI Knowledge scale. Thus, the experience variable was transformed into a categorical variable for the purposes of regression analyses. The nominal variable resulted in two dummy variables. Novice experience was the reference category and thus coded as zero (see Table 4.9).
<table>
<thead>
<tr>
<th>Experience (n = 359)</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Novice (1-3 years experience)</td>
<td>52</td>
<td>14.3</td>
</tr>
<tr>
<td>Experienced (4-18 years experience)</td>
<td>248</td>
<td>68.1</td>
</tr>
<tr>
<td>Master (19 or more years experience)</td>
<td>59</td>
<td>16.2</td>
</tr>
</tbody>
</table>

Table 4.9: Frequency Distributions for the Categorical Variable: Years of Experience

Multicultural training was collected as two variables: number of graduate MCC courses taken and number of MCC workshops and/or trainings attended. The mean for the number of graduate MCC courses taken was 1.7 (SD = 1.3). Counselors reported on average that they had attended 4.4 MCC workshops and/or trainings with a standard deviation of 5.3 (see Table 4.10).

<table>
<thead>
<tr>
<th>Training</th>
<th>Mean</th>
<th>Median</th>
<th>Mode</th>
<th>Standard Deviation</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCC graduate courses (n = 355)</td>
<td>1.7</td>
<td>1.0</td>
<td>1.0</td>
<td>1.3</td>
<td>8</td>
</tr>
<tr>
<td>MCC workshops/trainings (n = 341)</td>
<td>4.4</td>
<td>3.0</td>
<td>2.0</td>
<td>5.3</td>
<td>50</td>
</tr>
</tbody>
</table>

Table 4.10: Descriptive Statistics for Amount of MCC Training Received
Primary work setting consisted of one question on the demographic questionnaire. Respondents were provided eight different work settings with a ninth option of “Other”. The majority of participants either identified their primary work setting as community mental health (34.6%) or private practice (24.7%). Additional work settings offered on the survey included not working, employee assistance program (EAP), professor, graduate student, college counseling center, career counseling, rehabilitation counseling, and “Other” (see Table 4.11). Respondents indicated “Other” settings such as corrections or pastoral counseling in a church or religious institution.
<table>
<thead>
<tr>
<th>Work Setting</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Mental Health</td>
<td>126</td>
<td>34.6</td>
</tr>
<tr>
<td>Private Practice</td>
<td>90</td>
<td>24.7</td>
</tr>
<tr>
<td>Not Currently Working</td>
<td>15</td>
<td>4.1</td>
</tr>
<tr>
<td>Professor</td>
<td>13</td>
<td>3.6</td>
</tr>
<tr>
<td>Rehabilitation Counseling</td>
<td>10</td>
<td>2.7</td>
</tr>
<tr>
<td>EAP</td>
<td>10</td>
<td>2.7</td>
</tr>
<tr>
<td>College Counseling Center</td>
<td>5</td>
<td>1.4</td>
</tr>
<tr>
<td>Graduate Student</td>
<td>3</td>
<td>0.8</td>
</tr>
<tr>
<td>Career Counseling</td>
<td>3</td>
<td>0.8</td>
</tr>
<tr>
<td>Other</td>
<td>69</td>
<td>19.0</td>
</tr>
</tbody>
</table>

Table 4.11: Frequency Distribution for Primary Work Setting \((n = 344)\)

Prior to regression analyses, the MCI scales were examined to test the structure of the data. Internal reliability was measured using Cronbach’s alpha. Scale intercorrelations were also calculated (see Table 4.12). Given that each intercorrelation was calculated based only on surveys with complete data for the pertinent subscale items, the sample sizes for scale intercorrelations are considerably smaller than the study’s total sample size.
Table 4.12: Intercorrelations and Alpha Coefficients of the Multicultural Counseling Inventory (n = 364 for Correlations; Reliability n is in parentheses).

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

ª Internal reliabilities (Cronbach alpha coefficients) are written on the diagonal.

4.4 Assumptions of Univariate Regression Analysis

Prior to statistical analysis of the aforementioned research questions, the assumptions of univariate regression analysis were tested to determine if the regressions conducted could be considered valid: (1) normality, (2) linearity, (3) homoscedasticity,
4.4.1 Assumption 1: Each variable and all linear combinations of the variables are normally distributed.

Evidence of normality for the MCI total scale scores is displayed in Figure 4.1. The assumption of normality was upheld.

Figure 4.1 Normal P-P Plot for Mean MCI Total Scale Scores (n = 330)
4.4.2 Assumption 2: The relationship between variables is linear.

Linearity between variables is determined through visual examination of the data. In this case, bivariate scatterplots were created to identify linear relationships between the continuous predictor variables (social desirability, training, experience) and the criterion variable (MCI total scale). Scatterplots in Figures 4.2, 4.3, 4.4, and 4.5 demonstrate the linear relationships that exist.
Figure 4.2: Scatterplot of Social Desirability and Mean MCI Total Score ($n = 330$)
Figure 4.3: Scatterplot of Multicultural Training (Courses Taken) and Mean MCI Total Scale Scores ($n = 330$)
Figure 4.4: Scatterplot of Multicultural Training (Workshops Attended) and Mean MCI Total Scale Scores ($n = 330$)
Figure 4.5: Scatterplot of Experience and Mean MCI Total Scale Scores ($n = 330$)
4.4.3 Assumption 3: “Homogeneity of Variance (Homoscedasticity)”: The variances of the Ys, for each X, will be equal.

In order to test this assumption, a residual plot was created for the mean MCI Total scores (See Figure 4.6). The assumption of normality was upheld.

Figure 4.6: Residual Plot of Mean MCI Total Scores of Respondents ($n = 330$)
4.4.4 Assumption 4: Errors are independent of one another.

In order for errors to be independent of one another, errors associated with one observation should not be correlated with errors of any other observations. This assumption was upheld, as evidenced in the residual plot shown in Figure 4.6.

4.4.5 Assumption 5: The predictor variables are not highly redundant with other predictor variables.

Multicollinearity describes a condition in which predictor variables are highly correlated (> .90) and thus redundant, although intercorrelations among predictors occur in all research to some extent (Walker, 1999). As indicated in the correlation matrix tables provided below (Table 4.13 & continued in Table 4.14), none of the variables in the present study are highly correlated nor are the predictor variables repeated measures of the same construct; therefore, the assumption of multicollinearity is not violated (Gay & Airasian, 2003; Newton & Rudestam, 1999).
<table>
<thead>
<tr>
<th></th>
<th>Race</th>
<th>Gender</th>
<th>Licensure</th>
<th>Organization Membership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender (363)</td>
<td>-0.019</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Licensure (363)</td>
<td>0.036</td>
<td>0.101</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organization Membership (357)</td>
<td>-0.051</td>
<td>-0.046</td>
<td>-0.154</td>
<td></td>
</tr>
<tr>
<td>Experience (358)</td>
<td>0.045</td>
<td>0.244</td>
<td>0.407</td>
<td>-0.077</td>
</tr>
<tr>
<td>MCC Grad Courses (354)</td>
<td>-0.022</td>
<td>-0.048</td>
<td>0.032</td>
<td>0.005</td>
</tr>
<tr>
<td>MCC Workshops/Trainings (340)</td>
<td>-0.102</td>
<td>-0.019</td>
<td>0.012</td>
<td>-0.015</td>
</tr>
<tr>
<td>Work Setting (359)</td>
<td>0.014</td>
<td>0.092</td>
<td>-0.021</td>
<td>0.088</td>
</tr>
</tbody>
</table>

Table 4.13: Intercorrelations of the Independent Variables

<table>
<thead>
<tr>
<th></th>
<th>Experience</th>
<th>MCC Graduate Courses</th>
<th>MCC Workshops Trainings</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCC Grad Courses (354)</td>
<td>0.018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MCC Workshops/Trainings (340)</td>
<td>0.218</td>
<td>0.096</td>
<td></td>
</tr>
<tr>
<td>Work Setting (359)</td>
<td>0.027</td>
<td>-0.022</td>
<td>-0.091</td>
</tr>
</tbody>
</table>

Table 4.14: Intercorrelations of the Independent Variables (continued from Table 4.13)
4.5 Data Analysis

SPSS version 14.0 (SPSS Inc., 2005) was used for analysis. Table 4.12 above presents intercorrelations and alpha coefficients of the Multicultural Counseling Inventory (MCI) scale and its four subscales. Cronbach’s alpha for the MCI total scale was .88. Cronbach’s alpha for the Skills, Knowledge, Awareness, and Relationship subscales were .75, .81, .82, and .63 respectively. These internal consistency measures are comparable to those reported in other studies (Sodowsky et al., 1998; Bruno et al., unpublished manuscript). Subscale intercorrelations, as seen in Table 4.12, ranged from .14 to .54, indicating a low to moderate relationship among subscales. These inter-item reliability coefficients are comparable to those reported in other studies (Sodowsky et al., 1998; Bruno et al., unpublished manuscript). With regard to the MCSDS, the Cronbach’s alpha was .65, lower than the .80 found by Sodowsky et al. (1998), yet slightly higher than that of the research findings of Bruno et al. (unpublished manuscript), who reported the MCSDS Cronbach’s alpha as .61.

4.5.1 Research Question One

To what extent do licensed counselors perceive themselves to be multiculturally competent as measured by the Multicultural Counseling Inventory (Sodowsky et al., 1994)?
Table 4.15: Means, Standard Deviations, and Medians for the MCI total and the four subscales

<table>
<thead>
<tr>
<th>MCI Scales (n = 364)</th>
<th>Mean</th>
<th>SD</th>
<th>Median</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skills</td>
<td>3.67</td>
<td>.31</td>
<td>3.73</td>
<td>2.90</td>
</tr>
<tr>
<td>Knowledge</td>
<td>3.29</td>
<td>.43</td>
<td>3.36</td>
<td>2.64</td>
</tr>
<tr>
<td>Relationship</td>
<td>3.20</td>
<td>.44</td>
<td>3.25</td>
<td>2.14</td>
</tr>
<tr>
<td>Awareness</td>
<td>2.88</td>
<td>.55</td>
<td>2.88</td>
<td>2.63</td>
</tr>
<tr>
<td>MCI Total</td>
<td>3.28</td>
<td>.31</td>
<td>3.29</td>
<td>2.50</td>
</tr>
</tbody>
</table>

To answer the first research question, mean scores, along with standard deviations and median scores, were calculated for the four MCI subscales, Skills, Knowledge, Awareness, and Relationship, as well as the MCI total scale (see Table 4.15). The means for the MCI total and its subscales found in this study were generally consistent with prior research findings (Pope-Davis et al., 1995; Pope-Davis & Ottavi, 1994; Granello & Wheaton, 1998). In the present study, licensed counselors reported above the mean point (> 2.5, or between “Somewhat Inaccurate” and “Somewhat Accurate”) for multicultural competence on the MCI total scale and all four subscales. Aside from the Awareness scale score results, which were lower than 3.0, counselors found the statements on the
MCI regarding their level of competence to be between “Somewhat Accurate” (3.0) and “Very Accurate” (4.0). Licensed counselors reported themselves being most competent in multicultural Skills ($M = 3.67$, $SD = .31$), followed by Knowledge ($M = 3.29$, $SD = .43$), Relationship ($M = 3.20$, $SD = .44$), and Awareness ($M = 2.88$, $SD = .55$). Licensed counselors had a mean score of 3.28 ($SD = .31$) on the MCI total scale.

4.5.2 Research Question Two

To what extent do specific demographic variables of licensed counselors (race, sex, licensure, professional organization membership, years of counseling experience, amount of multicultural training, practice setting), controlling for multicultural social desirability, affect perceived multicultural competence of licensed counselors?

Hierarchical linear regression was used to examine the relationship between each MCI scale and the aforementioned independent variables, using social desirability as a covariate. A separate hierarchical regression test was run for each of the MCI scales because each dependent variable (MCI total, Skills, Awareness, Relationship, Knowledge) is conceptually independent (Huberty & Morris, 1989). Prior to conducting the analyses, zero-order correlations were determined to identify the independent variables which were statistically related to the dependent variables (see Table 4.16).
<table>
<thead>
<tr>
<th></th>
<th>Skills</th>
<th>Awareness</th>
<th>Relationship</th>
<th>Knowledge</th>
<th>MCI Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race (360)</td>
<td>-.021</td>
<td>-.236**</td>
<td>-.049</td>
<td>-.061</td>
<td>-.145**</td>
</tr>
<tr>
<td>Gender (363)</td>
<td>-.008</td>
<td>-.064</td>
<td>-.039</td>
<td>-.094</td>
<td>-.079</td>
</tr>
<tr>
<td>Licensure (363)</td>
<td>.089</td>
<td>.027</td>
<td>.029</td>
<td>.105*</td>
<td>.081</td>
</tr>
<tr>
<td>Organization Membership (357)</td>
<td>-.079</td>
<td>.080</td>
<td>-.038</td>
<td>.005</td>
<td>.005</td>
</tr>
<tr>
<td>Experience Continuous (359)</td>
<td>.111*</td>
<td>.082</td>
<td>.073</td>
<td>.061</td>
<td>.111*</td>
</tr>
<tr>
<td>Experience Ordinal (359)</td>
<td>.134*</td>
<td>.090</td>
<td>.099</td>
<td>.122*</td>
<td>.154**</td>
</tr>
<tr>
<td>MCC Grad Courses (355)</td>
<td>.128*</td>
<td>.229**</td>
<td>.112*</td>
<td>.119**</td>
<td>.243**</td>
</tr>
<tr>
<td>MCC Workshops &amp; Trainings (341)</td>
<td>.081</td>
<td>.258**</td>
<td>.012</td>
<td>.232**</td>
<td>.240**</td>
</tr>
<tr>
<td>Work Setting (360)</td>
<td>-.047</td>
<td>-.069</td>
<td>-.032</td>
<td>-.050</td>
<td>-.069</td>
</tr>
</tbody>
</table>

Table 4.16: Zero-Order Correlations for Independent and Dependent Variables (n is in parentheses).

*Correlation is significant at the 0.05 level (2-tailed)

**Correlation is significant at the 0.01 level (2-tailed)
Note: The reference category for race was non-White (coded 0, negative coefficients indicate higher non-White scores) and the reference category for gender was female (coded 0, negative coefficients indicate higher female scores).

**MCI Total Scale Casewise Diagnostics.** In addition to regression diagnostics, casewise diagnostics within SPSS were used to detect MCI Total Scale outliers whose standardized residuals were three standard deviations or more from the mean value of the dependent variable. Casewise diagnostics indicated three cases had high standardized residuals (-3.0, -3.9, and -3.2); thus, these cases were examined for possible errors in coding or response bias. All responses for the three subjects appeared coded correctly and there was no apparent response bias.

Given that each of the three cases appeared properly coded and no error could be readily identified, all three were retained in the regression analyses. Nonetheless, to ascertain the effect of these cases on the regression analyses, a linear regression on the Total scale was run both with and without the three cases. The adjusted $R^2$ in the model conducted without these three cases (.211) was negligibly impacted when compared to the adjusted $R^2$ with these three cases (.218).

**MCI Total Scale Regression Analysis.** Zero-order correlation analysis identified the following independent variables as statistically related to the MCI Total scale scores: race, experience (continuous and ordinal), number of graduate courses taken, and number of multicultural counseling workshops and/or trainings attended. As explained above in
Section 4.1, and as seen in the correlations in Table 4.16, the ordinal experience variable was indeed more sensitive and thus transformed into a categorical variable for the purposes of regression analyses, resulting in two dummy variables. Novice experience was the reference category and thus coded as zero.

Hierarchical linear regression was used to examine the relationship between MCI Total scale mean scores and the independent variables of race, experience (dummy coded), along with both training variables, with social desirability used as a covariate. To control for social desirability, MCSD was entered in the first block of the regression and all other variables were entered in the second block of the hierarchical regression.

The first model, with only the covariate of social desirability, was statistically significant ($F(1, 332) = 30.80, p < .00$) and the model accounted for 8% of the total variance in MCI total scale scores. With all five independent variables (MCSD, race, experience (dummy variables), number of MCC courses taken and number of MCC workshops and/or trainings attended), the results of the regression analysis, predicting MCI total scale mean score, remained statistically significant ($F(6, 326) = 12.05, p < .00$). The full regression model accounted for 17% of the total variance in MCI total scale mean score for all participants (adjusted $R^2 = .166$). By adding the significant independent variables (race, experience, number of MCC courses taken, and number of MCC workshops and/or trainings attended) to the regression model and still using MCSD as a covariate, the four independent variables accounted for an additional 8% of the variance (adjusted $\Delta R^2 = .084$).
Analysis from Step 2 of the regression equation indicated that the social desirability variable was statistically significant (standardized $\beta = .771$, $p < .00$). Experience 1, comparing Novice to Experienced counselor, was not statistically significant (standardized $\beta = .037$, $p = .586$); however, Experience 2, comparing Novice to Master counselors, was statistically significant (standardized $\beta = .171$, $p = .012$). The race variable was statistically significant (standardized $\beta = -.165$, $p = .001$). The mean MCI total scale score for the white racial group ($M = 3.27$, $SD = .29$) was lower than that of the non-white racial group ($M = 3.47$, $SD = .33$). The training variable measuring the number of multicultural counseling courses was statistically significant (standardized $\beta = .171$, $p = .001$). The training variable measuring the number of multicultural counseling workshops and/or trainings attended was statistically significant (standardized $\beta = -.545$, $p < .023$) (see Table 4.18).

Using the Explore procedure in SPSS, the mean MCI Total scale scores were ascertained for each of the three categories of experience (see Table 4.17). Additionally, to compare the three categories of experience (Novice, Experienced, Master), a One-Way ANOVA with a post-hoc Tukey test was conducted. The one-way ANOVA indicated between group differences ($p = .009$). The post-hoc Tukey test indicated that Master counselors ($M = 3.39$, $SD = .25$) scored statistically significantly higher on the MCI Total scale score than both Novice counselors ($M = 3.22$, $SD = .29$, $p = .011$) and Experienced counselors ($M = 3.27$, $SD = .32$, $p = .023$). There was no statistically significant difference between Novice and Experienced counselors (see Table 4.17).
Finally, a second linear regression was conducted without the variable of MCSD to determine the effect of social desirability on the significant independent variables. The standardized beta weights were compared with the standardized beta weights from the first regression run. As one would expect, when MCSD was not controlled, the beta weight for the variables of Race and MCC Graduate Courses taken were larger. However, the following variables decreased in beta weight: Experience 1 ($\Delta = .023$), comparing Novice to Experienced Counselors; Experience 2 ($\Delta = .002$), comparing Novice to Master counselors; and MCC workshops and/or trainings ($\Delta = .750$) (see Table 4.18).

<table>
<thead>
<tr>
<th>Experience</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Novice (52)</td>
<td>3.22</td>
<td>.29</td>
</tr>
<tr>
<td>Experienced (248)</td>
<td>3.27</td>
<td>.32</td>
</tr>
<tr>
<td>Master (59)</td>
<td>3.39</td>
<td>.25</td>
</tr>
</tbody>
</table>

Table 4.17: MCI Total Scale Score Means and Standard Deviations for the Experience Variable (ordinal)
<table>
<thead>
<tr>
<th>Variable</th>
<th>$B$ (SE)</th>
<th>$\beta$</th>
<th>$\beta$ without MCSD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MCSD</td>
<td>0.001 (.000)</td>
<td>.292*</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Step 2</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MCSD</td>
<td>0.003 (.001)</td>
<td>.771*</td>
<td>N/A</td>
</tr>
<tr>
<td>White/Non-White</td>
<td>-0.161 (.050)</td>
<td>-.165*</td>
<td>-.183*</td>
</tr>
<tr>
<td>Experience 1:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Novice/Experienced)</td>
<td>0.024 (.044)</td>
<td>.037</td>
<td>.014</td>
</tr>
<tr>
<td>Experience 2:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Novice/Master)</td>
<td>0.135 (.054)</td>
<td>.171*</td>
<td>.169*</td>
</tr>
<tr>
<td>MC graduate courses</td>
<td>0.039 (.012)</td>
<td>.171*</td>
<td>.187*</td>
</tr>
<tr>
<td>MC workshops/trainings</td>
<td>-0.036 (.016)</td>
<td>-.545*</td>
<td>.205*</td>
</tr>
</tbody>
</table>

Table 4.18: Final Regression Model Results for MCI Total Scale Score

Note. The reference category for race was non-White (coded 0, negative coefficients indicate higher non-White scores).

Note. The reference category for Experience 1 was Novice (coded 0, positive coefficients indicate higher Experienced scores) and the reference category for Experience 2 was Novice (coded 0, positive coefficients indicate higher Master scores).

Note. $R^2 = .085$ for Step 1; $\Delta R^2 = .097$ for Step 2.

*p < .05
Given that the standardized and unstandardized betas for the MCC workshops/trainings variable were both negative and the unstandardized \( \beta \) is essentially zero, indicating an unsubstantial contribution to the regression equation, the regression analysis was re-run, eliminating four outliers for the MCC workshops/trainings variable. The original MCC workshops/trainings variable was highly positively skewed (3.5) given the extreme cases of persons indicating they had attended more than 20 MCC workshops/trainings (\( M = 4.4, \text{median} = 3.0, \text{mode} = 2.0, SD = 5.3 \)). Coding these four outlying variables as missing data resulted in a mean of 4.0 and a standard deviation of 4.1; whereas, the median and mode remained unchanged.

The hierarchical linear regression procedures were repeated in the same manner as above, with the exclusion of the four outlying cases in the MCC workshops/trainings attended variable. The first model, with only the covariate of social desirability, was statistically significant (\( F(1, 330) = 40.35, p < .00 \)) and the model accounted for 11% (adjusted \( R^2 = .106 \)) of the total variance in MCI total scale scores. With all five independent variables, the results of the regression analysis, predicting MCI total scale mean score, remained statistically significant (\( F(6, 325) = 15.84, p < .00 \)). The full regression model accounted for 21% of the total variance in MCI total scale mean score for all participants (adjusted \( R^2 = .212 \)). By adding the significant independent variables (race, experience, number of MCC courses taken, and number of MCC workshops and/or trainings attended) to the regression model and still using MCSD as a covariate, the four
independent variables accounted for an additional 11% of the variance (adjusted $\Delta R^2 = .106$).

Analysis from Step 2 of the regression equation indicated that the social desirability variable remained statistically significant (standardized $\beta = .292, p < .00$). Experience 1, comparing Novice to Experienced counselor, as noted above, was not statistically significant (standardized $\beta = .054, p = .414$); however, Experience 2, comparing Novice to Master counselors, remained statistically significant (standardized $\beta = .161, p = .016$). The race variable remained statistically significant (standardized $\beta = -.143, p = .004$), again indicating that mean scores for the white racial group were statistically significantly lower than that of the non-white racial group. The training variable measuring the number of multicultural counseling courses remained statistically significant (standardized $\beta = .150, p = .003$). However, there was a noticeable difference in the training variable measuring the number of multicultural counseling workshops and/or trainings attended. It remained statistically significant (standardized $\beta = .216, p = .000$); however, it was positive and its beta weight greatly increased. In fact, it was the highest weighted variable aside from MCSD (see Table 4.19). Finally, when the second regression was run, without controlling for MCSD, the increases and decreases in standardized $\beta$ scores remained generally consistent (see Table 4.19).
Table 4.19: Final Regression Model Results for MCI Total Scale Score

<table>
<thead>
<tr>
<th>Variable</th>
<th>$B$ (SE)</th>
<th>$\beta$</th>
<th>$\beta$ without MCSD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MCSD</td>
<td>0.031 (.005)</td>
<td>.330*</td>
<td>N/A</td>
</tr>
<tr>
<td>Step 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MCSD</td>
<td>0.028 (.005)</td>
<td>.292*</td>
<td>N/A</td>
</tr>
<tr>
<td>White/Non-White</td>
<td>-0.143 (.050)</td>
<td>-.143*</td>
<td>-.187*</td>
</tr>
<tr>
<td>Experience 1:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Novice/Experienced)</td>
<td>0.034 (.042)</td>
<td>.054</td>
<td>.040</td>
</tr>
<tr>
<td>Experience 2:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Novice/Master)</td>
<td>0.126 (.052)</td>
<td>.161*</td>
<td>.166*</td>
</tr>
<tr>
<td>MC graduate courses</td>
<td>0.034 (.011)</td>
<td>.151*</td>
<td>.189*</td>
</tr>
<tr>
<td>MC workshops/trainings</td>
<td>0.016 (.004)</td>
<td>.216*</td>
<td>.204*</td>
</tr>
</tbody>
</table>

Note. The reference category for race was non-White (coded 0, negative coefficients indicate higher non-White scores).

Note. The reference category for Experience 1 was Novice (coded 0, positive coefficients indicate higher Experienced scores).

Note. The reference category for Experience 2 was Novice (coded 0, positive coefficients indicate higher Master scores).

Note. $R^2 = .109$ for Step 1; $\Delta R^2 = .117$ for Step 2.

*$p < .05$
**MCI Skills Scale Casewise Diagnostics.** Casewise diagnostics within SPSS was used to detect MCI Skills Scale outliers whose standardized residuals were three standard deviations or more from the mean value of the dependent variable. Casewise diagnostics indicated four cases, different from those cases identified for the MCI Total Scale, had high standardized residuals (-4.52, -3.54, -3.52, and -9.64). Thus, these cases were examined for possible errors in coding and response bias. All responses for the four subjects appeared coded correctly and there was no apparent response bias; thus, all four were retained in the regression analyses. Nonetheless, to ascertain the effect of each case on the regression analyses, a regression analyses on the MCI Skills scale was conducted both with and without the four aforementioned cases. The adjusted $R^2$ in the model without the four cases (adjusted $R^2 = .054$) was somewhat impacted when compared with the adjusted $R^2$ in the model with the four cases (adjusted $R^2 = .044$).

**MCI Skills Scale Regression Analysis.** Zero-order correlation analysis identified the following independent variables as statistically related to the MCI Skills scale scores: experience (continuous and ordinal) and training: number of graduate courses taken. As explained above in section 4.1, and as seen in the correlations in Table 4.16, the ordinal experience variable was indeed more sensitive and thus transformed into a categorical variable for the purposes of regression analyses, resulting in two dummy variables. Novice experience was the reference category and thus coded as zero.

Hierarchical linear regression was used to examine the relationship between the MCI Skills scale and the significantly correlated independent variables of experience.
(dummy variable) and training: number of graduate courses taken, with social desirability as a covariate. To control for social desirability, MCSD was entered into the first block of the regression; whereas, the other two independent variables were entered into the second block of the regression.

The first model, which included only MCSD, was statistically significant \((F(1, 351) = 10.37, p = .001)\) and it accounted for 3\% of the total variance (adjusted \(R^2 = .026\)) in MCI Skills scale scores. In the second model, which included the covariate of MCSD, as well as the independent variables of experience (dummy variable) and the number of graduate courses taken, was also statistically significant \((F(4, 352) = 5.52, p < .00)\), accounting for 5\% (adjusted \(R^2 = .049\)) of the variance in MCI Skills scale scores (see Table 4.21).

The regression analysis indicated that MCSD was statistically significant (standardized \(\beta = .149, p = .005\)), as was Experience 2, comparing Novice with Master counselors (standardized \(\beta = .157, p = .026\)). However, Experience 1, comparing Novice with Experienced counselors, was not found to be statistically significant (standardized \(\beta = .027, p = .703\)), nor was training, as measured by the number of MCC graduate courses taken (standardized \(\beta = .102, p = .054\)) (see Table 4.21).

Using the Explore procedure in SPSS, the mean MCI Skills scale scores were ascertained for each of the three categories of experience (see Table 4.20). Additionally, to compare the three categories of experience (Novice, Experienced, Master), a One-Way ANOVA with a post-hoc Tukey test was conducted. The one-way ANOVA indicated between group differences \((p = .011)\). The post-hoc Tukey test indicated that Master
counselors ($M = 3.79$, $SD = .23$) scored statistically significantly higher on the MCI Skills scale score than both Novice counselors ($M = 3.64$, $SD = .30$, $p = .036$) and Experienced counselors ($M = 3.66$, $SD = .33$, $p = .012$). There was no statistically significant difference between Novice and Experienced counselors (see Table 4.20).

<table>
<thead>
<tr>
<th>Experience</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Novice (52)</td>
<td>3.64</td>
<td>.30</td>
</tr>
<tr>
<td>Experienced (248)</td>
<td>3.66</td>
<td>.33</td>
</tr>
<tr>
<td>Master (59)</td>
<td>3.79</td>
<td>.23</td>
</tr>
</tbody>
</table>

Table 4.20: MCI Skills Scale Score Means and Standard Deviations for the Experience Variable (ordinal)

To remove the effect of social desirability on the remaining independent variables, a second linear regression was run without social desirability. The beta weights were compared with the beta weights from the first regression conducted. Without controlling for MCSD, the effect of Experience 1, comparing Novice with Experienced counselors, on MCI Skills scale scores decreased, as did the effect of Experience 2,
comparing Novice with Master counselors, although negligibly by .001. Finally, the
effect of the number of MCC graduate courses increased slightly by .02 (see Table 4.21).

<table>
<thead>
<tr>
<th>Variable</th>
<th>$B$ (SE)</th>
<th>$\beta$</th>
<th>$\beta$ without MCSD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MCSD</td>
<td>0.017 (.005)</td>
<td>.169*</td>
<td>N/A</td>
</tr>
<tr>
<td>Step 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MCSD</td>
<td>0.015 (.005)</td>
<td>.149*</td>
<td>N/A</td>
</tr>
<tr>
<td>Experience 1:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Novice/Experienced)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experience 2:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Novice/Master)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MCC graduate courses</td>
<td>-0.025 (.013)</td>
<td>.102</td>
<td>.122*</td>
</tr>
</tbody>
</table>

Table 4.21: Final Regression Model Results for MCI Skills Scale Score

Note. The reference category for Experience 1 was Novice (coded 0, negative
coefficients indicate higher Experienced scores).

Note. The reference category for Experience 2 was Novice (coded 0, negative
coefficients indicate higher Master scores).

Note. $R^2 = .029$ for Step 1; $\Delta R^2 = .031$ for Step 2.

*p < .05*
MCI Awareness Scale Casewise Diagnostics. Casewise diagnostics within SPSS was used to detect MCI Awareness Scale outliers whose standardized residuals were three standard deviations or more from the mean value of the dependent variable. Casewise diagnostics indicated none of the cases in the regression met this criterion. Thus, outliers were not a concern.

MCI Awareness Scale Regression Analysis. Zero-order correlation analysis identified the following independent variables as statistically correlated to MCI Awareness scale scores: race, number of graduate courses taken, and number of MCC workshops and/or trainings attended. Hierarchical linear regression was used to examine the association between the dependent variable of MCI Awareness scale scores and these three independent variables. To control for social desirability, MCSD was entered on the first block of the regression and all other significant variables were entered into the second block of the regression.

The first model, which included only MCSD, was statistically significant \( F (1, 334) = 23.54, p = .000 \) and it accounted for 6% of the total variance in MCI Awareness scale scores. In the second model, which included the covariate of MCSD, as well as the independent variables of race, and the two training variables (number of MCC graduate courses taken and number of MCC workshops and/or trainings attended), was also statistically significant \( F (4, 331) = 23.91, p = .000 \), accounting for 22% (adjusted \( R^2 = .215 \)) of the variance in MCI Skills scale scores (see Table 4.22).
The regression analysis indicated that MCSD was statistically significant (standardized $\beta = .197$, $p = .000$), as was the race variable (standardized $\beta = -.210$, $p = .000$). Finally, training, as measured by the number of MCC graduate courses taken, was statistically significant (standardized $\beta = .169$, $p = .001$), as was the number of MCC workshops/trainings attended (standardized $\beta = .267$, $p = .000$) (see Table 4.22).

To remove the effect of social desirability on the other three independent variables, a second linear regression was run without entering social desirability. The beta weights were contrasted with the beta weights from the first regression conducted. Without controlling for MCSD, the effect of race and the effect of the number of MCC graduate courses taken on MCI Awareness scale scores increased, while the effect of the number of MCC workshops and/or trainings attended decreased slightly (see Table 4.22).

<table>
<thead>
<tr>
<th>Variable</th>
<th>$B$ (SE)</th>
<th>$\beta$</th>
<th>$\beta$ without MCSD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MCSD</td>
<td>0.045 (.009)</td>
<td>.257*</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Step 2</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MCSD</td>
<td>0.035 (.009)</td>
<td>.197*</td>
<td>N/A</td>
</tr>
<tr>
<td>White/Non-White</td>
<td>-0.383 (.090)</td>
<td>-.210*</td>
<td>-.241*</td>
</tr>
<tr>
<td>MCC graduate courses</td>
<td>0.072 (.021)</td>
<td>.169*</td>
<td>.196*</td>
</tr>
<tr>
<td>MCC workshops/trainings</td>
<td>0.028 (.005)</td>
<td>.267*</td>
<td>.264*</td>
</tr>
</tbody>
</table>
Table 4.22: Final Regression Model Results for MCI Awareness Scale Score

Note. The reference category for race was non-White (coded 0, negative coefficients indicate higher non-White scores).

Note. $R^2 = .066$ for Step 1; $\Delta R^2 = .158$ for Step 2.

*p < .05

As with the MCI Total scale, given the inclusion of the MCC workshops/trainings attended variable, the hierarchical linear regression procedures were repeated, with the exclusion of the four outlying cases in the MCC workshops/trainings attended variable. However, unlike the MCI Total scale results, the exclusion of the four outlying cases did not substantially alter the regression model ($R^2 = .062$ for Step 1; $\Delta R^2 = .164$ for Step 2).

*MCI Relationship Scale Casewise Diagnostics.* Casewise diagnostics within SPSS was used to detect MCI Relationship Scale outliers whose standardized residuals were three standard deviations or more from the mean value of the dependent variable. Casewise diagnostics indicated two cases had high standardized residuals (-3.11 and -3.37). These cases were examined for possible errors in coding or response bias. The response sets for each of these cases appeared within normal limits and no error in coding could be identified; thus, both cases were retained in the regression analyses. Nonetheless, to ascertain the effect of the two cases on the regression analyses, separate regression analyses on the MCI Relationship scale were conducted, both with and
without these two cases. The adjusted $R^2$ in the model without these two cases was slightly impacted (adjusted $R^2 = .066$) when compared with the model which included all cases (adjusted $R^2 = .061$).

**MCI Relationship Scale Regression Analysis.** Zero-order correlation analysis identified only one independent variable as statistically correlated to MCI Relationship scale scores: the number of graduate courses taken. Hierarchical linear regression was used to examine the association between the dependent variable of MCI Relationship scale scores and the independent variable of number of graduate courses taken. To control for social desirability, MCSD was entered on the first block of the regression and the other variables were entered into the second block of the regression.

The first model, which included only MCSD, was statistically significant ($F (1, 353) = 23.30, p = .000$) and it accounted for 5.9% of the total variance in MCI Relationship scale scores. In the second model, which included the covariate of MCSD, as well as the independent variables the number of MCC graduate courses taken, was also statistically significant ($F (2, 352) = 12.60, p = .000$), accounting for 6.1% (adjusted $R^2 = .061$) of the variance in MCI Relationship scale scores, merely .5% more of the variance in MCI Relationship scale scores (see Table 4.23).

The regression analysis indicated that MCSD was statistically significant (standardized $\beta = .239, p = .000$); however, the number of MCC graduate courses taken was not significant (standardized $\beta = .018, p = .176$), which accounts for the minute $R^2$ change between the two models (see Table 4.23). Given that MCSD was the only
significant variable in the regression analysis, a second regression analysis, without controlling for MCSD was not conducted.

<table>
<thead>
<tr>
<th>Variable</th>
<th>B (SE)</th>
<th>β</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MCSD</td>
<td>0.035 (.007)</td>
<td>.249*</td>
</tr>
<tr>
<td>Step 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MCSD</td>
<td>0.034 (.007)</td>
<td>.239*</td>
</tr>
<tr>
<td>MCC graduate courses</td>
<td>0.024 (.018)</td>
<td>.070</td>
</tr>
</tbody>
</table>

Table 4.23: Final Regression Model Results for MCI Relationship Scale Score

Note. $R^2 = .062$ for Step 1; $\Delta R^2 = .005$ for Step 2.

*p < .05

MCI Knowledge Scale Casewise Diagnostics. Casewise diagnostics within SPSS was used to detect MCI Knowledge Scale outliers whose standardized residuals were three standard deviations or more from the mean value of the dependent variable. Casewise diagnostics indicated four cases had high standardized residuals (-4.02, -3.22, -3.02, and -3.04). These cases were examined for possible errors in coding or response
bias. The response sets for each of these cases appeared within normal limits and no error could be readily identified. To ascertain the effect of these cases on the regression analyses, regression analyses, both with and without these four cases were run on the MCI Knowledge scale. The adjusted $R^2$ in the model without these four identified cases (adjusted $R^2 = .092$) was slightly less than adjusted $R^2$ in the model which included all cases (adjusted $R^2 = .114$). Nonetheless, given that no error in coding or response bias was discernable all cases were retained in the regression analyses.

*MCI Knowledge Scale Regression Analysis.* Zero-order correlation analysis identified the following independent variable as statistically related to MCI Knowledge scale scores: licensure; experience (ordinal); and the two training variables: the number of MCC graduate courses taken and the number of MCC workshops and/or trainings attended. Hierarchical linear regression was used to examine the association between the dependent variable of MCI Knowledge scale scores and the independent variable of licensure, experience and training (both measures). To control for social desirability, MCSD was entered on the first block of the regression and all other variables were entered into the second block of the regression.

The first model, which included only MCSD, was statistically significant ($F(1, 332) = 17.00, p = .000$) and it accounted for 5% of the total variance in MCI Knowledge scale scores. In the second model, which included the covariate of MCSD, as well as the independent variables of licensure, experience, and the two training variables (number of MCC graduate courses taken and number of MCC workshops and/or trainings attended),
was also statistically significant \( (F(6, 327) = 8.14, p = .000) \), accounting for 11% (adjusted \( R^2 = .114 \)) of the variance in MCI Knowledge scale scores (see Table 4.24).

The regression analysis indicated that MCSD was statistically significant (standardized \( \beta = .205, p = .000 \)), as were the two training variables: number of MCC graduate courses taken (standardized \( \beta = .129, p = .015 \)) and the number of MCC workshops and/or trainings attended (standardized \( \beta = .210, p = .000 \)). However, neither Experience 1, comparing Novice with Experienced counselors (standardized \( \beta = .035, p = .663 \)), Experience 2, comparing Novice with Master counselors (standardized \( \beta = .060, p = .449 \)) nor licensure was determined to be statistically significant (standardized \( \beta = .045, p = .472 \)) (see Table 4.24).

To remove the effect of social desirability on the other independent variables, a second linear regression was run without entering social desirability. The beta weights were contrasted with the beta weights from the first regression conducted and are displayed in Table 4.24. Without controlling for MCSD, the effect of licensure increased, as did the effect of MCC graduate courses taken; however, the affect of the number of MCC workshops and/or trainings attended decreased, as did the affect of the experience variables (see Table 4.24).
Table 4.24: Final Regression Model Results for MCI Knowledge Scale Score

Note. The reference category for Licensure was LPC (coded 0, positive coefficients indicate higher LPCC scores).

Note. The reference category for Experience 1 was Novice (coded 0, negative coefficients indicate higher Experienced counselor scores).

Note. The reference category for Experience 2 was Novice (coded 0, negative coefficients indicate higher Master counselor scores).

Note. $R^2 = .049$ for Step 1; $\Delta R^2 = .081$ for Step 2.

* $p < .05$

<table>
<thead>
<tr>
<th>Variable</th>
<th>$B$ (SE)</th>
<th>$\beta$</th>
<th>$\beta$ without MCSD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MCSD</td>
<td>0.030 (.007)</td>
<td>.221*</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Step 2</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MCSD</td>
<td>0.028 (.007)</td>
<td>.205*</td>
<td>N/A</td>
</tr>
<tr>
<td>Licensure</td>
<td>0.046 (.064)</td>
<td>.045</td>
<td>.062</td>
</tr>
<tr>
<td>Experience 1: (Novice/Experienced)</td>
<td>0.032 (.073)</td>
<td>.035</td>
<td>.008</td>
</tr>
<tr>
<td>Experience 2: (Novice/Master)</td>
<td>0.068 (.090)</td>
<td>.060</td>
<td>.050</td>
</tr>
<tr>
<td>MCC graduate courses</td>
<td>0.042 (.017)</td>
<td>.129*</td>
<td>.157*</td>
</tr>
<tr>
<td>MCC workshops/trainings</td>
<td>0.019 (.005)</td>
<td>.210*</td>
<td>.202*</td>
</tr>
</tbody>
</table>
Again, as with the MCI Total and MCI Awareness scales, given the inclusion of the MCC workshops/trainings attended variable, the hierarchical linear regression procedures were repeated, with the exclusion of the four outlying cases in the MCC workshops/trainings attended variable. However, unlike the MCI Total scale results, the exclusion of the four outlying cases did not substantially alter the regression model \( R^2 = .047 \) for Step 1; \( \Delta R^2 = .078 \) for Step 2).

4.5.3 Research Question Three

To what extent do licensed counselors present themselves in a multiculturally socially desirable manner with regard to multicultural competence?

<table>
<thead>
<tr>
<th>Mean</th>
<th>SD</th>
<th>Median</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCSD (n = 364)</td>
<td>18.81</td>
<td>3.13</td>
<td>19.00</td>
</tr>
</tbody>
</table>

Table 4.25: Mean, Standard Deviation, and Median for the Multicultural Social Desirability Scale.
To answer the third research question, the mean score, standard deviation and median score was calculated for the Multicultural Social Desirability scale scores (see Table 4.25). Sodowsky et al. (1998) indicated that high multicultural social desirability, or those persons’ endorsing socially desirable, but improbable, items would be measured at or above two standard deviations from the mean. In the present study, 1.4% of the sample (5 subjects) scored two standard deviations or more above the mean. Sodowsky et al. (1998) indicated that low multicultural social desirability and low multicultural social desirability, or those persons’ endorsing a lack of desire to appear socially desirable or at all sympathetic to minorities would be two standard deviations or more below the mean.

In the present study, 3.8% of the sample (14 subjects), had low social desirability scores, as defined above (see Figure 4.7).
Figure 4.7: Boxplot of MCSDS scores ($n = 331, M = 18.81$)
4.5.4 Research Question Four

Are there differences in scores on the measure of multicultural social desirability, based on race of counselor?

Nonparametric testing was used to address the fourth research question, given that the sample sizes of Whites \( (n = 323) \) and Non-Whites \( (n = 37) \) were considerably different. A Kolmogorov-Smirnov (K-S) two sample test was conducted to determine if the two groups (White and Non-White) differed statistically on the social desirability measure. The K-S test was used instead of the Wilcoxon-Mann-Whitney because statistical power is somewhat superior for the K-S test when total sample size is large (Siegel & Castellan, 1988). Furthermore, the K-S two sample test is “sensitive to any kind of difference between the distributions from which the two samples were drawn” (Siegel & Castellan, 1988, p. 144). The Monte Carlo and Exact significance tests were used over the asymptotic significance test because asymptotic significance testing assumes that the group sub-samples are large. Given that the Non-White group consisted of only 37 subjects, the Monte Carlo and Exact significance tests were better suited to the present study. The results of the K-S test indicated that social desirability scores differed in a statistically significant manner \( (p = .000, \text{ Kolmogorov-Smirnov Monte Carlo significance is based on SPSS defaults } = 10,000 \text{ sampled tables with starting seed of } 200,000) \).

Descriptive statistics were then conducted to determine how the samples differed. Counselors who identified as Nonwhite had a mean social desirability score of 20.14 \((SD\)
and counselors who reported their racial identity as White had a mean social desirability score of 18.69 ($SD = 3.07$) (see Figure 4.8).

Figure 4.8: Boxplot of MCSD scores by Race (Non-White, $n = 37$; White, $n = 323$)
4.5.5 Additional Analysis

Although specific examination of differences in MCI scores by race was not prescribed by the research questions of this project, the author determined that such analysis, using non-parametric testing, was warranted, given the substantial differences in sub-samples. As with the analysis of MCSD by race, given that the sample sizes of Whites ($n = 323$) and Non-Whites ($n = 37$) were considerably different, nonparametric testing was used to address this inquiry.

A Kolmogorov-Smirnov (K-S) two sample test was conducted to determine if the two groups (White and Non-White) differed statistically on all five MCI scales. The K-S test was used instead of the Wilcoxon-Mann-Whitney because statistical power is somewhat superior for the K-S test when total sample size is large (Siegel & Castellan, 1988). Furthermore, the K-S two sample test is “sensitive to any kind of difference between the distributions from which the two samples were drawn” (Siegel & Castellan, 1988, p. 144). The Monte Carlo and Exact significance tests were used over the asymptotic significance test because asymptotic significance testing assumes that the group sub-samples are large. Given that the Non-White group consisted of only 37 subjects, the Monte Carlo and Exact significance tests were better suited to the present study. The results of the K-S test indicated that MCI total scale scores differed in a statistically significant manner ($p = .000$), as were scores on the Awareness scale ($p = .000$) and the Knowledge scale ($p = .000$) (Kolmogorov-Smirnov Monte Carlo
significance is based on SPSS defaults = 10,000 sampled tables with starting seed of 200,000).

Descriptive statistics were then conducted to determine how the samples differed. Counselors who identified as Nonwhite had a mean MCI Total scale score of 3.41 (SD = .46) and counselors who reported their racial identity as White had a mean MCI Total scale score of 3.27 (SD = .28). Counselors who identified as Nonwhite had a mean MCI Awareness scale score of 3.26 (SD = .60) and counselors who reported their racial identity as White had a mean MCI Awareness scale score of 2.84 (SD = .53). Counselors who identified as Nonwhite had a mean MCI Knowledge scale score of 3.37 (SD = .65) and counselors who reported their racial identity as White had a mean MCI Knowledge scale score of 3.29 (SD = .40) (see Table 4.26).
To further analyze the importance of MCC workshops and trainings on MCI scores, this researcher created a categorical variable of two levels (any attendance at MCC workshops/trainings and no attendance at MCC workshops/trainings) from the training variable, MCC workshops and trainings. Nonparametric testing was used, given that the sample sizes of zero attendance \(n = 44\) and any attendance \(n = 296\) was considerably different. A Kolmogorov-Smirnov (K-S) two sample test was conducted to determine if the two groups (non-attendance and any attendance) differed statistically. The K-S test was used instead of the Wilcoxon-Mann-Whitney because statistical power is somewhat superior for the K-S test when total sample size (in this case \(n = 340\)) is...
large (Siegel & Castellan, 1988). Furthermore, the K-S two sample test is “sensitive to
any kind of difference between the distributions from which the two samples were
drawn” (Siegel & Castellan, 1988, p. 144). The Monte Carlo and Exact significance tests
were used over the asymptotic significance test because asymptotic significance testing
assumes that the group sub-samples are large (non-attendance $n = 44$). The results of the
K-S test indicated that MCI Total scores differed in a statistically significant manner ($p = .006$), as did MCI Awareness scores ($p = .005$), and finally MCI Skills scores ($p = .022$)
(Kolmogorov-Smirnov Monte Carlo significance is based on SPSS defaults = 10,000
sampled tables with starting seed of 200,000).

Descriptive statistics were conducted to determine how the samples differed.
Counselors who reported never attending any MCC workshops or trainings had a mean
MCI Total score of 3.15 ($SD = .34$); whereas, counselors who attended any MCC
workshops/trainings had a mean MCI Total score of 3.31 ($SD = .28$). Counselors who
reported never attending any MCC workshops or trainings had a mean MCI Awareness
score of 2.61 ($SD = .60$); whereas, counselors who attended any MCC workshops and/or
trainings had a mean MCI Awareness score of 2.92 ($SD = .53$). Finally, counselors who
reported never attending any MCC workshops or trainings had a mean MCI Skills score
of 3.57 ($SD = .34$); whereas, counselors who attended any MCC workshops/trainings had
a mean MCI Skills score of 3.70 ($SD = .27$) (see Table 4.27).
Table 4.27: Means, Standard Deviations, and Medians for MCI Scores by Attendance at MCC Workshops and/or Trainings

* p < .01

4.6 Summary

The present study explored the self-perceived multicultural counseling competence of licensed counselors using descriptive and correlational quantitative statistics. Licensed counselors reported above the scale midpoint (> 2.5) multicultural competence on all five MCI scales. A set of univariate regression analyses were conducted to determine significant independent variables contributing to the variance in multicultural competence scores. Social desirability was used as a covariate and significantly contributed to the variance in multicultural competence scores on each of
the five MCI scales. Training, including multicultural counseling courses taken and multicultural counseling workshops and/or trainings attended, significantly contributed to the variance in scores on the MCI total scale, MCI Awareness scale, and the MCI Knowledge scale. Race, collapsed into two categories, white and non-white, contributed a significant amount of variance to the MCI total scale scores and the MCI Awareness scale scores. Experience was a significant variable only on the MCI Skills scale and the interaction affect of social desirability and the number of multicultural counseling workshops and/or trainings attended contributed significantly to the variance in scores on the MCI Total scale scores. For the MCI Total scale, the regression model accounted for 22% of the total variance in participants’ scores. The regression model accounted for 4% of the total variance in MCI Skills scale, 22% of the total variance in MCI Awareness scale, 6% of the total variance in MCI Relationship scale, 11% of the total variance in MCI Knowledge scale mean scores for all participants. With regard to social desirability scores, the majority of the sample presented themselves in a relatively neutral fashion, whereas 5.2% of the subjects presented themselves as either having very high or very low multicultural social desirability. The last research question resulted in identifying that Non-white counselors endorsed a slightly higher mean social desirability score than counselors who reported their racial identity as White.

Additional analysis indicated that counselors who identified as non-White had statistically significantly higher MCI Total, Awareness, and Knowledge scale scores than counselors who racially identified as white. With regard to the importance of attendance at MCC workshops and/or trainings, analysis specified that counselors who had attended
any workshops or trainings scored statistically significantly higher on the MCI Total, Awareness, and Skills scale scores than counselors who had not attended any MCC workshops and/or trainings.
CHAPTER 5

DISCUSSION

5.1 Purpose of the Study

The purpose of the present research study was to address previous limitations in multicultural counseling competence research. The present study used a random and sufficient sample size, as well as a multicultural social desirability measure, and specifically studied the multicultural counseling competence of licensed counselors. More extensively than thus far accomplished, this research aimed to, (a) describe selected personal and professional demographic characteristics of licensed counselors, including, but not limited to, race, counseling experience, multicultural training activities, and professional organization membership; (b) measure licensed counselors’ self-perceived multicultural counseling competence (MCC); (c) examine the relationship between licensed counselors’ demographic characteristics and their perceived multicultural counseling competence; (d) explore the role of multicultural social desirability in relation to the perceived multicultural counseling competence of licensed counselors; and (e) investigate differences in scores on a measure of multicultural social desirability, based on race of counselor.
The target population for this study was licensed professional counselors. The accessible population for this research was comprised of licensed professional counselors in the state of Ohio. As of February 2006, Ohio had 2,766 Licensed Professional Counselors (LPCs) and 3,007 Licensed Professional Clinical Counselors (LPCCs), for a population total of 5,773 licensed professional counselors (R. Elliott, personal communication, February 10, 2006). The knowledge garnered from this research will have direct implications for training and development of trainees’ and practicing counselors’ MCC in the field of professional counseling. The sample of 364 participants was randomly drawn from a stratified segment of this population.

5.2 Statistically Significant Findings

The following will discuss the results of the present research project and provide a summary of the key findings. Limitations and suggestions for future research will also be discussed.

5.2.1 Research Question One

To what extent do licensed counselors perceive themselves to be multiculturally competent as measured by the Multicultural Counseling Inventory (Sodowsky et al., 1994)?

The means for the subscales and MCI total scale in this study are generally consistent with prior research findings (Bruno et al., unpublished manuscript; Constantine, 2001c; Granello & Wheaton, 1998; Pope-Davis et al., 1995; and Pope-Davis & Ottavi, 1994). In the present study, licensed counselors reported above the midpoint (> 2.5, or midway between “Somewhat Inaccurate” and “Somewhat Accurate”) for
multicultural competence on the MCI total scale and all four subscales. Aside from the Awareness scale score results, which were lower than 3.0, counselors found the statements on the MCI regarding their level of competence to be between “Somewhat Accurate” (3.0) and “Very Accurate” (4.0). Licensed counselors reported themselves being most competent in multicultural skills ($M = 3.67, SD = .37$), followed by multicultural knowledge ($M = 3.29, SD = .43$), multicultural relationship ($M = 3.20, SD = .44$), and multicultural awareness ($M = 2.88, SD = .55$). Licensed counselors had a mean score of 3.28 ($SD = .31$) on the MCI total scale.

Interestingly, Pope-Davis et al. (1995), surveying a random sample of 344 graduate students in counseling psychology and clinical psychology, Granello and Wheaton (1998), surveying 180 African American and European American vocational rehabilitation practitioners, and Bruno et al. (unpublished manuscript), surveying a random sample of 479 school counselors, reported similar findings in which participants’ reported being most competent in multicultural skills and least competent in multicultural awareness (see Table 5.1). The middle two MCI subscales of Knowledge and Relationship were ranked similarly to the present study in the work of Pope-Davis et al. (1995); however, they were reversed in the research findings of Granello and Wheaton (1998) and Bruno et al. (unpublished manuscript) with Relationship scores higher than those of Knowledge scores (see Table 5.1).
Table 5.1: Comparison of the Means and Standard Deviations of MCC for four different studies across disciplines

<table>
<thead>
<tr>
<th>MCI Scales</th>
<th>Mean</th>
<th>SD</th>
<th>Mean</th>
<th>SD</th>
<th>Mean</th>
<th>SD</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skills</td>
<td>3.67</td>
<td>.31</td>
<td>3.56</td>
<td>.37</td>
<td>3.39</td>
<td>.37</td>
<td>3.29</td>
<td>.35</td>
</tr>
<tr>
<td>Awareness</td>
<td>2.88</td>
<td>.55</td>
<td>2.62</td>
<td>.56</td>
<td>2.76</td>
<td>.53</td>
<td>2.54</td>
<td>.56</td>
</tr>
<tr>
<td>Relationship</td>
<td>3.20</td>
<td>.44</td>
<td>3.33</td>
<td>.48</td>
<td>3.29</td>
<td>.44</td>
<td>2.99</td>
<td>.44</td>
</tr>
<tr>
<td>Knowledge</td>
<td>3.29</td>
<td>.43</td>
<td>3.14</td>
<td>.45</td>
<td>3.13</td>
<td>.43</td>
<td>3.11</td>
<td>.45</td>
</tr>
</tbody>
</table>

It is important to reiterate that in all three prior research investigations, as well as the present study, self-perceived competence in multicultural skills was the highest competence whereas, multicultural awareness was lowest. In the present study, self-perceived multicultural awareness was only .38 points above the scale midpoint (2.5). Yet, awareness of self is argued to be the first step in developing competence in counseling diverse clients (Sue et al., 1992). If counselors are not developing this competence to a higher capacity, how are they able to further their competence in the other areas, even surpassing their MCC awareness competence? Moreover, this argument
gives rise to questioning the validity of the other three competency areas of multicultural skills, knowledge, and relationship. One wonders the accuracy with which participants can self-evaluate their competence in multicultural skills, knowledge, and relationship if their self-awareness is only slightly above the scale midpoint.

On the other hand, it is pertinent to recall that one argument within the multicultural counseling debate asserts that general counseling skills are a similar, if not the same construct as multicultural counseling skills. Allowing for this argument, it is possible to grasp how perceived competence in skills surpasses perceived competence in awareness. Regardless of which supposition one assumes, these consistent research findings give rise to questioning the conceptual basis for the multicultural counseling competencies, in particular the dimensions of multicultural skills and awareness.

5.2.2 Research Question Two

To what extent do specific demographic variables of licensed counselors (race, sex, licensure, practice setting, professional organization membership, years of counseling experience, number of MCC graduate courses taken, number of MCC trainings and/or workshops attended), and controlling for multicultural social desirability, predict perceived multicultural competence of licensed counselors?

Of the nine variables measured, five contributed significant variance to at least one, if not more, of the MCI scales: experience, race/ethnicity, multicultural social desirability (MCSD), number of multicultural graduate courses taken, and number of multicultural trainings/workshops attended. Sex, licensure, practice setting, and professional organization membership were not found to significantly contribute to self-
perceived multicultural counseling competence and will be further discussed below in the Statistically Non-Significant Findings section.

Multicultural Social Desirability. As expected, MCSD accounted for a significant amount of variance in MCI total scale scores ($R^2 = .109$) and the four MCI subscales (MCI Skills, $R^2 = .029$; MCI Awareness, $R^2 = .066$; MCI Relationship $R^2 = .062$; MCI Knowledge, $R^2 = .050$). It was the largest standardized beta weight in the MCI Total and Relationship scale regression models, the second largest beta weight for the Skills and Knowledge regression models, and with regard to the Awareness model, it was the third largest standardized beta weight.

Furthermore, the effect for the majority of independent variables on each of the five regression models increased (MCI Total: race, experience (Novice to Master), multicultural graduate courses; Skills: multicultural graduate courses; Awareness: race, multicultural graduate courses; Knowledge: licensure, multicultural graduate courses; Relationship: N/A) when not controlling for MCSD; thus, indicating that controlling for MCSD is necessary to avoid inflated scores. It is interesting to note however, that on the MCI Total regression model, the standardized beta weight decreased or remained nearly the same for both the experience (Novice to Experienced) variable and for the multicultural counseling trainings/workshops variable, when not controlling for MCSD. This was also true of the experience variables (Novice to Experienced and Novice to Master) for the MCI Skills regression model. One hypothesis is that the more experience and training one receives, the more competent in multicultural counseling one perceives
oneself to be and thus the less need one has for responding in a multiculturally socially desirable manner.

*MCSD and Implications for the MCI Relationship Scale.* Moreover, in the multicultural relationship regression model, not only was MCSD the largest beta weight but it was the only significant independent variable. In their study of practicing school counselors’ perceived MCC, Bruno et al. (unpublished manuscript) reported similar findings in that, out of all the independent variables measured, the MCI Relationship scale significantly correlated only to MCSD. Given these findings, one wonders what exactly the MCI Relationship scale is measuring, and furthermore, what variables may actually impact the scale if not race/ethnicity, sex, licensure, practice setting, professional organization membership, years of counseling experience, number of multicultural graduate courses taken, or number of multicultural trainings and/or workshops attended.

Multicultural relationship is not part of the Sue et al. (1992) multicultural counseling competency conceptual model but rather was added by Sodowsky et al. (1994) in the creation of the MCI. Furthermore, in validity measures (Sodowsky et al., 1998), the Relationship subscale has demonstrated the lowest internal consistency (.68) of the four subscales (Skills = .80, Awareness = .78, Knowledge = .77). These findings call in to question the validity and reliability of the MCI Relationship scale. Further research pertaining to the MCI Relationship scale is warranted.

*Training.* With regard to training, according to the regression analyses, generally speaking, one can conclude that the more training one receives, the more competent one perceives oneself to be with regard to multicultural awareness and knowledge, and
overall MCC, which is probably related to the awareness and knowledge scores. Nonetheless, for MCI Total scale and the subscales of Awareness and Knowledge, training, in the form of multicultural graduate courses, and attending multicultural workshops and trainings, improved self-perceived multicultural competence ($p < .05$). As noted previously, the only variable significantly correlated with the MCI Relationship scale was MCSD. The number of multicultural graduate courses taken was significantly correlated to the MCI Skills scale ($p < .05$); however, when controlling for MCSD, the beta for the number multicultural graduate courses taken variable was not found to be significant in the regression model.

As previously noted, prior research (Bruno et al., unpublished manuscript; Constantine, 2001a; Constantine, 2001b; Constantine, 2001c; Constantine, 2002b; Holcomb-McCoy, 2005; Holcomb-McCoy & Myers, 1999; Pope-Davis et al., 1994; Sodowsky et al., 1998; and Wheaton & Granello, 1998) found similar support for the importance of training to multicultural competence. Constantine (2001a) found that the number of prior multicultural courses was significantly predictive ($p < .01$) of self-reported multicultural counseling competence for women in the study, as measured by the CCCI-R. Constantine (2001b), using regression analyses, found that greater multicultural counseling training was positively associated with counselors’ ability to conceptualize clients’ mental health issues from a multicultural perspective. Greater multicultural counseling training was associated with higher scores on counselors’ description of the etiology of a client’s psychological difficulties in a multicultural case conceptualization ($p < .001$) and was significantly predictive of multicultural case
conceptualization treatment ratings \( (p < .05) \). Constantine (2001c) found that the number of multicultural counseling courses taken contributed significant variance to CCCI-R ratings \( (p < .0001) \). Holcomb-McCoy (2005) found that graduate multicultural coursework contributed to the variance of participants’ scores on two of the three subscales on the MCCTS-R, Multicultural Knowledge factor (22%) and the Multicultural Terminology factor (5%). Holcomb-McCoy and Myers (1999) found participants who had taken a multicultural course had significantly higher levels of self-perceived MCC competence on the knowledge and racial identity dimensions of the MCCTS \( (p = .02) \). Constantine (2002b) revealed higher numbers of prior multicultural counseling courses were significantly related to greater levels of White school counseling trainees’ self-reported competence, as measured by the MCKAS \( (p < .01) \). Sodowsky et al. (1998) found that multicultural counseling courses taken significantly contributed to MCI scores \( (p = .0001) \); however, participation in multicultural workshops did not significantly increase scores. Pope-Davis et al. (1994) found multicultural courses and workshop hours to be significantly related to competence scores on the MCAS:B subscale of Knowledge-Skills \( (p < .001) \), but, interestingly, neither were significantly related to the Awareness subscale. Wheaton and Granello (1998) found training to significantly contribute to multicultural counseling Skills, Awareness, Knowledge, and MCI Total scale scores \( (p < .001) \). Finally, Bruno et al. (unpublished manuscript) found that training significantly raised scores on the MCI Knowledge, Awareness, and Total scales of the MCI \( (p < .01) \).

With regard to the MCI Awareness subscale results, it is perhaps reassuring to note that mean scores were positively correlated with training, both the number of
multicultural graduate courses taken and the number of multicultural counseling workshops and/or trainings attended, given that counselors perceived themselves to be the least competent on the awareness subscale ($M = 2.88$, $SD = .55$). Additionally, in the regression analysis, the number of multicultural graduate courses taken and the number of multicultural counseling workshops and/or trainings attended were both found to be statistically significantly additive ($p < .05$) to the MCI Awareness regression model. Furthermore, in comparing the standardized beta weights for the MCI Awareness regression model, the number of multicultural workshops/trainings attended was the largest influential variable in the regression equation. Thus, counselors who rated themselves as low on multicultural awareness may benefit from additional training, which might also improve their other MCI subscale scores and would certainly improve their MCI total scale score.

Further analysis of the significance of multicultural workshops and trainings on MCI scores, in the form of non-parametric statistics, resulted in findings which concluded that any attendance (versus no attendance) at multicultural workshops and/or trainings resulted in a statistically significant increase in self-perceived competence in skills, awareness, and MCI Total (a reflection of results on the skills and awareness scales). However, there was no statistically significant impact on MCI Knowledge or Relationship.

However, from a standpoint of practical significance, the differences in scores between subjects who participated in multicultural workshops and/or trainings versus those who did not, ranged from only a .16 difference (MCI Total) to a .31 difference on
the Awareness scale, with the difference on the MCI Skills scale being .20 (see Table 4.27). Thus, these numerically small differences bring into question the practical significance of training in the form of multicultural workshops and/or trainings on self-perceived MCC.

The contradiction between the statistical significance of training and the practical significance of training is perhaps confusing. One hypothesis may be that multicultural workshops/trainings are an abbreviated form of training and thus might not offer sufficient breadth or depth of multicultural issues to be effective in developing multicultural competence. Another hypothesis may be that, with regard to training, attendance in courses and at workshops does not ensure quality learning or quality training. Attendance at a workshop does not signify one’s investment in or attention paid to the topic presented or indicate retention of material or translation of material presented into more effective counseling practice. Furthermore, perhaps existing multicultural workshop/trainings are not effectively focusing on the multicultural counseling competencies. Arredondo et al. (1996), in their operationalization of the multicultural counseling competencies, provided a list of training strategies to achieve MCC, which may be useful to those creating such trainings. However, it is important to note that the suggestions of Arredondo et al. (1996) are not research based or empirically supported.

Furthermore, given this differentiation between statistical and practical significance, one wonders what variable(s), aside from attribute variables, might actually positively impact competence, particularly that of multicultural awareness (which in the present study was found to be statistically significantly affected by only training, MCSD,
and race), from the standpoint of practical significance. Experience with ethnic and racial minority clients may be one such factor and will be discussed below in the Experience section.

**Race and/or Ethnicity.** With regard to the independent variable of race/ethnicity and perceived multicultural competence, results from the regression analyses indicated that non-White counselors scored higher than their White counterparts on two of the five MCI scales: MCI total scale ($p = .009$) and the Awareness subscale ($p = .001$). The effect of race on MCI total scale score is most likely a reflection of its effect on the Awareness subscale. On the Awareness subscale, counselors identifying as non-White scored, on average, .49 points above counselors who identified as White. As noted previously, the only variable significantly correlated with the MCI Relationship scale was MCSD. Furthermore, race and/or ethnicity did not significantly contribute to the regression models of MCI Skills or Knowledge.

To further analyze the independent variable for race/ethnicity and its effect on perceived MCC, nonparametric analysis was conducted, given the vast difference in subsample size. Nonparametric analysis findings were in accord with regression analyses, indicating that mean scores for non-White participants were significantly higher on the MCI Total and the MCI Awareness scales than mean scores for White participants. Additionally, nonparametric analysis indicated that non-White participants scored significantly higher than White participants on the MCI Knowledge scale. For the MCI Total and MCI Knowledge scale, scores for both White and non-White participants were between “Somewhat Accurate” (3.0) and “Very Accurate” (4.0). However, on the
Awareness scale, White participants responded to self-perceived competence statements between “Somewhat Inaccurate” and “Somewhat Accurate”, albeit closer to “Somewhat Accurate” \((M = 2.84, SD = .53)\); whereas, non-White participants had a mean score of 3.26 on the MCI Awareness scale \((SD = .60)\).

Thus, although analysis indicated a statistically significant difference, given that the range of the majority of scores for both White and non-White groups was between 3.0 and 4.0, practical significance appears limited. Nonetheless, one might conclude that having a non-majority cultural experience in the United States lends itself to greater multicultural competence, in particular multicultural awareness. It is important to note however, that in the present study both racial/ethnic groups of White and non-White are undoubtedly exceptionally heterogeneous.

In prior research, Sodowsky et al. (1998) reported similar findings in that Hispanic/Latino American university counseling center counselors had significantly higher MCI Total scale scores than the White counselors in the study. Bruno et al. (unpublished manuscript), Pope-Davis et al. (1995), Pope-Davis and Ottavi (1994), and Granello and Wheaton (1998) also found ethnicity and race to significantly predict competence on the Awareness subscales for school counselors, both counseling and clinical psychology students, university counseling center counselors, and rehabilitation counselors.

*Experience*. The present study measured experience as an open ended question on the demographic survey inquiring about the number of years a person had been practicing as a counselor, from the receipt of his or her LPC status. Wheaton and Granello (1998)
measured experience similarly and found it to significantly contribute to MCI Relationship subscale scores only.

The present study revealed through regression analyses that experience was statistically significantly correlated to MCI Skills scores and MCI Total scores but did not statistically impact MCI Awareness, MCI Relationship, or MCI Knowledge scale scores. Specifically, “Master” counselors (19+ years of experience) scored statistically significantly higher than “Novice” counselors (1-3 years of experience) on the MCI Skills and Total score scales (p < .05). As has been noted, the significance in MCI Total scores is most likely attributable to the variance in MCI Skills scores. Thus, it appears that increased experience positively correlates with self-perceived multicultural skills.

It is once again pertinent to recall the ongoing debate regarding the difference, or lack thereof, between general counseling skills and multicultural counseling skills. Allowing for the argument that there is no difference between general counseling skills and multicultural skills, it is possible to hypothesize that general counseling experience increases general counseling skills, which are in fact the same construct as multicultural skills. Again, as noted above, such an argument allows one to potentially understand how self-perceived competence in skills surpasses self-perceived competence in awareness, when multicultural awareness is conceptualized as a predecessor of the acquisition of multicultural skills.

In addition to general experience, prior research has assessed the relationship between counselors’ experience with ethnic and racial minority and their MCC. Sodowsky et al. (1998) found experience with ethnic and racial minority clients resulted
in increased perceived multicultural competence and Pope-Davis et al. (1995) found experience with ethnic and racial minority clients to be a significant predictor of multicultural knowledge and multicultural awareness. Such a measure of experience may be more appropriate to investigate in relation to MCC. As noted above in the section on training, perhaps experience with ethnic and racial minority clients is an independent variable which offers manipulability in terms of positively impacting and increasing self-perceived MCC. Furthermore, in light of the lack of practical significance of training on MCC in the present study, one might argue that ensuring experiential training during practicum and internship with clients of ethnic and racial minority status may be a practical implication of the present research. It may even be hypothesized that experience with persons of ethnic and racial minority status of any sort, even outside the realm of direct counseling service, may positively impact self-perceived MCC. Further research is warranted.

5.2.3 Research Question Three

To what extent do licensed counselors present themselves in a multiculturally socially desirable manner with regard to multicultural competence?

Sodowsky et al. (1998) indicated that high multicultural social desirability, or those persons’ endorsing socially desirable, but improbable, items would be measured at or above two standard deviations from the mean. In the present study, 1.4% of the sample (5 subjects) scored two standard deviations or more above the mean ($M = 18.81$, $SD = 3.13$). Sodowsky et al. (1998) indicated that low multicultural social desirability, or those persons’ endorsing a lack of desire to appear socially desirable or at all sympathetic to
minorities, would be two standard deviations or more below the mean. In the present study, 3.8% of the sample (14 subjects), had low social desirability scores, as defined above.

The vast majority, 94.8%, of participants responded within two standard deviations of the study’s mean (i.e. neither endorsing socially desirable but improbable items nor endorsing a lack of desire to appear socially desirable or at all sympathetic to racial and ethnic minorities). Nonetheless, it must be noted that MCSD was the only predictor of MCI multicultural competence scores which was significantly additive to all five regression models. It was a better predictor than the majority of the other variables in the study, including sex, race, training, experience, licensure, practice setting and professional organization membership. Moreover, the effect for the majority of independent variables on the regression model increased when not controlling for MCSD; thus, indicating that controlling for MCSD is necessary to avoid inflated scores. This has been found in previous research (Bruno et al., unpublished manuscript).

Furthermore, as previously established, in the present study the mean score for the MCSDS was 18.81 (SD = 3.13). Sodowsky et al. (1998) has suggested that a mean score of 16 indicates a balance in endorsing items. Thus, one might conclude that the average participant in the present study responded in a socially desirable manner. However, it must also be stated that the MCSDS does not have normative data, such as a population mean (Sodowsky, personal communication, March 17, 2006). Given the mean score in the present study as compared to the suggested “balanced response” of 16 (Sodowsky et al., 1998), one might conclude that the subjects in the present study responded in a higher
socially desirable manner than typical. Another hypothesis could be that the MCSDS resulted in inflated measures of social desirability in the present study. Thus, one might conclude that while a measure of multicultural social desirability appears necessary, given the present findings and prior research supporting participants’ inflation of self-perceived multicultural competence, more research on the MCSDS is warranted. While there exists reliability data for the MCSDS, the lack of normative data for the MCSDS along with the lack of information regarding the assessment’s psychometric properties, such as validity measures, calls for increased study of the measure itself to help determine which conclusion may be accurate. This argument is further pertinent when considering MCSD scores by race, as will be done below.

5.2.4 Research Question Four

Are there differences in scores on a measure of multicultural social desirability, based on race of counselor?

Counselors who identified as non-White had statistically significant higher mean social desirability scores ($M = 20.14, SD = 3.22$) than their White counterparts ($M = 18.69, SD = 3.07$). Participants identifying as non-White scored 1.33 points above the sample mean, while White participants scored .12 points below the mean. The difference in scores of participants identifying as non-White and those identifying as White was 1.45 points. These findings follow the hypothesis that non-White counselors may experience a greater societal and professional pressure to have high multicultural competence. Another possible hypothesis is that the experience of non-White persons is significantly different than that of persons who identify as White, thus explaining the
differences in scores. Having a non-majority cultural experience in the United States may lend itself to responding differently on an instrument designed to measure multicultural social desirability. As noted above, further research conducted with the MCSDS may be warranted to further aide in determining which conclusion may be warranted. Not only would aforementioned population normative data be pertinent, but normative data of counselors identifying as White and normative data of persons identifying as non-White are warranted.

5.3 Statistically Non-Significant Findings

5.3.1 Sex, Licensure, Practice Setting, Professional Organization Membership and Self-Perceived Multicultural Counseling Competence

Sex, licensure, practice setting, and membership in a professional organization did not contribute significantly to any of the regression equations (MCI Total or MCI subscales). With regard to sex, prior research found mixed outcomes. Holcomb-McCoy (2005), using the MCCTS, saw no differences based on gender; whereas, Constantine and Yeh (2001), using the CCCI-R, found that male counselors scored higher than females on self-perceived MCC. Bruno et al. (unpublished manuscript) found sex to be statistically significant on the MCI Knowledge subscale and the MCI Total scale, with women scoring higher than men on both. However, the present study did not find sex to be a significant contributor to perceived multicultural competence. This may be attributable to the small sub-sample size of men in the present study (n = 82), as compared to the much larger sub-sample of women (n = 281). Future researchers may consider utilizing a stratified sample in order to increase the sub-sample size of male counselors.
Licensure (LPC and LPCC) was not statistically additive to the regression models on any of the MCI scale. Given that licensure and experience are measuring similar constructs, one might hypothesize that licensure did not significantly contribute to the regression equations because experience did. In further considering the similarity between the licensure and experience variables, it must be noted that licensure is not a sophisticated measure of experience, given that it is dichotomized into less than or greater than two years of experience. Additionally, the present study did not account for those participants who were grandparented in to licensure at lower levels of training. Prior to training standards in Ohio (which were established in 1984 and instituted in 1985 with the licensure laws) mandating instruction and graduate training in social and cultural foundations, there was no assurance that such course work was taught. In the present study’s sample, 12.1% \((n = 44)\) of the participants \((n = 355)\) reported having completed no MCC graduate course work. Thus, given those persons grandparented in to licensure, level of licensure does not necessarily indicate the same thing across participants.

Practice setting did not significantly contribute to any of the five MCI scale scores. Practice setting in this study consisted of eight different work settings with a ninth option of “Other”. Future research may reduce the sub-samples to perhaps just two options, such as rural and urban as was done in the investigation of Bruno et al. (unpublished manuscript) but was not collected in the present research. Such a reduction in options would result in larger sub-sample sizes and thus perhaps more meaningful, if not significant, data. Bruno et al. (unpublished manuscript) found practice setting to be statistically significant on the MCI Awareness subscale, with urban school counselors
scoring higher than rural counselors. Bruno et al. (unpublished manuscript) hypothesized that urban counselors would score higher on the MCI given that they most likely have higher rates of racial and ethnic minority clients, thus increasing their multicultural experience. This same hypothesis could be applied to licensed professional counselors.

Almost half (49.6%) of the sample (n = 358) indicated affiliation with a professional organization; 50.6% reported not belonging to any professional organization. For the purposes of regression analysis, the data was collapsed into a dichotomous, categorical variable identifying membership, or lack thereof, in a professional organization. Membership in a professional organization did not significantly contribute to self-perceived MCC. It is believed that this variable has not been measured before in relation to MCC; thus, there are no prior findings with which to compare. However, one might have thought that membership in a professional organization would be related to MCC. One might hypothesize that counselors who self-select into professional organizations have a greater investment and dedication to the profession. A greater investment or dedication to the profession could potentially positively influence the number of workshops or trainings one attends, thus increasing the number of multicultural counseling workshops and trainings and increasing perceived competence. Furthermore, being involved in a professional organization may signify one being more aware of conferences, workshops, and specifically multicultural training via the professional organization’s advertisements. If this hypothesis were true, the variables measuring involvement in training would account for such variance, thus making the membership variable negligible.
5.4 Limitations

There are notable limitations to the present study. To begin, multicultural competence was measured via self-report. Self-report, and thus self-perception, is not necessarily the most accurate measure of a given construct. While the MCI (Sodowsky et al., 1994) was chosen for its satisfactory psychometric properties, and the MCSDS was used to “correct” for the potential tendency to inflate self-reported MCC, future research efforts could include third-party ratings of competence, such as that of supervisors or clients to obtain further, and hopefully complementary, data regarding counselors’ MCC. Such data from multiple sources would be additive to the profession’s knowledge of counselors’ MCC; furthermore, multiple perspectives would increase the accuracy of such assessment.

Another limitation of the present study was sub-sample numbers of persons of color (African American $n = 13$; Asian American $n = 3$; Hispanic/Latino American $n = 2$; Bi-Racial/Ethnic $n = 17$; Other $n = 2$). These small sub-sample numbers resulted in the researcher’s use of a collapsed variable, Non-White ($n = 37$). However, the five minority racial and ethnic categories which were collapsed into the variable non-White represent a varied heterogeneous population; thus, those findings regarding race must be interpreted and applied with caution. Moreover, although the state of Ohio was unable to provide population data regarding the self-identified race or ethnicity of licensed counselors, given that this sample was random, one can infer for the population of counselors in Ohio are largely White.
Furthermore, while the results of the present study discussed the importance of training in contributing to multicultural competence, the study measured quantity of training and not quality of training. Additionally, the population utilized in this study was licensed counselors in the state of Ohio; thus, the ability to generalize the results was limited to licensed counselors in the state of Ohio. Further, generalization to licensed counselors on a national level may occur insofar as Ohio is a representative sample of licensed counselors nationally. Finally, although the present study used a random sample, self-selection exists in those who chose to complete and return the survey versus those that did not. Generalization of the study’s findings is possible only to the extent that those who participated are representative of all counselors.

5.5 Implications for Future Research

Future researchers can overcome several of the hurdles present in the current study. First, future research efforts could include third-party ratings of competence, such as that of supervisors or clients to provide other perceptions of counselors MCC. Do supervisors and clients, or both, perceive their counselors as multiculturally competent? Do these perceptions positively correlate with self-perceived multicultural counseling competence? Furthermore, future research could include investigating correlations between counseling outcomes, as defined by outcomes such as achievement of treatment goals, symptom reduction, and client’s positive perception of counseling, and multicultural counseling competence.

Targeted over-sampling of ethnic and racial minority counselors might increase the numbers of non-White participants; thus allowing for a more in-depth study of the
multicultural competence and multicultural social desirability of different racial and
ethnic counselors. Do non-White counselors of various racial and/or ethnic minority
identities perceive themselves differently with regard to multicultural competence? Do
non-White counselors of various racial and/or ethnic minority identities respond
differently on a measure of multicultural social desirability? Targeted over-sampling of
male counselors may also be of interest in future studies, allowing for a more in-depth
investigation of sex and MCC.

Additionally, in looking at the five regression models created for the MCI total
scale and subscales, a maximum of only 23% of variance (on the MCI Total scale) and as
low as a minimum of 6% (on the Skills subscale) was explained through the variables
included in the present study. Future research may aim to identify additional variables
that enhance the predictive ability of perceived multicultural competence. Other variables
that may be of interest include counselors’ contact with, both personally and
professionally, persons of different races and ethnicities. Within this construct, one might
research counselors’ percent of minority client-base. Measuring experience with
racial/ethnic minority clients could be of use. As noted above, practice setting might also
be categorized as urban versus suburban. Counselors practicing in an urban environment
may have increased contact with persons of minority racial or ethnic status personally
and/or professionally.

Of additional interest for future research is continuing to study the concept of
multicultural competence. As previously noted, there remains debate regarding the
construct of multicultural counseling. Further study regarding the competencies which
currently exist and the differences between general counseling competence and multicultural counseling competence is warranted. Finally, qualitative information on the types of training that practicing counselors’ desire could be useful. Wheaton and Granello (2002) have conducted such research with state rehabilitation counselors and found that rehabilitation counselors wanted multicultural training which was broad-based and interactive, increased participants’ self-awareness, and lowered participants’ potential resistance and defensiveness to such training. Wheaton and Granello (2002) further asserted that rehabilitation counselors wanted multicultural training on how to independently access necessary multicultural information, training that included discussion of similarities across and within cultures, races, and ethnicities and training that provided specific multicultural techniques when appropriate. Such information informs professional development efforts and programming in Counselor Education programs. Surveying licensed professional counselors perceived needs and comparing them to those found by Wheaton and Granello (2002) would be of interest. Further research regarding what training currently exists and thus what may be needed is of importance. In order to assess training quality, future research might target training content. A national sample of counselors may allow greater generalization.

5.6 Conclusion

Multicultural Counseling Competence is a crucial component of the counseling profession. Significant demographic changes have taken place in the United States over the past decade and a half making it imperative for the counseling profession to take a proactive stance on diversity. Thus, research regarding MCC is of paramount importance.
The present research study is the first survey of MCC of licensed professional counselors in the field of professional counseling. The knowledge garnered from this research has direct implications for the training and development of practitioners’ MCC, as well as implications for improving services offered to minority clients in mental health settings.

This study utilized descriptive and correlational quantitative mail survey research to investigate the self-perceived multicultural counseling competence (MCC) of licensed counselors using the Multicultural Counseling Inventory (MCI; Sodowsky et al., 1994), as well as ascertaining race, sex, license(s) held, practice setting, multicultural social desirability, multicultural training activities, years of experience as a counselor, and professional organization membership. Researchers have assessed the self-perceived MCC of school counselors, counseling faculty, and graduate students in a plethora of training programs. There exists, however, a dearth of literature pertaining to the self-perceived MCC of licensed professional counselors.

This study examined the multicultural counseling competence of practicing counselors in the state of Ohio. This investigation had two main purposes. The first was to examine how a large random sample ($n = 364$) of licensed professional counselors perceived their multicultural counseling competence, as measured by the MCI. The second was to explore how selected demographic factors, (race, sex, licensure, practice setting, professional organization membership, years of counseling experience, number of multicultural graduate courses taken, number of multicultural trainings and/or workshops attended) and controlling for multicultural social desirability, may affect these self-perceived competencies.
The investigation discovered that, consistent with prior research (Bruno et al., unpublished manuscript; Constantine, 2001c; Granello & Wheaton, 1998; Pope-Davis et al., 1995; and Pope-Davis & Ottavi, 1994), the respondents viewed themselves as multiculturally competent both in general (MCI Total score, \( M = 3.28, SD = .31 \)) and specifically (the MCI subscale scores). As in prior research investigations, respondents viewed themselves as most competent in the area of multicultural skills (\( M = 3.67, SD = .37 \)) and least competent in the area of multicultural awareness (\( M = 2.88, SD = .55 \)). Multicultural knowledge was the second highest ranked competence score (\( M = 3.29, SD = .43 \)) and multicultural relationship (\( M = 3.20, SD = .44 \)) was the third.

With regard to the selected demographic factors studied, (race, sex, licensure, practice setting, professional organization membership, years of counseling experience, number of multicultural graduate courses taken, number of multicultural trainings and/or workshops attended), six of the eight variables contributed significant variance to at least one, if not more, of the MCI scales: experience (MCI Total, Skills), licensure (MCI Knowledge), race/ethnicity (MCI Total, Awareness), number of multicultural graduate courses taken (MCI Total, Awareness, Knowledge), and number of multicultural trainings/workshops attended (MCI Total, Awareness, Knowledge). Social desirability was used as a covariate and significantly contributed to the variance in multicultural competence scores on each of the five MCI scales. Sex, practice setting, and professional organization membership were not found to significantly contribute to self-perceived multicultural counseling competence.
For the MCI Total scale, the regression model accounted for 22% of the total variance in participants’ scores. The regression model accounted for 4% of the total variance in MCI Skills scale scores, 22% of the total variance in MCI Awareness scale scores, 6% of the total variance in MCI Relationship scale scores, and 11% of the total variance in MCI Knowledge scale mean scores for all participants.

With regard to social desirability scores, the majority of the sample presented themselves in a relatively neutral fashion when compared to the samples’ mean \((M = 18.81, SD = 3.13)\), whereas 5.2% of the subjects presented themselves as either having very high or very low multicultural social desirability. The last research question resulted in identifying that non-White counselors endorsed a slightly higher mean social desirability score \((M = 20.14, SD = 3.22)\) than counselors who reported their racial identity as White \((M = 18.69, SD = 3.07)\).

Additional analysis indicated that counselors who identified as non-White had statistically significantly higher MCI Total (non- White, \(M = 3.41, SD = .46\); White, \(M = 3.27, SD = .28\)), Awareness (non-White, \(M = 3.26, SD = .60\); White, \(M = 2.84, SD = .53\)), and Knowledge (non-White, \(M = 3.37, SD = .65\); White, \(M = 3.29, SD = .40\)) scale scores than counselors who racially identified as White. With regard to the importance of attendance at MCC workshops and/or trainings, analysis specified that counselors who had attended any workshops or trainings scored statistically significantly higher on the MCI Total (attendance, \(M = 3.31, SD = .28\); non-attendance, \(M = 3.15, SD = .34\)), Awareness (attendance, \(M = 2.92, SD = .53\); non-attendance, \(M = 2.61, SD = .60\)), and
Skills (attendance, $M = 3.70$, $SD = .27$; non-attendance, $M = 3.57$, $SD = .34$) scale scores than counselors who had not attended any MCC workshops and/or trainings.

The current investigation is additive to the literature because the knowledge garnered from this research has direct implications for the field of MCC in general, as well as for the training and development of counselors’ and trainees’ MCC in the field of professional counseling. Findings from the present research sustain the continued multicultural counseling debate which struggles to determine if general counseling skills are a similar, if not the same construct as multicultural counseling skills. Allowing for the argument that they are indeed similar constructs, it is possible to grasp how participants in the present study perceived their competence in multicultural skills to exceed their perceived competence in multicultural awareness. Given that these findings are similar to prior research (Bruno et al., unpublished manuscript; Constantine, 2001c; Granello & Wheaton, 1998; Pope-Davis et al., 1995; and Pope-Davis & Ottavi, 1994), they give rise to questioning the conceptual basis for the multicultural counseling competencies, in particular the dimensions of multicultural skills and awareness. Additionally, the present research found that increased counseling experience positively correlated with self-perceived multicultural skills. Allowing for the argument that there is no difference between general counseling skills and multicultural skills, it is possible to hypothesize that general counseling experience increases general counseling skills, which are in fact the same construct as multicultural skills. Again, as noted above, such an argument allows one to potentially understand how self-perceived competence in skills surpasses self-perceived competence in awareness, when multicultural awareness is conceptualized
as a predecessor of the acquisition of multicultural skills. Another perspective of this debate may indicate that if counselors’ do indeed perceive that general counseling skills are all that is necessary to work with diverse clients, they may forego a multicultural approach to counseling.

With regard for the implications for the training and development of counselors’ and trainees’ MCC in the field of professional counseling, the present study supported the positive impact of multicultural training activities on MCC. How counselors perceive their skills and abilities may help educators determine the type of training that counselors could benefit from the most. However, the study’s findings also questioned the practical significance of training, in particular multicultural workshops/training. Given that multicultural workshops/trainings are an abbreviated form of training, they might not offer sufficient breadth or depth of multicultural issues to be effective in developing multicultural competence. Another limitation in practical significance of multicultural training is that attendance in courses and at workshops does not ensure quality learning or quality training. Attendance at a workshop in particular, without knowledge checks such as exams and grading, does not signify one’s investment in or attention paid to the topic presented or indicate retention of material or translation of material presented into more effective counseling practice.

There are notable limitations to the present study. MCC was measured via self-report, which is not necessarily the most accurate measure of a given construct. Another limitation was that race was defined as White and non-White, given the small sub-sample numbers of persons of color. Furthermore, while the results of the present study discussed
the importance of training in contributing to MCC, the study measured quantity of training and not quality. Additionally, the population utilized in this study was licensed professional counselors in the state of Ohio, and the sample was of those counselors who self-selected to participate. Generalization of the study’s findings is possible only to the extent that those who participated are representative of all counselors.

Future researchers may want to consider third-party ratings of competence, counseling outcomes as a potential significant correlate to MCC, targeted over-sampling of ethnic/racial minority counselors, as well as male counselors, and additional variables that may enhance the predictive ability of perceived multicultural competence, such as counselors’ contact with, both personally and professionally, persons of different races and ethnicities. Further research regarding the validity and reliability of the MCSDS is necessary, as is further research of the MCI relationship scale. It may be additive to the literature for future research to continue to study the concept of MCC. As previously noted, there remains debate regarding the construct of multicultural counseling. In order to assess training quality, future research might target training content. A national sample of counselors may allow for greater generalization.


APPENDIX A

MULTICULTURAL COUNSELING INVENTORY (MCI)
The scale ranges from 1 (Very Inaccurate) to 4 (Very Accurate). Not Applicable is indicated by 5.

<table>
<thead>
<tr>
<th></th>
<th>1 Very Inaccurate</th>
<th>2 Somewhat Inaccurate</th>
<th>3 Somewhat Accurate</th>
<th>4 Very Accurate</th>
<th>5 Not Applicable</th>
</tr>
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*Throughout the following questions, the term clients is used to indicate consumers/clients/patients/students/constituents etc.

**When working with minority clients…**

1. I perceive that my race causes clients to mistrust me.  
2. I have feelings of overcompensation, oversolicitation, and guilt that I do not have when working with majority clients.  
3. I am confident that my conceptualization of client problems does not consist of stereotypes and value-oriented biases.  
4. I find that differences between my world views and those of the clients impede the counseling process.  
5. I have difficulties communicating with clients who use a perceptual, reasoning, or decision-making style that is different from mine.  
6. I include the facts of age, gender roles, and socioeconomic status in my understanding of different minority cultures.  
7. I use innovative concepts and counseling methods.  
8. I manifest an outlook on life that is best described as "world-minded" or pluralistic.  
9. I examine my own cultural biases.  
10. I tend to compare client behaviors with those of majority group members.  
11. I keep in mind research findings about minority clients’ preferences in counseling.  
12. I know what are the changing practices, views, and interests of people at the present time.  
13. I consider the range of behaviors, values, and individual differences within a minority group.  
14. I make referrals or seek consultations based on the clients’ minority identity development.
When working with minority clients…

15. I feel my confidence is shaken by the self-examination of my personal limitations. 1 2 3 4 N/A
16. I monitor and correct my defensiveness (e.g., anxiety, denial, anger, fear, minimizing, overconfidence). 1 2 3 4 N/A
17. I apply the sociopolitical history of the clients' respective minority groups to understand them better. 1 2 3 4 N/A
18. I am successful at seeing 50% of the clients more than once, when necessary, not including initial meetings. 1 2 3 4 N/A
19. I experience discomfort because of the clients' different physical appearance, color, dress, or socioeconomic status. 1 2 3 4 N/A
20. I am able to quickly recognize and recover from cultural mistakes or misunderstandings. 1 2 3 4 N/A
21. I use several methods of counseling (including free response questions, observations, and varied sources of information and standardized tests). 1 2 3 4 N/A
22. I have experience at solving problems in unfamiliar settings. 1 2 3 4 N/A
23. I learn about clients' different ways of acculturation to the dominant society to understand the clients better. 1 2 3 4 N/A
24. I understand my own philosophical preferences. 1 2 3 4 N/A
25. I have a working understanding of certain cultures (including African American, Native American, Hispanic, Asian American, new Third World immigrants, and international clients). 1 2 3 4 N/A
26. I am able to distinguish between those who need brief, problem-solving, structured therapy and those who need intense counseling sessions. 1 2 3 4 N/A
27. When working with international clients or immigrants, I understand the importance of the legalities of visa, passport, green card, and naturalization. 1 2 3 4 N/A

Evaluate the degree to which the following multicultural statements can be applied to you…

28. My professional or collegial interactions with minority individuals are extensive. 1 2 3 4 N/A
29. In the past year, I have had a 50% increase in my multicultural client case load. 1 2 3 4 N/A
30. I enjoy multicultural interactions as much as interactions with people of my own culture. 1 2 3 4 N/A
31. I am involved in advocacy efforts against institutional barriers for minority clients (e.g., multiculturally skilled counselors, racial and ethnic minority counselors, minority professional leadership, etc).

32. I am familiar with nonstandard English

33. My life experiences with minority individuals are extensive (e.g., via ethnically integrated neighborhoods, marriage, and friendship).

34. In order to be able to work with minority clients, I frequently seek consultation with multicultural experts and attend multicultural workshops or training sessions.

When working with all clients...

35. I am effective at crisis interventions (e.g., suicide attempt, tragedies at home broken relationship).

36. I use varied counseling techniques and skills.

37. I am able to be concise and to the point when reflecting, clarifying, and probing.

38. I am comfortable with exploring sexual and sexual identity issues.

39. I am skilled at getting a client to be specific in defining and clarifying problems.

40. I make my nonverbal and verbal responses congruent.
APPENDIX B

MULTICULTURAL SOCIAL DESIRABILITY SCALE (MCSDS)
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. I never hesitate to go out of my way to help someone of another race in trouble. T F
2. I am always courteous to minority people, even those who are disagreeable. T F
3. Before voting for minority candidates, I thoroughly investigate their qualifications. T F
4. I’m always willing to admit it when I make a mistake with a minority individual. T F
5. I have never intensely disliked anyone of another race. T F
6. There have been times when I felt like rebelling against minority people in authority even though I knew they were right. T F
7. No matter what someone’s race is, I’m always a good listener. T F
8. There have been occasions when I have taken advantage of a minority individual. T F
9. In matters of racial equality, I always try to practice what I preach. T F
10. I don’t find it particularly difficult to get along with minority people who are loud-mouthed and obnoxious. T F
11. When I don’t know something about minority people, I don’t mind at all admitting it. T F
12. At times with minority people, I have really insisted on having things my own way. T F
13. I never resent being asked to return a favor by someone of another race. T F
14. I have never been irked (or annoyed) when minority people expressed ideas very different from my own. T F
15. There have been times when I was quite jealous of the good fortune of minorities. T F
16. I have almost never felt the urge to tell off someone of another race. T F
17. I am sometimes irritated by minority people who ask favors of me.  T  F

18. I sometimes think when minority people have a misfortune, they only got what they deserved.  T  F

19. I have never deliberately said something that hurt the feelings of someone of another race.  T  F

20. If I were an employer, I would make more efforts than are generally made to recruit, employ, and promote members of minority groups.  T  F

21. To achieve equal opportunity in the workplace, I would implement color-sensitive and gender-sensitive policies.  T  F

22. I view minority crime solely as a by-product of a racist system.  T  F

23. I think there should be laws against racist and hate speech.  T  F

24. I believe multicultural education should be a requirement in educational curriculum.  T  F

25. I believe educational curriculum should reduce the focus on European influences on American history.  T  F

26. I don’t make jokes about people-in-general or events on the basis of race, ethnicity, or culture.  T  F
APPENDIX C

DEMOGRAPHIC QUESTIONNAIRE
Please take a moment to answer some demographic questions. Remember, these answers will not be used to track you individually, but will be used only in an aggregate fashion to analyze the data.

1. What is your gender? _____ Male _____ Female

2. What is your age? ______

3. What is your highest educational degree? ___________________________________
   Major field of study: ___________________________________________________

4. I am licensed as a _____ Professional Counselor (LPC) _____ Professional Clinical Counselor (LPCC).

5. Do you hold a Supervising Counselor Designation? _____Yes _____No

6. How long have you been a professional counselor (i.e. how long ago did you receive your LPC)? ____________ # of years

7. What is your race/ethnicity?
   _____Black/African American
   _____White/Caucasian
   _____Asian American
   _____Hispanic/Latino
   _____Native American
   _____Other (please explain) ____________________

8. How many separate, specific graduate multicultural counseling courses have you completed? ______
   a. Of these graduate multicultural counseling courses, how many were in the last year? ______

   b. Do you believe the Multicultural Counseling Competencies were infused in your graduate training program? _____Yes _____No

9. How many multicultural counseling workshops and/or trainings have you completed? ______
   a. Of these multicultural counseling workshops and/or trainings, how many were in the last year? ____________
10. What professional organizations or associations do you belong to? (check all that apply):
   _____ Ohio Counseling Association
   _____ American Counseling Association
   _____ Ohio School Counselor Association
   _____ American School Counselor Association
   _____ Other (please list): ________________________________________________

11. Are you currently working:
   _____ Full-time
   _____ Part-time
   _____ Not at all

12. If you do currently work, what is your primary work setting?
   _____ Community Mental Health
   _____ Employee Assistance Program
   _____ Professor
   _____ Graduate Student
   _____ College Counseling Center
   _____ Career Counseling
   _____ Private Practice
   _____ Rehabilitation Counseling
   _____ Corrections
   _____ Other (please list): ________________________________________________

13. If you do currently work, what is your secondary work setting (if applicable)?
   _____ Community Mental Health
   _____ Employee Assistance Program
   _____ Professor
   _____ Graduate Student
   _____ College Counseling Center
   _____ Career Counseling
   _____ Private Practice
   _____ Rehabilitation Counseling
   _____ Corrections
   _____ Other (please list): ________________________________________________

14. What percentage of your consumers/clients/patients/students/constituents are racial/ethnic minorities (African American, Asian American, Hispanic/Latino, Native American)? ________________
15. On a scale of 1 – 5 (1=low; 5=high), please rate your multicultural counseling competence. _________________
APPENDIX D

EXEMPTION FROM INTERNAL REVIEW BOARD (IRB)
Dear Investigators,

I review applications for exempt status.

The above project has been determined to be exempt. The project number is 2006E0221. You may begin your data collection. The signature page of the application will be sent to the Principal Investigator to serve as an approval letter.

The project is approved for exemption from IRB review under category # 2.

Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: a. information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; AND, b. any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

(NOTE: The exemption under Category 2 DOES NOT APPLY to research involving survey or interview procedures or observation of public behavior when individuals under the age of 18 are subjects of the activity except for research involving observations of public behavior when the investigator(s) do not participate in the activities being observed.)

Please note that only OSU employees and students who have completed CITI training and are named on the signature page of this application are approved as OSU investigators in conducting this study.

You are reminded that you must promptly report any problems to the Office of Responsible Research Practices.

No procedural changes may be made in exempt research.

Thanks,
Janet

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