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THE RELATIONSHIP OF RACE AND ETHNIC IDENTITY TO PERCEPTIONS OF MULTICULTURAL COUNSELING COMPETENCIES

by

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Submitted to the
Faculty of The Graduate College
in partial fulfillment of the
requirements for the
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Department of Counselor Education and Counseling Psychology
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TABLE OF CONTENTS

LIST OF TABLES ............................................................................................................. v

CHAPTER

I. INTRODUCTION ................................................................................................. 1

  Historical Background of the Research Issue ................................................. 3

  Emergence of Multicultural Counseling Movement .................................... 3

  Multicultural Counseling Competency Research ........................................ 4

  Statement of the Problem ............................................................................... 6

  Purpose of the Study ....................................................................................... 10

  Definition of Key Terms ................................................................................ 12

  Description of the Study ................................................................................ 14

  Specific Research Questions and Corresponding Null Hypotheses .......... 15

  Summary .................................................................................................... 15

II. REVIEW OF RELEVANT LITERATURE .......................................................... 17

  Overview of Historical Foundation of Multicultural Counseling .............. 17

  Overview of Multicultural Counseling Competencies ................................ 21

  Measurement of Multicultural Counseling Competencies ......................... 29

  Various Perceptions of Counselor Multicultural Competency ................... 32

     Trainees’ Perceptions of Multicultural Competency ................................ 32

     Post-Graduate Practitioners’ Perceptions of Multicultural Competency .... 34
Table of Contents—continued

CHAPTER

Clients’ Perceptions of Multicultural Competency ......................... 35

Literature Addressing Client’s Perceptions of Counselor Multicultural Competence ............................................................ 36

Factors Impacting Clients’ Perceptions of Counselor Multicultural Competency ............................................................ 36

Research on Clients’ Perceptions of Counselor Multicultural Competence ............................................................ 44

Directions for Future Research .......................................................... 51

Need for Research on Clients’ Perceptions of Counselor Multicultural Competency ............................................................ 52

Summary ......................................................................................... 52

III. DESIGN AND METHODOLOGY ............................................. 54

Participants and Setting .................................................................. 54

Data Collection Procedures ............................................................. 56

Instruments ....................................................................................... 59

Measures of the Independent Variables ........................................... 59

Measure of the Dependent Variable ............................................... 61

Data Analyses .................................................................................. 62

Summary ......................................................................................... 64

IV. RESULTS .................................................................................. 65

Multivariate Analyses of Variance ................................................... 65

V. SUMMARY AND CONCLUSIONS ......................................... 74

Summary ......................................................................................... 74
# Table of Contents—continued

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter Overview</td>
<td>74</td>
</tr>
<tr>
<td>Race and Multicultural Competencies</td>
<td>75</td>
</tr>
<tr>
<td>Ethnic Identity and Multicultural Competencies</td>
<td>80</td>
</tr>
<tr>
<td>Interaction of Race and Ethnic Identity and Multicultural Competencies</td>
<td>82</td>
</tr>
<tr>
<td>Social Justice and the Multicultural Competencies</td>
<td>86</td>
</tr>
<tr>
<td>Implications of Findings</td>
<td>90</td>
</tr>
<tr>
<td>Limitations of Study</td>
<td>92</td>
</tr>
<tr>
<td>Directions for Future Research</td>
<td>94</td>
</tr>
<tr>
<td>Summary</td>
<td>95</td>
</tr>
</tbody>
</table>

## APPENDICES

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Informed Consent to Participate in Research Study 2002-2003</td>
<td>99</td>
</tr>
<tr>
<td>B. Informed Consent to Participate in Research Study 2003-2004</td>
<td>101</td>
</tr>
<tr>
<td>C. Invitation Script Used in Classroom Settings</td>
<td>103</td>
</tr>
<tr>
<td>D. Invitation Script Used in Organizational Meetings</td>
<td>105</td>
</tr>
<tr>
<td>E. Demographic Questionnaire</td>
<td>107</td>
</tr>
<tr>
<td>F. Ratings of Importance of the 31 Multicultural Competencies Form</td>
<td>112</td>
</tr>
</tbody>
</table>

BIBLIOGRAPHY                                                               120
**LIST OF TABLES**

1. MANOVA Results for Attitudes/Beliefs Multicultural Competencies .......... 65
2. MANOVA Results for Knowledge Multicultural Competencies .................... 66
3. MANOVA Results for Skill Multicultural Competencies ............................... 67
4. Group Means and ANOVA Results for Attitudes/Beliefs Multicultural Competencies by Race ................................................................. 69
5. Group Means and ANOVA Results for Skill Multicultural Competencies by Race .......................................................................................... 70
6. Group Means and ANOVA Results for Skill Multicultural Competencies by Ethnic Identity ........................................................................... 72
CHAPTER I

INTRODUCTION

The multicultural counseling movement has been a critical development in the field of psychology, which helped give rise to ways of improving the services for various types of culturally diverse clients. The movement can be dated back to the 1950s and 60s eras in the United States, a time in which attitudes regarding race and culture were changing and civil rights movements were at the forefront (Wehrly, 1995). Changes were being made regarding racial attitudes and this could be seen within the field of counseling (Vontress, 1971). Mental health professions began to pay more attention to racial minority clients and their unique therapeutic needs (Helms & Richardson, 1997).

The multicultural counseling movement helped initiate the development of multicultural counseling competencies, which are certain counselor behaviors, skills, and attitudes which have been asserted as being effective to use in cross-cultural counseling situations. Multiculturally competent counselors are believed to possess appropriate skills, knowledge, attitudes, and beliefs in working with diverse cultural populations (Constantine, 2001). There has been a lot of multicultural counseling competency literature published within the last two decades. Many of the studies have focused on studying this topic from the perspective of the therapist. For example, studies have investigated counselors’ self-ratings of their multicultural counseling competency, independent observers’ ratings of a counselor’s multicultural competence, and factors that might impact
a counselor’s self-ratings of his/her multicultural counseling competency (Ottavi, Pope-Davis, & Dings, 1994; Pope-Davis & Ottavi, 1994; Constantine, 2001).

Researchers began to address the need for the multicultural counseling literature to address multicultural competence from the perspective of the client. Fuertes, Bartolomeo, and Nichols (2001) conducted a review of the literature that showed there were (at that point in time) no measures designed to assess clients’ perceptions of counselor multicultural competency. The authors suggested that since clients are the focus of therapy, then their perceptions of their counselors’ multicultural competency might be crucial to the process and outcome of therapy (Fuertes et al., 2001).

In response to the lack of research in this area, there has been a surge in the amount of studies investigating clients’ perceptions of counselor multicultural competency. The literature has addressed various aspects of this issue. Various factors that might possibly impact certain clients’ perceptions of multicultural counseling competencies have been discussed including one’s racial background, ethnic identity, gender expectations, therapeutic needs, etc. (Pope-Davis et al., 2002). Yet, there is still a need for more research to examine perceptions of multicultural counseling competencies among diverse groups of clients (i.e., clients who differ by race, ethnicity, gender, sexual orientation, age).

The purpose of this study is to examine the relationship between race, ethnic identity, and ratings of the 31 multicultural counseling competencies which have been adopted by some divisions of the American Psychological Association. Participants from two racial groups, African-American and White, were studied and the relationship between race, ethnic identity, and ratings of the importance of each of the 31 multi-
cultural counseling competencies were investigated. This study yields information about which multicultural counseling competencies African-American and White clients may perceive to be more important than others, and what factors might influence their ratings. This study also adds to the literature by providing information about potential clients' perspectives on multicultural counseling competencies. This may help provide more balanced information about both counselor and client perspectives. The more we know about both client and counselor perspectives, the more we may be able to help improve cross-cultural counseling and therapeutic relationships.

Historical Background of the Research Issue

Emergence of Multicultural Counseling Movement

Multicultural counseling has become an important issue to address within the mental health and helping professions (Sue, 1996). Jackson (1995) defined multicultural counseling as "counseling that takes place between and among individuals from different cultural backgrounds" (p. 3). Multicultural counseling helps people identify cultural characteristics, make comparisons between minority and majority cultural groups, and uses this information to devise treatment interventions for clients (McFadden, 1999). The emergence of the multicultural counseling movement can be outlined by various eras in the United States history. Prior to the 1960s most counseling literature did not address issues pertaining to minority group clients (Jackson, 1995). By the late 1950s and 1960s the multicultural counseling movement emerged largely due to the civil rights movement which focused on the equality of rights for African-Americans (Wehrly, 1995). Racial
attitudes were changing in the United States at this time (Vontress 1971). During this time, mental health professionals were beginning to pay more attention to the needs of racial minority clients, and identified that some of the therapy models were inappropriate to use to create effective treatment interventions for these clients (Helms & Richardson, 2001). By the 1970s more focus was placed on cultural diversity from a broader perspective and other socially oppressed groups were leading movements to advocate for justice and equality of rights (i.e., women’s movement, gay rights movement) (Reynolds & Pope, 1991). There was also a trend to begin to focus on differences within members of socially oppressed groups (Reynolds & Pope, 1991). Graduate training programs began to address the need to develop multicultural awareness among future practitioners (Sue, Arredondo, & McDavis, 1992). For example, training programs were urged to incorporate sensitivity training within their curriculums in an effort to prepare trainees to effectively work with minority clients (Vontress, 1971). By the 1980s and 90s there was an increase in the number of mainstream professional journals that published articles addressing culture and counseling, as well as the formation of even more journals that exclusively focused on issues of culture (Neville, Worthington, & Spanierman, 2001; Wehrly, 1995). Articles also began to appear which identified competencies needed to provide ethical and effective mental health services for racial and ethnic minority clients (Sue et al., 1982; Sue et al., 1992).

Multicultural Counseling Competency Research

Out of the multicultural movement came the development of multicultural counseling competencies. Multicultural counseling competence is often referred to as the
awareness, knowledge, and skills a counselor possesses in the context of working with culturally diverse clients (i.e., gender, ethnicity, race, sexual orientation, social class) (Constantine, 2002; Constantine & Ladany, 2001). Multicultural counseling competence focuses on issues such as understanding the varied experiences of different cultural groups, trying to understand things that might hinder the communication across various cultures, and looking at certain skills that could help a counselor be considered culturally competent (Pope-Davis & Dings, 1995). Being culturally competent suggests a counselor will be able to provide effective services to culturally different clients by doing things such as establishing a rapport and selecting culturally appropriate treatment interventions (Pope-Davis et al., 2002).

Multicultural counseling competencies are often conceptualized as focusing on a counselor’s: (1) awareness of their beliefs, values, and biases; (2) knowledge of various groups’ cultural realities (i.e., worldview/racial identity); and (3) ability to demonstrate certain culturally relevant skills in therapy (Neville et al., 2001). The principle paper which served as the foundation and framework for establishing specific multicultural competencies was a position paper by Sue et al. published in 1982. This report helped to identify general guidelines regarding the beliefs and attitudes, knowledge in certain areas, and skills which could be considered characteristics that culturally skilled counseling psychologists should possess (Sue et al., 1982; Holcomb-McCoy, 2000).

Ten years later Sue et al. (1992) published a revised description of multicultural counseling competencies (expanding on Sue et al.'s 1982 article) to include 31 beliefs/attitudes, skills, and knowledge competencies (Pope-Davis & Dings, 1995). The focus on the development of multicultural competencies was based on the need for counselors to
be multiculturally competent and culturally sensitive when working with an increasingly diverse population (Pope-Davis et al., 2002). Multicultural competencies and their adaptation by several APA divisions demonstrated their importance and the effort in the field to make sure various client populations received ethical treatment (Neville et al., 2001). Various issues regarding multicultural competencies have been addressed in the literature including training, supervision, assessment, and future directions for research. Various methods have been developed to assess multicultural competence including: quantitative measures (i.e., pen and paper instruments), supervisors' ratings of trainees, case conceptualizations, and portfolios. The more recent methods developed to assess multicultural competencies include: portfolio assessment, case conceptualization ability, observer rated indices, and examining racial identity and worldviews (Constantine & Ladany, 2001). Areas for future research on multicultural competencies include the following: looking at assessment methods and ways to improve them, gaining other perspectives in assessing these competencies, and the ongoing effort to improve the training of these competencies in graduate programs (Pope-Davis & Dings, 1995).

Statement of the Problem

Multicultural counseling has continued to be a crucial issue discussed within psychology. The field of counseling psychology has been known for its efforts to attend to multicultural issues, and it has even been asserted that multicultural counseling is the fourth force in the field (Neville et al., 2001). The term multicultural counseling includes counseling relationships between majority group counselors and minority clients, minority group counselors and majority clients, and counselors and clients from different
minority cultural groups (Jackson, 1995). Newer definitions of the concept focus on the importance of a counselor accurately assessing a client's worldview because this is the client’s frame of reference.

There have been numerous studies which have examined multicultural counseling competencies. A lot of these studies have focused on the competencies in relationship to trainees’ supervision, training, and their acquisition of the competencies. For example, Constantine, Ladany, Inman, and Ponterotto (1996) examined counseling psychology graduate trainees’ perceptions of the multicultural training they received in their programs. Carlson, Brack, Laygo, Cohen, and Kirkscey (1998) examined the relationship between counseling graduate students’ perceived competencies and other variables (i.e., progression through their program, participation in a multicultural activity). Trainees’ multicultural case conceptualization has also been examined in relationship to their self-reported multicultural competencies (Ladany, Inman, Constantine, & Hofheinz, 1997).

Some studies have investigated the multicultural counseling competence of postgraduate practitioners. For instance, Pope-Davis and Ottavi (1994) examined the association between demographic variables (i.e., age, sex, ethnicity) and counselors’ self-reported multicultural competencies. Ottavi et al.’s (1994) study seemed to suggest that racial identity attitude development may impact a counselor’s self-reported multicultural competencies.

The assessment of multicultural counseling competency has received a lot of attention in the literature as well. A variety of assessment tools have been designed to assess various aspects of clinicians’ multicultural counseling competencies. These tools and other methods of assessing counselor multicultural competency have been investi-
gated within the literature. Although multicultural counseling competencies have been
the focus of a substantial amount of research, quite often this research has been narrowly
focused and there are gaps in the research that need to be filled in. A major gap in the
research pertains to gaining more information regarding clients’ perspectives on multi-
cultural counseling competencies.

Until recently, there were few studies that focused on gaining the perceptions of
clients’ views on counselor multicultural competency. However, there have been recent
studies that have examined clients’ perspectives of multicultural competence and investig-
gated factors which might impact their perceptions. Pope-Davis et al. (2002) conducted a
qualitative study which examined the experiences of clients working with culturally
different counselors and from the results the authors proposed a model to help explain
clients’ perspectives of multicultural counseling. Fuertes and Brobst (2002) conducted a
study in which results showed a positive correlation between clients’ ratings of a coun-
selor’s multicultural competency and clients’ ratings of a counselor’s general competency
and empathy. Fraga, Atkinson, and Wampold (2004) explored the issue of ethnic group
preferences for multicultural competency and found significant preferences for many of
the competencies, which differed among the various ethnic groups in the study (i.e.,
Asian-American, European-American, Hispanic/Latino groups). Understanding clients’
perceptions of counselor multicultural competency can help provide counselors with
information about what things may impact the therapeutic relationship and what clients
may deem to be important. Investigating this type of information may help clinicians
gain a better understanding of what factors (i.e., client/counselor variables) might impact
these competencies, the influence of these competencies on therapy, and the overall
importance of these competencies to the helping process.

Previous research has suggested that racial identity could be one factor that
influences a client’s perception of a counselor’s multicultural competence (Richardson &
Helms, 1994). A client’s cultural/racial/ethnic identity formation is a dynamic process
and it can impact how one thinks and responds to others (Sue & Sue, 1990). Some assert
that a minority client’s cultural/racial identity (and not just minority group membership)
is what really influences their reaction to a counselor and the counseling process in
general (Sue & Sue, 1990). Ethnic identity has been defined as a person’s social identity
that is a part of one’s self-concept and is derived from his/her knowledge of membership
in a social group (or groups) along with the value and emotional significance attached to
that membership (Phinney, 1992).

As racial-ethnic minority populations increase in the United States (U.S. Census
Bureau as cited in Fisher, Matthews, Kurpius, & Robinson, 2001), counselors will pro-
vide services to a more ethnically diverse clientele. There will be a need for counselors to
focus on specific ethnic groups and factors that might impact their unique experiences in
counseling. The need to focus on these factors may also be important due to the fact that
previous research has concluded that ethnic minorities often underutilize mental health
services (Atkinson, Jennings, & Liongson, 1990). This underrepresentation of ethnic
minorities’ use of mental health services could be attributed to several possible factors
including: a lack of culturally similar or culturally-sensitive counselors; counselors
failing to incorporate culturally appropriate forms of treatment in therapy; or a conflict
between values inherent in therapy and the values of some ethnic minority clients.

It appears that investigating what factors may impact a client’s perceptions of a counselor’s multicultural competence, would help establish a better understanding of what types of things might impact the therapeutic relationship when counselors work with clients of different racial, ethnic, and cultural backgrounds. Overall, there is a need to fill in the gap in the multicultural counseling competency literature and gain more information about what types of factors might impact various types of clients’ perceptions of multicultural counselor competence.

Purpose of the Study

As stated earlier, a lot of the multicultural counseling competency literature and research focuses attention on multicultural counseling competence from the counselor’s perspective (whether it be through assessment, training, self-reports, etc.). Yet, until recently, there has been little focus on examining multicultural counseling competencies from the perspective of the client, let alone focusing on a specific ethnic/racial minority group. A study by Fraga et al. (2004) examined the issue of ethnic groups’ preferences for multicultural competencies. They investigated whether or not there were differences in preferences for the 31 multicultural competencies among the following ethnic groups: Asian-American, European-American, and Hispanic/Latino. In this study participants rank ordered their preferences for the competencies within the three groups of attitudes/beliefs, knowledge, and skill. A paired-comparison method was used to determine participants’ preferences for the 9 attitudes/beliefs, 11 knowledge, and 11 skill competencies.
They found significant differences for preferences for many of the competencies, which differed among the three ethnic groups studied. Yet, this study looked at participants’ preferences of the competencies within each group versus looking at all 31 competencies together, due to the nature of the paired-comparison method.

Although there have been studies that have looked at the counseling experience of African-American clients (i.e., their perceptions and preferences) and factors that might impact their counseling experiences, based on a literature review no study has looked specifically at their perceptions of the 31 multicultural counseling competencies and what factors might impact these perceptions. Investigating whether or not there are any differences between African-American and other ethnic group members’ perceptions of the 31 multicultural competencies proposed by Sue et al. (1992) might help yield more information about what certain potential clients may perceive as important in the counseling relationship. Prior research has suggested that racial identity could be one factor that influences a client’s perception of counselor multicultural competence (Richardson & Helms, 1994). Examining if race or ethnic identity influences perceptions of the 31 multicultural competencies may provide useful information about specific client variables (beyond racial background) that might impact perceptions of these competencies.

The purpose of this study was to examine the relationship between, race, ethnic identity, and ratings of the importance of the 31 multicultural counseling competencies. African-American and White participants were studied to examine the relationship between race, ethnic identity, and ratings of importance of the 31 competencies. This study yields information about which multicultural counseling competencies potential clients may perceive to be more important than others. This study also adds to the literature by
increasing information about African-American and White clients’ perspectives on multicultural counseling competencies. The more we know about both client and counselors’ perceptions of these competencies, the more we may be able to help improve the therapeutic relationship between clients and counselors of different races and ethnicities.

Definition of Key Terms

The following is a list of operational definitions for various terms used throughout the study.

1. Multicultural Counseling: Counseling that occurs between and among individuals of different cultures (Jackson, 1995).

2. Cross-Cultural Counseling: The first term utilized to describe a counseling relationship involving 2 or more individuals with culturally different backgrounds (Atkinson, Morten, & Sue, 1979; Vontress, Johnson, & Epp, 1999).

3. Multicultural Counseling Competency: Multicultural Counseling Competency is the ability of a counselor to work effectively with clients of different racial, ethnic, and cultural backgrounds. The competencies were created to assist counselors in their ability to attend to cultural factors in clients’ lives and in counseling (Fuertes et al., 2001). Sue et al. (1992) operationally defined multicultural counseling competencies in terms of 31 specific multicultural competencies and standards that a culturally competent counselor should possess. These competencies were categorized into 9 attitudes and beliefs competencies, 11 knowledge competencies, and 11 skill competencies.

4. Race: Carter (1995) defined race as follows, “A concept that refers to a presumed classification of all human groups on the basis of visible physical traits or pheno-
type and behavioral differences” (p. 15). In the present study race is defined as a participant’s self-report of his or her racial background. Participants were asked to define their racial background by selecting from the following groups: American Indian/Alaskan Native, Asian or Pacific Islander, African-American/Black not of Hispanic origin, Hispanic, White not of Hispanic origin, or Bi-racial/Multiracial.

5. *Ethnicity:* According to Carter (1995) the term *ethnicity* is most often used to refer to a group of people who have a distinct culture, shared historical identity, or a national or religious identity. The term can also refer to groups who have shared traditions, rituals, customs, and a common historical heritage (Utsey, Chae, Brown, & Kelly, 2002).

6. *Culture:* In Carter (1995), the term *culture* is described as the exchange of information such as skills, knowledge, attitudes, language, and behavior from one generation to another, which often occurs in the confines of a shared physical environment. From this perspective culture is considered learned behavior.

7. *Ethnic Identity:* Tajfel (as cited in Phinney, 1992) defined ethnic identity as an aspect of a person’s social identity which is part of the individual’s self-concept that derives from his or her knowledge of membership in a social group (or groups) together with the value and emotional significance attached to that membership (p. 156). In the present study Phinney’s (1992) measure of ethnic identity was used to yield a global ethnic identity score. This measure of ethnic identity focuses on general aspects of ethnic identity that are common across all groups; these include: ethnic practices and behaviors, affirmation and belonging, ethnic identity achievement, and self-identification.
8. African-American/Black: These two terms can be utilized to refer to individuals who have ancestors that originated in Africa (Robinson, 1999). In the present study on the demographic measure, African-American was defined as: a person having origins in any of the black racial groups of Africa. This did not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins.

9. White/Caucasian/European-American: These terms are often used interchangeably in the literature to refer to members of the Caucasoid group, one of the main groups of mankind, loosely called the White Race (Webster, 1984). In the present study on the demographic measure, White – not of Hispanic origin was defined as: a person having origins in any of the original peoples of Europe, North Africa, or the Middle East. This did not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins.

Description of the Study

The purpose of this research was to investigate if there is a relationship between one’s race, ethnic identity (as measured by Phinney’s Multigroup Ethnic Identity Measure) and his/her ratings of the importance of each of the 31 multicultural counseling competencies proposed by Sue et al. (1992). The independent variables in the study were participant race (African-American or White) and participant ethnic identity. This study used a sample of 304 undergraduate students (152 African-American and 152 Caucasian) who were surveyed at a large Midwestern university campus. Participants were given instruments to collect data on their racial background, ethnic identity, and their ratings of the importance of the 31 multicultural counseling competencies proposed by Sue et al.
Descriptive statistics, multivariate, and univariate analyses of variances were performed on the data collected.

Specific Research Questions and Corresponding Null Hypotheses

Research Question 1: Does race influence participants’ ratings of the 31 multicultural competencies?

Null Hypothesis 1: Race has no effect on participant ratings of the importance of the 31 multicultural competencies.

Research Question 2: Does ethnic identity influence participants’ ratings of the 31 multicultural competencies?

Null Hypothesis 2: Ethnic identity has no effect on participant ratings of the importance of the 31 multicultural competencies.

Research Question 3: Is there an interaction effect between participant race and ethnic identity?

Null Hypothesis 3: There is no interaction effect between race and ethnic identity on participant ratings of the importance of the 31 multicultural competencies.

Summary

Multicultural counseling was developed in an effort to help improve mental health services for culturally diverse clients. This movement has gained a lot of attention over the last four decades, and it is commonly referred to as the fourth force in counseling psychology (Neville et al., 2001). From the multicultural counseling movement came the emergence of multicultural counseling competencies which are considered to be the
various counseling behaviors and attitudes that help therapists work with clients from various cultures (Constantine, 2001). A majority of the multicultural counseling competency literature has investigated multicultural counseling competencies from the counselor’s perspective. More recent research is beginning to examine multicultural counseling competencies from the client’s perspective and looking at what factors may impact clients’ perceptions of these competencies and their importance.

This study examines the relationship between a person’s race, ethnic identity, and his/her ratings of the importance of the 31 multicultural competencies. Results yielded information about what factors might influence potential clients’ perceptions of these competencies, which could in turn help therapists learn ways to improve the therapy relationship. Chapter II provides a review of the literature by discussing the historical foundation of the multicultural counseling movement, the emergence of multicultural counseling competencies, the existing literature on clients’ perceptions of multicultural counseling competencies and factors that might impact these perceptions. Chapter III provides a detailed description of the present study including: methodology, participants, setting, recruitment of participants, data collection procedures, instruments used in the study, and data analyses. Chapter IV presents the results obtained in this study. Chapter V provides a discussion of the results, limitations of the study, and areas for future research.
CHAPTER II

REVIEW OF RELEVANT LITERATURE

Overview of Historical Foundation of Multicultural Counseling

Multicultural counseling has become an influential component to many helping professions (Sue, 1996). The field of counseling psychology has been known for its efforts to attend to multicultural issues, and it has even been asserted that multicultural counseling is the fourth force in the field (Neville et al., 2001). The foundation of the multicultural counseling movement in the United States can be outlined by various eras in U.S. history. Before the 1960s, most of the counseling literature did not address issues pertaining to minority group clients (Jackson, 1995). Many psychological researchers, theorists, and practitioners at this time rarely identified culture as having an impact on personality dynamics or having an influence on the therapy process (Kiselica & Ramsey, 2001). The multicultural counseling movement originated with the terminology cross-cultural counseling (Vontress et al., 1999; Wehrly, 1995). This new focus to help improve services for minority clients grew out of a social justice movement to fight for equal rights for minorities. The multicultural counseling movement emerged in the late 1950s and 1960s largely due to the civil rights movement which focused on the equality of rights for African-Americans (Wehrly, 1995). Vontress (1971) noted that at this point in U.S. society, changes were being made in racial attitudes and this was being noticed even within the field of counseling. The mental health professions were beginning to pay
more attention to the needs of racial minority clients, and they identified that some of the therapy models were inappropriate to use to create effective treatment interventions for these clients (Helms & Richardson, 2001). Vontress (1971) stated that during this time period training programs did not focus on training future counseling practitioners to effectively work with African-American clients and he suggested the incorporation of intense sensitivity training in graduate programs. During this time period, more literature began to emerge that focused on minorities and counseling (i.e., the counseling needs of African-American clients, articles with multicultural themes, and articles addressing racial differences on intelligence measures) (Jackson, 1995).

By the 1970s more focus was placed on cultural diversity from a broader perspective and other socially oppressed groups were leading movements to advocate for justice and equality of rights (i.e., women's movement, gay rights movement) (Reynolds & Pope, 1991). There was a surge in the literature addressing issues of cultural sensitivity and the need to enhance services for minority clients (Sue & Sue, 1990). The social transformation which occurred in the 60s began to force White educators and counselors to begin to try to educate, counsel, and understand the expanding number of non-White students who were entering institutions of higher learning (Harper, 2003). This was also the time that the terms cross-cultural and subsequently multicultural counseling began to emerge more within the literature (Jackson, 1995). Professional organizations and journals were also formed to fight for the justice of minorities and focus on cultural issues (i.e., Association of Black Psychologists, Asian-American Association, Association of Multicultural Counseling and Development, Journal of Black Psychology, Journal of Multicultural Counseling and Development) (Neville et al., 2001; Thomas,
Articles also emerged that looked at the differential treatments of minority and majority group clients (Sue, 1977). There was also a trend in the late 1970s to begin to focus on differences within members of socially oppressed groups (Reynolds & Pope, 1991). Graduate training programs began to address the need to develop multicultural awareness among future practitioners (Sue et al., 1992).

In the 1980s and 90s the multicultural counseling movement continued to grow, even to a point of being referred to as a subfield (Jackson, 1995). There was an increase in the number of mainstream professional journals that published articles addressing culture and counseling, as well as the formation of even more journals that exclusively focused on issues of culture (Neville et al., 2001; Wehrly, 1995). Articles also began to appear which identified competencies needed to provide ethical and effective mental health services for racial and ethnic minority clients (Sue et al., 1982; Sue et al., 1992). Additional trends in this era included: authors beginning to not confine themselves to writing exclusively about their own cultural groups but others as well, more writing was being done on international clients of color, and there was still the continuous formation of specific divisions in professional organizations that address certain multicultural issues (Jackson, 1995; Neville et al., 2001). The multicultural counseling subfield has helped to increase awareness of the unique and important ways that culture can impact counseling.

The concept of multicultural counseling has evolved since the beginning of its emergence and how it has been defined has changed as well. The term cross-cultural counseling was the first one utilized to describe a counseling relationship involving 2 or more individuals with culturally different backgrounds (Atkinson et al., 1979). Yet, as people began to broaden their views of what the word culture encompassed (not only
ethnic cultural heritage but other cultural differences such as gender, socioeconomic status, age, sexual orientation), then the term multicultural counseling began to be utilized more often (Wehrly, 1995). Jackson (1995) defined multicultural counseling as "counseling that takes place between and among individuals from different cultural backgrounds" (p. 3). The term multicultural counseling includes counseling relationships between majority group counselors and minority clients, minority group counselors and majority clients, and counselors and clients from different minority cultural groups (Jackson, 1995).

Newer definitions of the concept asserted that multicultural counseling focused on the importance of a counselor accurately assessing a client's worldview because this is the client's frame of reference (Neville et al., 2001). Multicultural counseling helps people identify cultural characteristics, make comparisons between minority and majority cultural groups, and use this information to devise treatment interventions for clients (McFadden, 1999). Ramirez (1994) described a multicultural model of psychotherapy and counseling which included counselors becoming aware of their own cultural styles so they could modify them to meet the needs of their clients' cultural styles. The model also proposed that counselors should respect their clients' cultural styles and learn from them because it could assist them in their own multicultural growth (Ramirez, 1994).

Don Locke (1998) discussed a model of multicultural understanding to help individuals participate in productive and positive relationships with culturally diverse people. The model contains various elements that can be used by people from various types of helping professions (i.e., counselors, teachers). The model incorporates some of the following ideas: the importance of one's own awareness of his/her cultural heritage,
beliefs, values, and worldviews; knowledge of the dominant United States culture; a
global awareness of world events and how they might impact various cultures; and look-
ing at cultural differences not only as differences but contrasting them to one's own cul-
ture (Locke, 1989). The model also stresses the importance of looking at the uniqueness
of an individual within a culture and realizing that there are differences among people
within cultural groups. The focus of the model is to assist people in gaining knowledge
about and being sensitive towards other cultures (Locke, 1989). The model appears to be
one which can be helpful for those within the helping professions including psychology.

Overview of Multicultural Counseling Competencies

Out of the multicultural counseling movement came the development of multi-
cultural counseling competencies. A multiculturally competent professional has been
defined as one that “has the specific awareness, knowledge, and skills in the areas of
ethnicity, race, and culture and is able to utilize these qualities to sensitively engage
racial/ethnic minority clients in a manner that is consistent with the needs of the clients
being served” (Robinson & Morris, 2000, p. 244). Multicultural counseling competence
is often referred to as the awareness, knowledge, and skills a counselor possesses in the
context of working with culturally diverse clients (i.e., gender, ethnicity, race, sexual
orientation, social class) (Constantine, 2002; Constantine & Ladany, 2001). Multicultural
counseling competence focuses on issues such as understanding the varied experiences of
different cultural groups, trying to understand things that might hinder the communica-
tion across various cultures, and looking at certain skills that could help a counselor be
considered culturally competent (Pope-Davis & Dings, 1995). Being culturally compe-
tent suggests that a counselor will be able to provide effective services to culturally different clients by doing things such as establishing a rapport and selecting culturally appropriate treatment interventions (Pope-Davis et al., 2002). Some authors have even identified distinctions between general and multicultural counseling competencies, referring to general counseling skills as a counselor's ability to provide empathy, establish an effective working alliance, etc. (Constantine, 2002; Pope-Davis & Dings, 1995). Yet, some studies have questioned whether these are separate constructs (Coleman, 1998).

Multicultural counseling competencies are often conceptualized as focusing on a counselor's: (1) awareness of their beliefs, values and biases; (2) knowledge of various groups' cultural realities (i.e., worldview/racial identity); and (3) ability to demonstrate certain culturally relevant skills in therapy (Neville et al., 2001). Constantine and Ladany (2001) proposed a newer definition of multicultural counseling competence which included things such as: counselor self-awareness, general knowledge of multicultural issues, multicultural counseling self-efficacy, understanding unique client variables, and an effective working alliance between the client and therapist.

The principle paper which later served as the foundation and framework for establishing specific multicultural competencies was a position paper by Sue et al. published in 1982. The purpose of the paper was to: (1) challenge the misunderstanding that the current approaches used in mental health were appropriate for minority clients, (2) define the term cross-cultural counseling, and (3) propose the adoption of cross-cultural competencies by the American Psychological Association (APA) (Sue et al., 1982). This report helped to identify general guidelines regarding the beliefs and attitudes, knowledge in certain areas, and skills which could be considered characteristics that culturally skilled
counseling psychologists should possess (Sue et al., 1982; Holcomb-McCoy, 2000). Suggestions were made as to how information about these competencies could be circulated within the field (i.e., specific academic courses, develop and disperse resource materials, incorporating the competencies into accreditation criteria) (Sue et al., 1982).

Ten years later Sue et al. (1992) published a revised description of multicultural counseling competencies (expanding on Sue et al.'s 1982 article) to include 31 attitudes/beliefs, skills, and knowledge competencies (Pope-Davis & Dings, 1995). However, these competencies were now delineated within a framework of three proposed cross-cultural competencies and objectives: counselor awareness of own cultural values and biases, counselor awareness of client’s worldview, and culturally appropriate intervention strategies (Pope-Davis & Dings, 1995, p. 289; Sue et al., 1992, pp. 484-486).

In Sue et al.'s original paper (1982) the authors proposed that the multicultural counseling competencies be organized into three categories: attitudes and beliefs, knowledge, and skills. These competencies were created in an effort to help psychologists gain sensitivity to various issues when working with culturally different clients (Sue et al., 1982). These competencies were introduced as guidelines for certain types of knowledge, beliefs, and skills culturally skilled clinicians could possess: for example, helping clinicians gain an awareness and sensitivity for the strengths, resources, and needs of minority communities; helping clinicians gain an awareness of the effects of various social, economic, and political issues in society and how they can impact minority groups; to increase clinicians' awareness for various issues that could impact minority groups due to economic, educational, or social deprivation; as well as, assisting clinicians in gaining an understanding of how these issues could possibly create feelings of power-
lessness, hopelessness, frustration, or low self-esteem among these individuals (Sue et al., 1982). The following paragraphs provide examples of each of the three categories of competencies.

An example of one of the beliefs/attitude competencies is as follows, “A culturally skilled counseling psychologist is aware of his/her own values and biases and how they may affect minority clients” (Sue et al., 1982, p. 50). According to the authors, this competency proposed that clinicians should avoid making preconceived notions or stereotypes about their clients. The authors also suggested that clinicians could try to monitor engaging in this type of behavior by participating in supervision, consultation, and continuing to educate themselves regarding their clients’ values systems (Sue et al., 1982).

An example of one of the knowledge competencies is as follows, “The culturally skilled counseling psychologist must possess specific knowledge and information about the particular group he/she is working with” (Sue et al., 1982, p. 50). This competency addresses the need for a clinician to be aware of the cultural values, history, and cultural experiences of various racial/ethnic minority groups. It asserts that the more information and knowledge a clinician gains about a client’s cultural background the more effective they may be when working with the client. This competency also stresses the importance for clinicians to continuously try to learn information about various minority groups (Sue et al., 1982).

An example of one of the skill competencies is as follows, “The culturally skilled counseling psychologist must be able to send and receive both verbal and nonverbal messages accurately and appropriately” (Sue et al., 1982, p. 50). The authors proposed this
competency deals with the importance of clinicians being able to communicate their feelings to their clients and being able to read messages clients are sending them. The ability to consider cultural clues in communication and paying attention to verbal and non-verbal messages is also stressed in this competency. The importance of realizing various communication styles may be used more often or valued more in various cultures and being able to understand how this may impact the therapy process is also addressed within this competency (Sue et al., 1982).

In 1992 Sue et al. revised the competencies. The 31 competencies were still categorized according to three groups attitudes/beliefs, knowledge, and skills; however, within the revised proposal they were now grouped into three larger dimensions: counselor awareness of own cultural values and biases, counselor awareness of client’s worldview, and culturally appropriate intervention strategies (Sue et al., 1992). For example, under the dimension of culturally appropriate intervention strategies, one would find various beliefs/attitudes, knowledge, and skill competencies that addressed this issue and therefore were grouped together. The following paragraphs will provide examples of some of the various competencies that fell into the three larger dimensions.

Under the dimension counselor awareness of own cultural values and biases, the authors proposed this concept dealt with the importance of clinicians having an understanding of their own worldviews, values, and biases, and how these could impact their therapeutic work with their clients (especially clients who may have different worldviews) (Sue et al., 1992). Some of the competencies that fell into this dimension are the following: beliefs and attitudes—“Culturally skilled counselors are comfortable with differences that exist between themselves and clients in terms of race, ethnicity, culture,
and beliefs”; knowledge—“Culturally skilled counselors have specific knowledge about their own racial and cultural heritage and how it personally and professionally affects their definitions and biases of normality-abnormality and the process of counseling”; and skills—“Culturally skilled counselors are constantly seeking to understand themselves as racial/cultural beings and are actively seeking a nonracist identity” (Sue et al., 1992, pp. 76-77).

The second dimension proposed by the authors, counselor's awareness of client's worldview, deals with the importance of clinicians being able to attempt to gain an understanding for their clients' worldviews and perspectives without making judgments. This dimension asserts that while clinicians may not believe in their clients' worldviews they should be willing to respect and accept these views as possibly different perspectives (Sue et al., 1992). Some of the competencies that fell into this dimension are the following: beliefs and attitudes—“Culturally skilled counselors are aware of their negative emotional reactions toward other racial and ethnic groups that may prove detrimental to their clients in counseling. They are willing to contrast their own beliefs and attitudes with those of their culturally different clients in a nonjudgmental fashion”; knowledge—“Culturally skilled counselors understand and have knowledge about sociopolitical influences that impinge upon the life of racial and ethnic minorities. Immigration issues, poverty, racism, stereotyping, and powerlessness all leave major scars that may influence the counseling process”; and skills—“Culturally skilled counselors should familiarize themselves with relevant research and the latest findings regarding mental health and mental disorders of various ethnic and racial groups. They should actively seek out
educational experiences that enrich their knowledge, understanding, and cross-cultural skills" (Sue et al., 1992, pp. 77-78).

The third dimension, *culturally appropriate intervention strategies*, focuses on the importance of a clinician's ability to develop culturally sensitive therapeutic interventions. It taps into a clinician's ability to understand that when various treatment modalities and goals are developed and utilized that coincide with a client's cultural experiences and values, then this could help improve the effectiveness of such treatment strategies (Sue et al., 1992). Some of the competencies that fell into this dimension include the following: beliefs and attitudes—"Culturally skilled counselors respect clients' religious and/or spiritual beliefs and values about physical and mental functioning"; knowledge—"Culturally skilled counselors should be aware of relevant discriminatory practices at the social and community level that may be affecting the psychological welfare of the population being served"; and skills—"Culturally skilled counselors are not averse to seeking consultation with traditional healers or religious and spiritual leaders and practitioners in the treatment of culturally different clients when appropriate" (Sue et al., 1992, pp. 77-78).

The focus on the development of multicultural competencies was based on the need for counselors to be multiculturally competent and culturally sensitive when working with the increasingly diverse population (Pope-Davis et al., 2002). Multicultural counseling competency has been viewed as an active ongoing process in which clinicians learn and demonstrate what they have learned through techniques, strategies, and procedures (Helms & Richardson, 1997). Multicultural competencies and their adaptation by several APA divisions demonstrated their importance and the effort in the field to help make sure various client populations received ethical treatment (Neville et al., 2001).
These competencies have played a crucial role in the development of many counseling psychologists (Neville et al., 2001).

Various issues regarding multicultural counseling competencies have been addressed in the literature including training, supervision, assessment and future directions for research. Sodowsky, Kuo-Jackson, and Loya (1997) noted that many practitioners in the counseling field graduated from training programs during a time when multicultural training was offered as an optional course or not offered at all. Sodowsky’s 1996 study (as cited in Sodowsky et al., 1997) found that 40% of counseling, clinical, and school psychology trainees and practitioners voiced a strong desire and willingness to receive multicultural training, yet only 15% had actually taken a course in multicultural or cross-cultural counseling (Sodowsky et al., 1997).

Attending to multicultural issues in supervision can be a crucial aspect to the supervisee’s training and their ability to effectively work with diverse clients (Ancis & Ladany, 2001). It is also important that supervisors attend to the needs of diverse supervisees and their clients (Ancis & Ladany, 2001). It has been noted that supervisors could assist supervisees in increasing their cultural knowledge as well as focusing on how to conceptualize client concerns in the context of relevant multicultural issues (Ladany et al., 1997). Issues regarding the assessment of multicultural counseling competencies have included things such as methods of assessment, information used to assess these competencies, and the reliability and validity of these measures (Pope-Davis et al., 2002). Areas for future research on multicultural competencies include the following: looking at assessment methods and ways to improve them, gaining other perspectives in assessing
these competencies, and the ongoing effort to improve the training of these competencies in graduate programs (Pope-Davis & Dings, 1995).

Measurement of Multicultural Counseling Competencies

The methods used to measure multicultural counseling competencies have evolved. Coleman (1998) noted some of the methods used to assess multicultural counseling include quantitative measures (i.e., pen and paper instruments) and supervisors' ratings of trainees. Methods which assist in improving the assessment of multicultural counseling competence can help in the overall development of multicultural counseling competencies (Coleman, 1997). Along with each method of assessment comes strengths and limitations to their use.

Several measuring instruments used to assess multicultural competencies were developed based on the competencies outlined in the Sue et al. (1982) paper (Constantine & Ladany, 2000). Some of these tools are: the Multicultural Counseling Inventory (MCI, Sodowsky et al., 1994), the Multicultural Counseling Awareness Scale—Form B (MCAS—B, Ponterotto, Sanchez, & Magids, 1991), Multicultural Counseling Knowledge and Awareness Scale (MCKAS, Ponterotto et al., 2000), the Multicultural Awareness-Knowledge-and Skills Survey (MAKSS, D’Andrea, Daniels, & Heck, 1991), and the Cross-Cultural Counseling Inventory—Revised (CCCI—R, LaFromboise, Coleman, & Hernandez, 1991). There have been studies which have investigated issues such as these measures’ reliability, validity, item development, and pragmatic utility (Ponterotto, Rieger, Barrett, & Sparks, 1994; Kocarek, Talbot, Batka, & Anderson, 2001).
The MCI (Sodowsky et al., 1994) is a 40-item Likert scale tool designed to measure the proposed constructs of multicultural counseling awareness, knowledge, skill, and relationship (Constantine & Ladany, 2001). The MCKAS (Ponterotto et al., 2000) is a 32-item Likert scale measure that is a revised version of the MCAS-B (Ponterotto et al., 1996). Both instruments were designed to assess multicultural counseling knowledge and subtle Eurocentric worldview biases (Constantine & Ladany, 2001). The MAKSS (D'Andrea et al., 1991) is a 60-item self-report measure in which responses are measured on a 4-point scale (Ponterotto et al., 1994). The scale was designed to evaluate the effectiveness of multicultural counseling training (Constantine & Ladany, 2001). The CCCI–R (LaFromboise et al., 1991), a 20-item 6-point Likert tool, was created to be used by supervisors to assess a counselor's effectiveness in working with culturally diverse clients (Ponterotto et al., 1994; Steward, Wright, Jackson, & Jo, 1998). Criticisms of these methods of measurement include the following: some people question if these tools measure multicultural competencies or perceived multicultural competencies, and others assert that these measures do not measure actual behaviors but anticipated behaviors and attitudes (Constantine & Ladany, 2001).

Newer methods have also been developed to assess multicultural competencies such as portfolio assessment, case conceptualization ability, observer rated indices, and examining racial identity and worldviews (Constantine & Ladany, 2001). Portfolio assessment is an alternative way to assess multicultural counseling competencies through observing a collection of a trainee or practitioner’s work with the intent of showing the person’s progress, efforts, and achievement in a specific area (Coleman, 1996; Constantine & Ladany, 2001). Some things that could be assessed when using this
method include the counselor's: display of culturally responsive behaviors, cultural empathy, cultural self-awareness, knowledge of within group differences, and respect for culturally different individuals (Coleman, 1997). Portfolio assessment has been considered a good tool to assess multicultural counseling competencies because it is a performance-based assessment method, it can stimulate student self-reflection, and it provides a snapshot of changes in a person's skills over time (Coleman, 1997). Some limitations to this method include the amount of time it takes to develop a portfolio and the lack of reliable methods to evaluate or score multicultural competence using this approach (Constantine & Ladany, 2001).

Multicultural case conceptualization ability has been defined as a counselor's ability to conceptualize a client's concerns by differentiating and integrating multicultural knowledge pertaining to their problems (Constantine & Ladany, 2001, p. 489). It follows that by being able to conceptualize a client from a multicultural perspective, a counselor is better able to understand the influence of various cultural factors on a client's presenting concerns (Constantine & Ladany, 2001). Independent observers (i.e., using instruments like the CCCI-R) have also been used to assess a counselor's multicultural competence (Constantine & Ladany, 2001). Constantine & Ladany (2001) pointed out that when using observer ratings of multicultural competency then the rater needs to be multiculturally competent (Constantine & Ladany, 2001). Assessing a counselor's worldview and racial identity have also been identified as a way to tap into assessing a counselor's multicultural competency (Ladany et al., 1997; Constantine & Ladany, 2001).

In regards to future research directions for the assessment of multicultural counseling competencies, it has been suggested that utilizing multimethod approaches (i.e.,
combination of self-reports, portfolios, observer ratings) would be useful, as well as gaining an understanding for certain client variables which might impact treatment, especially in multicultural counseling situations (Constantine & Ladany, 2001).

Various Perceptions of Counselor Multicultural Competency

Trainees’ Perceptions of Multicultural Competency

The literature and research on multicultural counseling competency has addressed this topic from various perspectives including those of trainees, post-graduate practitioners, and, more recently, clients. A lot of the multicultural counseling competency literature has addressed issues concerning counseling trainees. Issues such as their training, supervision, and their acquisition of these competencies have been investigated. Constantine and Ladany (2001) noted that the counseling psychology field has increased its focus on multicultural issues in training as well as supervision. The authors acknowledged that with an increasing incorporation of multicultural issues into counseling psychology programs there is a continual need to look at the assessment and effectiveness of multicultural training in these programs (Constantine & Ladany, 2001). Atkinson et al. (1979) stressed the need for students in training programs to have direct contact and experiences with people from various cultures and work with culturally diverse clients.

Constantine et al. (1996) conducted a study which examined counseling psychology trainees’ perceptions of the multicultural training in their graduate programs. Results showed that students identified that their programs did the following: had faculty with a primary interest in multicultural issues, required a multicultural counseling course, and
used diverse methods to teach and evaluate multicultural issues (Constantine et al., 1996). Yet programs lacked the following (according to student report): assessing student's multicultural competencies with measures, having adequate representation of bilingual staff, or addressing adequate leadership and support when it comes to multicultural issues (Constantine et al., 1996).

Another study by Carlson et al. (1998) investigated the relationship between counseling graduate students' perceived multicultural competencies and other variables (i.e., applied experience, progression through their program, participation in a multicultural activity, confidence in their general counseling skills). Results indicated that students who had been engaged in a multicultural activity and had applied experiences with clients perceived themselves as more multiculturally competent regarding their awareness, knowledge, and skills in this area (Carlson et al., 1998). In a study comparing counseling and clinical psychology graduate students’ self-reported multicultural competencies, results showed that counseling psychology students rated themselves higher on the multicultural competency measure. The results suggest there may be differences in terms of psychology students and their perceived multicultural competencies based on training, clinical experiences, or exposure to multicultural issues in various training programs (Pope-Davis, Reynolds, Dings, & Nielson, 1995). Trainees’ perceptions (and other issues) involving their multicultural competence have received a lot of attention in the counseling literature.
Post-Graduate Practitioners’ Perceptions of Multicultural Competency

There has been some research that has addressed post-graduate practitioners’ perceptions’ of multicultural counseling competencies. Holcomb and Myers (1999) surveyed practicing professional counselors about their perceived multicultural competencies and found that the majority of the participants perceived themselves as multiculturally competent, especially in the areas of skills, definition, and awareness. Results showed that participants perceived themselves as less multiculturally competent in the areas of racial identity and knowledge (Holcomb & Myers, 1999). The authors noted that this could suggest that some counselors are more knowledgeable in their own personal worldview than in client cultures and worldviews (Holcomb & Myers, 1999). Pope-Davis and Ottavi (1994) conducted a similar study of assessing counselors’ perceived multicultural competencies and found differences in perceived multicultural competency among racial groups. African-American, Hispanic, and Asian-American counselors self-reported being more competent in multicultural awareness and relationships than Caucasian counselors, while Hispanic and Asian-American counselors reported being more competent in the area of multicultural knowledge than Caucasian counselors (Pope-Davis and Ottavi, 1994).

In 1998, Granello and Wheaton found significant differences between African-American and European-American rehabilitation counselors’ perceived multicultural counseling competence. Results revealed that African-American counselors rated themselves as more competent than European counselors in the areas of multicultural awareness and relationship (Granello & Wheaton, 1998). The issue of requiring counselors to be multiculturally competent raises important questions about the competencies of
counselors working in the field (Pope-Davis & Ottavi, 1994). This might explain the interest in the multicultural counseling literature to examine the multicultural competencies of post-graduate counselors currently serving increasingly diverse populations.

Clients' Perceptions of Multicultural Competency

Examining clients' perceptions of counselor multicultural competency is one of the newest areas to be studied in the multicultural counseling literature. More researchers and practitioners are realizing the need to study clients’ perspectives of multicultural competency and the benefits it can have (i.e., for clinicians, clients, and the counseling process). There have been a few studies which have begun to investigate clients’ perceptions of counselor multicultural competency (Constantine, Kindaichi, Arorash, Donnelly, & Jung, 2002; Constantine, 2001). One study has even developed a model to help explain factors that may impact clients’ experiences in multicultural counseling (Pope-Davis et al., 2002).

The need to have effective and proficient counselors has resulted in a lot of the focus in multicultural counseling literature on the training and development of multicultural counselor competence (Pope-Davis et al., 2002). Unfortunately, a majority of the multicultural literature has not investigated the experiences of clients and their perceptions of working with multiculturally competent counselors (Pope-Davis et al., 2002). There is a need for more research to be done on clients’ perceptions of counselor multicultural competency. Explaining clients’ experiences with multicultural counseling and a culturally competent counselor might assist in gaining a better understanding of the impact multicultural training has on clinicians and the counseling field (Pope-Davis et al., 2002).
Factors Impacting Clients' Perceptions of Counselor Multicultural Competency

Client Variables. Recent studies have examined clients' perspectives of multicultural competencies and looked at what factors might impact their perceptions (Pope-Davis et al., 2002). Understanding what things might impact clients' perceptions of counselor multicultural competency can help provide counselors with information about what things impact the therapeutic relationship and what clients may perceive to be important. Some factors that might impact a clients' perception of counselor multicultural competence could involve aspects about the client (client variables).

Pope-Davis et al. (2002) conducted a qualitative study which examined the experiences of clients working with culturally different counselors. From the results of the study, the authors proposed a model to help explain clients' perspectives of multicultural counseling (Pope-Davis et al., 2002). Within the model, there are certain components that could be considered client variables which could possibly impact clients' perceptions of counselor multicultural competency. These factors include: client needs, client processes, and client characteristics. Client needs are the client's perception of their needs and the importance the client places on culture regarding their needs in therapy. Client processes focuses on how the client manages cultural issues in therapy (i.e., educating the counselor, explaining cultural misunderstanding). Client characteristics are things such as the client's expectations of counseling, assumptions the client makes surrounding cultural similarity or dissimilarity with the counselor, or the client's acknowledgment of cultural issues in counseling (Pope-Davis et al., 2002).
Racial/Ethnic Identity. Previous research suggests that racial identity could be one factor that influences a client’s perception of a counselor’s multicultural competence (Richardson & Helms, 1994). A client’s cultural/racial identity formation is a dynamic process and it can impact how one thinks and responds to others (Sue & Sue, 1990). Some assert that a minority client’s cultural/racial identity (and not just minority group membership) is what really influences their reaction to the counselor and counseling process in general (Sue & Sue, 1990). It should be noted that a minority client’s cultural identity development may also influence their preferences or non-preferences for a counselor of the same race or culture (Sue & Sue, 1990). Also, due to cultural differences and being socially oppressed in U.S. society, minority clients might be even more concerned about and sensitive to counselor credibility (Sue & Sue, 1990). The cultural affiliation of many ethnic minority clients tends to moderate their preferences or perceptions of ethnically similar therapists (Coleman et al., 1995).

One’s ethnic identity has also been investigated within the literature regarding its impact on a person’s psychological functioning and the therapy process. Most of the early works which looked at different identity models as a way of explaining identity transformation, were geared towards looking at Black identity development (Sue & Sue, 1990). These models were often proposed by Black educators and social scientists. For example, the Cross Model proposed by William E. Cross in 1971 conceptualized Black identity development by using a four-stage process in which African-Americans transition from a White frame of reference to a Black frame of reference (Cross, 1978).

Phinney (1990) studied the concept of the conceptualization of the term ethnic identity and how it had been defined in numerous research articles. She found that most
social scientists proposed that ethnic identity does play an important role in the psychological functioning and self-concept of ethnic group members (Phinney, 1990). Some of the critical issues addressed in this research included: “...the degree and quality of involvement that is maintained with one's own culture and heritage; ways of responding to and dealing with the dominant group's often disparaging views of their group; and the impact of these factors on psychological well-being” (Phinney, 1990, p. 499). Some definitions of ethnic identity emphasized components such as having shared values, self-identification with a group, and having a feeling of commitment. However, other definitions focused on aspects such as one's behavior, language, and knowledge of their own ethnic group history (Phinney, 1990).

Much of the ethnic identity research has been conducted in the context of the social identity theory. The theory asserts that membership in a group can provide one with a sense of belonging and in turn contribute to a positive self-concept. However, if ethnic group's characteristics and traits are held in lower regard by the dominant culture then this has a potential for leading these individuals to have low self-esteem (Phinney, 1990). Some studies have shown that the ethnic identity stage a minority person is in can influence their preferences in mental health counselors (i.e., wanting a culturally-similar counselor, culturally-different counselor, or having no preference at all) (Phinney, 1990). These ethnic identity stages can also impact minority clients' perceptions of majority group counselors (Phinney, 1990). Numerous models have been proposed to explain the formation of ethnic identity development for various specific ethnic groups (i.e., Black identity development; Cross, 1978; Asian-American identity development, Sue et al., 1998).
In 1989, Phinney proposed an ethnic identity model for American-born minority adolescents which included three stages: (1) an initial stage which was described as a stage in which the youth has not examined their ethnic identity, (2) the second stage in which the adolescent begins to explore their ethnic identity and actively gain more awareness about their ethnic group membership, and (3) stage three in which the individual gains a clear, confident sense of their own ethnic identity.

Phinney (1992) later expanded her work with ethnic identity development and proposed that the term ethnic identity could be viewed as a general phenomenon not just for minorities but for members of the White majority as well. She asserted that the concept of ethnic identity consisted of the following concepts: self-identification; ethnic behaviors and practices; affirmation and belonging; and ethnic identity achievement (Phinney, 1992). Self-identification refers to the ethnic label one uses for him/herself. Ethnic behaviors and practices refer to engaging in cultural traditions and social activities with members of one’s ethnic group. Affirmation and belonging refer to the sense of attachment, pride, and happiness one feels about his/her ethnic group. Ethnic identity achievement occurs when a person has a secure sense of what his/her ethnic group membership means to them (Phinney, 1992). In her viewpoint these concepts were common factors that were relevant across all ethnic groups (Phinney, 1992). Phinney (1992) believed these components could be measured and this framework led to the development of the Multigroup Ethnic Identity Measure (MEIM). This self-report measure was designed to assess three aspects of ethnic identity: “...positive ethnic attitudes and sense of belonging (5 items); ethnic identity achievement; including both exploration and resolution of identity issues (7 items); and ethnic behaviors or practices
There are also some items on the measure which assess a respondent’s attitudes towards other ethnic groups. The measure has demonstrated reliability with ethnically diverse college and high school students. The uniqueness of the measure is its ability to allow for comparison of ethnic identity across ethnically diverse samples (Phinney, 1992).

Counselor Variables. There has also been discussion in the literature of how counselor variables might influence clients’ perceptions of counselor multicultural competence. Counselor behaviors such as basic counseling skills and demonstrating sensitivity may impact how a client perceives the counselor’s cultural competence. For example, understanding the importance of a client’s worldview has been viewed as helping a counselor’s multicultural counseling skills (Sue, 1978).

Pope-Davis et al. (2002) commented that literature focusing on client/counselor matching (the process of determining a client’s preference for a culturally congruent or incongruent counselor) has been the most relevant body of literature that relates to trying to comprehend a client’s experience in multicultural counseling. The assumption behind client-counselor matching is that clients matched with culturally congruent counselors may feel more relaxed and willing to work in counseling, versus clients paired with culturally incongruent counselors (Pope-Davis et al., 2002). Anna Mitchell-Jackson (1982) asserted that the issue of race and how it is perceived by both the client and therapist can impact the therapeutic relationship. Helping relationships are built on human regard and cooperation so therapists should be seen as skillful, trustworthy, and interested in a client’s welfare. According to Mitchell-Jackson (1982), African-American clients may test therapists for their sincerity and competence due to issues of trust, stereotypic views.
of Black ability, etc. African-American clients may be more likely to evaluate the therapy outcome as negative if they feel the therapist does not understand them or their culture, or is not interested in their welfare (Mitchell-Jackson, 1982).

A majority of the matching literature focuses on race, gender, and ethnicity and most of it suggests that clients prefer culturally similar counselors or at least counselors with similar worldviews and values (Pope-Davis et al., 2002). As racial and ethnic barriers between clients and counselors decrease then this could possibly demonstrate that the counselor is using culturally sensitive skills in therapy (Paniagua, 1994). Although most of the matching literature suggests that clients prefer counselors with similar values and worldview, if they do not know this beforehand, clients may choose counselors based on visible demographic information (i.e., race, gender), assuming that the counselor will share similar values and worldviews (Pope-Davis et al., 2002).

Counselor race is one variable that has received a lot of attention in studies with African-American participants. Some studies have provided evidence to suggest that similarity of race is an important preference for some African-American clients (Fuertes, 1999). In a study by Vera, Speight, Mildner, and Carlson (1999), results revealed that the participants indicated that similarities between themselves and their counselors (regardless of which type of similarity—demographics, personality, etc.) had a positive effect on the therapeutic relationship. Some studies have shown evidence that counselor-client ethnic matching may not be so crucial, especially when looking at the effectiveness of counseling. In Constantine’s 2001 study, counselor ethnic-racial match was examined as a predictor of an independent observer’s rating of a counselor’s multicultural competence. The results showed that the variable of counselor-client racial or ethnic match did
not significantly contribute to the observer's rating of the counselor's multicultural competence. As Constantine (2001) pointed out, these results suggest that counselor-client racial or ethnic match may not necessarily reflect multicultural counseling effectiveness. However, it has been noted that some clients of color may still express a preference for working with a racial/ethnically similar counselor because they expect the counselor to share similar cultural values or life experiences and as a result have a better understanding of their concerns (Constantine, 2001). Minority counselors may even see themselves as moremulticulturally competent because clients and colleagues assume they are able to better relate to individuals with whom they share a common background (Pope-Davis & Ottavi, 1994). Pope-Davis and Ottavi (1994) made the point that minority counselors may be more prepared to address the needs of racial/ethnically diverse clients due to their sociopolitical histories and personal experiences of being a minority as well.

*Cultural Sensitivity.* Cultural sensitivity has received a lot of attention in the literature, especially when working with ethnic minority clients. The literature has discussed various aspects of cultural sensitivity in counseling including counselor behaviors and aspects in the counseling environment. A study by Gin, Atkinson, and King (as cited in Zhang & Dixon, 2001) examined the effects of counselor cultural sensitivity and other variables on Asian-American students' perceptions of counselor credibility. Results revealed that the students perceived the culturally sensitive counselor to be more competent (i.e., regarding expertness, attractiveness, trustworthiness) than the culturally blind counselor. Zhang and Dixon (2001) conducted their own study which revealed that in an analogue situation, Asian international students perceived multiculturally responsive
counselors as more favorable than multiculturally neutral counselors in terms of counselor trustworthiness, expertness, and attractiveness.

Discussing racial issues during the initial session has been suggested as a beneficial guideline to use when working with African-American clients (Paniagua, 1994). It is implied that discussing racial differences (if the therapist is not African-American) may help reduce racial tension and help the therapist seem less anxious, more comfortable, and more sensitive to the client's expectations and beliefs (Paniagua, 1994). This strategy may also assist the therapist in communicating that the counseling environment is a safe one to discuss these issues in. Racial labels have also been a concern for African-Americans for many years. Some suggest it seems appropriate for a counselor to inquire as to what term (i.e., African-American, Black) is preferred by the client (Paniagua, 1994).

It has been pointed out that in an effort to avoid racial stereotyping, some therapists may take the color-blind approach and assume that there is “no difference” among cultures and insist that they, as therapists, are color-blind (Raja, 1998). Color-blindness can obscure the therapist’s view of who the client really is (Cooper & Lesser, 1997). A need to appear color blind may also be a way therapists avoid confronting their own values or acknowledging the meaning of differences between themselves and their clients (Cooper & Lesser, 1997). Yet as Raja (1998) points out, therapists who utilize this culture-blind approach are likely to miss important strategies which could help the client make life changes.

Atkinson et al. (1990) concluded that results of their study suggest that availability of culturally similar or culturally sensitive counselors is an important determinate
of counseling service utilization for minority college students who most closely identified with their ethnic culture. A variety of these studies’ findings support the belief that a counselor’s degree of sensitivity to diversity significantly influences a minority client’s experiences in counseling (Zhang & Dixon, 2001; Ottavi et al., 1994).

Some of the previous literature suggests that ethnic minority clients are often more sensitive to investigating the credibility of their counselors (Mitchell-Jackson, 1982). This leads to the question of which counselor characteristics are these clients more attuned to when evaluating a counselor’s multicultural competence: the counselor’s racial or ethnic background or the counselor’s behaviors and skills? As well as, which client characteristics influence clients’ perceptions of counselor multicultural competence (i.e., client race, client ethnic identity)?

**Research on Clients’ Perceptions of Counselor Multicultural Competence**

Due to the increasing interest in multicultural counseling competencies from a client’s perspective, there have been research studies emerging that focus on this issue. Constantine (2002) conducted a study which examined various factors that might be predictors of counseling satisfaction for racial and ethnic minority clients. Multicultural counseling competency was one of the factors investigated to see if it might be a predictor of these clients’ overall satisfaction with counseling. In the study, various racial ethnic minority groups (African-American, Asian-American, Latino(a)-American, Indian-American, and biracial American) were asked to rate their counselor’s multicultural competence using the CCCI-R measure (Constantine, 2002). Results indicated that these clients’ ratings of their counselor’s multicultural competence contributed
significantly to their ratings of counseling satisfaction (Constantine, 2002). Sodowsky et al. (1999) did a study examining English-as-a-second-language middle school students and their experiences working with graduate students from counseling programs. Results showed that ratings on their working alliance improved at the end of 10 sessions (in the dyads where students worked with multiculturally competent counseling trainees) (Sodowsky et al., 1999).

Pope-Davis et al.'s (2002) study focused on the experiences of clients who had been engaged in therapy with a culturally different counselor. The purpose of the study was to utilize a grounded theory qualitative approach to examine the experiences of these clients and develop a model to help explain clients’ perspectives of multicultural counseling. The model created from the data designates five major components the authors proposed could possibly impact clients’ perspectives of multicultural counseling. The five components are client needs, client characteristics, client-counselor relationship, client processes, and client appraisals (Pope-Davis et al., 2002).

Participants were 10 undergraduate college students ranging in age from 19 to 37. All participants had identified that they had previously been in counseling with culturally different counselors within a few years of the time the study was conducted (Pope-Davis et al., 2002). Participants were interviewed twice with an open-ended question format to get their subjective experiences of working in a multicultural counseling dyad (Pope-Davis et al., 2002). The study wanted to explore how a client experiences, values, and integrates a counselor’s cultural competency in therapy (Pope-Davis et al., 2002, p. 356). The model created, entitled the Client Strategic Interaction Model, proposes that clients’ perceptions of multicultural counseling competency stems from the interaction of these
five factors with the factors influencing each other (Pope-Davis et al., 2002). The model is not static and follows the rationale that as clients' needs change then their experiences with multicultural counseling competency change (Pope-Davis et al., 2002).

Clients' needs are considered the client's perceptions of their needs, the importance of cultural aspects in therapy, and how they view their counselor's competence in addressing these issues (Pope-Davis et al., 2002). Client characteristics were described as anything the client brings to therapy which could in turn impact their perceived needs and even how they handle cultural discussions in the counseling process (i.e., reason for seeking counseling, assumptions of counselor expertise) (Pope-Davis et al., 2002). The client-counselor relationship was described as client-counselor interactions which can impact how a client perceives the therapy process and reacts to it. Issues such as disclosure, counselor behavior, and the equality and power in the relationship were part of this component to the model (Pope-Davis et al., 2002). Client processes refers to how the client deals with the counselor and makes meaning of the counseling process (Pope-Davis et al., 2002). How a client manages culture in therapy is addressed in this component such as educating the counselor, deciding to confront the counselor, or explaining cultural misunderstandings (Pope-Davis et al., 2002). The last component, client appraisals, addresses the client's view and assessment of counseling and possibly their feelings about therapy in the future (Pope-Davis et al., 2002). Overall, the authors propose that this model identifies how client characteristics and clients' perceptions of the role culture plays in counseling, can impact their multicultural counseling experiences (Pope-Davis et al., 2002).
Constantine et al. (2002) wrote a review of Pope-Davis et al.'s (2002) study and referred to it as a "hallmark contribution that examines clients' perceptions of what constitutes cultural competence" (p. 408). In this review, Constantine et al. (2002) outlined some of the strengths and limitations of the study. Strengths included: the importance the study proposed for counselors to pay attention to client needs, including the counseling relationship in the concept of multicultural counseling, and the qualitative method utilized to get at the client experiences which provided meaningful information (Constantine et al., 2002). Constantine et al. did note that providing a case example might have helped readers conceptualize application of the model more. Other limitations included: not providing enough information as to how counselor/client cultural and racial identities may interact and impact the counseling process and acknowledging that not all clients may be able to accurately identify their needs and concerns (Constantine et al., 2002).

Fuertes and Brobst (2002) conducted a study in which the results showed a positive correlation between clients' ratings of a counselor's multicultural competency and clients' ratings of a counselor's general competency and empathy. Results also showed a strong correlation between clients' perceptions of counselor multicultural competence and counselor trustworthiness, attractiveness, and expertness (Fuertes & Brobst, 2002). Within the study, 85 graduate students attending a private Northeast university were surveyed over a 2-month period about recent or current personal counseling experiences they had had (Fuertes & Brobst, 2002, p. 216). Based on these results, the authors suggested that there might be "...a certain level of competence in general counseling skills" (i.e., communicating empathy, listening, asking open-ended questions) that counselors
might need to achieve in order to properly carry out multicultural competency skills (Fuertes & Brobst, 2002, p. 220).

A study by Fraga et al. (2004) examined the issue of ethnic groups’ preferences for multicultural competencies. The authors investigated if there were differences in preferences for the 31 multicultural competencies (proposed by Sue et al., 1992) among the following ethnic groups: Asian-American, European-American, and Hispanic/Latino. The authors surveyed 155 Asian-American, 200 European-American, and 152 Hispanic undergraduate students. Participants rank ordered their preferences for the competencies within the three groups of attitudes/beliefs, knowledge, and skill. A paired-comparison format was used to determine participants’ preferences for the 9 attitudes/beliefs, 11 knowledge, and 11 skill competencies.

Participants were asked to express their preferences for using a paired-comparison format (Fraga et al., 2004). For example, each of the 31 competencies is grouped into one of three categories: attitudes and beliefs (9 competencies), knowledge (11 competencies), and skill (11 competencies). In the authors’ paired-comparison questionnaire, they had participants compare each of the competencies within each group against each other to express their preferences for certain competencies over others. Therefore, each of the 9 attitude/belief competencies was compared with each other, each of the 11 knowledge competencies was compared against each other, and each of the 11 skill competencies was compared against each other. This was done in an effort to see if participants showed preferences for some of the certain competencies in each group over other competencies within the same group. Fraga et al. (2004) provided the following example of a paired comparison of two of the attitude/belief competencies as would be
seen in their questionnaire: "If you were going to see a counselor to discuss a personal problem, would you prefer to see a counselor who: (a) Is able to recognize the limits of his/her competencies and expertise or (b) Is aware of his/her stereotypes of racial/ethnic minority group" (Fraga et al., 2004).

They found significant differences for preferences for many of the competencies, which differed among the three ethnic groups studied. Preferences for 5 of the 9 attitude/belief competencies, 5 of the 11 knowledge competencies, and 7 of the 11 skill competencies varied as a function of participant race/ethnicity (Fraga et al., 2004). While some preferences for the various competencies differed among ethnic groups, there were some competencies that were most preferred and least preferred by all three of the ethnic groups (Fraga et al., 2004).

There were some competencies that participants agreed upon were similarly important regardless of ethnicity. For instance, the knowledge competency, "Is aware of institutional barriers which prevent racial/ethnic minority clients from using mental health services K-8," was ranked most preferred by all three ethnic groups in the knowledge competency group (Fraga et al., 2004). The attitude/belief competency, "Has moved away from being culturally unaware to being aware and sensitive to his/her own cultural heritage A/B-1," was ranked high among European-Americans and Hispanics and second among Asian-Americans (Fraga et al., 2004). The skill competency, "Intervenes with institutions on behalf of racial/ethnic minority clients S-6," was ranked first for European-Americans, second for Hispanics, and third for Asian-Americans (Fraga et al., 2004). These are some examples demonstrating some of the similarities among the participants' rankings of their preferences for various competencies.
There were some significant differences among some of the participants' rankings of the competencies that did differ among ethnic groups. For example, for the attitude/belief competency, "Respects clients' religious beliefs and values about physical and mental functioning A/B-7," European-Americans ranked this highest, while Hispanics and Asian-Americans gave this competency a much lower ranking (Fraga et al., 2004). For the knowledge competencies, Hispanics ranked the following competency highest, "Understands the sociopolitical factors that may adversely affect racial/ethnic minorities K-6," while they ranked the competency, "Has knowledge of the potential cultural bias in assessment instruments and interprets his/her client's scores accordingly K-9," lowest (Fraga et al., 2004). Within the skill competencies group, the competency "Constantly seeks to attain a nonracist identity S-2," was ranked highest among Asian-Americans while Hispanics ranked their preference for this competency as number five (Fraga et al., 2004).

It should be noted this study looked at participants' preferences of the competencies within each group versus looking at all 31 competencies together, due to the nature of the paired-comparison method. The authors did note that by using this type of analysis, participants were forced to rank some of the competencies as least preferred, however due to the small gap between the most preferred and least preferred competencies, one could conclude that participants saw all of the competencies as having some value (Fraga et al., 2004). The authors asserted that future research needs to be done which investigates the unique strengths of each competency both within and across various ethnic groups (Fraga et al., 2004).
Directions for Future Research

Numerous authors have made suggestions of future areas to investigate in terms of understanding clients' perceptions of multicultural counseling competence and what impact it can have on other multicultural issues (i.e., training, practice, assessment). Pope-Davis et al. (2002) addressed the need for more qualitative and quantitative methods to be used to investigate this research area—for example, the need for quantitative methods to measure the various aspects of a client's multicultural experience (Pope-Davis et al., 2002). More process research which examines a client's multicultural experiences and perspectives at various times during the therapy process (beginning, middle, end) would be helpful (Pope-Davis et al., 2002). This might assist in a deeper understanding of what changes occur in clients' perceptions (Pope-Davis et al., 2002).

Constantine et al. (2002) suggested that future research could be done on client's leniency towards cultural incompetence and the psychological effects this could cause. Studies investigating the possible connections between evaluations of counselor multicultural competence and process and outcome variables are already underway (Constantine et al., 2002). Fuertes et al. (2001) asserted the importance of considering relationship factors when researching clients' perceptions of counselor multicultural competence. They suggested the next step in exploring this topic is to devise instruments that incorporate the client's voice in assessing multicultural competencies (Fuertes et al., 2001). There is also a need to explore the perceptions of various types of clients (i.e., based on ethnicity/race, gender, sexual orientation) to see if there are patterns or certain factors that are more crucial or relevant for certain types of clients.
Need for Research on Clients' Perceptions of Counselor Multicultural Competency

Assessing clients’ perceptions of counselor multicultural competency can provide valuable information. To date, most of the multicultural competency literature has focused on the counselor’s perspective, and the client’s perspective is just as crucial to consider when conceptualizing therapy. For therapy to be helpful, a therapeutic relationship built on a foundation of mutual regard and cooperation needs to be established (Turner & Jones, 1982). Understanding what factors impact clients’ perceptions of counselor multicultural competency can provide counselors with information about what issues are impacting the therapeutic relationship and what the client might deem to be important, especially in a multicultural context. Having both perspectives will assist practitioners and trainees in understanding multicultural counseling competencies from a client’s viewpoint and possible client variables which should be focused on in multicultural counseling situations. This could also increase a counselor’s cultural knowledge and sensitivity, give him/her a better understanding of the role cultural support plays in therapy, and assist him/her in integrating effective counselor behaviors when working with culturally diverse clients (Pope-Davis et al., 2002).

Summary

Multicultural counseling has become a focus in many mental health professions, and especially within the field of counseling psychology. The concept of multicultural counseling stems from the desire to address the therapeutic needs of culturally diverse clients and to improve the effectiveness of approaches used when working with these
clients. Multicultural counseling competencies were developed as a way to assist counselors in learning techniques and strategies that could assist them in multicultural counseling situations.

A majority of the multicultural counseling competency literature has addressed the perspectives of counselors. There have been some studies that have investigated clients’ perspectives, but these are very few in number. There is a need to gain more information about counselor multicultural competency from the client’s perspective. Having knowledge of clients’ and counselors’ perspectives of multicultural counseling competency could assist in strengthening a crucial aspect in counseling: the therapeutic relationship. Clinicians may gain a better understanding of clients’ thoughts in cross-cultural counseling situations and what factors might impact their perceptions of counselor behaviors. Gaining both perspectives of these competencies could benefit the overall therapy process.
Participants and Setting

Participants for this study were 304 undergraduate students attending a large Midwestern university, 152 African-American and 152 White. There were 200 females and 104 males, with 100 females and 52 males in each group, respectively. The mean age of all participants was 19.8 with a standard deviation of 2.68. Among African-American participants the mean age was 19.7 with a standard deviation of 3.43. Among White participants the mean age was 19.9 with a standard deviation of 1.62. The two groups did not differ significantly in age ($F (1, 302) = .592, p = .442$). The mean number of years of education for all participants was 13.6 with a standard deviation of 1.42. Among African-American participants the mean number of years of education was 13.4 with a standard deviation of 1.45. Among White participants the mean number of years of education was 13.8 with a standard deviation of 1.36. The two groups did differ significantly regarding years of education ($F (1, 302) = 5.41, p = .021$). The mean ethnic identity score for all participants was 3.13 with a standard deviation of .541.

In regard to citizenship, 302 participants were United States citizens with one African-American and one White participant reporting non-citizenship. With respect to ability/disability status, of the African-American participants, 147 reported no disability, 1 reported physical/orthopedic disability, 2 reported visual or hearing impairment, and 2
reported having a learning disability. Of the White participants, 144 reported no disability, 1 reported physical/orthopedic disability, 1 reported visual or hearing impairment, 3 reported learning disability, and 2 reported having a mental illness. With respect to relationship status, for African-American participants, 132 reported being single, 6 were married, and 14 identified as partnered. Of the White participants 118 reported being single, 1 was married, 1 was widowed and 25 identified as partnered. With respect to language, 300 participants reported English as their primary language. Four of the African-American participants reported English as their second language. Among participants, 2 African-American participants were veterans of the United States military and none of the White participants reported being U.S. veterans.

In regards to social class, among African-American participants, 12 identified as lower class, 29 as lower middle class, 81 as middle class, 26 as upper middle class and 4 as upper class. White participants identified as follows: 11 as lower middle class, 84 as middle class, 52 as upper middle class, and 5 as upper class. The two groups did differ significantly regarding self-reported social class ($F(1, 302) = 26.671, p = .0000004$).

With respect to religious affiliation, among African-American participants, 131 identified as Christian, 2 as Agnostic, 4 as Islamic, and 15 as other. Among White participants, 111 identified as Christian, 11 as Agnostic, 7 as Atheists, 1 as Hindu, 1 as Islamic, 1 as Jewish, and 20 as other. With respect to sexual orientation, among the African-American participants, 149 identified as heterosexual, 2 as bisexual, and 1 as a gay male. Among White participants, 148 identified as heterosexual and 4 as bisexual. Of all participants 102 reported they had been in personal counseling before. Forty-one participants reported having a counselor of a different race and 41 reported having a counselor of a
different ethnicity. Among African-American participants, 47 reported being in personal counseling, 32 reported having a counselor of a different race and 30 reported having a counselor of a different ethnicity. Among White participants, 55 reported being in personal counseling, 9 reported having a counselor of a different race and 11 reported having a counselor of a different ethnicity.

After reading the HSIRB approved informed consent document, participants were asked to anonymously complete a survey packet which included the following three measures: a demographic measure which collected basic background information about the participant (i.e., age, gender, ethnicity), the Phinney (1992) Multigroup Ethnic Identity Measure (MEIM) which was used to yield a global measure of the participant’s ethnic identity, and a questionnaire which had the participant rate the importance of the 31 multicultural competencies proposed by Sue et al. (1992). Participants completed the measures individually often times in a group setting (i.e., in class, during an organization meeting). Students completed the measures either in classrooms or organization meeting rooms at individual desks. Students recruited in residential halls completed measures in a study room within the residential facility. Students were asked to fill out the measures anonymously and return them to the researcher by placing them in an enclosed envelope which was then placed in a box. Students were given as much time as necessary to complete all forms with most students completing the measures in about 20 minutes.

Data Collection Procedures

Prior to data being collected, the proposal for the study was reviewed by the Human Subjects Institutional Review Board (HSIRB) of the University where data was
going to be collected. The study was approved by the review board before any collection of data. Participants were recruited on the university campus from undergraduate courses from the following colleges: College of Education, College of Arts and Sciences, College of Engineering and Applied Sciences, College of Fine Arts, College of Aviation, College of Health and Human Services, University Curriculum, and the College of Business. Participants were also recruited from on campus residential halls and various campus organizations. Participants participated in the study on a volunteer basis. For students recruited in courses, some instructors offered students extra credit points for participating in the study; however, this was at the discretion of the instructor.

Participants were invited to participate in the study by having a research investigator read a scripted form. Within this script participants were told that this study was designed to look at the relationship between ethnicity and perceptions of counselor behaviors/characteristics. They were told this was anonymous survey research and that all information collected would be anonymous and not connected in any way to personal identifying information. Participants were told only group aggregated data would be included in the analysis and final write-up with no individual identifying information. They were told the research consisted of completing three brief questionnaires that would take approximately 20-25 minutes to complete. The script mentioned that the questionnaires would be asking questions about demographic information, their ethnicity, and rating the importance of counselor behaviors/characteristics. They were reminded that participation was anonymous and confidential. They were then told that after filling out the surveys they should place the survey in an envelope and return it to the researcher collecting the data. They were instructed to keep the consent form as a resource for
contact information if they had questions later on. Participants were also told that if they declined to participate then they could work on other activities while others filled out the forms. A copy of the scripts and consent forms are presented in Appendices A through D. Participants were then given the three measures in one survey packet and asked to place the surveys in the packet and return when finished. No time limit was placed on participants to complete the measures.

Recruitment of participants occurred in two parts. During part one, recruitment was initially targeted to obtain a large enough sample of African-American students by surveying courses and student organizations which might have a large number of African-American students (i.e., courses in the Africana-American Studies Department, Division of Multicultural Affairs, National Association for the Advancement of Colored People). Then recruitment was shifted to target large classes on the university’s campus. In these classes, the proportion of White and African-American students was expected to be similar to the overall population frequencies at the University, which was predominately White. Therefore, it was expected that many of these classes would be composed of predominantly White students. Although in the initial part of the recruitment process efforts were made to survey classes and groups which were expected to include a majority of African-American students, the investigators did not exclude participants who were not African-American. Anyone present in the class/group or organization could complete a survey packet. At this time any data from White students who completed the surveys were retained for inclusion in the study. Once survey packets from 152 African-American students were collected, then the proportion of African-American males and females who completed the surveys was calculated. Next, packets were randomly mixed up and the
first 152 surveys from White male and female students that corresponded to the number of African-American males and females were used in the data analysis for the study.

Instruments

Measures of the Independent Variables

**Demographic Questionnaire.** The demographic questionnaire is a 16-item measure that asked participants to provide general descriptive background information about themselves. This measure was used to assess participants’ self-description of their racial background. Participants were asked to provide basic demographic information including: age, citizenship, occupation, years of education, gender, primary language, disability status, military experience, ethnicity, religious affiliation, social class, and sexual orientation. As part of this measure students were asked if they had ever been in personal counseling before. They were also asked if the counselor was of a different race or ethnicity. A copy of the demographic measure is presented in Appendix E.

**Multigroup Ethnic Identity Measure (MEIM).** The MEIM created by Jean Phinney (1992) was used to assess ethnic identity. The MEIM is a 23-item scale which yields a global measure of a person’s ethnic identity. The measure assesses aspects of people’s ethnic identity such as their feelings of belonging to their ethnic group, affirmation and belonging, their feelings of a secure sense of self as a member of their ethnic group, ethnic identity achievement, and their participation in cultural traditions and social activities with members of their ethnic group, ethnic behaviors and practices. Items on the scale are rated on a 4-point Likert scale (4 = strongly agree to 1 = strongly disagree).
The scale was designed to yield a global measure of one's ethnic identity. There are also three subscales within the measure which assess what are considered to be key aspects of one's ethnic identity: Affirmation and Belonging, Identity Achievement, and Ethnic Behaviors and Practices (Phinney, 1992). There are also 6 additional items which were designed to assess a respondent's attitude towards other ethnic groups of people. This measure was designed to assess the ethnic identity of members of a variety of ethnic groups. Phinney (1992) developed this measure with the premise that there is a single model that describes the ethnic identity formation process for diverse ethnic groups.

The measure includes three open-ended questions for respondents to choose their own ethnic identity label as well as identify their parents' ethnicity (Phinney, 1992). The items in the Ethnic Behaviors and Practices subscale address the concept of how involved a person is in the cultural traditions of their ethnic group and in socializing with other members of their ethnic group (Phinney, 1992). The Affirmation and Belonging subscale was designed to assess the positive feelings one has towards being a member of their ethnic group or how happy they are about being a member of this group (Phinney, 1992). The Ethnic Identity Achievement subscale focuses on assessing the process of ethnic identity formation which can range from having a low level of interest in exploration and commitment to having a high level of interest in exploration and commitment to learning about one's ethnicity (Phinney, 1992). This process involves an exploration of the meaning of one's ethnicity that leads to a secure sense of oneself as a member of a minority group (Phinney, 1992, p. 160).

The final version of the scale was administered to 417 high school students and 136 college students. Reliability coefficients (Cronbach's alpha) for the measure were
reported to range from .81 to .90 with a sample of high school and college students, respectively. For all of the scales and subscales the college sample reported a higher reliability versus the high school sample. Pearson product-moment correlations among the three components of ethnic identity (affirmation/belonging, ethnic identity, and ethnic behaviors) were reported to be statistically significant in both samples used (Phinney, 1992). More detailed information on this measure can be found in Phinney’s 1992 article.

Measure of the Dependent Variable

Ratings of Importance of the 31 Multicultural Competencies Form. This 31-item measure simply asked participants to rate the importance of the 31 multicultural competencies. The instructions asked the participants to imagine that they were going to a counselor for a personal concern/problem and that the counselor was of a different cultural background than their own. Participants were asked to reflect upon this situation and what would be important to them. They were then asked to rate each of the listed counselor behaviors/characteristics in terms of how important they would be if they were to actually see a culturally different counselor. The participants rated the importance of each of the 31 counselor behaviors on a 7-point scale with 1 = not important and 7 = extremely important. The 31 competencies were arranged on the questionnaire according to the general category that they belonged, in particular: attitudes/beliefs, knowledge, or skills. The wording of the competencies was the same as utilized in Fraga et al.’s (2004) study, with the exception that the word “Counselor” was inserted preceding each competency. A copy of this measure can be found in Appendix F. The entire survey packet,
including all three measures, took participants approximately 20-25 minutes to complete. Participants completed the demographic questionnaire, the MEIM, and the Ratings of the 31 Multicultural Competencies measure. Participants completed the demographic questionnaire first, followed by the MEIM and Ratings of Importance of the 31 Multicultural Competencies measure. The order of presentation of the MEIM and the Ratings of Importance of the 31 Multicultural Competencies form were counterbalanced in the survey packets.

Data Analyses

Three 2 x 2 Multivariate Analyses of Variance (MANOVA) were performed in this study to determine if there were significant multivariate effects associated with race, ethnic identity, the interaction between race and ethnic identity, and participant ratings of the importance of the three sets of multicultural counseling competencies. The independent variable race was defined in terms of participants' self-identification as African-American or White, not of Hispanic origin. The independent variable ethnic identity was defined in terms of ethnic identity scores on the MEIM (Phinney, 1992) with high ethnic identity defined in terms of an ethnic identity score > 3 and a low ethnic identity defined in terms of an ethnic identity score ≤ 3. Phinney (1992) reported a mean ethnic identity score = 3.04 (SD = .59) in a sample of 136 college students and for the purposes of the current investigation an ethnic identity score on the MEIM of 3 was used as a cutoff score to define high and low ethnic identity participants. In the present study, 172 participants were in the high ethnic identity group and 132 participants were in the low ethnic identity group. Of the 172 participants in the high ethnic identity group, 124 were African-
American and 48 were White. Of the 132 participants in the low ethnic identity group, 28 were African-American and 104 were White. In the present study the overall sample of participants had a mean ethnic identity score of 3.13 ($SD = .541$). Using a score of 3 as the cutoff score in the present study, the high ethnic identity group had a mean ethnic identity score of 3.53 ($SD = .272$) and the low ethnic identity group had a mean ethnic identity score of 2.61 ($SD = .313$). The two groups were significantly different in terms of ethnic identity ($F (1, 302) = 749.6, p = .0000001$).

In the first MANOVA race and ethnic identity were the independent variables and participant ratings of the importance of the 9 attitudes/beliefs multicultural counseling competencies were the dependent variables. In the second MANOVA race and ethnic identity were the independent variables and participant ratings of the importance of the 11 knowledge multicultural counseling competencies were the dependent variables. For the final MANOVA race and ethnic identity were the independent variables and participant ratings of the importance of the 11 skill multicultural counseling competencies were the dependent variables.

In MANOVAs in which significant Multivariate Effects were obtained, Multivariate Analyses of Variances (MANOVAs) with Bonferroni adjusted probability levels were then conducted to compare the respective groups on the individual dependent measures to identify individual multicultural competency items that were contributing to the significant multivariate effect.
Summary

Participants were 304 undergraduate students at a Midwestern University. One hundred-fifty-two African-American and 152 White American students participated in the study with 100 females and 52 males in each group. Participants were invited to participate in a study on ethnicity and counselor behaviors and were informed that if they chose to participate they would be completing surveys that would take approximately 20-25 minutes to complete. They were instructed that all information collected would be anonymous and not connected to any personal identifying information. They were informed that only group aggregated data would be included in the final write-up. Participants completed their surveys anonymously. The survey packet contained the following measures: a demographic measure to obtain personal background information, the MEIM to assess ethnic identity, and the Ratings of the 31 Multicultural Competencies form. Multivariate Analyses of Variance were utilized to determine if there were significant multivariate effects associated with race, ethnic identity and the interaction between race and ethnic identity and participant ratings of the importance of the three sets of multicultural counseling competencies.
CHAPTER IV

RESULTS

Multivariate Analyses of Variance

Three 2 x 2 Multivariate Analyses of Variance (MANOVA) were performed in this study to determine if there were significant multivariate effects associated with race, ethnic identity and the interaction between race and ethnic identity and participant ratings of the importance of the three sets of multicultural counseling competencies. In the first MANOVA, race and ethnic identity were the independent variables and participant ratings of the importance of the 9 attitudes/beliefs multicultural counseling competencies were the dependent variables. Results of the first MANOVA are presented in Table 1. As may be seen in Table 1, the multivariate effect associated with race was significant, \( \Lambda = .933; F(9, 292) = 2.35, p = .014; \eta^2 = .067 \). The multivariate effect associated with ethnic identity was not significant and the multivariate interaction effect between race and ethnic identity was not significant.

Table 1

<table>
<thead>
<tr>
<th>Effect</th>
<th>( \Lambda )</th>
<th>( F )</th>
<th>( df )</th>
<th>( p )</th>
<th>( \eta^2 )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td>.933</td>
<td>2.346</td>
<td>9, 292</td>
<td>.014 *</td>
<td>.067</td>
</tr>
<tr>
<td>Ethnic Identity</td>
<td>.970</td>
<td>.996</td>
<td>9, 292</td>
<td>.444</td>
<td>.030</td>
</tr>
<tr>
<td>Interaction</td>
<td>.982</td>
<td>.611</td>
<td>9, 292</td>
<td>.788</td>
<td>.018</td>
</tr>
</tbody>
</table>

* \( p < .05 \)

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The results of the second MANOVA are presented in Table 2. In the second MANOVA, race and ethnic identity were the independent variables and participant ratings of the importance of the 11 knowledge multicultural counseling competencies were the dependent variables. As may be seen in Table 2, the multivariate effects associated with race, ethnic identity, and the interaction between race and ethnic identity were all nonsignificant.

### Table 2

<table>
<thead>
<tr>
<th>Effect</th>
<th>Λ</th>
<th>F</th>
<th>df</th>
<th>p</th>
<th>η²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td>.959</td>
<td>1.129</td>
<td>11, 290</td>
<td>.338</td>
<td>.041</td>
</tr>
<tr>
<td>Ethnic Identity</td>
<td>.949</td>
<td>1.412</td>
<td>11, 290</td>
<td>.166</td>
<td>.051</td>
</tr>
<tr>
<td>Interaction</td>
<td>.979</td>
<td>.570</td>
<td>11, 290</td>
<td>.853</td>
<td>.021</td>
</tr>
</tbody>
</table>

The results of the third MANOVA are presented in Table 3. In the third MANOVA, race and ethnic identity were the independent variables and participant ratings of the importance of the 11 skill multicultural counseling competencies were the dependent variables. As may be seen in Table 3, the multivariate effect associated with race was significant \[Λ = .912; F (11,290) = 2.56, p = .004\] and the multivariate effect associated with ethnic identity was significant \[Λ = .903; F (11,290) = 2.83; p = .002\]. The multivariate interaction effect between race and ethnic identity was not significant.

Based on the findings of significant multivariate effects associated with race in the first 2 x 2 MANOVA, with participant ratings of the importance of the 9 attitudes/beliefs multicultural counseling competencies as the dependent variables, and in the third 2 x 2 MANOVA, with participant ratings of the importance of the skill multicultural...
Table 3

MANOVA Results for Skill Multicultural Competencies

<table>
<thead>
<tr>
<th>Effect</th>
<th>$\Lambda$</th>
<th>$F$</th>
<th>$df$</th>
<th>$p$</th>
<th>$\eta^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td>.912</td>
<td>2.559</td>
<td>11,290</td>
<td>.004 *</td>
<td>.088</td>
</tr>
<tr>
<td>Ethnic Identity</td>
<td>.903</td>
<td>2.826</td>
<td>11,290</td>
<td>.002 *</td>
<td>.097</td>
</tr>
<tr>
<td>Interaction</td>
<td>.958</td>
<td>1.148</td>
<td>11,290</td>
<td>.324</td>
<td>.042</td>
</tr>
</tbody>
</table>

* $p < .05$

competencies as the dependent variables, *Null Hypothesis 1*: Race has no effect on participant ratings of the importance of the 31 multicultural competencies, was rejected.

Based on the findings of a significant multivariate effect associated with ethnic identity in the third 2 x 2 MANOVA, with participant ratings of the importance of the skill multicultural competencies as the dependent variables, *Null Hypothesis 2*: Ethnic identity has no effect on participant ratings of the importance of the 31 multicultural competencies, was rejected.

Based on the findings of nonsignificant multivariate interaction effects associated with race and ethnic identity in all three MANOVAs, *Null Hypothesis 3*: There is no interaction effect between race and ethnic identity on participant ratings of the importance of the 31 multicultural competencies, was accepted.

In the MANOVAs in which significant multivariate effects were obtained, follow-up Univariate Analyses of Variances (ANOVAs) with Bonferonni adjusted probability levels were conducted to compare the respective groups on the individual dependent measures to identify individual multicultural competency items that were contributing to the significant multivariate effect.
In the first MANOVA with participant ratings of the importance of the 9 attitudes/beliefs multicultural counseling competencies as the dependent variables, a significant multivariate effect associated with race was found and ANOVAs were performed comparing the African-American and White participants on each of the 9 attitudes/beliefs competencies. These findings are presented in Table 4.

As can be seen in Table 4, attitude/belief competency items MA-1, “Counselor has moved away from being culturally unaware to being aware and sensitive to his/her own cultural heritage,” and MA-2, “Counselor is aware of how his/her own experiences, values, and biases influence psychological processes,” were statistically significantly different for African-American and White participants with \( p < .0055 \). African-American participants rated both of these items as more important. Although not statistically significant at the \( p = .0055 \) level, differences on MA-4, “Counselor is comfortable with the racial/cultural differences between himself/herself and clients” \( (F = 3.727, p = .0545) \), may have also contributed to the multivariate effect. African-American participants also rated this item as more important. The specific group means for each of the attitude/belief competency items for each race group can be found in Table 4.

In the third MANOVA with participant ratings of the importance of the 11 skill multicultural counseling competencies as the dependent variables, significant multivariate effects associated with race and with ethnic identity were found. ANOVAs were performed comparing the African-American and White participants on each of the 11 skill competencies. Also, ANOVAs were performed comparing participants who were considered high and low in terms of ethnic identity. The ANOVA results comparing the African-American and White participants are presented in Table 5.
Table 4
Group Means and ANOVA Results for Attitudes/Beliefs Multicultural Competencies by Race

<table>
<thead>
<tr>
<th>Attitude/Belief Competency</th>
<th>African-American Students</th>
<th>White Students</th>
<th>$F$ ($df = 1, 302$)</th>
<th>$p$</th>
</tr>
</thead>
<tbody>
<tr>
<td>MA-1 Counselor has moved away from being culturally unaware to being aware and sensitive to his/her own cultural heritage.</td>
<td>5.15 1.38</td>
<td>4.26 1.64</td>
<td>26.126</td>
<td>.000001 *</td>
</tr>
<tr>
<td>MA-2 Counselor is aware of how his/her own experiences, values, and biases influence psychological processes.</td>
<td>5.63 1.17</td>
<td>5.22 1.29</td>
<td>8.036</td>
<td>.0049 *</td>
</tr>
<tr>
<td>MA-3 Counselor is able to recognize the limits of his/her competencies and expertise.</td>
<td>5.90 1.07</td>
<td>5.75 1.23</td>
<td>1.307</td>
<td>.2538</td>
</tr>
<tr>
<td>MA-4 Counselor is comfortable with the racial/cultural differences between himself/herself and clients.</td>
<td>6.41 1.00</td>
<td>6.16 1.25</td>
<td>3.727</td>
<td>.0545</td>
</tr>
<tr>
<td>MA-5 Counselor is aware of his/her negative reactions to racially/ethnically different clients that may prove detrimental in counseling.</td>
<td>6.07 1.15</td>
<td>5.84 1.22</td>
<td>2.867</td>
<td>.0914</td>
</tr>
<tr>
<td>MA-6 Counselor is aware of his/her stereotypes of racial/ethnic minority groups.</td>
<td>6.10 1.16</td>
<td>5.88 1.27</td>
<td>2.563</td>
<td>.1105</td>
</tr>
<tr>
<td>MA-7 Counselor respects clients' religious beliefs and values about physical and mental functioning.</td>
<td>6.26 1.12</td>
<td>6.26 1.12</td>
<td>.003</td>
<td>.9593</td>
</tr>
<tr>
<td>MA-8 Counselor respects indigenous (native) helping practices and minority community help-giving networks.</td>
<td>5.80 1.13</td>
<td>5.69 1.26</td>
<td>.664</td>
<td>.4159</td>
</tr>
<tr>
<td>MA-9 Counselor values bilingualism and does not view another language as an impediment to counseling.</td>
<td>5.44 1.46</td>
<td>5.41 1.45</td>
<td>.025</td>
<td>.8751</td>
</tr>
</tbody>
</table>

* $p < .0055$
Table 5

Group Means and ANOVA Results for Skill Multicultural Competencies by Race

<table>
<thead>
<tr>
<th>Skill Competency</th>
<th>African-American Students</th>
<th>White Students</th>
<th>F (df = 1, 302)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>MS-1 Counselor recognizes the limits of his/her competencies and seeks consultation or further training or refers racial/ethnic minority clients to a more qualified individual.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Group Mean</td>
<td>Sd</td>
<td>Group Mean</td>
<td>Sd</td>
</tr>
<tr>
<td>MS-2 Counselor constantly seeks to attain a non-racist identity.</td>
<td>5.86</td>
<td>1.40</td>
<td>6.07</td>
<td>1.21</td>
</tr>
<tr>
<td>MS-3 Counselor familiarizes himself/herself with the latest findings regarding racial/ethnic minority health.</td>
<td>5.57</td>
<td>1.30</td>
<td>5.50</td>
<td>1.30</td>
</tr>
<tr>
<td>MS-4 Counselor becomes actively involved with racial/ethnic minority individuals outside of the counseling setting.</td>
<td>5.24</td>
<td>1.46</td>
<td>4.75</td>
<td>1.67</td>
</tr>
<tr>
<td>MS-5 Counselor is able to send and receive culturally appropriate verbal and non-verbal messages.</td>
<td>5.66</td>
<td>1.27</td>
<td>5.51</td>
<td>1.21</td>
</tr>
<tr>
<td>MS-6 Counselor intervenes with institutions on behalf of racial/ethnic minority clients.</td>
<td>5.20</td>
<td>1.30</td>
<td>4.95</td>
<td>1.42</td>
</tr>
<tr>
<td>MS-7 Counselor when appropriate seeks consultation with and/or includes traditional healers in racial/ethnic minority clients' treatment.</td>
<td>5.22</td>
<td>1.32</td>
<td>5.14</td>
<td>1.33</td>
</tr>
<tr>
<td>MS-8 Counselor interacts in the language requested by the client or refers the client to a bilingual counselor.</td>
<td>5.51</td>
<td>1.38</td>
<td>5.59</td>
<td>1.34</td>
</tr>
<tr>
<td>MS-9 Counselor has expertise in the use of traditional assessment and testing instruments.</td>
<td>5.70</td>
<td>1.27</td>
<td>5.82</td>
<td>1.11</td>
</tr>
<tr>
<td>MS-10 Counselor attends to and works to eliminate biases, prejudices, and discriminatory practices.</td>
<td>6.21</td>
<td>1.05</td>
<td>6.11</td>
<td>1.25</td>
</tr>
<tr>
<td>MS-11 Counselor takes responsibility for educating racial/ethnic minority clients about the counseling process.</td>
<td>5.87</td>
<td>1.21</td>
<td>5.57</td>
<td>1.31</td>
</tr>
</tbody>
</table>
Although the two groups did not differ significantly at the Bonferroni adjusted $p$ level of .0045 on any of the 11 skill competency items, differences for the two groups did approach significance on item MS-4, “Counselor becomes actively involved with racial/ethnic minority individuals outside the counseling setting,” $p = .0072$; and also item MS-11, “Counselor takes responsibility for educating racial/ethnic minority clients about the counseling process,” $p = .0416$. Both of these items may have contributed to the significant multivariate effect for race and these 11 competencies. African-American participants rated these two items as more important. The specific group means for the ratings of the skill competencies for each race group can be found in Table 5.

The ANOVA results comparing the participants who were considered high and low in terms of ethnic identity are presented in Table 6. As can be seen in Table 6, skill competency items MS-3, “Counselor familiarizes himself/herself with the latest findings regarding racial/ethnic minority mental health,” MS-4, “Counselor becomes actively involved with racial/ethnic minority individuals outside the counseling setting,” MS-5, “Counselor is able to send and receive culturally appropriate verbal and nonverbal messages,” MS-6, “Counselor intervenes with institutions on behalf of racial/ethnic minority clients,” MS-7, “Counselor when appropriate seeks consultation with and/or includes traditional healers in racial/ethnic minority clients’ treatment,” were statistically significantly different for participants who were considered high and low in terms of ethnic identity with $p = .0045$. Although not statistically significant at the $p = .0045$ level, differences on MS-11, “Counselor takes responsibility for educating racial/ethnic minority clients about the counseling process,” ($F = 7.191, p = .0077$) may have also contributed to the multivariate effect. Participants higher in ethnic identity rated skill
### Table 6

Group Means and ANOVA Results for Skill Multicultural Competencies by Ethnic Identity

<table>
<thead>
<tr>
<th>Skill Competency</th>
<th>High Ethnic Identity Group Students</th>
<th>Low Ethnic Identity Group Students</th>
<th>$F$ (df = 1, 302)</th>
<th>$p$</th>
</tr>
</thead>
<tbody>
<tr>
<td>MS-1 Counselor recognizes the limits of his/her competencies and seeks consultation or further training or refers racial/ethnic minority clients to a more qualified individual.</td>
<td>5.98 1.12</td>
<td>5.60 1.42</td>
<td>6.757</td>
<td>.0098</td>
</tr>
<tr>
<td>MS-2 Counselor constantly seeks to attain a non-racist identity.</td>
<td>6.11 1.17</td>
<td>5.78 1.45</td>
<td>4.825</td>
<td>.0288</td>
</tr>
<tr>
<td>MS-3 Counselor familiarizes himself/herself with the latest findings regarding racial/ethnic minority health.</td>
<td>5.77 1.20</td>
<td>5.22 1.36</td>
<td>14.198</td>
<td>.0002 *</td>
</tr>
<tr>
<td>MS-4 Counselor becomes actively involved with racial/ethnic minority individuals outside of the counseling setting.</td>
<td>5.33 1.45</td>
<td>4.55 1.65</td>
<td>19.065</td>
<td>.00002 *</td>
</tr>
<tr>
<td>MS-5 Counselor is able to send and receive culturally appropriate verbal and non-verbal messages.</td>
<td>5.80 1.21</td>
<td>5.31 1.22</td>
<td>11.883</td>
<td>.0006 *</td>
</tr>
<tr>
<td>MS-6 Counselor intervenes with institutions on behalf of racial/ethnic minority clients.</td>
<td>5.29 1.30</td>
<td>4.80 1.40</td>
<td>10.189</td>
<td>.0016 *</td>
</tr>
<tr>
<td>MS-7 Counselor when appropriate seeks consultation with and/or includes traditional healers in racial/ethnic minority clients' treatment.</td>
<td>5.41 1.27</td>
<td>4.89 1.35</td>
<td>11.921</td>
<td>.0006 *</td>
</tr>
<tr>
<td>MS-8 Counselor interacts in the language requested by the client or refers the client to a bilingual counselor.</td>
<td>5.63 1.34</td>
<td>5.44 1.38</td>
<td>1.440</td>
<td>.2311</td>
</tr>
<tr>
<td>MS-9 Counselor has expertise in the use of traditional assessment and testing instruments.</td>
<td>5.84 1.23</td>
<td>5.66 1.13</td>
<td>1.675</td>
<td>.1965</td>
</tr>
<tr>
<td>MS-10 Counselor attends to and works to eliminate biases, prejudices, and discriminatory practices.</td>
<td>6.24 1.13</td>
<td>6.06 1.18</td>
<td>1.770</td>
<td>.1844</td>
</tr>
<tr>
<td>MS-11 Counselor takes responsibility for educating racial/ethnic minority clients about the counseling process.</td>
<td>5.89 1.23</td>
<td>5.50 1.29</td>
<td>7.191</td>
<td>.0077</td>
</tr>
</tbody>
</table>

* $p < .0045$
competency items MS-3, MS-4, MS-5, MS-6, and MS-7 as more important. Specific
group mean differences for the high and low ethnic identity group for the skill multi-
cultural items can be found in Table 6.

While findings in the present study do highlight some differences in perceived
importance of the multicultural competencies by African-American and White students
and by participants with high versus low ethnic identity, one additional finding of this
study is that overall participants rated the competencies as generally being important.
Participants in both racial groups and in both ethnic identity groups tended to rate all of
the competencies relatively high on the seven point rating scale provided. On this scale a
rating of 7 equaled extremely important and a rating of 1 equaled not important. Mean
ratings for both racial groups and ethnic identity groups on the attitudes/beliefs compe-
tencies ranged from 4.26 to 6.41 with an overall mean of 5.73; mean ratings for the knowl-
edge competencies ranged from 5.17 to 5.94 with an overall mean of 5.63; and mean
ratings for the skill competencies ranged from 4.55 to 6.24 with an overall mean of 5.56.
CHAPTER V

SUMMARY AND CONCLUSIONS

Summary

Chapter Overview

This chapter will provide a discussion of the results within this study and implications for practice and future research. The first section of this chapter will provide a discussion of the variable race across the three sets of multicultural counseling competencies (attitudes and beliefs, knowledge, skills). The next section will provide a discussion of the ethnic identity variable across the three sets of multicultural counseling competencies. The third section will discuss race and ethnic identity together across the three sets of multicultural competencies. Next, there will be a discussion of the possible connection between participants’ ratings of the competencies and implications of the importance of social justice within the field of counseling psychology, especially from the perspective of potential clients. This will be followed by discussions of implications of the findings, limitations of the study, directions for future research, and then an overall summary of the study.
Race and Multicultural Competencies

When considering the variable of race, significant multivariate effects were associated with race and participants' ratings of the importance of the 9 attitudes and beliefs competencies and the 11 skill competencies as dependent variables. No significant multivariate effect was associated with race and the 11 knowledge competencies.

Follow-up ANOVA tests yielded results identifying specific competencies that African-American and White participants rated differently. For the attitudes and beliefs multicultural competencies, African-American participants' rated items MA-1 and MA-2 as more important to them than White participants at a statistically significant level. These competencies stressed the importance of the following: (1) counselors moving away from being culturally unaware to being aware and sensitive to their own cultural heritage, and (2) counselors being aware of how their own experiences, values, and biases influence psychological processes. African-American participants rated these competencies as being significantly more important than did the White participants. Also, while not statistically significant at the Bonferroni adjusted $p$ level, African-American participants' ratings of the importance of counselors being more comfortable with racial/cultural differences between themselves and clients approached significance and may have contributed to the multivariate effect.

For the skill multicultural competencies, while the overall multivariate effect associated with race was significant, none of the univariate ANOVAs comparing African-American and White participants were significant at the Bonferroni adjusted probability level of $p = .0045$. Although none of the univariate comparisons of African-American
and White participants' ratings of the skill multicultural competencies were significant at the Bonferroni adjusted $p$ level, the differences for African-American and White participants' ratings of competencies MS-4 and MS-11 closely approached significance and may have contributed to the significant multivariate effect. African-American participants tended to rate competencies MS-4 and MS-11 as more important to them than White participants. These two competencies stress the importance of the following: (1) counselors becoming actively involved with racial/ethnic minority individuals outside of the counseling settings and (2) counselors taking responsibility for educating racial/ethnic minority clients about the counseling process.

Fraga et al.'s 2004 study compared how members of three ethnic groups (Asian-Americans, Hispanics, and European-Americans) differed regarding how they ranked the 31 multicultural competencies according to preference. Results compared how each ethnic group rank ordered the individual competencies in each of the three sets. Results indicated that there were statistically significant differences found among the three ethnic groups for the following competencies: (1) attitudes/beliefs competencies, items 2, 3, 7, 8, and 9; (2) knowledge competencies, items 1, 6, 8, 9, and 10; and for the (3) skill competencies items, 1, 2, 4, 5, 6, 9, and 10. These findings indicated that for the competencies listed above, one of the ethnic groups' preferences for each of these competencies differed significantly from the average preference for that competency across all three groups (Fraga et al., 2004). The main conclusions drawn from this study according to the authors were the following: for the college students within the study, some of the multicultural competencies were viewed as more important than others regardless of race, and some of the competencies were viewed differently regarding their importance by the
different ethnic groups. Therefore, some of the competencies were most preferred and some least preferred by participants from the three ethnic groups studied (Fraga et al., 2004).

Fraga et al. (2004) suggested that future research be done which included an African-American sample to determine their preferences for the competencies and to see how they compare with other ethnic groups. The present study's findings showed differences between how the African-American and White participants rated the importance of the competencies. These findings seemed to show some parallel with Fraga et al.'s (2004) findings regarding differences among how various racial or ethnic groups view the importance or show preference for some of the multicultural competencies.

Pope-Davis et al. (2002) proposed a model which included five components which were supposed to help describe clients' perspectives of multicultural competence. Within the model they described how clients' perspectives on a counselor's multicultural competence could be impacted by various counselor characteristics (i.e., demographics, counselor behavior, personality, cultural knowledge, cultural similarity or dissimilarity) (Pope-Davis et al., 2002). In the past, there have been studies within the counseling literature which have investigated the issue of race and clients' and counselors' perceptions of the counseling process. Some studying this issue have investigated whether or not ethnic minority counselors are viewed to be more multiculturally competent (Pope-Davis & Ottavi, 1994; Constantine, 2001) as well as whether ethnic minority clients prefer racially or ethnically similar counselors or prefer counselors of similar values, behavior or other characteristics (Vera et al., 1999; Gregory & Leslie, 1996; Fuertes, 1999; Turner & Jones, 1982).
In a meta-analysis of 17 published studies and 4 dissertations, which assessed ethnic minority clients' preferences and perceptions for ethnically similar or European American counselors, results indicated that ethnic minority clients tended to rate ethnic minority counselors more favorably and prefer ethnically similar counselors (Coleman et al., 1995). However, the authors noted that issues such as cultural affiliation and the research methods utilized may have impacted perceptions and preferences for counselors (Coleman et al., 1995). Atkinson and Lowe (1995) also conducted a literature review on preference for counselor ethnicity. Their results supported the concept that ethnic minority participants prefer ethnically similar counselors to ethnically dissimilar counselors (Atkinson & Lowe, 1995). They also addressed what variables might contribute to individual differences for counselor preferences within ethnic groups. Issues such as cultural commitment, acculturation, and racial identity development were related to preferences of a counselor's ethnicity (Atkinson & Lowe, 1995). The present study and Fraga et al. (2004) add to the literature by considering the issue of client race and ethnicity and how race may relate to client perceptions regarding the multicultural competencies.

When considering the results of this study concerning race and ratings of the importance of the multicultural competencies, it is important to note that the significant multivariate effects associated with race do indicate that African-American and White participants rated the importance of the attitude/belief competencies and the skill competencies differently. In considering the mean ratings of importance for the individual competencies of the two groups of participants it is interesting to note and consider some of the specific differences between the two racial groups. The two attitudes/beliefs com-
petencies which were clearly rated as more important by the African-American participants, and the two skill competencies which tended to be rated as more important by the African-American participants, seem to represent behaviors and attitudes that clearly diverge from traditional Western European-American worldview typically incorporated in counseling in the United States. Sue et al. (1998) described Western counseling and psychotherapy as incorporating characteristics such as: equating healthy functioning with independence and autonomy, assuming clients can master and control their own lives, and believing personal growth and self-awareness are the goals in counseling. However, Sue et al. (1998) questioned whether utilizing counseling with this core foundation alone is helpful for all clients, especially culturally different groups.

The multicultural competency items highlighted by African-American participants in this study as being more important to them, appear to move beyond this traditional form of counseling. Things such as counselors: being aware of how their experiences, values, and biases influence psychological processes; moving towards being aware of their own cultural heritage; becoming actively involved with racial/ethnic minority clients outside the counseling setting; and taking responsibility for educating racial/ethnic minority clients about the counseling process, all seem to offer an extended view of the counseling process. Sue et al. (1998) stressed that culturally skilled counselors actively attempt to understand culturally different clients’ worldviews without negative judgment and with appreciation and respect. From the results of this study it appears African-American participants, when compared to White participants, viewed counselor awareness of one’s own culture and biases and its influence in the counseling process, as
well as becoming involved with minorities outside of the counseling environment and educating minority clients as more important than White participants did.

**Ethnic Identity and Multicultural Competencies**

The multivariate effects associated with ethnic identity and participant ratings of importance of the 9 attitudes/beliefs competencies and the 11 knowledge competencies were not significant in the present study. A significant multivariate effect associated with ethnic identity and participants' ratings of the importance of the 11 skill competencies as dependent variables was found in the present study. Follow-up ANOVA tests identified the specific skill competencies that the high ethnic identity group and low ethnic identity group rated differently. Participants in the high ethnic identity group rated competencies MS-3, MS-4, MS-5, MS-6, and MS-7 as more important to them than participants in the low ethnic identity group at a statistically significant level. These competencies stressed that it is important that counselors: (1) familiarize themselves with the latest findings regarding racial/ethnic minority mental health, (2) become actively involved with racial/ethnic minority individuals outside of the counseling settings, (3) be able to send and receive culturally appropriate verbal and nonverbal messages, (4) intervene with institutions on behalf of racial/ethnic minority clients, and (5) when appropriate, seek consultation with and or include traditional healers in racial/ethnic minority clients' treatment. Results indicated important differences in how high ethnic identity and low ethnic identity participants in the current study rated the importance of these multicultural competencies.
For participants in this study, the only multivariate effect associated with ethnic identity and ratings of importance of multicultural competencies was with the multivariate effect associated with ethnic identity and the multicultural skill competencies. The multivariate effects associated with ethnic identity and the attitudes/beliefs and knowledge competencies were not significant. Perhaps individuals who have higher ethnic identity levels and place lots of importance on their own ethnic identity and culture, may place more importance on overt counselor behaviors and skills versus attitudes and knowledge as salient aspects of effective multicultural counseling. According to Phinney (1990) some authors have asserted that the concept of ethnic identity is important to the psychological functioning and self-concept of ethnic group members. However, Phinney (1992) asserted that ethnic identity is a general phenomenon that is relevant across all human beings. She viewed the concept as incorporating components such as one’s self-identification with a group, one’s sense of belonging in the group, and one’s attitudes towards his/her group (Phinney, 1992). Phinney (1989) has not only discussed her views on the various aspects of ethnic identity but she has also investigated how ethnic identity development can have implications for a person’s overall psychological functioning. In a study of 10th grade students, Phinney (1989) concluded that participants who had explored and had a clear understanding of what their culture meant to them, also appeared to have good self-esteem and adjustment. This provided support for the possible connection between ethnic identity achievement and the impact it can have on psychological well-being.

The possible connection between ethnic identity and overall psychological functioning might help to explain some of the differences found within this study between the
high and low ethnic identity groups. Participants whose scores reflected a strong sense of ethnic identity seemed to view more overt counselor actions as being more helpful in cross-cultural therapy situations. Individuals who place heavy importance on their own culture might be more inclined to engage in counseling with counselors who exhibit behaviors that appear to reflect their commitment to the importance of culture as well. Issues such as knowing the latest findings on minority mental health, becoming involved with racial/ethnic minorities outside of the counseling setting, being able to send and receive culturally appropriate verbal and nonverbal messages to clients, intervening with institutions on behalf of racial/minority clients, and seeking consultation with or including traditional healers in racial/ethnic minority clients' treatment, all appear to demonstrate a strong sense of action towards cultural sensitivity. These seem to be counselor characteristics that are more important to individuals with a stronger sense of ethnic identity.

Interaction of Race and Ethnic Identity and Multicultural Competencies

There were no statistically significant multivariate interaction effects associated with race and ethnic identity obtained for any of the three sets of multicultural competencies. Although no interaction effects were found, it is important to remember that both race and ethnic identity had significant multivariate effects associated with ratings of importance of the multicultural skill competencies. Thus, it is important to remember that not only one's racial background but also one's ethnic identity may play an important role in how much importance he or she places on various multicultural competencies. Some believe that minority clients' cultural/racial identity, and not just their minority
group membership, is what really influences their reaction to a counselor and the counseling process in general (Sue & Sue, 1990). Oftentimes investigators will place emphasis on between group differences; however, within group differences are important to investigate as well. This study's findings reveal that when considering perceptions of the importance of the multicultural competencies, attending to a person's ethnic identity can be as important as their racial background membership. While there are differences in perceptions of the importance of the multicultural competencies associated with the race of participants, there are also differences associated with ethnic identity. Clearly, there may be differences among members of the same racial group regarding perceptions of the importance of multicultural counseling competencies associated with ethnic identity. It has even been noted that the ethnic identity stage a minority client is in may influence his or her preferences in mental health counselors (i.e., wanting a culturally-similar counselor, culturally-different counselor, or having no preference at all) (Phinney, 1990). These findings support the importance of paying attention to not only between group differences such as race but also within group differences such as ethnic identity when considering perceptions of the importance of different multicultural competencies. This point is perhaps highlighted by the composition of the high and low ethnic identity groups in the present study. While the high ethnic identity group was predominantly African-American and the low ethnic identity group predominantly White, noteworthy percentages of participants from each racial group appeared in each ethnic identity group.

Reynolds and Pope (1991) discussed how the development and expansion of racial-ethnic identity models helped place more focus on addressing differences within oppressed groups. It has been suggested that culturally skilled counselors are aware of
and consider that minority individuals may have varied racial and cultural levels of identity (Sue et al., 1998). There are models within the literature that specifically address the racial or ethnic identity development of minorities (Helms, 1990; Cross, 1978). These models have been used to explain the extent to which a person identifies with his/her racial or cultural group (Sue et al., 1998). The models often describe the extent to which individuals hold positive, negative, or mixed views toward their own racial or cultural group (Sue et al., 1998). These models often are described as stages; however, individuals can recycle through various stages of the model and even possess attitudes from all stages of the model (Richardson & Helms, 1994). Sue and Sue (1990) noted that sometimes counselors may respond to minority clients in a stereotypical manner without paying attention to within group or individual differences that are important. Paniagua (1994) stressed the importance of exploring a person’s cultural identity in therapy in an effort to determine if a client identifies with the dominant culture or their perception of racial identity within their own race. Attending to these types of differences is beneficial because a person’s cultural/racial identity may have an impact on their worldview and how they perceive issues in their life.

Fraga et al. (2004) suggested the findings in their study provided initial insight into which multicultural competencies people in three different ethnic groups valued in a therapist. The present study’s results appear similar to Fraga et al. in terms of finding differences in the ratings of the multicultural counseling competencies among African-American and White participants. The current study’s findings also expand on earlier findings in terms of also identifying similarities and differences in the ratings of the importance of the competencies between people of different ethnic identities. In this
study, no significant multivariate effects associated with race or ethnic identity were found for the knowledge competencies. Differences were found for only the attitudes and beliefs competencies, among the different racial groups, and the skill competencies, among the different racial and ethnic identity groups. For the attitudes and beliefs competencies and the skill competencies for which the two racial and/or ethnic identity groups differed, the differences seemed to highlight the importance of specific aspects of culturally sensitive counseling that were rated as more important to the African-American and/or high ethnic identity groups.

There has been research that has investigated the issue of culturally sensitive counseling approaches and their influence on ethnic minority clients' utilization of mental health services and perceptions of counseling (Wade & Bernstein, 1991; Zhang & Dixon, 2001). Some professionals have called for research to investigate whether minority group members' utilization of services is impacted by cultural beliefs and how these beliefs may impact acceptance or rejection of clinical interventions for their problems (Cheung & Snowden, 1990). Others have offered possible explanations for minority clients' underutilization of mental health services including: lack of culturally relevant forms of treatment, and conflicts between minority cultural values and values inherent in counseling (Atkinson et al., 1990). In their 1991 study, Wade and Bernstein found that African-American female clients gave counselors who received cultural sensitivity training higher ratings on expertness, trustworthiness, empathy, unconditional regard, and attractiveness, than counselors who had not received the training. These clients also returned for more follow-up sessions and reported more satisfaction with the counseling (Wade & Bernstein, 1991). It has also been suggested that African-American clients may
view the counseling process as effective and positive when it is conducted in a way that is consistent with their life experiences, values, and cultural ways of responding (Barnes, 2003). Although there have been studies that provide support for the importance of using culturally sensitive counseling skills with racial minority clients (Wade & Bernstein, 1991; Zhang & Dixon, 2001), the results in this study support the notion that people with different racial and ethnic identities place importance on these skills as well.

Social Justice and the Multicultural Competencies

The issue of social justice within the field of counseling psychology has received recent attention in the literature. Some have argued that the 31 multicultural counseling competencies could do more to address social justice issues (Vera & Speight, 2003; Fox, 2003), while others support the notion that the competencies in themselves are part of the social justice movement within the field (Arredondo & Perez, 2003; Helms, 2003). There are various models of social justice that help to define the term; however, social justice is often defined by the goals it encompasses. Many of the goals of social justice include things such as liberty, merit, equality, and living in a society that is shaped to meet everyone's needs (Vera & Speight, 2003). The various models of social justice support different methods in which the goals of social justice can be achieved. Some of these ideas include: individual philanthropy work, government enforced laws that promote freedom of choice and prevent gross social inequalities; and the evaluation and transformation of social processes and organizations that contribute to social inequalities (Vera & Speight, 2003). Vera and Speight (2003) identified possible ways in which counseling psychologists could engage in acts of social justice, including, donating their time and services to
organizations for the underserved, advocating for various social policies geared towards
equality for everyone, and making commitments to improving social institutions.

There has been the assertion that there is a strong connection between multi-
cultural competence and social justice (Arredondo & Perez, 2003). However, there has
been debate regarding how well the multicultural competencies address social justice.
For example, some have proposed that social justice has always been at the core of multi-
cultural competence and that the competencies were born out of social justice behavior
(i.e., civil rights movement) (Arredondo & Perez, 2003). It was noted that the goal for
many individuals involved in developing the competencies was to promote social justice
(Arredondo & Perez, 2003). Other researchers have reported that counseling psycholo-
gists have been heavily involved in social justice efforts. Helms (2003) noted that the
field of counseling psychology has tried to increase the representation of people of color
and non-dominant cultures within the profession. She also mentioned how there are
multicultural counseling textbooks which focus on the issues of gender and race oppres-
sion and how they help perpetuate social inequality (Helms, 2003). According to Helms
(2003) the multicultural counseling competencies have provided a framework for doing
social justice within the realm of traditional psychology.

Some have proposed that the competencies need more work in order to address
social justice effectively. For example, Vera and Speight (2003) noted the competencies
ask clinicians to be aware of, be sensitive to, and attend to discrimination, oppression and
biases; however, they do not instruct clinicians to advocate eliminating things such as
exploitation, oppression, or inequality. Goodman et al. (2004) discussed the importance
of conceptualizing social justice work not only from the perspective of changing
individuals but altering social structures as well. These authors conceptualized social justice work on behalf of counseling psychologists as, “Scholarship and professional action designed to change societal values, structures, policies, and practices, such that disadvantaged or marginalized groups gain increased access to these tools of self-determination” (Goodman et al., 2004, p. 795). The authors proposed that the main factor in conducting social justice work was to not just address the individual but the social context as well (Goodman et al., 2004). This perspective on social justice helps move counseling psychology beyond the concept of just dealing with the traditional mode of one-on-one individual counseling, and moves the field towards looking at ways clinicians can impact larger social systems on behalf of clients. This appears to be consistent with the present study’s findings that participants from both the African-American and high ethnic identity groups placed more importance on the following competencies: counselors becoming actively involved with ethnic minority individuals outside the counseling setting and counselors intervening with institutions on behalf of ethnic minority clients. These findings suggest that racial minority and high ethnic identity clients may view active social justice interventions as very important. These clients may place heavy emphasis on a counselor’s sociopolitical awareness and willingness to be an advocate for clients (i.e., being involved in the community, taking a stand against discrimination). What is also interesting to note is that multicultural counseling grew out of a social justice movement within the United States to improve services for minority clients, and today these same social justice behaviors were the competencies rated as very important to these participants.
There have been certain multicultural competencies outlined that appear to address social justice. These include: (1) counselors being aware of how their own experiences, values, and biases influence psychological processes; (2) counselors possessing knowledge about how oppression, racism, discrimination, and stereotyping affects their ability to counsel racial/ethnic minority clients; (3) counselors understanding the sociopolitical factors that may adversely affect racial/ethnic minorities; and (4) counselors attending to and working to eliminate biases, prejudices, and discriminatory practices (Vera & Speight, 2003). Within this study, some of the multicultural competencies rated as more important by participants also seem to encompass social justice issues. For example, MA-1, "Counselor has moved away from being culturally unaware to being culturally aware and sensitive to his/her own cultural heritage," and MA-2, "Counselor is aware of how his/her own experiences, values, and biases influence psychological processes," were both rated more important by African-American participants versus White participants. In addition, MS-4, "Counselor becomes actively involved with racial/ethnic minority individuals outside the counseling setting," and MS-6, "Counselor intervenes with institutions on behalf of racial/ethnic minority clients," were rated as more important by participants in the high ethnic identity group versus those in the low ethnic identity group. These competencies appear to involve social justice behavior. High ethnic identity clients and African-American clients may find it more important that counselors actually become involved with racial/ethnic minority individuals outside of the counseling setting and actually intervene on minority clients' behalf with institutions. In particular, not just awareness of social justice issues but actually taking actual steps towards social justice advocacy may be seen as more important. These results seem to provide
some support for the view that social justice is very important to address within the field, not only because it could help clinicians provide better services for clients, but also because racial minority and high ethnic identity clients value and perceive as important these types of actions and support from mental health professionals.

Implications of Findings

This study yielded important information about the 31 multicultural counseling competencies and the ratings of importance of these competencies by African-American and White students who were asked to anticipate entering a cross-cultural counseling relationship. Although findings in the present study do highlight differences in perceived importance of the multicultural competencies by African-American and White students and by participants with higher versus lower ethnic identity; it is important to keep in mind that each of the groups of participants tended to generally rate the competencies as important. Within this context of generally perceived importance of the multicultural competencies some significant differences in importance for the two racial groups on attitudes and beliefs and for the two racial groups and two ethnic identity groups on multicultural skill competencies were found. One main conclusion that may be drawn from the present findings is that while in general all of the competencies were viewed as being important, there were some differences found among the group ratings of importance of the competencies that seem important to be aware of for possible clinical and research implications. In Fraga et al.'s 2004 study, results showed there was a narrow range between competencies that were ranked as least preferred versus most preferred.
This led the authors to believe that although there were some preferred competencies, all of the 31 competencies were viewed as acceptable (Fraga et al., 2004).

The results of this study also highlight the importance of looking at within group differences and point out how not only racial background but also ethnic identity can possibly influence the importance an individual might place on certain counselor behaviors. This is important information for clinicians to keep in mind because it reinforces the concept that although there may be general ideas about what might be useful when working with various culturally different clients, clinicians must also remember that these are guidelines and clients are individuals and within group differences are very important. For example, what might work for one African-American client might not work as well with another African-American client, especially if they might be at different levels of their own ethnic identity development. As Sue and Sue (1990) noted, the assumption that all African-Americans are the same, all Asians are the same, and all Hispanics are the same can lead to problems within the counseling setting. These types of assumptions that do not take into consideration within group differences and may lead clinicians to blindly apply certain techniques without considering possible differences in client beliefs, attitudes, or behaviors (Sue & Sue, 1990). Paniagua (1994) even suggested exploring a client’s level of acculturation in counseling sessions in an effort to determine what culture an individual client identifies with most. This could be done in an effort to better understand a client’s worldview, which could help the clinician in his or her therapeutic work with the client.

These findings may also highlight the importance of a social justice perspective in a consideration of the multicultural counseling competencies within the field of counsel-
ing psychology. This issue emerged based on the findings of apparent differences in ratings of importance of some of the competencies that appeared to include a prominent social justice perspective. For example, higher ratings of importance given by high ethnic identity participants to competencies such as becoming involved with minority individuals outside the counseling setting and intervening on behalf of clients with institutions, seem to highlight the perception of importance of possible social justice interventions on behalf of clients outside the traditional counseling setting. Willingness to be involved with minorities outside of the traditional counseling setting and intervene with institutions on behalf of minority clients may be a prominent indicator of multicultural competence to racial minorities and to people with a strong sense of ethnic identity. This supports the notion that social justice behavior on behalf of clinicians may be an effective way to not only attempt to make positive changes within social systems, but also communicate to clients that their counselors are concerned with how larger societal issues and systems impact their lives.

Limitations of Study

One limitation to the present study is that a sample of undergraduate college students and not real-life clients was used and participants were not clients currently in treatment. Participants were asked to specify in the demographic measure if they have ever been in counseling before and if the counselor was of a different race or ethnicity. Thirty-four percent of the participants had been in counseling before. Of the 34% of participants who reported having been in counseling before, 40% reported having a counselor of a different race or ethnicity, while 60% reported not being in a cross-cultural
counseling relationship. However, prior or current participation in counseling was not a requirement for being in the study and a large portion of participants, 66%, reported having no experience with counseling. The sample characteristics threaten the external validity of the study and limit generalization of the results to actual clients (Heppner, Kivlighan, & Wampold, 1999). Participants were also typically similar in age and educational level and were all college undergraduate students, which also places limitations on generalizing the results to the general public.

The data collected in this study was not from actual clients, which can be viewed as a limitation. Gathering information from clients who are in real life counseling situations might be even more helpful due to the fact that they are actually going through the process and have actual experiences to draw on which might impact their views about the competencies. Surveying clients who may have witnessed some of these behaviors in real-life cross-cultural counseling situations may impact their views about the various competencies. Envisioning participating in counseling and actually participating in counseling can be quite different experiences, which might alter how one feels about certain counselor behaviors. As Fuertes (2001) suggested, assessing clients’ perspectives of counselor multicultural competence may be a good way of helping with the process and outcome of therapy. He stressed the importance of investigating clients’ voices regarding their perceptions of counselor multicultural competence because they are the focus in therapy and it would provide valuable information.

Another limitation of this study is that due to the methodology of the study (analogue survey research), one cannot make causal inferences about the results. Only statements about the relationships among the variables being investigated can be made. Since
there was no manipulation of the variables in the study only descriptive relationships among variables may be described. Therefore in interpreting the results, only statements concerning the correlational relationships between race, ethnic identity, and the ratings of the 31 competencies by participants can be made. In survey research, variables are measured by self-report and are based on a participant’s interpretation and understanding of survey questions and his/her willingness to disclose information on the survey. In the present study, all data collected was based completely on anonymous survey responses so the motivation to distort responses may have been limited but cannot be completely ruled out.

Directions for Future Research

This study provided information about perceptions of the importance of the 31 specific multicultural counseling competencies first proposed by Sue et al. (1992) from the perspective of potential client participants from different racial backgrounds and different ethnic identity levels. Clearly, more research is needed in this area. It may be helpful if similar studies could be done in actual counseling settings with real clients who are in therapy. In particular, studies of clients who are in or who have been in actual cross-cultural counseling relationships may be helpful. Although this study primarily examined between group differences it may be beneficial for future research studies to further examine the role of within group differences for various racial and ethnic groups and explore other within group differences in terms of perceptions of the multicultural competencies. There is also a need to continue to examine the concept of social justice within the field of counseling psychology. A new approach might be to begin to
investigate this topic from the perspective of clients. Also, studying other ethnic groups or non-U.S. ethnic groups would add to the minority mental health body of literature. Oftentimes these groups may not be studied due to accessibility; however, studies examining this type of information for these ethnic groups could be helpful.

Summary

Multicultural counseling has become an important issue within the mental health and helping professions (Sue, 1996). The terminology first used to describe counseling between members of different cultures was cross-cultural counseling. This term evolved and then became known as multicultural counseling (Wehrly, 1995). Out of the multicultural counseling movement came the development of multicultural counseling competencies, which have been proposed as certain counselor attitudes/beliefs, knowledge, and skills that may be effective to use in multicultural counseling situations. Most of the previous multicultural counseling literature studied the topic of multicultural counseling competencies from the perspective of the therapist. However, recent literature has begun to investigate this topic from the perspective of clients (Pope-Davis et al., 2002; Fraga et al., 2004; Fuertes & Brobst, 2002). Certain factors such as racial background, ethnic identity, and client expectations’ have been discussed as possibly having an impact on clients’ perspectives of multicultural counseling competencies (Pope-Davis et al., 2002).

The purpose of the present study was to examine the relationships between race, ethnic identity, and ratings of the importance of the 31 multicultural counseling competencies that have been adopted by some divisions of the American Psychological Association. Two main variables were studied in this investigation: race and ethnic
identity. African-American and White participants were categorized as having either a high or low ethnic identity level, and then studied to see if there was a relationship between these personal factors and their ratings of the importance of each of the 31 multicultural counseling competencies. The study was done in an effort to obtain information about potential client perceptions of the importance of the multicultural competencies and to study the relationship between the factors of race, ethnic identity, and ratings of the importance of the competencies.

Significant multivariate effects were found that were associated with race and participants’ ratings of the importance of the 9 attitudes and beliefs competencies and the 11 skill competencies as the dependent variables. Significant multivariate effects were also found for ethnic identity and participants’ ratings of the importance of the 11 skill competencies as the dependent variables. Follow-up ANOVAs using Bonferroni adjusted probability levels yielded the following results. Out of the set of 9 attitudes and beliefs multicultural competencies, African-American and White participants rated competencies MA-1 and MA-2 differently at a statistically significant level, with African-Americans rating these competencies as more important. Differences in the ratings of the two racial groups on these specific competencies seemed to contribute to the overall significant multivariate effect. Out of the set of 11 skill multicultural competencies, none of the univariate comparisons reached statistical significance at the Bonferroni adjusted p level; however, African-American and White participants rated competencies MS-4 and MS-11 differently at a level approaching but not reaching statistical significance. Differences in the ratings of the two racial groups on these specific competencies seemed to contribute to the overall significant multivariate effect. Also, for the skill multicultural compe-
tencies, participants with higher versus lower ethnic identity rated competencies MS-3, MS-4, MS-5, MS-6, and MS-7 differently at a statistically significant level, with the high ethnic identity group rating these items as more important. Differences in ratings of importance of these competencies by participants of higher versus lower ethnic identity seemed to contribute to the overall significant multivariate effect.

Multicultural counseling competencies are an integral part of the counseling process when working in a multicultural setting. These competencies have been studied in the research literature from the perspectives of clinicians and supervisors. Only more recently have client perspectives on the multicultural competencies been studied. Investigating both client and counselor perspectives on the multicultural competencies can assist in making the therapy experience more effective and may be very important to helping to understand and improve multicultural counseling services. It is important to realize that there are certain client factors that may influence a client’s perception of the competencies and perceptions of the importance of specific competencies may vary somewhat from client to client. This study investigated if there were differences for participants for two racial groups and for participants with different ethnic identity levels. Results indicated that while the competencies were generally seen as important by both racial and ethnic identity groups, these groups did demonstrate some significant differences in the ratings of importance of the competencies. Implications from the study include the need for counselors and researchers to be sensitive to within group differences on important variables such as ethnic identity when considering perceptions of the multicultural competencies. Future research on various clients’ perceptions of multicultural counseling competencies is still needed in an effort to understand what therapist behaviors clients
may perceive as important when working with a culturally different counselor. Also, additional research is needed to study within group differences regarding clients’ perceptions of the multicultural competencies. Also, research on client perceptions and judgments concerning the importance of counselors actively intervening on their behalf outside the counseling session and the importance of active intervention from the perspective of social justice may be an important area of future inquiry.
Appendix A

Informed Consent to Participate in Research Study 2002-2003
You are invited to participate in a research project entitled "Ethnicity and Perceptions of Counselor Behavior" designed to study the relationship between ethnicity and one's perceptions of counselor behavior. The study is being conducted by Patrick Munley, Ph.D., and Tonita Baines, M.A., from Western Michigan University, Department of Counselor Education and Counseling Psychology. This research is being conducted as a part of the dissertation requirements for Tonita Baines, M.A.

This research consists of completing three brief questionnaires and will take approximately 20-25 minutes to complete. The questionnaires request demographic information, questions about one's ethnicity, and ratings of the importance of certain counselor behaviors/characteristics. Time spent in class participating in this project may result in an equivalent loss of class time or equivalent time to spend on other class activities such as reading for class or doing class assignments. Your replies will be completely anonymous, so do not put your name anywhere on the form. Only group aggregated data will be included in the analysis or final write-up and no individual identifying information. You may choose to not answer any question and simply leave it blank. If you choose not to participate in this research, you may either return the blank research materials or you may discard them in the box provided. Returning the completed research materials indicates your consent for use of the answers you supply for this anonymous research project. If your instructor is giving extra credit for participation in this project you may obtain a slip documenting your participation in this project to give to your instructor when you complete and turn in your packet to the investigator.

If you have any questions, you may contact Patrick H. Munley, Ph.D. at (269-387-5120) or Tonita Baines at (269-387-5100), the Human Subjects Institutional Review Board (269-387-8293), or the vice president for research (269-387-8298).

This consent document has been approved for use for one year by the Human Subjects Institutional Review Board as indicated by the stamped date and signature of the board chair in the upper right corner. You should not participate in this project if the stamped date is more than one year old.
Appendix B

Informed Consent to Participate in Research Study 2003-2004
You are invited to participate in a research project entitled “Ethnicity and Perceptions of Counselor Behavior” designed to study the relationship between ethnicity and one’s perceptions of counselor behavior. The study is being conducted by Patrick Munley, Ph.D., and Tonita Baines, M.A., from Western Michigan University, Department of Counselor Education and Counseling Psychology. This research is being conducted as a part of the dissertation requirements for Tonita Baines, M.A.

This research consists of completing three brief questionnaires and will take approximately 20-25 minutes to complete. The questionnaires request demographic information, questions about one’s ethnicity, and ratings of the importance of certain counselor behaviors/characteristics. Time spent in class participating in this project may result in an equivalent loss of class time or equivalent time to spend on other class activities such as reading for class or doing class assignments. Your replies will be completely anonymous, so do not put your name anywhere on the form. Only group aggregated data will be included in the analysis or final write-up and no individual identifying information. You may choose to not answer any question and simply leave it blank. If you choose not to participate in this research, you may either return the blank research materials or you may discard them in the box provided. Returning the completed research materials indicates your consent for use of the answers you supply for this anonymous research project. If your instructor is giving extra credit for participation in this project you may obtain a slip documenting your participation in this project to give to your instructor when you complete and turn in your packet to the investigator.

If you have any questions, you may contact Patrick H. Munley, Ph.D. at (269-387-5120) or Tonita Baines at (269-387-5100), the Human Subjects Institutional Review Board (269-387-8293), or the vice president for research (269-387-8298).

This consent document has been approved for use for one year by the Human Subjects Institutional Review Board as indicated by the stamped date and signature of the board chair in the upper right corner. You should not participate in this project if the stamped date is more than one year old.
Appendix C

Invitation Script Used in Classroom Settings
Invitation Script—Research questionnaires to be completed in class.

This invitation script was used to recruit potential participants in undergraduate classes on campus at Western Michigan University. The script was verbally presented to potential research participants by the co-principal investigator. The script was used in classes in which students completed the research materials in the classroom setting.

“Hello, my name is ___________. I am a graduate student in the Department of Counselor Education and Counseling Psychology. I, along with (name of primary investigator) am conducting a research project on “Ethnicity and Perceptions of Counselor Behavior”. This research is designed to study the relationship between ethnicity and one’s perceptions of counselor behaviors/characteristics. This is an Anonymous Survey Research Project so all information collected is anonymous and is not connected in any way to personal identifying information.

This research consists of completing three brief questionnaires and will take approximately 20-25 minutes to complete. The questionnaires request demographic information, questions about one’s ethnicity, and ratings of the importance of certain counselor behaviors/characteristics. Your participation is completely anonymous and confidential. Only group aggregated data will be included in the analysis or final write-up and no individual identifying information.

If you choose to participate please read and complete the questionnaires enclosed in the packets I will be distributing. Once you have finished please place the completed materials back in the envelope, seal the envelope, and return the materials to me. You may choose to not answer any question and simply leave it blank. Please keep the consent form because it has contact information in case you have any questions later. If you do not wish to participate in this research project, you may return the blank research materials or you may discard them in the box provided. Students who choose not to participate in the study may read in class and or work on other class assignments while participants are completing the research questionnaires.

If your instructor is giving extra credit for participation in this research project you may obtain a slip documenting your participation in this project to give to your instructor once you complete and turn in your packet to the investigator.

Do you have any questions?

Thank you. We appreciate your participation in this research project.”
Appendix D

Invitation Script Used in Organizational Meetings
Invitation Script—Research questionnaires to be completed in organization meetings.

This invitation script was used to recruit potential participants in organization meetings on campus at Western Michigan University. The script was verbally presented to potential research participants by the co-principal investigator. The script was used in organization meetings in which students completed the research materials in the classroom/meeting setting.

"Hello, my name is ___________. I am a graduate student in the Department of Counselor Education and Counseling Psychology. I, along with (name of primary investigator) am conducting a research project on “Ethnicity and Perceptions of Counselor Behavior”. This research is designed to study the relationship between ethnicity and one’s perceptions of counselor behaviors/characteristics. This is an Anonymous Survey Research Project so all information collected is anonymous and is not connected in any way to personal identifying information. Only group aggregated data will be included in the analysis or final write-up and no individual identifying information.

This research consists of completing three brief questionnaires and will take approximately 20-25 minutes to complete. The questionnaires request demographic information, questions about one’s ethnicity, and ratings of the importance of counselor behaviors/characteristics. Your participation is completely anonymous and confidential. If you choose to participate please read and complete the questionnaires enclosed in the packets I will be distributing. Once you have finished please place the completed materials back in the envelope, seal the envelope, and return the materials to me. You may choose to not answer any question and simply leave it blank. Please keep the consent form because it has contact information in case you have any questions later. If you do not wish to participate in this research project, you may return the blank research materials or you may discard them in the box provided. Students who do not wish to participate may take a break and engage in an activity of one’s choice for 20-25 minutes while others are filling out survey packets.

Do you have any questions?

    Thank you. We appreciate your participation in this research project.”
Appendix E

Demographic Questionnaire
Background Information Form

Please answer all of the following questions by filling in the blank or circling the choice that best describes you.

A. Age

Please circle student status:

1. Full-time Undergraduate Student
   (enrolled a minimum of 12 credit hours)

2. Part-time Undergraduate Student
   (enrolled a minimum of 6 credit hours)

B. Career/Occupation
   (if retired list former occupation, if part-time student please list current occupation, if full-time student list most recent occupation)

C. Citizenship

   US Citizen ______yes ______no

   If not US Citizen, what country are you a citizen of?

D. Disability (Please circle)

   1. None – No Disability
   2. Physical/Orthopedic Disability
   3. Blind/Visually Impaired
   3. Deaf/Hard of Hearing
   4. Learning/Cognitive Disability
   5. Developmental Disability
   6. Mental Illness
   7. Other – Please Specify: __________________________

E. Education: Please enter the number of years of schooling completed _____.
Please circle highest education level completed:

1. elementary school
2. junior high school
3. some high school
4. completed high school
5. technical school
6. first year undergraduate
7. second year undergraduate
8. third year undergraduate
9. fourth year undergraduate
10. fifth year undergraduate
11. other-
   (please specify): __________

F. Gender

1. male
2. female

G. Current Marital/Relationship Status (Please circle the one that best describes you.)

1. Divorced
2. Married
3. Partnered
4. Married/Separated
5. Partnered/Separated
6. Single
7. Widowed
8. Other – Specify _______________________

H. Language

1. English primary/first language
2. English second language - please specify primary/first language
   _______________________

I. Military Experience

1. US Military Veteran
2. Veteran of another nation’s military - please specify __________
3. Not a veteran of the military
J. Race/Ethnicity (Please circle number and specify ethnicity as appropriate)

1. American Indian or Alaskan Native
   (A person having origins in any of the original peoples of North America, and who maintains cultural identification through community recognition or tribal affiliation)
   Specify tribal affiliation: ______________________________

2. Asian or Pacific Islander
   (A person having origins in any of the original peoples of the Far East, South Asia, the Indian subcontinent, or the Pacific islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.)
   Specify ethnicity: ______________________________

3. African-American/Black - not of Hispanic origin
   (A person having origins in any of the black racial groups of Africa. Does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins – see Hispanic).
   Specify ethnicity: ______________________________

4. Hispanic
   (A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins.)
   Specify ethnicity: ______________________________

5. White, not of Hispanic origin
   (A person having origins in any of the original peoples of Europe, North Africa, or the Middle East. Does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins)
   Specify ethnicity: ______________________________

6. Bi-racial/ Multi-racial
   Specify ethnicity: ______________________________

K. Religious Affiliation (Please circle)

1. Agnosticism 6. Islam
2. Atheism 7. Judaism
3. Buddhism 8. Sikhism
4. Christianity 9. Other (specify: ______)
L. Sexual Orientation  (Please circle)
   1. bisexual
   2. gay male
   3. heterosexual
   4. lesbian

M. Social Class  (Please circle based on how you would describe yourself)
   1. lower class
   2. lower middle class
   3. middle class
   4. upper middle class
   5. upper class

N. Have you been in personal counseling before?
   1. Yes        2. No

O. If yes, was the counselor of a different race than you?
   1. Yes        2. No

P. If yes, was the counselor of a different ethnicity than you?
   1. Yes        2. No
Appendix F

Ratings of Importance of the 31 Multicultural Competencies Form
Imagine you were going to see a counselor for a personal concern/problem. Imagine that the counselor is of a different cultural background other than your own. Take a few moments to reflect on this situation and what would be important to you. Please rate each of the following counselor behaviors/characteristics in terms of how important they would be to you personally, if you were to actually see a culturally different counselor. Please use the rating scale provided below each counselor behavior/characteristic.

1. Counselor has moved away from being culturally unaware to being aware and sensitive to his/her own cultural heritage.

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2. Counselor is aware of how his/her own experiences, values, and biases influence psychological processes.

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3. Counselor is able to recognize the limits of his/her competencies and expertise.

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4. Counselor is comfortable with the racial/cultural differences between himself/herself and clients.

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5. Counselor is aware of his/her negative reactions to racially/ethnically different clients that may prove detrimental in counseling.

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6. Counselor is aware of his/her stereotypes of racial/ethnic minority groups.

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7. Counselor respects clients’ religious beliefs and values about physical and mental functioning.

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9. Counselor values bilingualism and does not view another language as an impediment to counseling.

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10. Counselor has specific knowledge about his/her own racial/cultural heritage and how it affects his/her definition of normality-abnormality.

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11. Counselor possesses knowledge about how oppression, racism, discrimination, and stereotyping affects his/her ability to counsel racial/ethnic minority clients.

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12. Counselor possesses knowledge about how his/her communication style may impact racial/ethnic minority clients.

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13. Counselor possesses specific knowledge about his/her racial/ethnic minority client’s culture.

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14. Counselor understands how race, culture, and ethnicity affects his/her client and the appropriateness of counseling treatments.

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15. Counselor understands the sociopolitical factors that may adversely affect racial/ethnic minorities.

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16. Counselor possesses knowledge about the basic characteristics of counseling and how it may clash with his/her client’s cultural values.

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17. Counselor is aware of institutional barriers which prevent racial/ethnic minority clients from using mental health services.

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18. Counselor has knowledge of the potential cultural bias in assessment instruments and interprets his/her client’s scores accordingly.

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19. Counselor has knowledge of racial/ethnic minority family structures and values, and the resources in their client’s family and community.

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20. Counselor is aware of social and community discrimination that affects racial/ethnic minority client's psychological well-being.

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21. Counselor recognizes the limits of his/her competencies and seeks consultation or further training or refers racial/ethnic minority clients to a more qualified individual.

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22. Counselor constantly seeks to attain a nonracist identity.

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23. Counselor familiarizes himself/herself with the latest findings regarding racial/ethnic minority mental health.

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24. Counselor becomes actively involved with racial/ethnic minority individuals outside the counseling setting.

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25. Counselor is able to send and receive culturally appropriate verbal and non-verbal messages.

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26. Counselor intervenes with institutions on behalf of racial/ethnic minority clients.

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27. Counselor when appropriate seeks consultation with and/or includes traditional healers in racial/ethnic minority clients' treatment.

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28. Counselor interacts in the language requested by the client or refers the client to a bilingual counselor.

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29. Counselor has expertise in the use of traditional assessment and testing instruments.

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30. Counselor attends to and works to eliminate biases, prejudices, and discriminatory practices.

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31. Counselor takes responsibility for educating racial/ethnic minority clients about the counseling process.

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presented at the annual meeting of the American Psychological Association, San Francisco, CA.


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