

MULTICULTURAL TRAINING IN RELATION TO SUPERVISOR'S PERCEIVED  
MULTICULTURAL COMPETENCY: AN EXAMINATION OF WHITE  
SUPERVISOR-WHITE SUPERVISEE DYADS

A Dissertation

Presented to

The Graduate Faculty of The University of Akron

In Partial Fulfillment

of the Requirements for the Degree

Doctor of Philosophy

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August, 2011

MULTICULTURAL TRAINING IN RELATION TO SUPERVISOR'S PERCEIVED  
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## ABSTRACT

Within the field of counseling the majority of supervisors and supervisees are White (Constantine et al., 2005; Inman et al, 2004). Research has indicated that ethnic clients' perception of satisfaction with counseling services is significantly influenced by the clinicians' level of multicultural competency (Constantine, 2002; Frank, 2004).

The purpose of this study was to examine the relationship between multicultural training and supervisors' perceived multicultural competency within White supervisor-White supervisee supervision dyads as well as supervisees' ratings of supervisors' perceived cross cultural competency. This study utilized the ACA Multicultural Counseling Competency (Sue et al., 2006) as a framework for this research and the instrument used in this study.

This research utilized simple linear regression to analyze 40 supervisor and supervisee dyads. Findings included significance in that supervisees' ratings of supervisors predicted awareness and knowledge for cross cultural competency independent of social desirability. Finally, conclusions, implications of the findings, and suggestions for future research were discussed.

## DEDICATION

This dissertation is dedicated to the Dixon family for allowing me to stand on your shoulders so that I could fly.

## ACKNOWLEDGEMENTS

Without the support and encouragement of so many, I would have never been able to accomplish this goal. This has been an invaluable experience. I am truly appreciative and honored by the time and the investment everyone has made to help me reach my goal.

I like to thank my dissertation chair, Dr. Patricia Parr, for guiding me through my doctoral training with professional mentoring and support. Thank you for always calming my anxieties and your unwavering confidence in my abilities to succeed. To my other committee members: Dr. Linda Perosa, Dr. Cynthia Reynolds, Dr. Suzanne MacDonald, and Dr. John Queener, thank you for your support and encouragement in helping me complete my dissertation.

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## CHAPTER 1

### THE PROBLEM

#### **Statement of the Problem**

As an increasing number of ethnic minorities in the United States seek mental health service, the need for culturally competent therapists is imperative. This is especially important since research has shown that ethnic clients' perception of satisfaction with counseling services is significantly influenced by the counselors' level of multicultural competency (Constantine, 2002; Frank, 2004). It is also equally important that supervisors are culturally competent. Supervisors must be capable of integrating racial and cultural issues into case conceptualization within the supervision process.

Supervision is considered a primary modality through which counselors' gain multicultural knowledge and skills (Inman, 2006; Ladany, Brittan-Powell, & Pannu, 1997; Wieling & Marshall, 1999). The majority of supervisors and supervisees in the field of marriage and family therapy (MFT), counseling, and counseling psychology are White (Constantine, Warren, & McVile, 2005; Inman, Marisol, Brown, & Hargrove, 2004). Research suggests that White supervisors monitoring cases pertaining to minority clients' "should have sufficient multicultural training. Supervisors who are not culturally competent could inadvertently harm their supervisees as well as their supervisees' clients,

by (a) devaluing or dismissing racial and cultural issues, especially as these interact with clinical syndromes; (b) misattributing the etiology of presenting concerns which could result in misdiagnoses; and (c) developing treatment plans that neglect vital cultural issues that warrant attention or care” (Constantine et al., 2005). When multicultural competency is not a priority, program training (both of the supervisor and supervisee), and ultimately clients suffer.

### **Purpose of the Study**

The purpose of this study was to examine the relationship between multicultural training and supervisors' perceived level of multicultural competencies within White supervisor-White supervisees dyads. This study utilized the ACA Multicultural Counseling Competency (ACA, 2001, & Sue et al., 2006; Sue & Sue, 2008) as a framework for investigating competencies variables (awareness, knowledge, and skills) as the frame for supervisees' and supervisors' perception of cultural competency.

Theoretically and conceptually, it is presumed that counselors and supervisors who are culturally competent have awareness, knowledge, and skill that contribute significantly to the counseling experience of minority clients. Culturally competent counselors are accepting of differences in race, ethnicity, culture, and beliefs between themselves and clients; should strive to actively participate with ethnic groups outside the counseling context; and are interested in learning about effective counseling interventions, assessment measures, and strategies (Arredondo, 1999; Sue et al., 1992; Toporek, Brown, Jones, Locke, Sanchez, Stadler, 1996).

Counselors with inadequate multicultural competencies provide services without regard to the counselor's or the client's race or ethnicity, believing that he or she should provide equal treatment to all clients, regardless of their cultural variables. Counselors with high multicultural competencies regard client, counselor cultural differences/similarities as important to the counseling process, as in case conceptualization, methods of resolutions, counseling goals, and perceived counselor credibility (Sodoweky, Taffe, Gutkin, & Wise, 1994). Multicultural competent counselors, that are aware of their own racial identity and culture, understand how these issues permeate the lives of their clients.

### **Programs**

Most MFT programs are comprised of White counseling students trained by White faculty members. The lack of minority supervisors has not helped to encourage or address the lack of attention given to multicultural issues, i.e., training, competency, and supervision. The counseling profession has had a long history of underrepresentation of ethnic minorities at both the faculty and student level (Bradley & Holcomb-McCoy, 2004). Based on reports made by MFT programs to the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), in 1999-2000, 80% of all students in MFT graduate programs in the United States were White, while students of color constituted about 18% (McDowell, Fang, Young, & Khanna, 2002). Also within the field of MFT, Wilson and Stith's (1993) survey of COAMFTE accredited MFT programs found that only 4.3% of the full-time faculty members were African-American, while 2.8% of the part-time faculty members were African-American. They also found that less

than 1% of masters and 1.8% of doctoral degrees were awarded to African Americans during the preceding 10 years (Inman et al., 2004). Sierra's (1997) survey of MFT programs revealed that programs accredited by COAMFTE had fewer full time minority faculty members in contrast to nonaccredited programs (McDowell et al., 2003). The fact that MFT programs lack diversity in student, supervisor, and faculty populations helps to create an environment that is not supportive of supervisors addressing issues of race, ethnicity, or culture within the supervision process (Lawless, Gale, & Bacigalupe, 2001).

A study conducted by Bradley and Holcomb-McCoy (2003) revealed that ethnic minority faculty continued to be underrepresented in most counselor education programs, particularly among, senior-level counselor educators. The Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2001) requires that "there is effort to recruit and retain program faculty members representative of the diversity among people in society" (p.67). Yet, a 2003 study (Holcomb-McCoy & Bradley) reported that many counseling programs have not developed specific strategies to recruit or retain ethnic minority faculty. However, in 2010 American Association of Marriage and Family Therapy (AAMFT) developed a Minority Fellowship Program to increase minority students. While human resources in mental health, reported that MFT programs continue to be predominately White, dominated by White females [in attendance], and make up of 93% of all employed MFTs, (Mental Health, United States, 2010). This finding would suggest that there continues to be a serious need to recruit minority students and faculty members.

MFT and counselor education programs often give sufficient rhetoric to multicultural issues. Unfortunately, that rhetoric does not translate into multicultural

training being infused into the counseling curriculum. How multicultural training is (or is not) incorporated into the counseling curriculum sends both overt and covert messages to students and faculty about the commitment and importance of diversity to the program (Frank, 2004).

Attention to multicultural issues is evident by standards, ethical mandates, and accreditation guidelines established by professional organizations (e.g., COAMFTE and the American Association for Marriage and Family Therapy (AAMFT), CACREP, and the American Counseling Association (ACA), as well as the American Psychological Association (APA), for ensuring that counselors (and supervisors) are receiving adequate multicultural training to work with a multitude of people from diverse backgrounds. However, research continues to show that the incorporation of multicultural issues has not been adequately and fully addressed within many MFT or counselor education training programs (McDowell et al., 2002).

In examining the standards regarding diversity in the COAMFTE Accreditation Manual (2002.Version 10.3), all diversity standards pertaining to the numbers of individuals have been removed and programs decide for themselves whether they want to enhance diversity in their training contexts or maintain the status quo. In the latest update of COAMFTE Accreditation Manual (2005.Version 11.0), it does not specifically address requirements related to the recruitment and retention of minority faculty or students. However, the Commission does state that COAMFTE seeks to enhance diversity of the programs in culture, ethnicity, and so on. If programs are reporting an underrepresentation of minority faculty and students while attempting to adhere to COAMFTE standards, what might the implications be with the removal of this category

within the standards (Inman et al., 2004)? COAMFTE is a specialized accrediting body that accredits clinical training programs in marriage and family therapy.

The training of marriage and family therapists is “based on a relational view of life in which an understanding and respect for diversity and non-discrimination are fundamentally addressed, practiced, and valued” (COAMFTE, 2005, p. 4).

### **Multicultural Training**

In most counselor education programs, a common approach to “multicultural training” is to offer a single one semester multicultural counseling course or to treat it as an “add-on” to existing curriculum (Das, 1995). The course mainly focuses on the four major ethnic groups (African Americans, Asians, Hispanics, Native Americans) in the United States; differences in values, lifestyles, worldviews; and primarily deals with issues such as racism, acculturation, and identity conflicts (Sue, 1997).

The phrase multicultural training should not be confused with multicultural counseling, multicultural counseling defined by Sue, Bernier, Durran, Feinberg, Pedersen, Smith, & Vasquez-Nuttal, (1982), is “ any counseling relationship in which two or more of the participants differ with respect to cultural background, values, and lifestyle” (p. 47). This research will focus specifically on multicultural training, which will be operationalized as counseling competency training for supervisors and supervisees (Ridley, Mendoza, & Kanitz, 1994).

The majority of MFT and counselor education programs do not successfully integrate multicultural training into the overall counseling curriculum (Das, 1995; Gloria & Pope-Davis, 1997; Inman, 2003; McDowell et al., 2002). According to Das (1995), it



is the “depth of training provided that is not deemed sufficient to meet the growing mental health needs of a culturally diverse population” (p. 74). Only offering one multicultural course or treating it as an “add-on” negates the importance of “cultural context” of clients’ lives as well as minimizes the ethical responsibilities of therapists to be culturally competent. Midgett and Meggart (1991) suggested that multiculturalism must not be limited to one course, but should permeate throughout all curriculum and all aspects of counselor training. The literature indicates that multicultural training has a long way to go in the area of infusing multiculturalism into the program curriculum (McGoldrick, 1998). Research published by Guanipa (2003) revealed that it may be due to (a) slow inclusion and lack of attention to diverse populations in MFT programs, (b) dearth of multicultural training opportunities for faculties, (c) very few cultural training models in the field, (d) and some level of cultural encapsulation and institutional racism that may still exist (p. 92). Furthermore, proponents of multicultural training were concerned:

(a) that program professionals continued to see multicultural courses as less legitimate than other counseling requirements, (b) that they were taught primarily by junior-level faculty or adjuncts, (c) that they were haphazard and fragmented without a strong conceptual framework linked to specific competencies, and (d) that they tended to deal with cultural differences from a purely intellectual perspective without references to the sociopolitical ramifications of counseling (oppression, discrimination, and racism). (Sue & Sue, 1990; Sue et al., 1982; Sue, Arredondo, & McDavis, 1992)

Pope-Davis et al. (1995) reported that multicultural training has been positively related to multicultural awareness, knowledge, and skills. How can counselors gain adequate cultural competencies when there is only one course of multicultural training offered throughout an entire counseling program, when what is offered is not sufficient to

prepare trainees to become culturally competent to work with a diverse population? How are supervisors able to effectively and ethically supervise supervisees from a multicultural framework? More specifically, how are White supervisors working with White supervisees able to address racial and cultural issues when the research has indicated that most White counselors “do not have enough practical experience in training, nor in their daily lives, with racial and ethnic minorities” (Sue, Arredondo, & McDavis, 1992). Constantine (1997) reported that 70% of supervisors in her study indicated that they had never taken a formal cross-cultural or multicultural counseling course. Furthermore, faculty expected to “deliver training had little or no multicultural training or clinical experience”...”to provide them with credibility, knowledge, and skills”...”to fulfill their role as competent trainers” (Ridley, Mendoza, & Kanitz, 1994).

The case for multicultural training has been consistently demonstrated throughout the research, but not well implemented into MFT programs despite being required by COAMFTE that “programs are expected to infuse their curriculum with content that address issues related to diversity...culture...ethnicity...nationality...and race” (COAMFTE, 2002). COAMFTE also revised the curriculum standards in 1983 to require program trainings to include or embed issues of ethnicity and culture within their curriculum (Lawless, Gale, & Bacigalupe, 2001). However, research has indicated that even as late as seven years ago most counseling programs continued to give “inadequate treatment” (Sue & Sue, 1999) to multicultural training in the curriculum. Multicultural training is the foundation on which multicultural competency is built.

## **Multicultural Counseling Competencies**

Multicultural counseling competencies (MCC) is defined as several primary goals: “One who is actively in the process of becoming aware of his or her own assumptions about human behavior, values, biases, preconceived notions, personal limitations, and so forth. One who actively attempts to understand the worldview of his or her culturally different client. One who is in the process of actively developing and practicing appropriate, relevant, and sensitive intervention strategies and skills in working with his or her cultural different client” (Sue et al., 1982, 1992, 1998 & 2006).

As the United States becomes more ethnic and racially diverse, counselors and supervisors’ cultural competencies must also continue to grow to meet the demands of a diverse society. Becoming or being culturally competent is not stagnant; it is a continuous process in which one’s skills have to remain relevant to a changing demographic.

Multicultural researchers and practitioners, Sue, Arrendondo, and McDavis (1992), engaged in an endeavor to develop multicultural counseling competencies to provide criteria for counselor education and practice. These competencies allow mental health professionals to (Pressely, Parker, & Jennie, 2001) demonstrate competence through active participation in self-exploration activities and strategies. This list of competencies is divided into three categories: awareness, knowledge, and skills.

MCC addresses three distinct dimensions of competencies including multicultural awareness (counselors have awareness of differences between themselves and clients vis-à-vis ethnicity, race, beliefs and culture), multicultural knowledge (counselors have educational and experiential knowledge of the role of racism, discrimination and oppression in their own lives), and skills (counselors must continue to understand their

own cultural identity and work towards being non-racist and displaying non-stereotyping behaviors (Sue et al., 1992). Recent research suggests that the greatest exposure to multicultural training is associated with increased levels of therapy competencies, especially awareness of one's own cultural and personal biases and knowledge about skills working with diverse populations (D'Andrea, Daniels, & Heck, 1991; Pope-Davis & Ottavi, 1994).

Since the introduction of MCC, there have been several scales/instruments developed based conceptually on the MCC constructs identified by Sue and other researchers (Sue et al., 1982, 1992). These scales include the Multicultural Counseling Knowledge and Awareness Scale (MCKAS; Ponterotto, 1997), Multicultural Awareness/Knowledge/Skills Survey (MAKSS; D'Andrea, Daniels, & Heck, 1991), the Multicultural Counseling Awareness Scale-Form B-Revised Self-Assessment (MCAS; Ponterotto, Rieger, Barrett & Sparks, 1994), the Cross-Cultural Counseling Inventory-Revised (LaFrombroise, Coleman, & Hernandez, 1991), and the Multicultural Counseling Inventory (MCI; Sadowsky, Taffe, Gutkin, & Wise, 1994), which was originally developed based on MCC constructs (awareness, knowledge, skills), but a fourth construct was added to assess relationships. These scales have been designed to measure self-perceived multicultural counseling competencies in trainees and practicing mental health professionals.

The MCC constructs have been widely endorsed by experts in the field of multicultural counseling (Constantine & Ladany, 2000). Furthermore, previous research on MCC found a positive relation to multicultural training (Sadowsky, Kuo-Jackson, Richardson, & Corey, 1998), exposure to multicultural supervision (Pope-Davis,

Reynolds, Dings, & Nelson, 1995), and demographic, educational, and clinical experience (Ottavi, Pope-David, & Dings, 1994). MCC was originally designed specifically to assess the cultural competencies of psychologists and counselors (Bradley & Ladany, 2000). However, little attention has been given to MCC within the supervision literature (Leong & Wagner, 1994).

Professional organizations have also addressed MCC, but usually in a more general way. Within the field of MFT, Core Competencies were designed to encompass behaviors, skills, attitudes, and policies that promote awareness, acceptance, and respect for differences across a variety of groups. MFT Core Competencies (AAMFT, 2004) require that therapists

“recognize contextual and systemic dynamics (cultural/race/ethnicity)...within a larger social context” (1.2.1); “gather information, giving... attention...to cultural, and contextual factors” (1.3.1); “understand the strengths and limitations of the models of assessment and diagnosis...as they relate to different cultural...and ethnic groups” (2.1.6); “comprehend...culturally sensitive approaches” (4.1.1); and “deliver interventions in a way that is sensitive to...clients...cultural/race/ethnicity...” (4.3.2).

Furthermore, the ACA code of ethics requires that counselors “communicate information in ways that are culturally appropriate” (A.2.c); maintain “awareness and sensitivity regarding cultural meaning of confidentiality and privacy” (B.1.a); and “actively attempt to understand the diverse cultural backgrounds of the clients they serve and explore their own cultural identities and how these affect their values and beliefs about the counseling process” (ACA, 2005). The ACA also ethically charges counselor educators to “actively infuse multicultural/diversity competency in their training and supervision practices”....”actively train students to gain awareness, knowledge, and skills in the competencies of multicultural practice” (F.11.c).

## **Multicultural Supervision**

Currently, literature describing the multicultural supervision processes in MFT is limited (Christiansen, Thomas, Kafescioglu, Gunnur, Lowe, & Wittenborn, 2011; Inman, 2006; Wieling & Marshall, 1999) and little is known about multicultural dynamics presented in clinical supervision (Brown & Brown, 1995). Although most supervision is conducted by White supervisors (Fong & Lease, 1997), little empirical research is related to White supervisors and White supervisees' practices in multicultural supervision. Existing literature regarding multicultural supervision has shown that cultural issues matter and that White supervisors need to address cultural difference within their supervisory roles. Furthermore, current knowledge on multicultural supervision is based more on theory than empirical research. Although two empirical studies identified some effective and ineffective practices by supervisors in multicultural supervision (Constantine, 1997; Fukuyama, 1994), the studies only provided a limited examination of what constituted effective or ineffective practices (Douglas, 2001). As the paradigmatic shift of multiculturalism emerged in counseling in the early 1990's Bernard (1992) stated that given the climate of "inadequate" multicultural training, counseling supervisors who had not taken course work in multicultural counseling would have difficulty providing competent multicultural counseling training.

AAMFT guidelines for supervisors requires' that "supervisors should be sensitive to the contextual variables such as culture, gender, ethnicity and economics" (AAMFT, 2007). AAMFT Core Competencies focused on (a) conceptual, (b) perceptual, (c) executive, (d) evaluative, and (e) professional skills (AAMFT Core Competencies, 2004). However, scant empirical attention is given to AAMFT core competencies in the

supervision literature. If the counseling profession is committed to culturally relevant supervision and the development of cultural competencies in supervisees, then there is a pressing need for researchers to investigate the impact of MCC on supervision, in particular, within White supervisors-White supervisees' dyads (Bradley & Ladany, 2000). COAMFTE version (10) requires programs to have "diverse supervisors". Although COAMFTE (2005) version (11.0) does not specify supervisors' role in addressing race, culture, or ethnicity within the supervision process, the Association for Counselor Education and Supervision (ACES), specified in standard 4.1 that "supervisors demonstrate knowledge of individual differences with respect to gender, race, ethnicity, culture, and understand the importance of these characteristics in supervisory relationships" (ACES, 1990).

The conceptualization of multicultural supervision is partly determined by how it is defined (Hird, Cavalieri, Dulko, Felice, & Ho, 2001). For the purpose of this research, multicultural supervision is defined when at least one member of the triadic (supervisor, supervisee, or client) is racially different from the other member. Given the fact that most supervisors and supervisees are White (Constantine et al., 2005; D'Andrea & Daniels, 1997; Inman et al., 2004), the willingness to discuss racial issues is a factor that significantly affects the ability of White counselors to function in the supervision process (Helms & Cook, 1999). Many White counselors and White supervisors are uncomfortable discussing racial and cultural issues as they may arise in the supervision dyad (Utsey, Gernat, & Bolden, 2002). Most MFT and counseling programs offer multicultural training that focuses on awareness, knowledge, and skills. However, there is

a lack of attention given to racial-awareness training, an important component of multicultural training. This may be due to a lack of research on the role of race and racial issues in the counseling and supervision dyad ((Utsey, Gernat, Hammar, 2005). Within White supervisor–White supervisee dyads, individuals’ manifestation of various attitudes about their race affects not only salient supervision processes but also vital supervision outcomes (Ladany et al., 1997).

To facilitate the supervision process, supervisors must attain a level of cultural awareness, knowledge, and skills in the development of counseling performance skills, conceptualization skills, personalization of self-awareness, and professional behaviors of supervisees (Bernard & Goodyear, 1998). Because research has shown that minority clients not only underutilize counseling services but also terminate at a rate of greater than 50% after the first session (Sue & Sue 1999), culturally relevant supervision is needed to address such phenomenon as well as foster the multicultural development of supervisees.

A basic assumption of multicultural supervision is that students and the supervisors have had sufficient prior exposure to multicultural training so as to possess the capabilities to develop an effective supervisory environment in which trainees can learn more about cultural factors in therapeutic practice (Stone, 1997). Within White supervisor–White supervisee dyads, supervisors are responsible for assuring that multicultural issues receive attention in supervision (Bernard & Goodyear, 1992). Falicov (1995) offered several reasons why it is important for supervisors to address multicultural issues in supervision:



to prevent focusing on the interior of the family; to understand it's function and dysfunction; to differentiate among universal, transcultural, culture specific family behaviors; to discriminate between family situations where cultural issues may be of clinical relevance from those that are tangential; to attain a cultural framework for assessment and intervention; to recognize concepts and behaviors that may lead to ethnic biases; to avoid the use of negative stereotypes; to recognize that alternative value systems may be valid; and to develop an exploratory, sensitive, and respectful attitude toward a client's cultural identity. (p. 381)

A study conducted by Constantine (1997), found that 70% of the supervisees completed at least one multicultural counseling course, although many of the participants reported that supervision could have been greatly enhanced if the supervisors would have spent more time processing issues surrounding cultural differences. Particularly in the context of White supervisors, White supervisor-White supervisee relationships might have profound implications for the development of White supervisees' multicultural counseling competencies (Constantine et al., 2005).

If supervisors are not receiving adequate multicultural training and are not culturally competent, how can White supervisors provide supervision in a manner consistent with the AAMFT or the Association of Multicultural Counseling and Development (AMCD) multicultural counseling competencies and standards (Sue et al., 1992) for counseling supervision?

### **Theoretical Framework**

Multicultural counseling competencies (MCC) are derived from a theoretical framework that encompasses awareness, knowledge, and skills (Sue, Arredondo, & McDavis, 1982; Sue et al., 1992; 2006), which has become the standard in the field for measuring multicultural competencies. The development of MCC stems from research

data that noted the serious lack and inadequacy of training programs in dealing with racial, ethnic, and cultural matters (Sue et al. 1992). An early curriculum survey of graduate education programs revealed that less than 1% of the respondents reported instructional requirements for the study of racial and ethnic minority groups (McFadden & Wilson, 1977). Sue and Sue (1990) suggested that the lack of cultural sensitivity and mistrust of therapy practices geared toward White middle class clients may be a reason that the minority populations generally tended to avoid counseling.

Multicultural Counseling Competency presents an opportunity to solidify a paradigm shift within the counseling profession. The strength of this shift is imperative because the United States is becoming more multicultural and research findings reveal the underutilization of counseling services by minorities (Kearney, Draper, & Baron, 2003; Steward & Jackson, 1990; Sue & Sue, 1999; Thompson, Neville, Weathers, & Poston, 1990; Watkins & Terrell, 1988). The research also indicates that traditional monocultural, Western counseling approaches do not sufficiently meet the needs of culturally different clients (Sue & Sue, 1999). All of which support the rationale for multicultural training which is the foundation underlying multicultural competencies.

### **Research Questions**

1. Is there a significant relationship between supervisors' multicultural training and measures of cultural competency?
2. Is there a significant relationship between supervisees' multicultural training and measures of cultural competency?

3. Do supervisees' ratings of supervisors' cultural competency predict a significant relationship on a measure of cross cultural competency?

### **Delimitations**

There are several delimitations to this study. Only participants currently active in counseling programs accredited by COAMFT and/or CACREP institutions were selected for this study. Only those who participated in White supervisor-White supervisee supervision dyads were selected. Self-reported measures such MCKAS and CCCI-R were also delimitations to this study, which may be subject to participants answering in socially desirable ways, in particular, the use of CCCI-R used by supervisees to rate cultural competency of supervisors. This is delimitation because the CCCI-R was slightly modified to be used in this study. The subjects of this study participated on a volunteer basis.

### **Definitions and Operational Terms**

*Counselor Educator.* A person who has completed a master's degree (MA or MS) or a doctorate degree (Ph.D, Ed.D, or PsyD) in counselor education, counseling, or related disciplines, and is currently employed by a college or university counselor education preparation program that has been accredited by CACREP (Frank, 2004).

*Culture.* The internalized values, belief, attitudes, knowledge, and rituals that, among other things, define any group or collective (Frank, 2004).

*Cultural Competency.* Refer to an ability to interact effectively with people of different cultures. Cultural competence comprises four components: (a) Awareness of one's own cultural worldview, (b) Attitude towards cultural differences, (c) Knowledge of

different cultural practices and worldviews, and (d) cross-cultural skills (Sue, Arredondo, & McDavis, 1992; Sue & Sue, 2007).

*Marriage and Family Therapists.* Marriage and Family Therapists (MFTs) are mental health professionals trained in psychotherapy and family systems, and licensed to diagnose and treat mental and emotional disorders within the context of marriage, couples and family systems (AAMFT, 2004).

*Minority.* Refers to a person who is non-white, differing in race, religion, or ethnic background, from the majority of a population (Webster dictionary).

*Multicultural awareness.* Counselors have awareness of differences between themselves and clients' vis-à-vis ethnicity, race, beliefs and culture (Sue et al., 1992).

*Multicultural Counseling Competency.* One who is actively in the process of becoming aware of his or her own assumptions about human behavior, values, biases, preconceived notions, personal limitations, and so forth. One who actively attempts to understand the worldview of his or her culturally different client. One who is in the process of actively developing and practicing appropriate, relevant, and sensitive intervention strategies and skills in working with his or her cultural different client (Sue et al., 2006; 1998; 1992; 1982).

*Multicultural Counseling.* Multicultural counseling defined by Sue et al. (1982) as “any counseling relationship in which two or more of the participants differ with respect to cultural background, values, and lifestyle” (Sue et. al. 1983).

*Multicultural knowledge.* Counselors have knowledge (educational and experiential) of the role of racism, discrimination and oppression in their own lives (Sue et al., 1992).

*Multicultural Skills.* Counselors must continue to understand their own cultural identity and work towards being non-racist and non-stereotyping (Sue et al., 1992).

*Multicultural Supervision.* When at least one member of the triadic (supervisor, supervisee, or client) is racially different from the other member.

*Multicultural Training.* Operationalized as counseling competency training for supervisors and supervisees (Ridley, Mendoza, & Kanitz, 1994).

### **Assumptions Underlying the Study**

In this study, there are several assumptions:

1. The ACA Multicultural Counseling Competencies (ACA, 2001, & Sue et al., 2006) are appropriate to guide the research regarding multicultural training, multicultural competency, and multicultural supervision in counselor education programs.
2. Self-reported demographic information (satisfaction or dissatisfaction of supervision discussion, multicultural training, discussion of multicultural issues) are not answered in a socially desirable way as to skew results.
3. The instruments used in this study represent the theoretical concepts they purport to measure.
4. It is assumed that reliability and validity of the CCCI-R will not be jeopardized with its use for supervisees' ratings of supervisors' perceived cultural competency.

### **Summary**

Multicultural training is the foundation on which multicultural competency is built. When supervisors are adequately trained to be culturally competent, they are capable and ethically responsible for addressing client cases from a cultural, social-

political, and historical perspective as well as fostering supervisees' development within multicultural supervision. As the United States becomes more diversified ethnically and racially, the caseload of both White therapists and therapists of color will increasingly be composed of families of color suggesting a strong need for training to be multiculturally sensitive (Green, 1998). Thus, the urgency of integrating multicultural issues in MFT training programs becomes more relevant.

## CHAPTER II

### REVIEW OF THE LITERATURE

This chapter reviews literature related to the research described in this study. The chapter examines the following areas: multicultural training, multicultural counseling competence, and multicultural supervision. The review also examines supervisees' perceptions of supervisors' multicultural counseling competencies within supervision.

#### **Multicultural Training**

Minority clients underutilize mental health services due to historical mistreatment and mistrust of governmental agencies (Brown, Ojeda, Wyn, & Levan, 2000). Minority clients are more likely to prematurely terminate counseling services due to a lack of racial and cultural sensitivity (Sue et al., 1992). Given that most of the MFT, and counselor education programs are dominated with a Euro-American perspective throughout research, training, and practice (Constantine, Warren, & McVile, 2005; Inman, Marisol, Brown, & Hargrove, 2004) there continues to be a considerable lack of integration of multicultural awareness and training to meet diverse client needs.

In an attempt to address the needs of diverse clients CACAREP, an accrediting organization for counseling programs began to increase attention to multicultural competency of counselors. CACAREP do not directly have a standard for multicultural

training, however, in 1994 CACREP added social and cultural foundation requirement to the core curricula (CACREP, 1994), Standard 2, which states

studies that provide an understanding of the cultural context of relationships, issues, and trends in a multicultural and diverse society related to such factors as culture, ethnicity, nationality, age, gender, sexual orientation, mental and physical characteristics, education, family values, religious and spiritual values, socioeconomic status and unique characteristics of individuals, couples, families, and ethnic groups” to develop cultural competencies of counselors. (CACREP, 1994, 2001, &2009, p. 2)

Dinsmore and England (1996) also reported that nearly ninety percent of CACREP counseling programs offered a multicultural course requirement and/or infusion of multicultural material in all courses. However, within most MFT and counselor education programs it does not translate to culturally competent clinicians because there continues to be inadequate multicultural training (Das, 1995; Gloria & Pope-Davis, 1997; Inman, 2003; McDowell et al., 2002).

Accreditation bodies and ethical guidelines requires inclusion and/or infusion of multicultural training throughout all counseling programs, however, most programs only offer a one time introduction course in “cross cultural” or “multicultural” education (Das, 1995). Research shows that ethnic clients’ perception of satisfaction with counseling services is significantly influenced by the counselors’ level of multicultural competency (Constantine, 2002; Frank, 2004). This evidence has led many researchers (e.g., Constantine, Juby, & Liang, 2001; Das, 1995; Frank, 2004; Gloria & Pope-Davis, 1997; Inman, 2003; McDowell et al., 2002; McGoldrick, 1998) to conclude that many therapists may not be sufficiently culturally competent to work with clients from different racial and ethnic backgrounds. For that matter, supervisors may not be sufficiently culturally



competent to supervise cases involving minority clients. Yet multicultural training continues to get diluted into general counseling rhetoric.

As early as 1962, psychologist, Gilbert Wrenn, commented on “the encapsulated counselor”, that challenged cultural bias in psychology. In 1970 the Association for Non-White Concerns, of the then American Personnel and Guidance Association, was established to promote concerns of race and culture as central to the interest of counselor training, research, and practice (Arredondo, 1994). Since the 1970’s, Vontress advocated for counseling training programs to address racial factors within the counseling process, as well as examine why racial issues impeded the development of the therapeutic relationship. Ponterotto (1988) documented how multicultural training enhanced counselors multicultural counseling competencies. Following in his footsteps, Helms (1994) also held counselor education and counseling psychology programs responsible for ignoring the role of racial and cultural factors in the counseling process.

More recently, many scholars have called for the integration of multicultural counseling training curricula (Arredondo, 1999; Carter & McGoldrick, 1999; D’Andrea & Daniels, 1999; Falicov, 1995; Green, 1998; Helms & Cook, 1999; Landany, Inman, Constantine, & Hofheinz, 1997; Preli & Bernard, 1993; Utsey, & Gernat, 2002). Yet many researchers across the counseling professions have lacked commitment to examining racial factors in the counseling and supervision relationship (Utsey et al., 2005).

Within the field of marriage and family therapy there are serious clinical, political, and social implications for the need to address multicultural issues in the counseling and supervision process due to the changing diverse climate of the United

States (Inman, Brown, & Hargrove, 2004). Regardless of the counseling arena, working with ethnically diverse populations without appropriate training could be considered “unethical” (Sue et al., 1992). Multicultural training is not about reorienting the therapists’ values and beliefs; rather it is to orient the student to an individual/collectivist approach (Arredondo, 1994). Arredondo believes that this approach, which is from an anthropology framework, promotes uniqueness and differences and facilitates the empowerment of those culturally different from oneself.

Studies, such as those done by Constantine et al. (2001), Ottavi et al. (1994), Pope-Davis et al. (1995), Sadowsky et al. (1994) examined the relationship between prior multicultural training and self-perceived multicultural counseling competence and found significantly higher levels of self-reported multicultural counseling competence. Researchers suspected that coursework in multicultural training contributed to counselor’s self-reported competence in working with diverse population (Constantine, 2001). Others such as Neville, Heppner, Louie, Brooks, Thompson, and Baker (1996) investigated the relationship between multicultural training, White racial identity attitudes, and therapy competence. They found that students who participated in multicultural courses were more likely to have increased cultural competencies and have more awareness of their White racial identity attitudes.

A study by Constantine, Ladany, Inman, and Ponterotto (1996), which examined students’ perceptions of multicultural training in counseling psychology programs, revealed that most students perceived their programs to have “(a) a required multicultural course, (b) diverse teaching strategies and procedures, (c) varied methods of evaluating performance, and (d) faculty members with primary research interest in multicultural

issues”. However, there were also some alarming findings as well. Nearly 90% of students perceived that their programs did not have adequate representation of bilingual faculty, or committees that actively attended to multicultural issues, while over 75% perceived their program did not incorporate reliable and valid assessments instruments to evaluate their level of multicultural competency. This study was limited by being generalized to all counseling psychology programs, bias of participants, lack of awareness of their program training efforts, and the limitation of MCC’s conceptualization of multicultural issues which was limited to racial and ethnic diversity. However, this study’s findings seem to be typical of the current status of multicultural issues and training.

Sevig and Etzkorn (2001) examined a year long multicultural training seminar based on theoretical and empirical literature. The rationale for this study was based on various recommendations made in the literature for effective multicultural training. The seminar was composed of 8 to 10 diverse psychology and social work interns at a university counseling center. Their clinical experience ranged from entry level to more than 4 years of clinical experience. The participants were required to attend weekly seminars for 1-1/2 hours for a total of 15 weeks (two semesters). Although a multitude of formats were employed, the predominant method of learning was an experiential, process-based format that encouraged self-reflection, intergroup dialogue, risk taking, and emotional openness as means to develop multicultural competence (Sevig & Etzkorn, 2001). The study suggested that a long term and in-depth learning process is needed to fully become multiculturally competent. Again, most current counseling

program curriculum and accrediting bodies only require one beginning course in multicultural counseling.

A Delphi study completed by Speight, Thomas, Kennel, and Anderson (1995) recommended important concepts of multicultural training: “trainees should work with a diverse population, have a multicultural training program, have supervision that addresses multicultural issues, have a philosophy/environment of appreciating cultural differences, and, have a staff with multicultural training”. Other studies have also evaluated multicultural training and found that the single course approach was not effective in providing the training needed to become proficient or competent. The overriding themes of the research suggested that the one-course approach resulted in limited discussion of nature and philosophy of the overall training program (Constantine et al., 2001).

Diaz-Lazaro (2001) found that contact with culturally different individuals was related to greater (self-reported) multicultural competence. Graduate students from a variety of counseling specializations taking a multicultural counseling course were assessed in this study. Greater prior cross cultural life experience was related to higher scores on a self-report multicultural competence measure (MAKSS) at the start of the multicultural counseling course (therefore, higher multicultural competence). Multicultural counseling competence increased significantly for the overall sample between the start and end of the course.

### **Issues Involved in Multicultural Training**

The most pressing debate regarding multicultural training continues to be how to effectively implement it into the counseling training curriculum, as well how to define

what is multicultural training? The fact that there is not a uniform definition of multicultural training throughout all counseling programs has caused much frustration as to how to implement a multicultural training program. Pedersen (1991) suggested that other elements of multiculturalism such as age, gender, socioeconomic, educational level, religion and sexual orientation were aspects of culture, and therefore multiculturalism was a generic part of all counseling relationships. While other multicultural researchers seem to suggest that the focus should move toward an individualistic/collectivistic orientation so the focus shifts between the individual, family, group, and society.

The dilemma of multicultural training resides on the continuum of offering a one time one-course approach, or an infusion of multiculturalism throughout the entire counseling curriculum. Because the empirical data is limited on multicultural training programs, developers are strained as to how to effectively implement it into the curriculum. Research has revealed that most counselor educators did not receive multicultural training as “they are caught between the press to provide multicultural training and the dual disadvantage of the embryonic state of the field and their own inadequate training” (Ridley et al., 1994, p. 228).

The unwillingness to set a standard for multicultural training is nothing more than a distraction from the real issue. The real issue is a profession that after several decades continues to be ill equipped to effectively implement multicultural training programs to work with a minority population that by the year 2020 will constitute the majority of the United States (Sue et al., 1992; 1997). Although multicultural training is mandated by accreditation and professional organizations for graduate counseling training programs, it continues to be relegated to last place.

## **Multicultural Counseling Competencies**

The COAMFTE Accreditation Manual (2005.Version 11.0) recognizes the importance of training counselors, and also emphasizes that supervisors become multiculturally competent in their Counselor Preparation Standards. MFT literature strongly supports a multicultural perspective. Being informed about different racial and ethnic groups can help counselors in many ways: A multicultural perspective helps to enhance rapport and creditability with the family (Lappin, 1983). It broadens understanding of the family's problem (Falicov, 1998; McGoldrick, 1998). It allows for a better connection with the family as a system (Hardy, 1993). It facilitates the maintenance of the family in counseling (Sue, 1998), and guides the development of a treatment plan that is congruent with the needs of the family, their reality and their contexts (Alford, 2000; Boszormenyi-Nagy, & Krasner, 1986). A multicultural perspective prevents the making of recommendations the family cannot follow because the family reality or values are different (Lappin, 1983). It prevents the implementation of an intervention that is culturally insensitive (Ho, 1995), and it facilitates positive changes that will lead to successful treatment outcomes (Aponte et al., 2000; Bean et al., 2001). Within family therapy training programs, Sue et al. (1992) also suggested that "culturally skilled counsels should be able to exercise institutional intervention skills on behalf of their client. They can help determined whether a "problem" stems from racism or bias in others... so that clients do not inappropriately personalized problems".

As more families of color seek counseling, it is crucial to provide culturally sensitive therapy. According to Green (1998) the results of a 1995 survey of more than 12,000 MFTs in California, revealed that, although 94% of the therapists were European

American, 66% of their clients were from different racial and ethnic backgrounds. Despite an increase in minority use of mental health services, there is still a tendency towards premature termination of therapy. There is a lack of research in examining exactly why this phenomenon continues to occur. However, criticism by some researchers (e.g. Goodwin, 1997; Perili & Bernard, 1993) suggest that cultural issues, specifically race and ethnicity, fails to be taken seriously in many MFT training programs (Constantine, Juby, & Liang, 2001), as well as in psychology and counseling profession (Bean, Perry, Bedell, & 2002; Ponterotto & Casas, 1991). This may suggest that multicultural competence needs to be addressed more from a practical application versus a theoretical perspective, thus giving more attention to the training of competent multicultural therapists, counselors, and supervisors (Hardy & Lazloffy, 1992; Sue et al., 1992).

A survey conducted by Hansen, Randazzo, Schwartz, Marshall, Kalis, Frazier, et al. (2006) supports this point of view. The question was asked, “Do we practice what we preach?” in terms of psychologists being culturally competent and responding in multiculturally responsive ways. The answer was a resounding no! The survey indicated that for 86% of the individual items, participants did not practice what they preached. Examples of individual items included: Make culture-specific diagnoses, modify interventions to take into account the history, manifestations, and psychological effects of oppression, prejudice, and discrimination, and integrate relevant multicultural resources into treatment. Additionally, participants reported that personal and professional experiences were most influential, and that guidelines and codes had the least influence in

their development of multicultural competence. These findings are not surprising given the lack of attention to multicultural training in MFT and counselor education programs.

### **Empirical Research on Multicultural Counseling Competencies**

According to Jackson (1995) the history of multicultural competencies was first recognized during the 1950s in the *Personnel and Guidance Journal*. Five articles were published that addressed the needs of Blacks in counseling. The increased racial tension of the 50's and 60's lead to the beginning of counselors and psychologists becoming more culturally responsive to racial and ethnic minorities. Within the last few decades there has been an even greater understanding and recognition of the need for culturally competent clinicians and supervisors. However, there still remains limited empirical research that examines multicultural counseling competencies (MCC). The lack of research may in part be due to the limited evaluation of instruments developed to assess MCC.

Researchers and practitioners within counselor education and the field of MFT understand the significance of counselors and supervisors being culturally competent to work with clients of diverse background. With the introduction from Sue et al. (1982), MCC has provided counselors with the ability to attend to social-political, historical and cultural factors which impact the clients' lives. Multicultural counseling competency addresses three distinct dimensions of competencies including multicultural awareness:

Counselors have awareness of differences between themselves and clients (ethnicity, race, beliefs and culture), multicultural knowledge (counselors have educational and direct knowledge of the role of racism, discrimination and oppression in their own lives), and skills (counselors must continue to understand their own cultural identity and work towards being non-racist and non-stereotyping behaviors (Sue et al., 1992).



Recent research suggested that the greatest exposure to multicultural training is associated with increased levels of therapy competencies, especially awareness of one's own cultural and personal biases and knowledge about skills working with diverse populations (Dander, Daniels, & Heck 1991; Pope-Davis & Ottavi, 1994).

To meet this need, researchers introduced several multicultural counseling instruments such as the Multicultural Counseling Knowledge and Awareness Scale (MCKAS; Ponterotto, 1997), Multicultural Awareness/Knowledge/Skills Survey (MAKSS; D'Andrea, Daniels, & Heck, 1991), the Multicultural Counseling Awareness Scale-Form B-Revised Self-Assessment (MCAS; Ponterotto, Rieger, Barrett & Sparks, 1994); the Cross-Cultural Counseling Inventory-Revised (LaFrombroise, Coleman, & Hernandez, 1991); and the Multicultural Counseling Inventory (MCI; Sadowsky, Taffe, Gutkin, & Wise, 1994), into the counseling and psychology literature. The introduction of these instruments has filled a void, and provided a way to measure multicultural counseling competency of trainees and practicing clinicians. However, there still remains' psychometric concerns with many of these instruments.

In (2000) Constantine and Ladany reported that many of the self-reported multicultural counseling competency scales showed a significant positive relationship to social desirability attitudes and were not measuring actual performance but anticipated behaviors. According to Ponterotto (1998), the limitation of psychometric properties may have more to do with multicultural counseling research still being in its infancy, which is why there has been a lack of instruments available to measure relevant constructs. Additionally, Constantine and Ladany (2000, 2001) suggested a need for testing and

revision of self-reported multicultural counseling instruments because validity-related evidence concerning self-report multicultural counseling instruments has been mixed.

Ridley et al. (1994) indicated that underlying constructs represented by these measures were overlapping and lacked clear definition. The MCC instruments have also been criticized for focusing more on knowledge and awareness, rather than the ability to develop culturally appropriate intervention strategies and techniques (Sue et al., 1992). “Those multicultural counseling competency instruments that do attempt to measure the dimension of culturally appropriate counseling skills tend to assess general counseling skills rather than specific behaviors a counselor performs when working with culturally different clients” (Sheu, 2005, p.11).

In evaluating multicultural counseling competencies, many scholars (e.g., Constantine, 2001; Pope-Davis et al., 1995; Sadowsky, Kuo-Jackson, Richardson, & Corey, 1998) have found that participants are prone to respond in a favorable manner or what is considered socially desirable. Socially desirable is defined as the propensity of responder to give socially desirable responses (Paulhus, 1991). In order to reduce potential biases of social desirability, scholars such as Abreu, et al. 2000, Constantine & Ladany, 2000, Inman, et al., 2004, Sadowsky et al., 1998 recommended the use of a social desirability instrument (e.g., Marlowe- Crowne Social Desirability Scale) when assessing multicultural counseling competencies.

### **Multicultural Supervision**

The area of multicultural supervision has received increased empirical attention in the counseling literature in recent years. Research interest in the area of multicultural

supervision has examined cross cultural dyads (e.g., Fong & Lease, 1997); racial and cultural identity attitudes (e.g., D'Andrea & Daniels, 1997; Stone, 1997); and interpersonal process issues (e.g., Brown & Landrum Brown, 1995; Gonzalez, 1997). All have contributed greatly to the body of multicultural supervision literature. However, the majority of the literature in multicultural supervision continues to be theoretical in nature (Leong & Wagner, 1994; Young, 2004). Scant empirical attention has been given to multicultural supervision that focuses on White supervisor-White supervisee supervision dyads in relation to addressing multicultural training and/or multicultural competencies despite the fact that most supervision is conducted by White supervisors with White supervisees (Fong & Lease, 1997) with an increasing caseload of minority clients.

The importance of openly addressing race and ethnicity issues within supervision (Cook & Helms, 1988; Inman, 2006; Ladany, Inman, Constantine, & Hofheinz, 1997) has already been established. Yet, for most White counselors and supervisors discussing racial or ethnic issues within the supervision process is uncomfortable (Helms, 1995; Utsey et al., 2002). A review of the literature revealed that White counselors' reaction to racially charged supervision ranged from conscious raising, to a combination of anxiety and defensiveness (D'Andrea & Daniels, 2001; Ridley 1994), to fear of the "R" word, racist (Kiselica, 1999). Despite this uncomfortableness, the discussions of race and cultural issues are most powerful when initiated, integrated, and revisited by the supervisor (Estrada 2005). Bernard and Goodyear (1992) advocated that the supervisor is responsible for assuring that multicultural issues receive attention in supervision (Young, 2004). Liddle, Breunlin, and Schwartz (1988) also believed that supervision is the "cornerstone for work in the area of cross-cultural issues and ethnic differences that can

be advanced considerable” (p. 6) by training supervisors and supervisees to be culturally competent.

One of the first empirical studies that examined race and culture within multicultural supervision was conducted by Vander Kolk (1974). He found that Black trainees, anticipated less support, respect, and empathy in their interactions with supervisors, compared to their White counterparts. Minority predoctoral interns reported in a Fukuyama (1994) study that addressing multicultural issues was a salient aspect of supervision. Other research studies (e.g. Pope-Davis, Reynolds, Dings, & Ottavi, 1994; Pope-Davis, Reynolds, Dings, & Nielson, 1995) indicated that receiving multicultural supervision was significantly predictive of an increase in self-reported multicultural counseling competence.

When White trainees were supervised by a minority supervisor, they reported a higher level of perceived cultural competence than trainees with a White supervisor (Ladaney, Brittan-Powell, & Pannu, 1997). Supervisees who were directed by their supervisors to focus on cultural issues in their conceptualizations of a client’s presenting concerns were better able to consider social-political and historical issues in these conceptualizations than supervisees who did not receive such instructions (Ladany, Inman, Constantine, & Hofheinz, 1997).

In another study, Constantine et al. (2005) examined White supervisor-White supervisee supervision dyads and found that White supervisors with more advanced racial identity schemas indicated higher self-reported multicultural competence and scored higher on the multicultural case conceptualization ability compared to supervision dyads characterized by low racial identity schemas. The results of this study suggested

that when there was a low racial identity schema within White supervisor-White supervisee supervision dyads racial and cultural issues might not be given appropriate consideration. This study revealed important implications for graduate counseling programs and suggests that multicultural training needs to emphasize racial self-awareness.

The research has reiterated many times over that trainees who experience an infusion of multicultural training throughout the counseling curriculum, work with and embrace a culturally diverse population, and are supervised by culturally competent supervisors, are more likely to be culturally competent clinicians (Bean et al., 2002; Constantine, 2002, 2001; D' Andrea et al., 1991; Das, 1995; Gloria & Pope-Davis, 1997; Inman, 2003; McDowell et al., 2002; McDowell et al., 2002; Sue et al., 1992). Minority clients continue to be undervalued and marginalized due to cultural ignorance and cultural insensitivity on the part of White clinicians and White supervisors who do not appreciate or understand the uniqueness of having minority clients.

When White supervisor-White supervisee dyads neglect to incorporate the role of “cultural” into the process when working with clients of color, it is saying that the counseling field is not committed to culturally relevant supervision, as well the development of student supervisors and supervisees. Thus, there is a need for researchers to examine the impact of multicultural training on multicultural counseling competencies within multicultural supervision, in particular, within White supervisor-White supervisee dyads (Bradley & Ladany, 2000). The current study will shed light on some of the dynamics that come into play during supervision and may lead to a better understanding

of how those dynamics impact minority clients from intake, to diagnoses, to treatment plan, to outcome of counseling services.

### **Supervisee Perceptions**

An extensive review only found one research article on White supervisor-White supervisee dyads. Constantine et al. (2005) examined White supervisor-White supervisee dyadic interactions in supervision as defined by Helms's (1990) racial identity interactional model, with regard to White supervisees' self-reported multicultural competence and multicultural case conceptualization ability. A review of the literature did find studies that addressed the more general issues of cross cultural supervision and trainees perceptions of multicultural supervision. When multicultural issues were addressed in supervision, Taffe (2000) found that supervisees perceived that they were competently trained to use race and culture in their work, and that supervisors' who provided culturally responsive supervision contributed greatly to their ability to work with multicultural issues in counseling.

Constantine (1997) examined 22 internship programs and found that 40% of participants reported that the supervisor failed to adequately discuss multicultural issues even though the study concluded that the supervisors were: interested in working with minority interns, explored intern's ethnic background, processed racial difference within supervision, and read more multicultural materials. Although there may have been good intentions on the part of the supervisors, this same study also reported that 70% of supervisors indicated that they had never taken a formal cross-cultural or multicultural counseling course. "A supervisor's ability to impart knowledge and skills in diversity

issues can be significantly influenced by trainees' perceptions of supervisors' multicultural competence and its implementation within the context of a supervisory relationship" (Inman, 2006, p. 73). The results of the data from the Constantine (1997) study suggested that multicultural competencies were not adequately or rarely addressed in multicultural supervision. This gave trainees the perception that addressing multicultural issues was "not that important" therefore supervisees were not ethically bound to acknowledge them because the supervisors failed to "invite" conversations that created a dialogue for supervisees' own racial and cultural awareness.

In a qualitative study, Fukuyama (1994) explored positive and negative critical incidents regarding multicultural supervision. The author surveyed 18 former minority psychology interns who completed their internships at APA approved university counseling centers. The participants were grouped into both positive and negative critical incidents. The participants were asked to describe a negative or positive incident related to multicultural issues in supervision. The author noted that positive incidents resulted in openness and support, culturally relevant supervision, and involvement with multicultural activities. The negative incidents involved supervisors' lack of cultural awareness and the questioning of the supervisor's competency (Fukuyama, 1994).

These studies emphasize the effectiveness of multicultural supervision for increasing supervisees' level of multicultural competency. Supervisees reported that relevant and responsive multicultural supervision increased personal awareness of cultural issues (Toporek, Oretaga-Villalobos, & Pope-Davis, 2004), increased addressing of multicultural issues in case conceptualization and treatment (Ladany et al., 1997; Constantine, 2002), resulted in acquiring higher levels of multicultural competence

(Constantine, 2001), and higher levels of satisfaction with supervision which fostered a positive supervision relationship (Constantine, 2001). The current study will expand the knowledge in this area by further examining supervisees' perceived multicultural competencies within the supervision process.

### **Summary**

The review of the literature strongly supported the need to examine White supervisor-White supervisee dyads and their relation to multicultural training, multicultural competencies, and multicultural supervision. A large majority of multicultural research deals with cross-cultural dynamics rather than the true implications of the counseling profession that the majority of supervisors and supervisees' are White and work with minority clients. Therefore, a shift in research needs to occur to meet the growing needs of racial and ethnic clients. Clients, who after a long and justified history of mistrust of the mental health profession are willing to seek mental health services, must be met with supervisors and clinicians who are culturally competent. A review of the literature also suggests that the MCKAS and CCCI-R are appropriate instruments to measure supervisor and supervisee perceptions of multicultural competencies.



## CHAPTER III

### METHODOLOGY

Chapter III presents an explanation of the research methodology that was utilized in this study. Chapter III is divided in several different sections: research design, research questions and hypotheses, participants, instruments, demographic form, variable list, data collection, statistical analysis, limitations and summary are presented.

#### **Restatement of the Problem**

The study investigates the relationship between multicultural training and supervisors' perceived level of multicultural competencies within supervision. This study utilized the ACA Multicultural Counseling Competency (ACA, 2001; Sue et al., 1992) as a framework for investigating competencies (awareness, knowledge, and skills) of supervisees' and supervisors' perception of multicultural competency.

#### **Research Design**

An ex post facto research design was used in this study. An ex post facto research design is used when there is no intervention/treatment and the researcher is interested in understanding the causes of some naturally occurring phenomenon. The phenomenon the researcher is interested in is the dependent variable, and the independent variables are not manipulated because they have already occurred (Heppner, Kivlighan, & Wampold, 1999). Therefore, caution should be used in that "cause and effect" cannot be claimed. All

that can be claimed is that there is a relationship between the variables. More specifically, ex post facto research design with hypotheses was used because it allowed for the investigation of relationships between variables (i.e., multicultural training and multicultural competencies).

### **Derivation of General and Specific Research Hypotheses**

This section provides the study's general research questions and the attending specific hypotheses based on the previously described theoretical framework. All hypotheses testing employed .05 as the measure of statistical significance.

#### **General Hypotheses**

1. There is a significant relationship between multicultural training and knowledge and awareness as measured by MCKAS independent of social desirability for supervisors.
2. There is a significant relationship between multicultural training and knowledge and awareness as measured by MCKAS independent of social desirability for supervisees.
3. Supervisees' ratings of supervisors' cross cultural competency as measured by MCKAS will predict a significant relationship on awareness and knowledge as rated by supervisees on CCCI-R independent of social desirability.

### **Specific Hypotheses**

- 1a. There is a significant relationship between multicultural training and knowledge as measured by MCKAS independent of social desirability for supervisors.
- 1b. There is a significant relationship between multicultural training and awareness as measured by MCKAS independent of social desirability for supervisors.
- 2a. There is a significant relationship between multicultural training and knowledge as measured by MCKAS independent of social desirability for supervisees.
- 2b. There is a significant relationship between multicultural training and awareness as measured by MCKAS independent of social desirability for supervisees.
- 3a. Supervisees' ratings of supervisor's cross cultural competency as measured by CCCI-R will predict awareness as measured by MCKAS independent of social desirability.
- 3b. Supervisees' ratings of supervisor's cross cultural competency will predict knowledge as rated by supervisees on CCCI-R independent of social desirability.

### **Participants**

Participants were (a) selected from (Commission on Accreditation for Marital and Family Therapy Education) COAMFTE-accredited Marital and Family Therapy

programs and (Council for Accreditation of Counseling and Related Educational Programs)CACREP Counseling programs via listserv provided by AAMFT (American Association for Marriage and Family Therapy) and ACA(American Counseling Association) organization, Division, Association for Counselor Education and Supervision, and (b) were actively involved in a supervisor-supervisee dyad working with minority clients. Participants consisted of marriage and family therapy faculty supervisors, counselor educator faculty supervisors, and their supervisees that were actively involved in a master or doctoral practicum or internship.

### **Instruments**

#### **Multicultural Counseling Knowledge and Awareness Scale (MCKAS)**

The MCKAS is a revision of the Multicultural Counseling Awareness Scale (MCAS; Ponterotto et al., 1996). The MCKAS is a self-report instrument designed to measure self-perceived multicultural counseling competency. The scale consists of two factors: Knowledge (subscale that assesses general knowledge related to multicultural counseling, and Awareness (subscale measures subtle Eurocentric worldview bias). The 32-item instrument uses a 7-point Likert scale ranging from 1 (not at all true) to 7 (totally true). The Knowledge subscale contains 20 items with a possible range of scores from 20 to 140. The Awareness scale contains 12 items with a possible range of scores from 12 to 84. The possible range of scores for the full scale is 32 to 224. Higher scores indicate greater perceived multicultural counseling knowledge and awareness. Adding items in each subscale calculate scale scores.

The knowledge subscale measures perceived multicultural knowledge and includes sample items such as “I am aware of the differential interpretations of nonverbal communication (e.g., personal space, eye contact, handshakes) within various racial/ethnic groups,” and “I understand the impact and operations of oppression and the racist concepts that have permeated the mental health professions.” The Awareness subscale measure perceives multicultural awareness and includes sample items such as “I think that client should perceive the nuclear family as the ideal social unit,” and “I believe that it is important to emphasize objective and rational thinking in minority clients.” The instrument was thought to be well suited for this study in terms of measuring dimensions of self-perceived multicultural counseling competence.

### **Reliability**

In the psychometric evaluation of the MCKAS, internal consistency yielded a Cronbach’s alpha of .85 for the two subscales, knowledge and awareness (Ponterotto et al., 2000). MCKAS used in other studies (Kocarek, Talbot, Batka, & Anderson, 2001; Manese, Wu, & Nepomuceno, 2001; prior study findings in Ponterotto & Alexander, 1996) found Cronbach’s alpha for the Knowledge/Skills ranged from .78 to .93, with a median alpha of .91. The coefficient alpha for the Awareness subscale ranged from .67 to .83, with a median alpha of .76. For test-retest reliability, Manese et al.(2001) reported 10-month stability coefficients of .70 for the Knowledge/Skills subscale and .73 for the Awareness subscale (Ponterotto et al., 2002).

## **Validity**

The MCKAS was also found to possess good content, construct, and criterion-related validity (Ponterotto et al., 1991; 2000). The intercorrelation between the two subscales was reported at .04 (Ponterotto et al., 2002). Convergent, discriminant, and criterion validity of MCKAS were examined through analysis correlation of Multicultural Counseling Inventory (MCI) and Multigroup Ethnic Identity Measure (MEIM) (Ponterotto et al., 2002). The MCKAS scores were examined through correlations with the MCI subscale scores. The MCKAS Knowledge subscale showed significant correlations and medium effect sizes (.3; Cohen, 1988) with the MCI Knowledge (.49), Skill (.43), and Awareness (.44) subscales. The MCKAS Awareness subscale correlated highly with the MCI Relationship subscale .74 (Ponterotto et al., 2002).

To establish criterion validity, MCKAS knowledge subscale was correlated with the MEIM. The MCKAS knowledge subscale correlated significantly and moderately (.31; medium effect size) with MEIM Ethnicity Identity subscale. Ponterotto et al. (1996) also found that the Knowledge/Skills subscale (but not the Awareness subscale) to be significantly correlated with the self-reported version of the CCCI-R (LaFromboise et al., 1991). The MCKAS Awareness subscale correlated highly and significantly with the MCI Relationship subscale (.74).

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

The CCCI-R was developed (LaFromboise et al., 1991) based on the cross cultural competencies identified by Division 17, the Education and Training Committee of APA to meet the need for explicit assessment of counseling effectiveness with culturally

different clients (Sue et al., 1982). The CCCI-R is a 20 item, self-report instrument based on cultural counseling competencies that addresses three areas: cross cultural counseling skills (ability to use appropriate communication skills), sociopolitical awareness (ability to recognize strengths and limitations of cross-cultural counseling) and cultural sensitivity (ability to empathize with client and understand interpersonal and environmental demands placed on client). The CCCI-R uses a 6-point Likert scale that ranges from 1 (strongly disagree) to 6 (strongly agree). Scores from the CCCI-R range from 20 to 120 and should be used as a total score. Scores from the CCCI-R are reported to have evidence of content, construct, and criterion related validity (LaFromboise et al., 1991; Sabnai & Ponterotto, 1992). Sample items taken from the CCCI-R include, “attempts to perceive the presenting problem within the context of the client’s cultural experience, values, and/or lifestyle,” “accurately sends and receives a variety of verbal and non-verbal messages,” and “are able to suggest institutional intervention skills that favor the client.” The CCCI-R reflects a counselor’s ability to work with clients from different cultures.

The CCCI-R was modified slightly for this study. The CCCI-R has been successfully modified for prior studies as a measure of self-reported MCC (e.g., Constantine, 2002; Constantine & Ladany, 2000; Ladany, Inman et al., 1997). Thus, it was adapted for use in this study so that supervisees’ could rate their supervisor’s perceived multicultural competencies. For example, the CCCI-R item reads, “Counselor values and respects cultural differences”, was revised to “My supervisor values and respect cultural differences.” Content validity of the CCCI-R was based on expert ratings and all changes made to the scale were within the advised limits suggested by the authors

of the scale (LaFromboise et al., 1991). The CCCI-R is a multipurpose counseling instrument for training and research, thus its modification is to be used carefully and critically to determine the efficacy of various counseling styles, responses, or interventions with diverse ethnic/cultural populations (LaFromboise et al., 1991).

### **Reliability**

The original CCCI, internal consistency yielded a coefficient alpha of .92 based on a study composed of 54 graduate students and faculty in counseling psychology as evaluators (Hernandez & LaFromboise, 1985). Another study using CCCI-R (LaFromboise, Coleman, & Hernandez, 1991) reported a coefficient alpha of .95 (with inter-item correlations ranging from .18 to .73) with a group of 86 students and faculty members (Sabnani & Ponterotto, 1992). Using three expert raters in cross-cultural counseling, inter-rater reliability was found to be around .78 using the CCCI-R to rate videotaped vignettes of 13 practicum students counseling clients (LaFromboise et al., 1990).

### **Validity**

The CCCI-R has been reported to demonstrate good content, criterion related, and construct validity (Constantine, 2002; LaFromboise et al., 1991; Sabnani & Ponterotto, 1992). Using the CCCI-R Worthington, Mobley, Franks, & Tan, (2000) trained observers to rate counselors' competency responding to a client on a videotape. Based on calculated bivariate correlations with each of the MCI subscales, only the Knowledge subscale was significantly related to CCCI-R scores (.32,  $p < .05$ ). In a replicated study (Constantine, 2001) with 52 counselor trainees rated actual intake interviews with clients found no



relationship between observer-rated competence (on the CCCI-R) and self-reported MCC, either for the MCI total score (.03) or for the subscales (–.10 and .+20). The CCCI-R correlation with the MCI Knowledge subscale, which Worthington et al. (2000) found positive and significant, was slightly negative (–.06) in Constantine’s (2001) study.

### **Marlowe-Crowne Social Desirability Scale (MCSDS)**

The MCSDS (Marlowe-Crowne, 1960) is one of the most widely used social desirability scale. The MCSDS is used to measure the “need for approval” by participants. Need for approval is defined by the extent that an individual searches for the approval of others and tries to avoid their disapproval (Crowne & Marlowe, 1964). The MCSDS is a self-report instrument that consists of 33 true/false items. Participants respond either “True” or “False” to each item (with 18 items keyed in the positive direction and 15 items keyed in the negative direction). Sample items include, "I never hesitate to help someone in trouble," or, for reverse scoring, "I like to gossip at times."

### **Reliability**

In the psychometric evaluation of the MCSDS, the authors administered it to 39 college participants, obtaining a Kuder-Richardson reliability coefficient estimate of .88. The authors reported a test retest correlation of .89, resulting from the scores of 31 participants who took the test one month later (Crowne & Marlowe, 1960, 1964; Leite & Beretvas, 2005). Scores range from 0 to 33 ( $M = 15.5$ ,  $SD = 4.4$ ) and are summed up to obtain a single score. Higher scores show a greater need for approval while lower scores show a lower need for approval (Crowne & Marlowe, 1960; Paulhus, 1991). Paulhus (1984) reported means of 13.3 ( $SD = 4.3$ ) and 15.5 ( $SD = 4.6$ ) for anonymous and public

respondents, respectively. Other studies have reported internal consistency coefficients scores ranging from .72 to .96 (Ballard, 1992; Crowne & Marlowe, 1960; Fischer & Fick, 1993; Loo & Thorpe, 2000; Paulhus; Reynolds, 1982), (Andrews & Meyer, 2003).

### **Validity**

Concurrent validity was established via correlations between scores on the Minnesota Multiphasic Personality Inventory (MMPI; Hathaway & McKinley, 1943) subscales and MCSDS scores with correlations between MMPI subscale and Edwards's Social Desirability Scale scores. Results indicated that correlations were stronger for the Edwards' scale scores than for the MCSDS scores, thus the authors used this as evidence supporting the discriminant validity of MCSDS scores (Crowne & Marlowe, 1960, 1964; Leite & Beretvas, 2005).

In other study, Granello & Wheaton, (1998) examined self-perceived multicultural competencies of African American and European American vocational rehabilitation counselors. The authors found that when correlated with the results of the Marlowe-Crowne, the scores of European American counselors on the MCI revealed small, but statistically significant, correlations on the subscales of Awareness (.18), Relationship (.27), Knowledge (.18), and the full Scale (.22). A moderate and statistically significant correlation was also observed for African American counselors between the Marlowe-Crowne score and the subscale of Skills (.55). Although not statistically significant, all the other correlations between the Marlowe-Crowne and the MCI subscales were higher for African Americans than for European Americans.

### **Demographic Questionnaire**

Participants were asked to complete a demographic form created by researcher to gather information about their gender, area of study (e.g., MFT or counselor education) degree status, and multicultural training. Additionally participants were asked who initiated the discussion regarding multicultural issues relating to client, and/or supervision; were the participants satisfied with the discussion.

### **Variable List**

The independent variables investigated in this study were:

Multicultural awareness: Refers to participant's awareness of differences between themselves and clients' ethnicity, race beliefs and cultural.

Multicultural knowledge: Refers to participant's knowledge (educational and experiential) of the role of racism, discrimination and oppression in their own lives.

The dependent variable investigated in this study was:

Cross Cultural Counseling Inventory Revised: Operationalized as modified scale for supervisees to rate supervisors' perceived cross cultural competencies (CCCI-R; LaFromboise, Coleman, & Hernandez, 1991) related to general cross cultural competencies.

The MCKAS is a revision of the Multicultural Counseling Awareness Scale (MCAS; Ponterotto et al., 1996). The MCKAS is a self-report instrument designed to measure self-perceived multicultural counseling competency.

Multicultural training: Operationalized as counseling competency training for supervisors and supervisees (that involves being active in acquiring multicultural

knowledge, awareness, and skills through coursework, seminars, workshops, diversity training, public service, research and publication.)

### **Data Collection**

Supervisors were selected from listservs provided by AAMFT and ACA organizations. Initial contact was via email which stated the purpose of study and request for participation. If supervisors agreed, surveys were mailed to 10 public and private COAMFTE and CACREP institutions in various regions of United States. Each supervisor received one survey packet. The survey packet contained two instruction sheets, two informed consents, five instruments, two personal data forms, two envelopes, and one self-addressed returned stamped envelope. The materials were separated into two parts, consisting of supervisor materials and supervisee materials. The supervisors were asked to distribute the supervisees' material to one supervisee currently under their supervision. As detailed in the instruction sheet, supervisors were asked to have supervisees' complete survey separate from supervisors. Once the supervisees completed the survey, they were instructed to seal the survey in the provided envelope and return envelope to supervisors. As stated in the instruction sheet, once supervisors completed the survey, they were also instructed to seal the survey in the provided envelope. Supervisors were instructed to mail both sealed surveys in the supplied self-addressed stamped envelope for returning the forms to the researcher. To maintain confidentiality, no identifying information was included on the surveys.

Both packets contained informed consent letters which provided a brief explanation of the purpose of the study as well as explaining the risk and benefits of

participating in the survey and researcher's contact information. An instruction sheet outlining approximate time length of survey, and procedures for administering the survey was also included. Supervisors were also asked to complete a demographic form inquiring about their multicultural training, gender, and educational status, etc. In addition, the supervisors were instructed to complete the Multicultural Counseling Knowledge and Awareness Scale (MCKAS; Ponterotto, 1997), and the Marlowe-Crowne Social Desirability Scale (MCSDS; Marlowe-Crowne, 1960). The supervisees' packet contained the same instruction sheet, informed consent, as well as a supervisee demographic form inquiring about multicultural training, gender, educational status, etc. Supervisees were instructed to complete the Multicultural Counseling Knowledge and Awareness Scale (MCKAS; Ponterotto, 1997), the Cross-Cultural Counseling Inventory-Revised (CCCI-R; LaFrombroise, Coleman, & Hernandez, 1991) and the Marlowe-Crowne Social Desirability Scale (MCSDS; Marlowe-Crowne, 1960).

An average of 30-40 minutes was required per participant to complete all the instruments and the demographic forms. The original data collection method of obtaining information through web surveys was changed due to feasibility. Such Internet based research has several limitations as identified in the research literature: response issues, cost/ease of use and ethical and legal issues. Web surveys collection is not completely secure therefore; respondents cannot be given guarantees for security of data. Wright(2005) reported that the costs and ease of use of Internet survey software packages can be problematic due to financial cost for technical support or use issues. Wright (2005) also noted that ethical and legal issues of confidentiality may be an issue because some of the companies store data on their servers.

After an evaluation of the data, collection method, and the length of time to complete a survey, the researcher needed a more practical method of collecting data to ensure the highest possible rate of participation. Peak (2009) indicated that adding a “personal touch” to surveys such as self-addressed envelopes, name and address of the prospective respondent, and return address can contribute to an increase rate of return. Peak (2009) also pointed out that survey cost factors can also be manipulated to maximize returns. A focused meta-analysis of mail versus web surveys showed that the more traditional mail surveys tended to outperform web surveys by about 10% (Shih& Fan, 2008). Institutional Review Board (IRB) permission was sought and approved before conducting this study.

### **Statistical Analysis**

SPSS 16.0 for Windows (SPSS Inc., 2009) was used to enter and analyze the results from the data collections. This study utilized descriptive and inferential statistics with simple linear regression procedures. Descriptive statistics include frequencies, means, medians, maximum and standard deviations to describe relationships among the variables. Descriptive statistics were analyzed by participant demographics to contribute to the description and characteristics of the sample. Inferential statistics were used to infer from our data to the general population. Simple linear regression was used to examine the significance in predicting the dependent variable.

The F test was used to test for statistical significance of the predictive relationships in the hypotheses. Research hypotheses consist of full and restricted models and were tested to determine if hypotheses would be significant or not significant. The

.05 level of significance was used (consider significant; Tabachnick & Fidell, 2001), an effect size of .15 (considered medium and appropriate to use in the context of an F-test; Cohen, 1988) and power was set to .80 (standard for adequacy based on an extensive survey of statistics reported in the literature in the social sciences; Cohen, 1988).

### **Summary**

The research methodology used in this study was quantitative. More specifically, an ex post facto research design and simple linear regression analyses were used to examine the relationship between multicultural training and multicultural competency within White supervisor-White supervisee dyads as measured by both the Multicultural Counseling Knowledge and Awareness Scales and the Cross Cultural Counseling Inventory-Revised. Additionally, information provided on the demographic questionnaire may have contributed to possible outcomes of the study.

## CHAPTER IV

### RESULTS OF THE STUDY

Chapter IV is organized into three sections. The first section contains the preliminary analyses, consisting of data screening, internal reliability, and descriptive statistics, which includes the means, standard deviations, and frequencies. In the second section, primary analyses answers the six specific research hypotheses posed in this study. This chapter concludes with a third section that presents a summary of the research results.

#### **Preliminary Analyses**

This section presents information on data screening and descriptive statistics. The means, minimum, maximum, and standard deviation are also included.

#### **Data Screening**

Data were collected on 40 supervisor/supervisee pairs who met the criteria of the study, representing a response rate of 50% of the 80 who agreed to participate. Three surveys returned with missing data or that were incomplete were not included in the analysis of the results. There were no outliers and the residuals in the analyses were normally distributed so no transformations were required.



## Descriptive Statistics

The descriptive statistics for this research is reported in two stages. The first stage reports the demographic statistics for the 40 Supervisees and 40 Supervisors. The second stage reports the descriptive statistics on the instruments disaggregated by Supervisees and Supervisors.

There were 29 female supervisees(n=29, 72.5%), and 11 (n=11, 27.5%) male supervisees that participated in this research. The Degrees varied but 50% of these participants had a Master/ MFT. Supervisees' degree status and gender had no impact on results. All of the supervisees reported having multicultural discussions with their supervisors. Just over (n=27, 67%) of the time the supervisees reported initiating the discussion. Eight-five percent of the time the supervisees reported that the multicultural discussion was regarding a minority client, but they were only satisfied with result of the discussion (n=22, 55%) of the time (see Table 1).

Table 1

Supervisees Demographics				
Variable	Frequency	Percent	Valid Percent	Cumulative Percent
Gender				
Female	29	72.5	72.5	72.5
Male	11	27.5	27.5	100.0
Degrees				
Master/MFT (1)	20	50.0	50.0	50.0
Master/Community (2)	10	25.0	25.0	75.0
Doctoral/MFT (3)	6	15.0	15.0	90.0
Doctoral/CE (4)	4	10.0	10.0	100.0
MCT Discussed				
No	0	0	0	0
Yes	40	100.0	100.0	100.0

Table 1

## Supervisees Demographics (continued)

Variable	Frequency	Percent	Valid Percent	Cumulative Percent
Initiated MCT Discussion				
Supervisee	27	67.5	67.5	67.5
Supervisor	13	32.5	32.5	100.0
Satisfied with Discussion				
No	18	45.0	45.0	45.0
Yes	22	55.0	55.0	100.0
Discussion was Regarding a Client				
No	6	15.0	15.0	15.0
Yes	34	85.0	85.0	100.0

There were 30 female supervisors (n=30, 75%) and 10 male supervisors (n=10, 25%) that participated in this research. The Degrees varied but 52.5% were either Doctoral MFT or Doctoral CE. Degree status and gender had no significant effect on results. Like the supervisees, all of the supervisors reported having multicultural discussions. However, (n=37, 92.5%) of the supervisors reported that they initiated the discussion. Similarly to the supervisees, most of the discussion was related to minority clients (n=31, 77.5%). Another difference is that all of the supervisors were satisfied with the result of the discussion. This differs from the (n=22, 55%) satisfaction rate reported by the supervisees (see Table 2).

Table 2

## Supervisors Demographics

Variable	Frequency	Percent	Valid Percent	Cumulative Percent
Gender				
Female	30	75.0	75.0	75.0
Male	10	25.0	25.0	100.0
Degrees				
Master/MFT (1)	11	27.5	31.4	31.4
Master/Community (2)	3	7.5	8.6	40.0
Doctoral/MFT (4)	12	30.0	34.3	74.3
Doctoral/CE (5)	9	22.5	25.7	100.0
MCT Discussed				
No	0	0	0	0
Yes	40	100.0	100.0	100.0
Initiated MCT Discussion				
Supervisee	3	7.5	7.5	7.5
Supervisor	37	92.5	92.5	100.0
Satisfied with Discussion				
No	0	.0	.0	.0
Yes	40	100.0	100.0	100.0
Discussion was Regarding a Client				
No	9	22.5	22.5	22.5
Yes	31	77.5	77.5	100.0

Table 3 shows the minimum, maximum, mean, and standard deviation of supervisors MCKAS subscales scores and MCT total scores. The mean score of knowledge subscale was 110.08, the standard deviation was 18.92, the minimum score was 65, and the maximum score was 140. The minimum score of awareness subscale was 20, the maximum score was 53, the mean score was 28.73, and the standard deviation was 8.66. MCT training scores minimum was 1.0, the maximum score was 9.0, the mean score was 3.33, and the standard deviation of 2.30 (see Table 3).

Table 3

## Descriptive Statistics Supervisors

	N	Minimum	Maximum	Mean	Std. Deviation
Knowledge Scale	40	65.00	140.00	110.08	18.92
Awareness Scale	40	20.00	53.00	28.73	8.66
Social Desirability	40	4.00	20.00	12.70	3.50
MCT Training total	40	1.00	9.00	3.33	2.30

*Note.* N=40. MCKAS= Multicultural Counseling Knowledge and Awareness Scale, MCT=Multicultural Training

Table 4 presents the supervisees subscales scores of MCKAS and MCT total scores. MCKAS knowledge score minimum was 65, the maximum was 140, the mean was 110.08, and the standard deviation was 18.92. The minimum score of awareness was 20, the maximum score was 53, the mean score was 28.73, and the standard deviation of 8.66. The mean score of MCT training was 3.33, the minimum 1.0, the maximum 9.0, and the standard deviation was 2.30.

Table 4

## Descriptive Statistics Supervisees

	N	Minimum	Maximum	Mean	Std. Deviation
Knowledge Scale	40	68.00	140.00	100.30	18.66
Awareness Scale	40	42.00	84.00	76.10	10.56
CCCI R Total	40	40.00	120.00	86.50	20.21
Social Desirability	40	.00	23.00	12.03	4.09
MCT Training total	40	1.00	10.00	4.28	2.49

*Note.* N=40. MCKAS= Multicultural Counseling Knowledge and Awareness Scale, CCCI-R=Cross Cultural Counseling Inventory-Revised, MCT=Multicultural Training

## Instrument Reliability

There were three instruments that were utilized in this study. The first instrument was the MCKAS. This instrument consisted of two subscales, Knowledge and Awareness. The internal reliability on the both subscales were very high with cronbach's alpha = 0.955 and 0.963 respectively. The internal reliability on the Social Desirability subscales low with an  $\alpha = 0.641$ . CCCI-R was the last instrument used in this research. Again the internal reliability was extremely high with an  $\alpha = 0.973$  (see Table 5).

Table 5

Cronbach's Alpha Internal Reliability Estimates of the ELLCO

Scales	Cronbach's Alpha	N of Items
Knowledge (MCKAS)	0.955	20
Awareness ((MCKAS)	0.963	12
Social Desirability	0.641	33
CCCI-R	0.973	20

## Primary Analysis

This section reviews the statistical results and presents the findings for the research hypotheses in table form. All six of the specific research hypotheses are reported individually. This study analyzed dependent variable multicultural training, and independent variables knowledge and awareness as measured by MCKAS. This study also analyzed the ratings of supervisor's cross cultural competencies as measured by CCCI-R, independent of social desirability.

### Specific Research Hypothesis 1a (SH1a)

There is a significant relationship between supervisors' multicultural training on knowledge as measured by MCKAS independent of social desirability.

Full Model:  $Knowledge = \beta_0 + \beta_1(MCT\_Training) + \beta_2(Social\_Desirability) + e$

Restricted Model:  $Knowledge = \beta_{01} + \beta_3(Social\_Desirability) + e$

This hypothesis was tested using simple linear regression. The full model tested the dependent variable knowledge and the total score of MCT independent of social desirability. This hypothesis was not found to be statistically significant with an  $R^2_{Change} = 0.019$ ,  $F_{1,37} = 0.820$ , and a  $p = 0.371$ , with 1.9% of variance, indicating that supervisors' multicultural training does not significantly predict knowledge independent of social desirability. The standard error of estimate was 1.281 and the standardize regression coefficient ( $\beta$ ) was .141. This hypothesis was not supported (see Table 6).

Table 6

MCT Predicting Knowledge of Supervisors Independent of Social Desirability

Model		B	Std. Error	$\beta$	T	Sig.
Restricted	Constant	134.209	10.797		12.431	.000
	Social Desirability	-1.900	.820	-.352	-2.317	.026
Full	Constant	128.255	12.663		10.128	.000
	Social Desirability	-1.735	.842	-.321	-2.060	.046
	MCT Training total	1.160	1.281	.141	.906	.371

Note:  $F_{1,37} = 0.820$  with and  $R^2_{changed} = 0.019$  and a  $p = 0.371$

### Specific Hypothesis 1b (SH1b)

There is a significant relationship between supervisors' multicultural training on awareness as measured by MCKAS independent of social desirability.

Full Model:  $Awareness = \beta_0 + \beta_1(MCT\_Training) + \beta_2(Social\_Desirability) + e$

Restricted Model:  $Awareness = \beta_{01} + \beta_3(Social\_Desirability) + e$

This hypothesis was tested using simple linear regression. The full model tested dependent variable awareness and the total score of MCT independent of social desirability. This hypothesis was not found to be statistically significant with an  $R^2_{Change} = 0.00$   $F_{1,37} = 0.010$ , and a  $p = 0.920$ , with 0% of the variance, indicating that supervisors' multicultural training does not significantly predict awareness independent of social desirability. The standard error of estimate was .606 and the standardized regression coefficient ( $\beta$ ) was -.016. This hypothesis was not supported (see Table 7).

Table 7

MCT Predicting Awareness of Supervisors Independent of Social Desirability						
Model		B	Std. Error	$\beta$	T	Sig.
Restricted	(Constant)	19.707	5.056		3.897	.000
	Social Desirability	.710	.384	.287	1.848	.072
Full	(Constant)	20.021	5.995		3.340	.002
	Social Desirability	.701	.399	.284	1.759	.087
	MCT Training	-.061	.606	-.016	-.101	.920
	total					

Note:  $F_{1,37} = 0.010$  with and  $R^2_{changed} = 0.000$  and a  $p = 0.920$

### Specific Hypothesis 2a (SH2a)

There is a significant relationship between supervisees' multicultural training on knowledge as measured by MCKAS independent of social desirability.

Full Model:  $Knowledge = \beta_0 + \beta_1(MCT\_Training) + \beta_2(Social\_Desirability) + e$

Restricted Model:  $Knowledge = \beta_{01} + \beta_3(Social\_Desirability) + e$

This hypothesis was tested using simple linear regression. The full model tested dependent variable knowledge and the total score of MCT independent of social

desirability. This hypothesis was not found to be statistically significant with an  $R^2_{\text{Change}} = 0.000$ ,  $F_{1,37} = 0.005$ , and a  $p = 0.941$ , with 0% of the variance, indicating that supervisees' multicultural training does not significantly predict knowledge independent of social desirability. The standard error of estimate was 1.230 and the standardized regression coefficient ( $\beta$ ) was .012. This hypothesis was not supported (see Table 8).

Table 8

MCT Predicting Knowledge of Supervisees Independent of Social Desirability

Model		B	Std. Error	$\beta$	T	Sig.
Restricted	(Constant)	95.020	9.343		10.170	.000
	Social Desirability	.439	.737	.096	.596	.555
Full	(Constant)	94.687	10.481		9.034	.000
	Social Desirability	.434	.749	.095	.580	.566
	MCT Training total	.091	1.230	.012	.074	.941

Note:  $F_{1,37} = 0.005$  with and  $R^2_{\text{changed}} = 0.000$  and a  $p = 0.941$

### Specific Hypothesis 2b (SH2b)

There is a significant relationship between supervisees' multicultural training on awareness as measured by MCKAS independent of social desirability.

Full Model:  $Awareness = \beta_0 + \beta_1(MCT\_Training) + \beta_2(Social\_Desirability) + e$

Restricted Model:  $Awareness = \beta_{01} + \beta_3(Social\_Desirability) + e$

This hypothesis was tested using simple linear regression. The full model tested dependent variable awareness and the total score of MCT independent of social desirability. This hypothesis was not found to be statistically significant with an  $R^2_{\text{Change}} = 0.00$ ,  $F_{1,37} = 0.010$ , and a  $p = 0.920$ , with 0% of the variance, indicating that supervisees' multicultural training does not significantly predict awareness independent



of social desirability. The standard error of estimate was .659 and the standardize regression coefficient ( $\beta$ ) was .153. This hypothesis was not supported (see Table 9).

Table 9

MCT Predicting Awareness of Supervisees Independent of Social Desirability						
Model		B	Std. Error	$\beta$	T	Sig.
Restricted	(Constant)	66.783	5.068		13.179	.000
	Social Desirability	.775	.399	.300	1.939	.060
Full	(Constant)	64.414	5.612		11.477	.000
	Social Desirability	.741	.401	.287	1.848	.073
	MCT Training total	.648	.659	.153	.984	.331

Note:  $F_{1,37} = 0.969$  with and  $R^2_{\text{changed}} = 0.023$  and a  $p = 0.331$

### Specific Hypothesis 3a (SH3a)

Supervisees' ratings of supervisor's cultural competency as measured by CCCI-R total will predict awareness as measured by MCKAS independent of social desirability.

Full Model:  $Awareness = \beta_0 + \beta_1(Cult\_Com) + \beta_2(Social\_Desirability) + e$

Restricted Model:  $Awareness = \beta_{01} + \beta_3(Social\_Desirability) + e$

This hypothesis was tested using simple linear regression. This hypothesis was statistically significant with an  $R^2_{\text{Change}} = 0.202$   $F_{1,37} = 9.642$ , and a  $p = 0.004$ , with 20.2% of the variance, indicating that cultural competency does significantly predict awareness for supervisors independent of social desirability. The standard error of estimate was .135, the standardize regression coefficient ( $\beta$ ) was .449, and significance was .004. The direction of the relationship is positive and substantial. This hypothesis was fully supported (see Table 10).

Table 10

Supervisees' Ratings of Supervisors Cross Cultural Competency TotalScore  
Predicting Awareness as measured by MCKAS Awareness Subscale Independent of  
Social Desirability

Model		B	Std. Error	$\beta$	T	Sig.
Restricted	(Constant)	101.311	9.396		10.783	.000
	Social Desirability	.729	.741	.158	.984	.331
Full	(Constant)	63.957	14.719		4.345	.000
	Social Desirability	.810	.669	.175	1.210	.234
	CCCI R Total	.421	.135	.449	3.105	.004

Note:  $F_{1,37} = 9.642$  with and  $R^2_{\text{changed}} = 0.202$  and a  $p = 0.004$

### Specific Hypothesis 3b (SH3b)

Supervisees' ratings of supervisor's cultural competency as measured by CCCI-R total will predict knowledge as measured by MCKAS independent of social desirability.

Full Model:  $Knowledge = \beta_0 + \beta_1(Cult\_Com) + \beta_2(Social\_Desirability) + e$

Restricted Model:  $Knowledge = \beta_{01} + \beta_3(Social\_Desirability) + e$

This hypothesis was tested using simple linear regression. This hypothesis was statically significant with an  $R^2_{\text{Change}} = 0.120$   $F_{1,37} = 5.096$ , and a  $p = 0.030$ , with 12.0% of the variance, indicating that cultural competency does significantly predict knowledge for supervisors independent of social desirability. The standard error of estimate was .066, the standardize regression coefficient ( $\beta$ ) was -.347, and significance was .030. The direction of the relationship is negative and not substantial, but still has significance. This hypothesis was fully supported (see Table 11).

Table 11

Supervisees' Ratings of Supervisors Cross Cultural Competency Total Score  
Predicting Knowledge as measured by MCKAS Subscale Knowledge Independent of  
Social Desirability

Model		B	Std. Error	$\beta$	t	Sig.
Restricted	(Constant)	26.215	4.333		6.050	.000
	Social Desirability	.209	.342	.099	.611	.545
Full	(Constant)	39.400	7.146		5.514	.000
	Social Desirability	.180	.325	.085	.555	.582
	CCCI R Total	-.148	.066	-.347	-2.258	.030

Note:  $F_{1,37} = 5.096$  with and  $R^2_{\text{changed}} = 0.120$  and a  $p = 0.030$

### Summary of Quantitative Research

Chapter IV began with preliminary analysis and the data screening. The data screening indicated no extreme outliers, and no data imputations were conducted for missing data. The descriptive statistics were divided into two sections. The first section reported on the descriptive results for the 40 Supervisees, while the second section reported on the results for the 40 Supervisors.

Results of the hypothesis testing revealed that Hypotheses 1 and 2 was not supported. Hypothesis 3 was supported. In Chapter V, these results and their implications for multicultural training and perceived supervisor's cultural competency are discussed. As well as directions for future research is suggested.

Table 12 presents general and specific research hypotheses, their p-values and indicates if the hypotheses are significant. As one can see, the first four hypotheses were found to be not significant with their p-values ranging from 0.331 to 0.941. Only Specific Hypotheses 3a and 3b were found to be statistically significant with  $p = 0.004$  and  $p = 0.030$  respectively (see Table 12).

Table 12

Summary Table of General and Specific Research Hypotheses

Hypothesis #	Hypotheses	p-Value	Significant
GH1	There is a significant relationship between multicultural training and knowledge and awareness as measured by MCKAS independent of social desirability for supervisors.		
SH1a	There is a significant relationship between multicultural training and knowledge as measured by MCKAS independent of social desirability for supervisors.	0.371	No
SH1b	There is a significant relationship between multicultural training and awareness as measured by MCKAS independent of social desirability for supervisors.	0.920	No
GH2	There is a significant relationship between multicultural training and knowledge and awareness as measured by MCKAS independent of social desirability for supervisees.		
SH2a	There is a significant relationship between multicultural training and knowledge as measured by MCKAS independent of social desirability for supervisees.	0.941	No
SH2b	There is a significant relationship between multicultural training and awareness as measured by MCKAS independent of social desirability for supervisees.	0.331	No
GH3	Supervisees' ratings of supervisors' cross cultural competency as measured by CCCI-R total will predict awareness and knowledge as measured by MCKAS independent of social desirability.		

Table 12

## Summary Table of General and Specific Research Hypotheses (continued)

Hypothesis #	Hypotheses	p-Value	Significant
SH3a	Supervisees' ratings of supervisor's cross cultural competency as measured by CCCI-R total will predict awareness as measured by MCKAS independent of social desirability.	0.004	Yes
SH3b	Supervisees' ratings of supervisor's cross cultural competency as measured by CCCI-R total will predict knowledge as measured by MCKAS independent of social desirability.	0.030	Yes

## CHAPTER V

### SUMMARY, CONCLUSIONS, AND IMPLICATIONS

This chapter is divided into three major sections: summary of the study, conclusions, and implications. The summary of the study provides a brief restatement of the problem, and the procedures applied in this study. The conclusion reports the findings of the hypotheses. The final section discusses the implications of the findings and suggestions for future research.

#### **Summary of the Study**

This study examined the relationship between multicultural training and supervisors' perceived multicultural competency within White supervisor-White supervisee supervision dyads as well as supervisees' ratings of supervisors' perceived cultural competency. It was anticipated that this research would provide evidence that multicultural training significantly contributes to multicultural competencies, therefore should be standard rather than the exception. This study utilized an ex post factor research design. Simple linear regression was used to test specific research hypotheses. Full and restricted models were tested to determine if specific research hypotheses would be significant or not significant. The results of the study found that hypotheses 1 and 2 were not significant while hypothesis 3 was found to be supported.

## **Statement of the Problem**

Marriage and family therapists, as well as other counseling professionals, have a unique opportunity when working directly or indirectly with minority clients. Because minority clients are less likely to engage in counseling, it is important that the supervisors are well trained in multicultural competencies and know how to convey cultural competences to their supervisees, whom in return can engage in culturally responsive counseling with their clients (Sodoweky, Taffe, Gutkin, & Wise, 1994). However, it is often the case that supervisors are lacking in sufficient multicultural training, which can contribute to inadequately trained supervisees, whom could severely damage the therapeutic relationship with minority clients by failing to establish culturally appropriate assessment, recommendations, and interventions throughout the counseling process (Arredondo, 1999; Constantine et al., 2005; Sue et al., 1992; Toporek, Brown, Jones, Locke, Sanchez, & Stadler, 1996).

Because the field of MFT, counseling, and counseling psychology are predominately White (Constantine, Warren, & McVile, 2005; Inman, Marisol, Brown, & Hargrove, 2004) and most supervision is comprised of White supervisor-White supervisee, it is critical that supervisors and supervisees are trained to be culturally competent to work minority clients. This study's goal was also to contribute to the very limited research pertaining to White supervisor-White supervisee dyads (Inman, 2006; Ladany, Brittan-Powell, & Pannu, 1997; Wieling & Marshall, 1999). This study examined the relationship between multicultural training in relation to supervisor's multicultural competency as well utilized supervisee's perceptions of their supervisor's cross cultural competency.

## **Procedures**

The research sample consisted of 80 participants or 40 supervisor/supervisee pairs. Supervisors completed the Multicultural Counseling Knowledge and Awareness Scale (MCKAS; Ponterotto, 1997), and the Marlowe-Crowne Social Desirability Scale (MCSDS; Marlowe-Crowne, 1960). Supervisees completed the Multicultural Counseling Knowledge and Awareness Scale (MCKAS; Ponterotto, 1997), the Cross-Cultural Counseling Inventory-Revised Modified (CCCI-R; LaFrombroise, Coleman, & Hernandez, 1991) and the Marlowe-Crowne Social Desirability Scale (MCSDS; Marlowe-Crowne, 1960). All participants completed a demographic questionnaire inquiring about their multicultural training, gender, and education status.

This study utilized descriptive and inferential statistics with simple linear regression procedures. SPSS 16.0 for Windows (SPSS Inc., 2009) was used to enter and analyze the results from the data collections. Surveys that were not completed or had missing data were not computed. There were no outliers and the residuals in the analyses were normally distributed so no transformations were required. Demographic statistics for supervisors and supervisees were reported in Chapter IV under descriptive statistics for supervisors and supervisees.

The F test was used to test for statistical significance of the predictive relationships in the hypotheses. For this research, the .05 level of significance (Tabachnick & Fidell, 2001) was used, and an effect size of .15 (considered medium and appropriate to use in the context of an F-test for linear regression; Cohen, 1988) and power was set to .80 (standard for adequacy based on an extensive survey of statistics reported in the literature in the social sciences; Cohen, 1988).



## Conclusions

This section provides a review of the three General hypotheses that guided this study. The results of all the hypotheses were reported in chapter IV. The study examined the relationship between multicultural training and supervisors' perceived multicultural competency within White supervisor-White supervisee dyads.

Results from the first general hypothesis 1 and its 2 specific hypotheses asserted that there is a significant relationship between multicultural training and knowledge and awareness as measured by MCKAS independent of social desirability for supervisors. Regression analysis revealed that supervisors did not have a statistically significant relationship on knowledge and awareness, indicating that supervisors' multicultural training does not significantly predict knowledge or awareness, MCKAS-Knowledge subscale [ $F_{1, 37} = 0.820$ , and a  $p = 0.371$ ] with 1.9 ( $R^2_{\text{Change}} = 0.019$ ) of variance in the relationship (see Table 6); and MCKAS-Awareness subscale [ $F_{1, 37} = 0.010$ , and a  $p = 0.920$ ] with 0.0 ( $R^2_{\text{Change}} = 0.00$ ) of variance in the relationship (see Table 7). This hypothesis was not supported.

The findings were contradictory to research which has also relied largely on survey instruments and self-reported measures regarding multicultural training in relation to supervisors' multicultural competencies. Research (Burkard, 2006; Corey, 1998; Leuwerke, 2005; Pope-Davis, 2001; Pope-Davis et al., 1995; Sadowsky et al., 1998) reported that multicultural training was significantly related to supervisors' self-reported multicultural competencies (as measured by MCKAS). The reported findings of this study are questionable, given that significant relationships between multicultural training

and multicultural counseling competencies have been reported in earlier studies (Constantine, 2001; Constantine & Yeh, 2001).

A possible explanation for the findings may suggest that self-reported measures might be capturing self-efficacy rather than actual abilities (Constantine, 2001; Constantine & Ladany, 2000). A lack of significance in the findings may also indicate that based on the mean scores supervisors largely believed that they possessed a high level of multicultural competency and perhaps regardless of their level of multicultural training could have influenced the ratings of their self-perceived multicultural competencies (as measured by MCKAS), thus indicating that multicultural training may not be given the credit it deserves for increasing cultural competencies. Another possible reason for the findings may be related to the fact that there is no systemic standard of multicultural training, therefore, one can believe that they are multicultural trained based on taking one multicultural course during their professional career. These findings might suggest the need for multicultural training and for multicultural training to be recognized as a force in increasing supervisors' multicultural competency and being able to effectively train supervisors to be cultural responsive therapists. The lack of significance may have accounted for the lack of variability due to utilizing self-reported measures.

The second general hypothesis 2 and its 2 specific hypotheses declared that there is a significant relationship between multicultural training and knowledge and awareness as measured by MCKAS independent of social desirability. Regression analysis demonstrated that supervisees did not have a statistically significant relationship on knowledge and awareness, indicating that supervisees' multicultural training does not significantly predict knowledge or awareness, MCKAS-Knowledge subscale [ $F_{1, 37}$

=0.005, and a  $p = 0.941$ ] with 0.0 ( $R^2_{\text{Change}} = 0.000$ ) of the variance in the relationship (See Table 7); MCKAS-Awareness subscale [ $F_{1,37} = 0.010$ , and a  $p = 0.920$ ] with 0.0 ( $R^2_{\text{Change}} = 0.00$ ) of the variance in the relationship (See Table 8). This hypothesis was not supported.

Also contradictory to the research, multicultural training was found to significantly contribute to multicultural competencies as measured by MCKAS (Burkard, 2006; Leuwerke, 2005; Pope-Davis, 2001; Pope-Davis et al., 1995; Sadowsky et al., 1998; Corey 1998) in relation to supervisees multicultural competencies. An examination of the means indicated that supervisees in this study generally believed that they were very multicultural competent, suggesting a high level of self-perceived multicultural competencies. Furthermore, research (Constantine, 1997) reported that 70% of the supervisees completed at least one multicultural counseling course, which may signify, that in this study, they believed that either they had sufficient multicultural training or that multicultural training was not at all a factor in their development of multicultural competencies. A possible reason for the findings may be due to the phenomenon of taking one “multicult course” and deeming oneself an expert in multicultural competency.

The result of this hypothesis stressed the need of focusing on multicultural training in relation to supervisees’ perceived multicultural competencies and development of those competencies. It underscores the importance of promoting multicultural competency. The lack of significance may have also accounted for the lack of variability due to utilizing self-reported measurements.

Results from the third general hypothesis 3 and its 2 specific hypotheses specified that supervisees' ratings of supervisors' cross cultural competency as measured by the CCCI-R total will predict awareness and knowledge as measured by the MCAKS independent of social desirability. Regression analysis indicated that supervisees' ratings of supervisors' cross cultural competency was statistically significant in predicting Awareness [ $F_{1,37}=9.642$ , and a  $p = 0.004$ ] with 20.2 ( $R^2_{\text{Change}}= 0.202$ ) of variance in the relationship (See Table 10); and Knowledge [ $F_{1,37}=5.096$ , and a  $p = 0.030$ ] with 12.0 ( $R^2_{\text{Change}}= 0.120$ ) in the relationship (See Table 11). This hypothesis was fully supported.

This hypothesis was found to be significant which may suggest that supervisors are able to facilitate cultural competencies into practice within the supervision process. The result of this hypothesis may also indicate possible strong supervision relationships as presented in the research that strong supervisor relationships and working alliances are conducive to supervisory outcomes (Bordin, 1983; Bernard & Goodyear, 1998; Ladany & Friedlander, 1995), such as supervisees rating their supervisors favorably. The significance of this finding also may be based on the fact that supervisees reported 100% of multicultural discussions, initiated multicultural discussions 67.5% of time, and reported satisfaction of the discussion 55% of the time, indicating that processes within supervision, in particular, the supervision relationship and working alliance, which were not a part of this study, may have influenced the ratings of the supervisors.

Another possible explanation of the findings may indicate that supervisors were willing to explore cultural issues in supervision, which support existing literature regarding multicultural supervision that cultural issues matter and that White supervisors need to address cultural difference within their supervisory roles. Furthermore, research

revealed that addressing cultural issues within supervision dyads has been identified as significantly related to supervisee's perception of a strong working alliance (Gatmon, 2001; Silvestri, 2003) and greater satisfaction with supervision (Constantine, 1997).

The findings might also suggest that supervisors openly engaged supervisees given that supervisors reported to initiate multicultural discussions 92% of the time involving discussion of minority clients 85% of the time, as well as being 100% satisfied with those discussions. According to research the importance of openly addressing race and ethnicity issues within supervision (Cook & Helms, 1988; Inman, 2006; Ladany, Inman, Constantine, & Hofheinz, 1997) has already been established. This study may suggests that supervisees' in this study may have a strong perception of their supervisors because they share similar cultural or racial identifies. Another possible explanation for the findings might suggests that both supervisors and supervisees were sufficiently trained in multicultural competencies and that supervisees' developmental level of cultural competency was high and sophisticated enough to adequately rate supervisors' perceived cross cultural competency.

### **Limitations**

This study did present some limitations. Due to the use of self-report instruments such as the MCKAS and CCCI-R, researchers suggest being cautious in interpreting the results because they might measure participants' multicultural counseling self-efficacy, rather than demonstrated ability to counsel diverse populations (Constantine et al., 2002; Constantine & Ladany, 2000). Another limitation of self-reported scales may be subject to participants answering in socially desirable ways in which answers may be

exaggerated or various biases may affect the results. This could account for high mean scores on inventories which might indicate that participants responded in a positive manner across inventories regardless of content.

In this study, strong caution should be used when interpreting results from the use of the CCCI-R scale. The researcher had no control over supervisors' choice of supervisees to complete the instrument. Furthermore, the researcher could not ascertain how supervisees interpreted the following questions, "My supervisor is aware of how own values might affect this client"(awareness); "My supervisor elicits a variety of verbal and non-verbal responses from the client"(awareness); "My supervisor accurately sends and receives a variety of verbal and non-verbal messages"(skill); "My supervisor sends messages that are appropriate to the communication of the client"(skill); "My supervisor presents his or her own values to the client"(awareness); "My supervisor is at ease talking with this client"(skill), which not only could have resulted in participants responding in a positive way, but also had a misinterpretation of the questions' meaning. A rerun of the data without stated questions did not make a difference in the findings. However, it may call into question the reliability and validity of the scale [modified version in this study].

Another limitation was the data collection in that it only provided a snapshot of the supervision process rather than a longitudinal and qualitative view. Surveying one moment in time does not give credence to the variety of variables that cannot be controlled (e.g. personal life issues, academic concerns, clinical matters) or provide for a richer description of the participants and results.

The final limitation of the study may be due to the use of the ex post facto research design itself. The ex-post facto ("after the fact") research design is limited due to

the fact that the researcher cannot manipulate the independent variable, therefore, caution should be used in that "cause and effect" cannot be claimed. All that can be claimed is that there is a relationship between the variables. According to Newman & Newman (1997) ex post facto research poses three weaknesses, "the inability to manipulate the independent variable, the lack of ability to randomize, and the risk of improper interpretation due to the lack of manipulation" (p. 38). However, ex-post facto design can be used to gather qualitative or descriptive data to provide a more rich explanation of the findings. It is also important not to generalize the findings of this study to all White-supervisor-White supervisee dyads. Prior research regarding supervisor training (Constantine, 1997) indicated that the training of the supervisors in this study may not be typical.

### **Implications**

This section considered the implications related to the study's results and conclusion. Recommendations are also suggested for further research considerations.

The researcher sought to add to the body of knowledge regarding the significance of multicultural training in relation to multicultural competency. The MCKAS subscales on Awareness and Knowledge were analyzed among the participants in hopes of gaining an understanding into the relationship between multicultural training and multicultural competency. Although this study did not find significance in multicultural training and multicultural competencies as measured by MCKAS, results revealed implications from this research.

Research that continues to investigate multicultural training and competency, suggests the use of more objective methods of data collection (e.g. Observations,

recording actual behavioral patterns of participants) for evaluating the adequacy of multicultural training in relation to multicultural competencies rather than depending solely on self-reported responses. Objective data can be explicitly measured, either qualitatively or quantitatively. Such data is not dependent upon opinions or feelings. It is based on facts that are observable. As such objective methods must be valid and hoped to underscore the value of identifying new information found within this population. Nevertheless, counseling programs must also do a better job of recognizing the contributions that multicultural training plays in increasing multicultural competencies despite that the results of this study that multicultural training did not predict knowledge and awareness of supervisors and supervisees.

Other research (Pope-Davis et al., 1995) indicates that multicultural training has a direct effect on supervisors and supervisees' ability to provide and delivery culturally relevant and responsive counseling services to minority client. Numerous studies (e.g. Constatine, 2001; Neville et al., 1996; Sadowsky et al., 1998) reported that prior multicultural training was significantly predictive of both self-reported and client ratings of multicultural counseling competence, thus supporting that multicultural training serves a critical role in increase counselors' multicultural development.

This study also has implications regarding self-reported Instruments to measure multicultural/cultural competencies, in particular, the self-reported Instrument used by supervisees to rate supervisors. More reliable measures may give supervisees a chance to be in the gatekeeper role as to maintain some sense of balance within the supervision relationship. Constantine (1997) reported that 70% of supervisors reported not to have



taken a multicultural course while 70% of supervisees reported to have taken a multicultural course.

### **Further Research**

The following are some suggestions for future investigations. First, researchers should further examine the processes of multicultural training in the context of White-supervisor-White supervisee supervision dyads as to identify factors that might contribute to successful or unsuccessful practices and training of multicultural competency skills. Second, it may be valuable for future research to use a different method of assessing multicultural competency such as utilizing observations or other objective measures due to the inherent biases in self-reported assessments. Research has reported that multicultural self-reported instruments are highly related to social desirability (Constantine & Ladany, 2000).

Third, research should investigate the developmental level of supervisees on two counts. First, research should explore developmental level of supervisees as it relates to being multiculturally trained and multiculturally competent utilizing models of supervision with multicultural focus such as Multicultural training model (Sabnani, Ponterotto & Borodovsky, 1991 or Multicultural Counselor Competency (Constantine & Ladany, 2001. Second, given the challenges of race and cultural in supervision, research should examine awareness of White privilege as a multicultural competency, in particular, its impact on multicultural training, and its effect on counseling minority clients, within White supervisor-White supervisee dyads utilizing White Racial Identity Models (e.g., Helms Racial Identity (Helms & Cook, 1999). Based on the fact that the counseling field is dominated by White professionals, it is suggested that White privilege,

level of development/ level of racial identify could cause unintentional racial bias or being racially insensitive towards minority clients. Prior studies (Constantine et al., 2005; Ottavia et al., 1995) suggested that White racial development demonstrated moderate correction with self-reported multicultural competencies. These studies also implicated suggestions for multicultural training.

A fourth and final suggestion for further research would be to seek the benefit of a qualitative study which could explore data in more detail and identify themes, patterns, or other concerns in White supervisor-White supervisee dyads and hopefully provide for possible conversations and dialogue about multicultural training and its relationship to multicultural competency.

As the literature revealed there is an abundance of research on cross cultural supervision focusing on race, gender, and multicultural counseling competencies (knowledge, awareness, skills) however, very limited research exists on White supervisor-White supervisee dyads processes and outcomes. Therefore, a shift in research needs to occur to meet the growing needs of racial and ethnic clients by being able to provide culturally responsive counseling and supervision.

### **Summary**

This concluding chapter briefly summarized this study. A summary of this study, restatement of the problem, and measurement utilized were reviewed. This study utilized simple linear regression, and descriptive and inferential statistics to analyze the 40 supervisor-supervisees dyads. This study examined multicultural training in relation to supervisor's perceived multicultural competency as measured by MCKAS as well as

supervisees' ratings of supervisors perceived cross cultural competency as measured by CCCI-R. All hypotheses were tested at the .05 level of significance. Results for each specific hypothesis were discussed. A paired summary of those hypotheses were presented. The research revealed a lack of significance in that multicultural training for supervisors and supervisees did not significantly predict knowledge and awareness. However, cross cultural competencies of supervisors did significantly predict awareness and skills as rated by supervisees.

This purpose of this research was to contribute to our knowledge of multicultural training in relation to multicultural competency within White supervisor-White supervisee dyads. This study highlighted the need for examining multicultural training as it relates to perceived multicultural competencies of supervisees and supervisors.

The conclusion of this section provided a summary of discussion of the findings, the implications of the results, and suggestions for further research were presented.

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## APPENDICES

## APPENDIX A

### INSTITUTIONAL REVIEW BOARD APPROVAL THE UNIVERSITY OF AKRON



#### NOTICE OF APPROVAL

Date: April 30, 2008

To: Ella Dixon

From: Sharon McWhorter, IRB Administrator 

Re: IRB Number 20080422  
"Multicultural Training in Relationship to Supervisor's Perceived Level of  
Multicultural Competency"

Thank you for submitting your IRB Application for Review of Research Involving Human Subjects for the referenced project. Your application was approved on April 29, 2008. Your protocol represents minimal risk to subjects and matches the following federal category for exemption:

- ☐ Exemption 1 - Research conducted in established or commonly accepted educational settings, involving normal educational practices.
- ☒ Exemption 2 - Research involving the use of educational tests, survey procedures, interview procedures, or observation of public behavior.
- ☐ Exemption 3 - Research involving the use of educational tests, survey procedures, interview procedures, or observation of public behavior not exempt under category 2, but subjects are elected or appointed public officials or candidates for public office.
- ☐ Exemption 4 - Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens.
- ☐ Exemption 5 - Research and demonstration projects conducted by or subject to the approval of department or agency heads, and which are designed to study, evaluate, or otherwise examine public programs or benefits.
- ☐ Exemption 6 - Taste and food quality evaluation and consumer acceptance studies.

Annual continuation applications are not required for exempt projects. If you make changes to the study's design or procedures that increase the risk to subjects or include activities that do not fall within the approved exemption category, please contact me to discuss whether or not a new application must be submitted. Any such changes or modifications must be reviewed and approved by the IRB prior to implementation.

Please retain this letter for your files. If the research is being conducted for a master's thesis or doctoral dissertation, the student must file a copy of this letter with the thesis or dissertation.

☒ Approved consent form/s enclosed

Cc: Patricia Parr- Advisor  
Cc: Rosalie Hall - IRB Chair

Office of Research Services and Sponsored Programs  
Akron, OH 44325-2102  
330-972-7666 • 330-972-6281 Fax

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APPENDIX B

HUMAN PARTICIPANTS PROTECTIONS EDUCATION FOR  
RESEARCH COMPLETION CERTIFICATE

**Investigator Assurance:**

I certify that the information provided in this application is complete and correct. I understand that as Principal Investigator, I have ultimate responsibility for the protection of the rights and welfare of human research participants, the conduct of the study, and the ethical performance of the project.

I agree to comply with all University of Akron policies and procedures, as well as with all applicable federal, state and local laws regarding the protection of human research participants. I agree that:

- No changes will be made to the protocol or consent form unless approved by the UA IRB.
- Legally effective informed consent will be obtained from human research participants if applicable.
- Adverse events will be reported to the UA IRB in writing within 48 hours of the event.

I have completed ☒ will complete ☐ the required CERTIFICATION OF INVESTIGATOR RESPONSIBILITIES form. (If not already on file with the Office of Research Services and Sponsored Programs, submit this document with your original signature. *You may not perform research on human participants until you have completed and signed the certification form and submitted it to ORSSP.*)

Ella Dixon  
Principal Investigator

4-29-08  
Date

**Advisor Assurance:**

By my signature below, as advisor to the student(s) performing research with human participants, I have discussed with the student the Federal regulations and policies and the University of Akron policies governing research with human participants. I believe that the student has sufficient training and experience to conduct this particular study in accord with the protocol. In addition, I have completed ☒ will complete ☐ the required CERTIFICATION OF INVESTIGATOR RESPONSIBILITIES. (If not already on file with the Office of Research Services and Sponsored Programs, submit this document with your original signature.)

I agree:

- To consult with the student investigator on a regular basis to monitor study progress.
- To be available to assist the student investigator should problems arise in the study.
- To forward to the IRB in writing any information related to an adverse event immediately upon my knowledge of the event.

Dixon, R

4-29-08

## APPENDIX C

### INFORMED CONSENT



#### Informed Consent

You are invited to participate in a study being conducted by Ella Dixon, a doctoral candidate from the College of Education, Department of Counseling, University of Akron, Akron, OH.

The purpose of this research study is to investigate the relationship between multicultural training and supervisors' perceived level of multicultural competencies within supervision.

If you decide to participate, you will be asked to complete two to three scales and a demographic questionnaire. The completion time for the scales and demographic information should take 15-20 minutes.

Participation in the study is completely voluntary and you may withdraw from the study at any time without penalty. Your anonymity will be protected throughout the study. Any data collected from you will be kept confidential and will not be viewed by anyone but the researcher and her advisor. Your name or identity will not be linked in any way to the research data.

All information will be retained in a locked cabinet area. The data will be kept for five years in compliance with the ethics of Commission on Accreditation for Marriage and Family Therapy Education and will be destroyed after this time as expired.

There are no anticipated benefits or risks to you as a participant, aside from helping us have a deeper understanding of multicultural training in relation to multicultural competency and multicultural supervision.

Your participation in this study indicates that you have, voluntarily, decided to participate in this research study and that you have read, and understand, the information provided to you concerning this study.

If you have any questions or concerns about this research study, you can contact me at 330-294-8806 or my advisors, Dr Patricia Parr, 330-972-8151.

This research study has been reviewed and approved by The University of Akron Institutional Review Board for the Protection of Human Subjects. Questions about your rights as a participant can be directed to Ms. Sharon McWhorter, Associate Director, Research Services, at 1-330-972-7666 or 1-888-232-8790.

Thank you for your participation!

Department of Counseling  
College of Education  
Akron, OH 44325-5007  
330-972-7777 • 330-972-5292



## APPENDIX D

### DEMOGRAPHIC QUESTIONNAIRE SUPERVISOR

Please provide information for all of the following:

1. What is your gender?            ☐ Female                      ☐ Male ☐ Transgender
  
2. Please indicate your race/ethnicity:  
☐ African American/Black                      ☐ Asian American  
☐ Caucasian/White                              ☐ Hispanic/Latino/a  
☐ Native American                              ☐ Other  
If you selected other, please indicate your race \_\_\_\_\_
  
3. What is your current educational degree?  
☐ Master/MFT                                      ☐ Doctoral/MFT  
☐ Master/Community                              ☐ Doctoral/CE  
☐ Master/Other \_\_\_\_\_                      ☐ Doctoral/Other \_\_\_\_\_
  
4. Please estimate the number of previous multicultural (MCT) training you have received:  
None \_\_\_\_\_ MCT Coursework \_\_\_\_\_ MCT Workshop \_\_\_\_\_  
MCT Research Activities Participation (research\_\_\_\_, publication\_\_\_\_, diversity training\_\_\_\_,  
public service\_\_\_\_), Other \_\_\_\_\_
  
5. Have you supervised a case with minority clients?   ☐ Yes      ☐ No
  
6. In your supervision sessions, were MCT issues discussed?   ☐ Yes      ☐ No
  
7. If you answered yes to question 10, who initiated the discussion?  
☐ I initiated the discussions                      ☐ My supervisee initiated the discussion
  
8. If MCT issues were discussed in supervision, were you satisfied with the way in which they  
were discussed?   ☐ Yes      ☐ No
  
09. If MCT issues were discussed, were they regarding a client that your supervisee was  
counseling?   ☐ Yes      ☐ No

## APPENDIX E

### DEMOGRAPHIC QUESTIONNAIRE SUPERVISEE

Please provide information for all of the following:

1. What is your gender?            ☐ Female                      ☐ Male ☐ Transgender

2. Please indicate your race/ethnicity:

☐ African American/Black

☐ Asian American

☐ Caucasian/White

☐ Hispanic/Latino/a

☐ Native American

☐ Other

If you selected other, please indicate your race \_\_\_\_\_

3. What is your current educational degree?

☐ Master/MFT

☐ Doctoral/MFT

☐ Master/Community

☐ Doctoral/CE

☐ Master/Other \_\_\_\_\_

☐ Doctoral/Other \_\_\_\_\_

4. Please estimate the number of previous multicultural (MCT) training you have received:

None \_\_\_\_\_

MCT Coursework \_\_\_\_\_

MCT Workshop \_\_\_\_\_

MCT Research Activities Participation (research\_\_\_\_, publication\_\_\_\_, diversity training\_\_\_\_,  
public service\_\_\_\_)

Other \_\_\_\_\_

6. In your supervision sessions, were MCT issues discussed? ☐ Yes      ☐ No

7. If you answered yes to question seven, who initiated the discussion?

☐ I initiated the discussion

☐ My supervisor initiated the discussion

8. If MCT issues were discussed in supervision, were you satisfied with the way in which they were discussed? ☐ Yes                      ☐ No

9. If MCT issues were discussed, were they regarding a client that you were counseling?

☐ Yes    ☐ No

## APPENDIX F

### MULTICULTURAL COUNSELING KNOWLEDGE AND AWARENESS SCALE (MCKAS)

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Using the following scale, rate the truth of each item as it applies to you.

1	2	3	4	5	6	7
Not at All True			Somewhat True		True	Totally

---

1. I believe all clients should maintain direct eye contact during counseling.

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

2. I check up on my minority/cultural counseling skills by monitoring my functioning – via consultation, supervision, and continuing education.

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

3. I am aware some research indicates that minority clients receive “less preferred” forms of counseling treatment than majority clients.

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

4. I think that clients who do not discuss intimate aspects of their lives are being resistant and defensive.

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

5. I am aware of certain counseling skills, techniques, or approaches that are more likely to transcend culture and be effective with any clients.

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

6. I am familiar with the “culturally deficient” and “culturally deprived” depictions of minority mental health and understand how these labels serve to foster and perpetuate discrimination.

1                      2                      3                      4                      5                      6                      7

---

Using the following scale, rate the truth of each item as it applies to you.

1                      2                      3                      4                      5                      6                      7  
Not at                      Somewhat                      True  
All True                      True                      True                      Totally

---

7. I feel all the recent attention directed toward multicultural issues in counseling is overdone and not really warranted.

1                      2                      3                      4                      5                      6                      7

8. I am aware of individual differences that exist among members within a particular ethnic group based on values, beliefs, and level of acculturation.

1                      2                      3                      4                      5                      6                      7

9. I am aware some research indicates that minority clients are more likely to be diagnosed with mental illnesses than are majority clients.

1                      2                      3                      4                      5                      6                      7

10. I think that clients should perceive the nuclear family as the ideal social unit.

1                      2                      3                      4                      5                      6                      7

11. I think that being highly competitive and achievement oriented are traits that all clients should work towards.

1                      2                      3                      4                      5                      6                      7

12. I am aware of the differential interpretations of nonverbal communication (e.g., personal space, eye contact, handshakes) within various racial/ethnic groups.

1                      2                      3                      4                      5                      6                      7

13. I understand the impact and operations of oppression and the racist concepts that have permeated the mental health professions.

1                      2                      3                      4                      5                      6                      7

14. I realize that counselor-client incongruities in problem conceptualization and counseling goals may reduce counselor credibility.

1                      2                      3                      4                      5                      6                      7

---

Using the following scale, rate the truth of each item as it applies to you.

1	2	3	4	5	6	7
Not at All True			Somewhat True		True	Totally

---

15. I am aware that some racial/ethnic minorities see the profession of psychology functioning to maintain and promote the status and power of the White Establishment.

1                      2                      3                      4                      5                      6                      7

16. I am knowledgeable of acculturation models for various ethnic minority groups.

1                      2                      3                      4                      5                      6                      7

17. I have an understanding of the role culture and racism play in the development of identity and worldviews among minority groups.

1                      2                      3                      4                      5                      6                      7

18. I believe that it is important to emphasize objective and rational thinking in minority clients.

1                      2                      3                      4                      5                      6                      7

19. I am aware of culture-specific, that is culturally indigenous, models of counseling for various racial/ethnic groups.

1                      2                      3                      4                      5                      6                      7

20. I believe that my clients should view a patriarchal structure as the ideal.

1                      2                      3                      4                      5                      6                      7

21. I am aware of both the initial barriers and benefits related to the cross-cultural counseling relationship.

1                      2                      3                      4                      5                      6                      7

22. I am comfortable with differences that exist between me and my clients in terms of race and beliefs.

1                      2                      3                      4                      5                      6                      7

---

Using the following scale, rate the truth of each item as it applies to you.

1	2	3	4	5	6	7
Not at All True			Somewhat True		True	Totally

---

23. I am aware of institutional barriers which may inhibit minorities from using mental health services.

1                      2                      3                      4                      5                      6                      7

24. I think that my clients should exhibit some degree of psychological mindedness and sophistication.

1                      2                      3                      4                      5                      6                      7

25. I believe that minority clients will benefit most from counseling with a majority who endorses White middle-class values and norms.

1                      2                      3                      4                      5                      6                      7

26. I am aware that being born a White person in this society carries with it certain advantages.

1                      2                      3                      4                      5                      6                      7

27. I am aware of the value assumptions inherent in major schools of counseling and understand how these assumptions may conflict with values of culturally diverse clients.

1                      2                      3                      4                      5                      6                      7

28. I am aware that some minorities see the counseling process as contrary to their own life experiences and inappropriate or insufficient to their needs.

1                      2                      3                      4                      5                      6                      7

29. I am aware that being born a minority in this society brings with it certain challenges that White people do not have to face.

1                      2                      3                      4                      5                      6                      7

30. I believe that all clients must view themselves as their number one responsibility.

1                      2                      3                      4                      5                      6                      7

---

Using the following scale, rate the truth of each item as it applies to you.

1	2	3	4	5	6	7
Not at All True			Somewhat True		True	Totally

---

31. I am sensitive to circumstances (personal biases, language dominance, stage of ethnic identity development) which may dictate referral of the minority client to a member of his/her own racial/ethnic group.

1                      2                      3                      4                      5                      6                      7

32. I am aware that some minorities believe counselors lead minority students into non-academic programs regardless of student potential, preferences, or ambitions.

1                      2                      3                      4                      5                      6                      7

## APPENDIX G

### CROSS-CULTURAL COUNSELING REVISED-MODIFIED INVENTORY (CCCI-R)

The purpose of this inventory is to measure your perceptions about the Cross Cultural Counseling Competence of your supervisor. We are interested in your opinion so please make a judgment on the basis of what the statements in this inventory mean to you. In recording your response, please keep the following points in mind:

- a. Please circle the appropriate rating under each statement.
- b. Please circle only one response for each statement.
- c. Be sure you check every scale even though you may feel that you have insufficient data on which to make a judgment—please do not omit any.

---

Rating Scale:	1 = strongly disagree	4 = slightly agree
	2 = disagree	5 = agree
	3 = slightly disagree	6 = strongly agree

---

1. My supervisor is aware of his or her own cultural heritage.  
1      2      3      4      5      6
2. My supervisor values and respects cultural differences.  
1      2      3      4      5      6
3. My supervisor is aware of how own values might affect this client.  
1      2      3      4      5      6
4. My supervisor is comfortable with differences between counselor and client  
1      2      3      4      5      6
5. My supervisor is willing to suggest referral when cultural differences are extensive.  
1      2      3      4      5      6
6. My supervisor understands the current socio-political system and its impact on the client.  
1      2      3      4      5      6



7. My supervisor demonstrates knowledge about client's culture.  
1 2 3 4 5 6
8. My supervisor has a clear understanding of counseling and therapy process.  
1 2 3 4 5 6
9. My supervisor is aware of institutional barriers which might affect client's circumstances.  
1 2 3 4 5 6

---

Rating Scale:	1 = strongly disagree	4 = slightly agree
	2 = disagree	5 = agree
	3 = slightly disagree	6 = strongly agree

---

10. My supervisor elicits a variety of verbal and non-verbal responses from the client.  
1 2 3 4 5 6
11. My supervisor accurately sends and receives a variety of verbal and non-verbal messages.  
1 2 3 4 5 6
12. My supervisor is able to suggest institutional intervention skills that favor the client.  
1 2 3 4 5 6
13. My supervisor sends messages that are appropriate to the communication of the client.  
1 2 3 4 5 6
14. My supervisor attempts to perceive the presenting problem within the context of the client's cultural experience, values, and/or lifestyle.  
1 2 3 4 5 6
15. My supervisor presents his or her own values to the client.  
1 2 3 4 5 6
16. My supervisor is at ease talking with this client.  
1 2 3 4 5 6

17. My supervisor recognizes those limits determined by the cultural differences between client and counselor.  
1      2      3      4      5      6
18. My supervisor appreciates the client's social status as an ethnic minority.  
1      2      3      4      5      6
19. My supervisor is aware of the professional and ethical responsibilities of a counselor.  
1      2      3      4      5      6
20. My supervisor acknowledges and is comfortable with cultural differences.  
1      2      3      4      5      6

---

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## APPENDIX H

### MARLOWE-CROWNE SOCIAL DESIRABILITY SCALE

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

		True	False
1	Before voting, I thoroughly investigate the qualifications of all the candidates		
2	I never hesitate to go out of my way to help someone in trouble		
3	It is sometimes hard for me to go on with my work if I am not encouraged		
4	I have never intensely disliked anyone		
5	On occasion I have doubts about my ability to succeed in life		
6	I sometimes feel resentful when I don't get my way		
7	I am always careful about my manner of dress		
8	My table manners at home are as good as when I eat out in a restaurant		
9	If I could get into a movie without paying and be sure I was not seen, I would probably do so		
10	On a few occasions, I have given up doing something because I thought too little of my ability		
11	I like to gossip at times		
12	There have been times when I felt like rebelling against people in authority even though I knew there were right		
13	No matter who I'm talking to, I'm always a good listener		
14	I can remember "playing sick" to get out of something		
15	There have been occasions when I took advantage of someone		
16	I'm always willing to admit it when I make a mistake		
17	I always try to practice what I preach		
18	I don't find it particularly difficult to get along with loudmouthed, obnoxious people		
19	I sometimes try to get even, rather than forgive and forget		
20	When I don't know something I don't mind at all admitting it		
21	I am always courteous, even to people who are disagreeable		
22	At times, I have really insisted on having things my way		
23	There have been occasions when I felt like smashing things		
24	I would never think of letting someone else be punished for my wrongs		
25	I never resent being asked to return a favor		
26	I have never been irked when people expressed ideas very different from my own		
27	I never make a long trip without checking the safety of my car		
28	There have been times when I was quite jealous of the good fortune of others		

29	I have almost never felt the urge to tell someone off		
30	I am sometime irritated by people who ask favors of me		
31	I have never felt that I was punished without cause		
32	I sometimes think when people have a misfortune they only got what they deserved		
33	I have never deliberately said something that hurt someone's feelings		

## APPENDIX I

### PERMISSION TO USE MCKAS

Fwd: Re: Request Permission To Use Scale - 'att.net Mail'

Page 1 of 1



**Fwd: Re: Request Permission To Use Scale**

Wednesday, August 20, 2008 1:23 PM

From: "Ella Dixon" <2wll00@ameritech.net>

To: "ella dixon" <edixon11@gmail.com>

1 File (86KB)



Re: Requ...

Note: forwarded message attached.

**Forwarded Message: Re: Request Permission To Use Scale**

Wednesday, March 21, 2007 1:27 PM

**Re: Request Permission To Use Scale**

From: PONTEROTTO@FORDHAM.EDU

To: "Ella Dixon" <2wll00@ameritech.net>

1 File (63KB)



MCKAS 3...

Hi Ella,

You have my permission to use the MCKAS. Please send me a copy of the final report. See all attached; especially Ponterotto & Potere (2003) chapter that has the latest reliability/validity and user info.

good luck.

joe ponterotto

## APPENDIX J

### PERMISSION TO USE CCCI-R

Fwd: Re: Request Permission To Use Scale - 'att.net Mail'

Page 1 of 2



**Fwd: Re: Request Permission To Use Scale**

Wednesday, August 20, 2008 12:59 PM

From: "Ella Dixon" <2wl00@ameritech.net>

To: "ella dixn" <e

1 File (50KB)



Re: Requ...

Note: forwarded message attached.

**Forwarded Message: Re: Request Permission To Use Scale**

Tuesday, June 19, 2007 1:55 PM

**Re: Request Permission To Use Scale**

From: "Teresa D. LaFromboise PhD" <lafrom@stanford.edu>

To: "Ella Dixon" <2wl00@ameritech.net>

Cc: lafrom@stanford.edu

1 File (35KB)



CCCI- Re...

Dear Ella,

You have my permission to use the CCCI-R for your dissertation research. Please let me know of your findings. Here is the scale.

Teresa

Quoting Ella Dixon <2wl00@ameritech.net>:

> Dr. LaFromboise,

>

> Hello! I am a doctoral candidate in the counselor education program at the University of Akron, writing to obtain permission to use your Cross Cultural Counseling Inventory-Revised (CCCI-R) 1991, for dissertation purposes. In this research, which is being supervised by Dr. Patricia Parr, from the University of Akron, I will be examining multicultural competencies within White-supervisor-White-supervisee supervision dyads.

>

> Should you have any questions or concerns, please do not hesitate to contact me at the information below. I look forward to hearing back from you regarding providing permission to use your material in my dissertation research.

>

> Thank you in advance,

>