The Development of an Instrument for Multicultural Counseling Effectiveness

Michael J. Laird
Western Michigan University

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THE DEVELOPMENT OF AN INSTRUMENT FOR MULTICULTURAL COUNSELING EFFECTIVENESS

by

Michael J. Laird

A Dissertation
Submitted to the
Faculty of The Graduate College
in partial fulfillment of the
requirements for the
Degree of Doctor of Education
Department of Counselor Education
and Counseling Psychology

Western Michigan University
Kalamazoo, Michigan
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The purpose of this study was to develop and administer an instrument designed to measure the participants' ability to identify cultural variables affecting the therapeutic process with individuals with and without training in multicultural counseling. The study also examined four areas of difference among trainees to determine their influence on the ability to identify cultural variables affecting therapeutic process: gender, age, undergraduate curriculum, and socioeconomic status of the biological family.

The sample consisted of 60 subjects between the ages of 21 and 52. All subjects were graduate students in the Counselor Education and Counseling Psychology Department at Western Michigan University, Kalamazoo, during the winter semester of 1991. All volunteered for this study.

Twenty subjects were enrolled in the graduate class addressing multicultural counseling. The remaining 40 subjects were selected from two separate graduate courses and had no previous formalized training in multicultural counseling.

Measurement as to participants' ability to identify cultural variables affecting the therapeutic process was obtained using a
self-designed instrument consisting of three video vignettes and matching transcripts.

Results, based on individual samples, show a statistical significance to exist for the ancillary variables of gender, age, and biological family income. Statistical trends were found to exist based on the gender of participants across both study groups. It was hypothesized that females would outperform males due to traditional acculturation and socialization process.

Discussion of the results includes implications of the findings and suggestions for future research.

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The development of an instrument for multicultural counseling effectiveness

Laird, Michael James, Ed.D.
Western Michigan University, 1991
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It is with great pleasure that I may finally thank all the individuals who have made this project possible.

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Michael J. Laird
TABLE OF CONTENTS

ACKNOWLEDGMENTS ......................................................................................... ii
LIST OF TABLES ............................................................................................. vii
CHAPTER
I. INTRODUCTION ............................................................................. 1
   Purpose of the Study ................................................................. 3
   Statement of the Problem ....................................................... 5
   Research Questions ................................................................. 7
   Research Hypotheses ............................................................... 7
   Definitions ............................................................................... 8
II. REVIEW OF LITERATURE ............................................................. 9
   Existing Research and Studies ............................................... 9
   Definition of the Culturally Sensitive Counselor ... 12
   Historical Multicultural Training ........................................... 14
   Secondary Cultural Variables ................................................. 18
III. METHODS AND PROCEDURES ................................................... 20
   Procedures .............................................................................. 20
   Description of Sample .......................................................... 21
   Research Hypotheses ............................................................ 24
   Null Hypotheses .................................................................... 24
   Instrumentation ................................................................. 24
   Instrumentation Development ............................................. 25
   Statistical Analysis .......................................................... 32

iv

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Table of Contents--Continued

CHAPTER

IV. ANALYSIS OF THE DATA ......................................................... 34
   Results of the Hypotheses ........................................... 34
   Results of Research Questions ................................. 36
   Summary of Results ....................................................... 45

V. DISCUSSION AND CONCLUSIONS ............................................. 48
   Discussion ........................................................................... 49
   Analysis of Demographic Variables ............................... 52
   Limitations of the Study ............................................... 54
   Implications for Future Research ................................. 55
   Summary and Conclusion of the Study ......................... 56

APPENDICES

A. Participant Information Letter ........................................ 59
B. Vignette Scripts ................................................................. 61
C. Human Subjects Institutional Review Board Approval .... 77
D. Personal Information (Subjects) ...................................... 79
E. Personal Information (Raters) ........................................... 81
F. Information Letter (Raters) .............................................. 83
G. Instruction Letter (Raters) ................................................ 85
H. Vignette Script Raters ....................................................... 87
I. Individual Script Performance for Participants With Formal and No Formal Multicultural Counseling .... 103
J. Total Test Performance: Independent Variable Gender, Participants With and Without Formal Multicultural Training ......................................................... 105
Table of Contents--Continued

K. One-Way Analysis of Variance Independent Variable of Age, Individual Script Performance Participants With No Formal Training ........................................ 108

BIBLIOGRAPHY ................................................................. 110
LIST OF TABLES

1. Demographic Characteristics of Sample by Class ............ 22
2. Demographic Characteristics of Expert Panels .............. 27
3. Percentage Reliability Coefficients of Validating Panels by Race ......................................................... 29
4. One-Way Analysis of Variance of the Dependent Variable of Ability to Identify Cultural Variables Affecting Therapeutic Process and Independent Variable of Participation/Nonparticipation in a Multicultural Counseling Class ................................. 35
5. One-Way Analysis of Variance of the Dependent Variable of Ability to Identify Cultural Variables Affecting Therapeutic Process and Independent Variable of Gender .................................................. 36
6. One-Way Analysis of Variance of the Dependent Variable of Ability to Identify Cultural Variables Affecting Therapeutic Process and Independent Variable of Gender ............................................................. 37
7. One-Way Analysis of Variance of the Dependent Variable of Ability to Identify Cultural Variables Affecting Therapeutic Process and Independent Variable of Age ................................................................. 38
8. One-Way Analysis of Variance of the Dependent Variable of Ability to Identify Cultural Variables Affecting Therapeutic Process on Individual Scripts and the Independent Variable of Age ...................................................... 39
9. One-Way Analysis of Variance of the Dependent Variable of Ability to Identify Cultural Variables Affecting Therapeutic Process and the Independent Variable of Age ................................................................. 40
10. Total Test Performance: Independent Variable of Age ...... 41
11. One-Way Analysis of Variance of the Dependent Variable of Ability to Identify Cultural Variables Affecting Therapeutic Process and the Independent Variable of Undergraduate Curriculum/Degree .............................................. 42
List of Tables--Continued

12. One-Way Analysis of Variance of the Dependent Variable of Ability to Identify Cultural Variables Affecting Therapeutic Process and the Independent Variable of Undergraduate Curriculum/Degree .............................. 42

13. One-Way Analysis of Variance of the Dependent Variable of Ability to Identify Cultural Variables Affecting Therapeutic Process and the Independent Variable of Biological Family Income ........................................ 43

14. Total Test Performance: Independent Variable of Biological Family Income ..................................................... 44

15. One-Way Analysis of Variance of the Dependent Variable of Ability to Identify Cultural Variables Affecting Therapeutic Process and the Independent Variable of Biological Family Income ........................................ 45
CHAPTER I

INTRODUCTION

Extensive literature reviews, research studies, task forces, and symposiums have addressed the issue of service delivery to racial minority populations (Casas, 1985). Much of this work has focused on training designed to strengthen the relevance and appropriateness of mental health services and opportunities for racial minorities. Current research is focused on a wide variety of factors affecting service delivery to racial minority populations, including: racial attitudes, therapist attitudes, client attitudes, multicultural training of counselors, diagnostic classifications of minorities, and the utilization of standardized tests and norms, as well as difficulties that bring racial minorities to request mental health services (Casas, 1985).

The findings of these inquiries concluded that the field of counseling is not meeting the mental health needs of racial minorities (Bernal, 1980; Casas, 1985; Helms & Parham, 1990; Padilla & Ruiz, 1973). The clear-cut inadequacies in the delivery of services to this population led the National Institute of Mental Health, the American Psychological Association of Representatives, the American Psychiatric Association's Task Force on Ethnocentricity, and the United States Presidential Commission on Mental Health to emphasize the ethical responsibility of all counselors to know and understand
their clients' cultural values. The responsibility becomes that of professional organizations to meet the mental health needs of the culturally different within our pluralistic society (Pedersen, 1988).

Despite urgings to better prepare mental health professionals to provide services to ethnic minority populations, Bernal and Padilla (1982) found that only 41% of the American Psychological Association (APA) approved clinical psychology programs offered minority related courses. Of these 31 programs that offered minority related courses, only 6 programs required courses of socio-cultural determinance of human behavior for the completion of the doctorate and 1 program required a course in cross-cultural clinical skills. Available data make it quite apparent that programs training mental health providers to be responsive to the needs of racial minorities are not overwhelmingly objective (Casas, 1986). Although many books and position papers have been written on the importance of multicultural training and the content of these programs or courses (e.g., Atkinson, Morten, & Sue, 1979; Pedersen, Draguns, Conner, & Trimble, 1980), few studies were found that sought to determine if multicultural training made a difference in the sensitivity of trainees to multicultural issues.

The present study was designed to investigate the participants' ability to accurately identify variables affecting racial minority counseling and to evaluate several factors that may affect this process. The purpose of this study was to develop and utilize an instrument to compare ability to identify cultural variables
affecting the therapeutic process in participants with differing
degrees of multicultural training. Age, family socioeconomic sta-
tus, gender of subjects, and undergraduate curriculum were variables
addressed in this research.

Ability to identify cultural variables involved in counseling
racial minorities and their impact on the counseling process were
measured and comparisons were made with participants and nonpartici-
pants in a formalized multicultural class and the ancillary variab-
les of age, gender, family socioeconomic status, and undergraduate
curriculum as to their relationship in identifying variables affect-
ing the therapeutic process with racial minorities. An extensive
literature review found no studies of instruments developed to meas-
ure these variables in relation to participants' ability to accu-
rately identify variables affecting the therapeutic process with racial minorities.

Purpose of the Study

The present research is designed to develop an instrument to
measure ability to identify cultural variables affecting the therapeu-
tic process. The study considered the following questions:

1. Do relationships exist between multicultural counseling
   training and the ability to identify cultural variables affecting
   the therapeutic process?

2. Do factors of age, gender, family socioeconomic status, and
   undergraduate curriculum relate to ability to identify variables
   affecting the counseling process with racial minorities?
First, the study examined the relationship between participants and nonparticipants in a formalized multicultural counseling class and the ability to identify cultural variables affecting the counseling therapeutic process. The following two groups were studied: (1) participants in a graduate level multicultural counseling class taught during the winter 1991 semester at Western Michigan University, Kalamazoo, and (2) graduate students, in the same department, currently enrolled in other graduate courses who had not participated in the multicultural counseling class.

Second, the study examined the relationship between the gender of the study participants and the ability to identify cultural variables affecting the counseling therapeutic process.

Finally, demographic data of the sample were used to further measure any relationship that might exist between ability to identify variables affecting racial minority counseling and the following three variables: (1) age, (2) family socioeconomic status, and (3) undergraduate curriculum. In summary, the study utilized 60 students, ages 21 to 52, who were enrolled in a master's or doctoral degree program at a large midwestern university.

The 60 students were enrolled in the Counselor Education and Counseling Psychology Department of Western Michigan University, Kalamazoo, and were divided into two groups as follows: (1) those currently participating in a multicultural counseling class (n = 20) and (2) those enrolled in graduate classes but who had not participated in a multicultural counseling class (n = 40). Each group was further analyzed using the subgroupings of: (a) gender, (b) age,
Specifically, the study dealt with the following questions:

1. Are there significant differences in the ability to identify cultural variables affecting the therapeutic process based on multicultural counseling training?

2. Do significant differences exist in the ability to identify cultural variables affecting the therapeutic process according to gender of the participant?

3. Do significant differences exist in the ability to identify cultural variables affecting the therapeutic process according to age of the participant?

4. Do significant differences exist in the ability to predict cultural variables affecting the therapeutic process based on the participant's undergraduate major?

5. Do significant differences exist in the ability to predict cultural variables affecting the therapeutic process based on socioeconomic status of the biological family of the participant?

Statement of the Problem

Research studies addressing racial concerns in the preparation of counselors are abundant in the professional literature. Research addressing the development of instruments designed to determine an individual's ability to identify cultural variables affecting the therapeutic process is much more difficult to find. Consequently, there appears to be a need to examine the difference between formalized multicultural training, gender, age, family socioeconomic status, and (d) undergraduate curriculum.
status, and undergraduate degree as relates to the ability to identify cultural variables affecting the therapeutic process.

The American Psychological Association (APA) Board of Ethnic Minority Affairs was appointed in 1980 and charged with formulating policy recommendations and initiating activities related to issues that impinge directly upon American Indians/Alaskan Natives, Asian/Pacific Americans, Blacks, and Hispanics (D. W. Sue et al., 1982). This board was mandated to focus on three major areas affecting the ethnic minority population: (1) research, (2) training, and (3) service delivery (True, 1980). The most important charge of the APA Board of Ethnic Minority Affairs was the identification and assessment of competence of psychologists as they relate to the cultural differences of their clients (D. W. Sue et al., 1982).

The Educational and Training Committee of the American Psychological Association has provided rationale for the inclusion of multicultural counseling/therapy training in graduate schools of psychology and briefly outlined attitude/beliefs, knowledge, and skills inherent in such competencies (D. W. Sue et al., 1982). Numerous papers and implementation strategies have been developed (Blace, 1970; Korman, 1973; McFadden, Quinn, & Sweeney, 1978; Presidential Commission on Mental Health, 1978; D. W. Sue & Sue, 1972) to set into place numerous recommendations set forth to develop the culturally sensitive counselor. Clearly missing in these articles are the criteria or methods for assessing if these recommendations do really develop a culturally sensitive counselor.
Research Questions

This study of ability to identify racial variables affecting the therapeutic process also explored the following ancillary questions:

1. Is there a significant relationship between the age of the participant and the ability to identify racial variables affecting the therapeutic process?

2. Is there a significant relationship between the socioeconomic status of the biological family and ability to identify racial variables affecting the therapeutic process?

3. Is there a significant relationship between the undergraduate curriculum and ability to identify racial variables affecting the therapeutic process?

Research Hypotheses

1. Participants with multicultural counseling training will identify variables affecting the therapeutic process with racial minorities at a level significantly greater than participants without multicultural counseling training.

2. Female participants in the study, regardless of multicultural training, will identify variables affecting the therapeutic process with racial minorities at a level significantly greater than male participants.
Definitions

In this study, the following definitions of terms are used:

Asian: This term refers specifically to individuals of Vietna-
mese heritage living in the United States.

African-American: This term refers to Black Americans born and
raised in the United States of America.

Hispanic: This term refers specifically to individuals of
Mexican heritage residing in the United States.

Cultural variables: This term refers to characteristics,
values, or belief systems specific to a given culture.
CHAPTER II
REVIEW OF LITERATURE

A search of the literature on racial minorities with regard to training and effectiveness of preparing culturally sensitive counselors was completed in three areas. The first area reviewed pertained to conducting research with racial minority populations. Secondly, exploration of the literature to determine what defines a culturally sensitive counselor was conducted. Finally, a search was conducted for instruments which measure or predict successfulness of training programs in preparing the culturally sensitive counselor, including a review of possible intervening variables, such as gender, age, race, undergraduate curriculum, and family socioeconomic status.

Existing Research and Studies

It is difficult to understand the current status of racial research without reference to past research themes. Three general themes can be identified: (1) the inferiority model, (2) the deficit model, and (3) the bicultural or multicultural model (Jones & Korchin, 1982). In the Foreward of the book Racism and Psychiatry by A. Thomas and Silven (1972), Clark, past president of the American Psychological Association (APA), indicated that social scientists often reflect the trends of society. In defining the
inferiority model, Clark stated:

Probably the most disturbing insight obtained from the relentless clarity with which this book documents the case of racism in American psychiatry is the ironic fact that the students, research workers and professionals in the behavioral sciences are no more immune by virtue to their values and training to the disease and superstition of American racism than the average man. (p. xii)

Few gains were made in understanding the ethnic minority population during this period due to the perceived inferiority of certain minority groups.

More recently, there has been a greater movement in the direction that attributes the plight of ethnic minorities to society and social conditions. The deficit model of research was helpful in focusing on society rather than individual ethnic minorities in exploring the status of minority groups. This model stimulated research into societal factors, the effects of racism, and the adequacy of treatment services (Jones & Korchin, 1982). Although a vast improvement over the inferiority model, the deficit model, although valuable, gave rise to many concerns. The model focused on deficits rather than strengths and focused on treatment or remediation rather than prevention. The deficit model implied the behavior of certain ethnic minority groups was psychopathological and presented concern regarding the validity of research using this model because of methodological concerns (Jones & Korchin, 1982).

These criticisms led to bicultural or multicultural research. This type of research views minority groups as a function of: (a) ethnic values, (b) United States or Western values, and (c) the interaction of the two sets of values (Jones & Korchin, 1982).
Bicultural or multicultural research considers not only the difference in cultural backgrounds but also the interaction of the cultures.

Since the late 1960s, many racial minority groups have grown increasingly suspicious of the motives of the researcher and of the outcome of research (D. W. Sue & Sue, 1972). One persistent problem in minority group research is the use of proper conceptual and methodological tools. Problems in ethnic research include: (a) use of culturally biased measures, (b) inadequate considerations of ethnic response set, (c) faulty interpretation of minority group behaviors, (d) lack of knowledge in evaluating ethnic responses, and (e) effects of the experimenter's race or ethnicity upon subjects (Jones & Korchin, 1982). Although research into ethnic minority populations is extremely important, to be of worth, research with these populations must look at properly targeted problems, systematically conducted and initiated with adequate research strategies and tools (S. Sue, Ito, & Bradshaw, 1982).

In order for training programs and research on the preparation of culturally sensitive counselors to effectively address the mental health needs of racial minorities, it is necessary that programs first identify the characteristics or competencies that such counselors must acquire (Casas, 1986). The literature presents a variety of profiles depicting the culturally sensitive counselor (e.g., Pedersen, 1978a; D. W. Sue, 1977). One such comprehensive model was put forth by the Education and Training Committee of the Division of Counseling Psychology of the American Psychological Association
(S. Sue et al., 1982). This committee addressed characteristics/competencies that determine a culturally sensitive counselor from three distinct perspectives: attitudes, knowledge, and skills.

Definition of the Culturally Sensitive Counselor

An overview of the APA committee's findings and research on the specific characteristics/competencies is presented here culminating in a working definition of the culturally sensitive counselor. The following section is based on an adaptation of the presentation by Casas (1986).

From the attitudinal perspective, training programs should develop counseling psychologists who are: (a) knowledgeable and sensitive to their own cultural heritage; (b) able to understand and respect cultural differences; (c) knowledgeable of their own values, biases, and stereotypes and the importance they may have on personal treatment strategies with racial minority clients; (d) accepting of any difference that may arise between themselves and their clients pertaining to ethnicity, race, beliefs, attitudes, values, or life styles; and (e) sensitive to circumstances that may dictate referral of racial minority clients to professionals from their respective racial group.

In the perspective of content and knowledge, training programs must instill in counselor trainees: (a) historical understanding of sociological, political, and economic treatment of racial minorities; (b) knowledge and information about characteristics associated with this group including family dynamics, perception of mental
health services, etc.; (c) understanding of the link between socio-political and economic status of racial minorities and susceptibility to specific mental health problems (e.g., stress, alcoholism, suicide, etc.).

In terms of skills necessary to treat this population, counselor trainees must be prepared to: (a) send and receive both verbal and nonverbal messages accurately and appropriately; (b) assess and understand presenting problems from multifactored perspectives that take into consideration both intra and extra person variables; (c) develop affective therapeutic interventions that are socioculturally sensitive and address the "real" problem; and (d) exercise institutional intervention skills for racial minority clients when necessary.

At present, there is a lack of consensual knowledge of the actual behavioral criteria that represent expertise in multicultural counseling (Johnson, 1987). For the purpose of this paper, the "culturally sensitive/effective counselor" is defined using an adaptation of Ivey's (1977) definition and taxonomic categories of interpersonal effectiveness: An effective individual/counselor is an effective communicator in the basic skills of a culture (vocal tone, speech rate, verbalizations on appropriate topics, eye contact, body language), in communication skills (an effective functional individual will apply culturally appropriate ability to attend to clients and to influence their behavior, i.e., with open and closed questions, reflections of feelings, directions, influencing, summarization), in qualitative skills (concreteness, respect and
warmth, immediacy, confrontation, genuineness), and focus skills (foci in communication towards self, others, topic, group and cultural environment context).

At present, the field of psychology lacks an interactive, multidimensional notion of expertise that encompasses the knowledge, skills, and abilities required for effective multicultural counseling. The assessment of applied skill and knowledge in notion is clearly a desirable option; however, research in this area has been limited as no universal specific criteria have been developed (Johnson, 1987).

**Historical Multicultural Training**

Prior to the late 1960s, multicultural training was only undertaken in fields outside of counseling (Johnson, 1987). One of the first attempts at providing multicultural training was conducted by Stewart, Danielian, and Foster (1969), who utilized a training strategy called the Contrast American Method (CAM). This study utilized a cultural general method that uses role playing encounters in an attempt to simulate intercultural interaction as part of a group based training strategy.

Stewart et al. (1969) utilized the CAM model in a training program for managers in a telecommunication corporation who were preparing for overseas assignments. The study measured the ability to identify contrasting American values, ability to predict contrasting American behavior, knowledge of American cultural preferences, and measured affective responses to American and contrast
American responses. Evaluation criteria for the training seemed linked to the goal of training, with the basic assumption that any of the four CAM criteria alone or in combination represents effectiveness is questionable at best, as no quantifiable results were presented.

Until the late 1960s, multicultural counseling was typically thought to be what occurred in the foreign student advisor's office (Johnson, 1987). Pedersen (1976a, 1976b, 1978a, 1979), a foreign student counselor, developed a triad training method in a graduate seminar that made use of video self-confrontation methods similar to Kagan's (1975) Interpersonal Process Recall Technique. This model placed counselor trainees in video taped micro-counseling situations in which they role played a critical counseling incident of a multicultural nature. Feedback was then presented by reviewing the video tape to allow participants to relive the experience and share insights associated with the interview. Pedersen (1976a, 1976b) reported satisfactory outcome in training counselors; however, he did not offer strong empirical evidence for his contention. Another shortcoming in Pedersen's model, as with Stewart's et al. (1969), was that it relied on self-reported and peer ratings of empathy for its evaluation criteria.

Pedersen (1988), in his book, A Handbook for Developing Multicultural Awareness, presented three paper and pencil tasks in an attempt to assess both skills and knowledge as they pertain to multicultural counseling. The first measure presented short and specific therapeutically related incidents and asked the respondent to
identify the nature of the presenting problem (interpersonal, inter-cultural, or psychopathological); the second attempted to identify the trainee's knowledge about the attitude of racial minorities toward specific life experiences, while the third focused on cultural accuracy that could be made to individual ethnic minority clients presenting specific problems and concerns (Casas, 1986). Although this instrument does show potential, no normative data have been presented as to its reliability, validity, and usefulness in determining if training has improved cultural awareness.

Several studies have been undertaken (Duran, 1983; cited in Johnson, 1987) that provide a framework for the development of a cognitively based operational definition of cultural expertise for counseling based on examination of knowledge types (declarative and procedural) and therapeutic behavior of the counselor in action. As yet, Duran's work has not been applied to either training or evaluation problems in multicultural training.

Lichtenberg, Hummel, and Shaffer (1984) developed a computer based client simulation program for evaluating counselor training. The program offered an evaluation environment for assessing the impact of both generic and cross-cultural counseling training while providing trainees with a client who "has a number of topics he can discuss, including his work, family and relationships with others. The topics are not of equal importance or concern to the client, and only one of the topics is the client's primary concern" (p. 157).

The computer based program (Lichtenberg et al., 1984) was never fully completed and although it may be able to be adapted to
evaluating cross-cultural competencies, numerous changes with regard to influencing variables and types of presenting problems would need to occur to be applicable (Lichtenberg, 1991).

Ivey (cited in Johnson, 1987) set the stage for moving beyond "knowing that" by defining the culturally effective individual as an effective communicator in more than one cultural context. Expertise in multicultural counseling then became a behavioral capacity to draw effectively on more than one cultural repertoire in representing personal experience to self and others. Ivey offered cultural expertise as a possible outcome criterion for multicultural counseling and psychological educational interventions.

The idea of including expert content in multicultural training was the focus by Johnson (1987) in the development of the Minnesota Multiethnic Counselor Education Curriculum (MMCEC). The MMCEC represented an effort to infer content from expert input from ethnic minority psychologists as well as input from experienced ethnic minority clients. The curriculum focused on specific cultural knowledge and the actual application of the practice of counseling with ethnic minority populations. Outcome criteria did not draw on specific intervention skills employed in counseling. Although the MMCEC evaluation represents a moderate improvement in the assessment of cultural expertise, the training suffers from the lack of normative data regarding reliability and validity.
Secondary Cultural Variables

While much of the existing literature on multicultural counseling has addressed the study of ethnic and international cultures, several prominent authors in the field have acknowledged that "all counseling is to some extent multicultural" (Pedersen, 1988, p. xi), and that multicultural counseling applies to all relationships in which differing values exist (Pedersen, Holwill, & Schapiro, 1978), due to variables such as gender, age, religious beliefs, ethnicity, race, and socioeconomic status (Fukuyama, 1990).

To date, little or no research pertaining to the study of sociocultural variables (age, religion, gender, socioeconomic status, etc.) and their influence on the development of culturally sensitive therapists has been undertaken. Numerous articles and studies have addressed such topics as the assessment of racial attitudes (Minatoya & Sedlacek, 1984; Sedlacek & Brooks, 1970a, 1970b; Sedlacek, Brooks, & Mindus, 1973), the various stages involved in acculturation within certain groups (Cross, 1970; A. Thomas & Silven, 1972), and appropriate counseling intervention strategies with certain populations (Ballesteros, 1978; Christiansen, 1977; D. W. Sue, 1977; D. W. Sue & Sue, 1972). None has described how these variables may affect the preparation of a competent cross-cultural counselor.

Throughout the exploration of research pertaining to the field of multicultural counseling, what appears to be missing from the literature are (a) a determination of possible intervening variables
affecting counseling skills, (b) a universally accepted definition of a culturally sensitive counselor, and (c) a global measure to determine if training in multicultural counseling is effective in developing a culturally sensitive counselor.
CHAPTER III

METHODS AND PROCEDURES

A total of 60 subjects was used for this study. They were students enrolled in graduate courses in the Counselor Education and Counseling Psychology Department at Western Michigan University, Kalamazoo, during the winter semester of 1991. To determine appropriateness for inclusion in this study, subjects were recruited through interviews with professors assigned to instruct the graduate courses. The subjects were divided into two experimental groups as follows: (1) those currently participating in a multicultural counseling class (n = 20) or (2) those enrolled in graduate courses but had not participated in a multicultural counseling class (n = 40).

The study received approval from the Human Subjects Institutional Review Board at Western Michigan University (see Appendix C).

Procedures

Personal contact was made with each group of subjects. The purpose of the study was explained and confidentiality was assured. All volunteers (instrument development panel, counselors, and role play clients) were screened to determine appropriateness and to insure that they were comfortable with the research project. The subject groups who were deemed suitable for this project were asked to participate.
The experimenter met with each subject group to deliver a prepared statement on the procedures involved in the study (see Appendix A). Each individual, following the viewing of three short video vignettes, was asked to complete accompanying instrumentation, including demographic information.

Each presentation included:

1. An instructional letter which explained the research project and which included the researcher's work phone number for subjects who wished to request an analysis of results (see Appendix A).

2. A copy of the instrument designed to determine the ability to identify cultural variables affecting the therapeutic process (see Appendix B).

3. A copy of a personal information sheet to be completed by the subject (see Appendix D).

4. Presentation of the video tape (approximately 20 minutes in length) depicting role play counseling sessions with Black American, Hispanic, and Asian Vietnamese clients.

Approximate time needed to participate in the research was one-half hour.

Description of Sample

Table 1 contains the demographic characteristics of the sample. Self-report was utilized in determining the different groups in which subjects placed themselves. All the subjects were from...
Table 1
Demographic Characteristics of Sample by Class

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Formalized multicultural training (n = 20)</th>
<th>Nonformalized multicultural training (n = 40)</th>
<th>Total</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
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<tr>
<td>25-28</td>
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<td>8</td>
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<td>5</td>
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<td>20</td>
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<td>Biological family socioeconomic status</td>
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<td></td>
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<td>6</td>
<td>5</td>
<td>11</td>
<td>18.33</td>
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<td>10</td>
<td>17</td>
<td>28.34</td>
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<td>$24,001 to $36,000</td>
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<td>23.33</td>
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<td>12</td>
<td>20.00</td>
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Table 1—Continued

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<tr>
<th>Characteristics</th>
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<th>Nonformalized multicultural training (n = 40)</th>
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<th>%</th>
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<td>Human service (psychology, social work)</td>
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<td>22</td>
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<td>50.00</td>
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<td>Education</td>
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<td>25.00</td>
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<tr>
<td>Liberal arts</td>
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<td>7</td>
<td>12</td>
<td>20.00</td>
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<tr>
<td>Other</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>5.00</td>
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</tbody>
</table>

Western Michigan University, Kalamazoo, and currently enrolled in a degree program.

Results of demographic analysis of the two samples showed similar mean age levels of participants in a formalized objective multicultural class, 35.25, and participants in general graduate courses, with no formal multicultural training, 36.17. Analysis of class composition based on gender of participants showed the multicultural class to contain 35% males and 65% females, while the general graduate class participants with no formal training in multicultural counseling contained 25% males and 75% females. Analysis of biological family income showed a median income of $24,000 for multicultural class participants and $29,000 for graduate class participants with no formal training. Class composition based on undergraduate curriculum/degree showed both samples to be similar in that a
majority of participants possessed undergraduate degrees in the human service field.

Research Hypotheses

1. Participants with multicultural counseling training will identify variables affecting the therapeutic process with racial minorities at a level significantly greater than participants without multicultural counseling training.

2. Female participants in the study, regardless of multicultural training, will identify variables affecting the therapeutic process with racial minorities at a level significantly greater than male participants.

Null Hypotheses

Null Hypothesis 1: No significant difference will exist in the ability to identify cultural variables affecting the therapeutic process in participants and nonparticipants in a multicultural counseling class.

Null Hypothesis 2: No significant difference will exist in the ability to identify cultural variables affecting the therapeutic process with racial minorities in male and female subjects.

Instrumentation

One instrument designed to measure the subjects' ability to identify cultural variables affecting therapeutic outcome was utilized.
The Multicultural Counseling Effectiveness Rating Scale (MCCERS) was designed to measure ability to identify cultural variables affecting the therapeutic process. The MCCERS was based on the four taxonomy categories (basic skills of culture, communication skills, qualitative skills, and focus skills) designed by Ivey (1977) and adapted by this researcher for utilization in this study.

Instrumentation Development

Scripts depicting multicultural counseling situations were developed through the use of both written text and personal interviews with practitioners representing each of the minority groups, that is, Vietnamese, African-Americans, and Hispanics. This information was compiled and utilized to develop scripts that contained both appropriate and inappropriate culturally specific counselor responses. The scripts focused on the cultural variables presented by Ivey (1977) that determine a culturally sensitive/effective individual (basic skill of culture, communication skills, qualitative skills, and focus skills).

Panels of minority group members represented in this study provided validation of each culturally specific vignette/script. Each validating panel, African-American, Hispanic, and Asian-American, included at least one licensed or certified individual with at least 9.5 years of direct service in the field of mental health (psychiatry, social work, psychology, certified nurse practitioner, licensed counselor). Various educational levels and numbers
of years of residence in the United States were represented. Table 2 contains the demographic characteristics of the expert panel members.

Following the initial contact, each panel member was given a packet of information that included the following:

1. A brief discussion of the study (see Appendix F).
2. Directions as to the tasks they were asked to complete, including the researcher's name and phone number if a panel member had any questions or would want an analysis of the results (see Appendix G).
3. A copy of the culturally specific script to be reviewed (see Appendix H).

Each panel was asked to rate each therapist's statement as to appropriateness/inappropriateness of response for the given culture. Following the determination of appropriateness/inappropriateness of each statement, raters were asked to write the level of confidence to their response. The level of confidence was determined by utilizing a 5-point Likert scale with 1 representing uncertainty of the appropriateness or inappropriateness of the therapist's statement, while 5 represented a high level of confidence that the statement was either appropriate or inappropriate. After completing the rating of the vignette, each rater was asked to fill out a personal information sheet (see Appendix E). This information was utilized to further validate each panel member's "expertise" pertaining to each culture. The procedure required 25-35 minutes to complete.
<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Black (n = 4)</th>
<th>Hispanic (Mexican) (n = 4)</th>
<th>Asian (Vietnamese) (n = 3)</th>
<th>Total (n = 11)</th>
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</thead>
<tbody>
<tr>
<td>Licensure or certification</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatric nurse specialist</td>
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<td></td>
<td></td>
<td>1 9</td>
</tr>
<tr>
<td>Certified social worker</td>
<td>3¹</td>
<td>1</td>
<td></td>
<td>4 37</td>
</tr>
<tr>
<td>Registered social worker</td>
<td></td>
<td></td>
<td></td>
<td>3 27</td>
</tr>
<tr>
<td>Limited licensed psychologist</td>
<td>1ᵇ</td>
<td></td>
<td></td>
<td>1 9</td>
</tr>
<tr>
<td>No licensure nor certification</td>
<td>2</td>
<td></td>
<td></td>
<td>2 18</td>
</tr>
<tr>
<td>Educational status</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bachelor's</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>6 54</td>
</tr>
<tr>
<td>Master's</td>
<td>3</td>
<td>1</td>
<td></td>
<td>4 37</td>
</tr>
<tr>
<td>Doctorate</td>
<td></td>
<td></td>
<td></td>
<td>1 9</td>
</tr>
<tr>
<td>Experience level</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-2 years</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>4 37</td>
</tr>
<tr>
<td>3-5 years</td>
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<td></td>
</tr>
<tr>
<td>6-8 years</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>7 63</td>
</tr>
<tr>
<td>9 or more years</td>
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</table>

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Table 2--Continued

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Black (n = 4)</th>
<th>Hispanic (n = 4)</th>
<th>Asian (n = 3)</th>
<th>Total (n = 11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>18</td>
</tr>
<tr>
<td>Female</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
</tbody>
</table>

One member also was a certified substance abuse counselor.

The completed scripts were gathered and each culturally specific therapist response was tabulated to assure the 75% agreement necessary to be included in the final vignette script (Campbell & Stanley, 1963; Kerlinger, 1973). Therapist's statements not receiving the minimum 75% agreement from the expert panels were still included in the vignette scripts; however, they were not included in final script tabulation. Inclusion of these statements was needed to assure the smooth progression of the vignette. Expert raters' level of confidence in their response to each therapist statement contained in the culturally specific scripts was also analyzed. Table 3 contains the percentage reliability coefficients of the validating panels by race.

Following the validation of the scripts, video vignettes were produced to highlight areas within Ivey's (1977) taxonomy describing the culturally effective/sensitive individual, utilizing culturally

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Table 3
Percentage Reliability Coefficients of Validating Panels by Race

<table>
<thead>
<tr>
<th>Statement</th>
<th>Percentage agreement</th>
<th>Appropriate</th>
<th>Inappropriate</th>
<th>Confidence level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African-American (n = 4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>0.75</td>
<td>+</td>
<td></td>
<td>0.75</td>
</tr>
<tr>
<td>2</td>
<td>0.75</td>
<td>-</td>
<td></td>
<td>0.75</td>
</tr>
<tr>
<td>3</td>
<td>0.75</td>
<td>+</td>
<td></td>
<td>0.70</td>
</tr>
<tr>
<td>4</td>
<td>1.00</td>
<td>+</td>
<td></td>
<td>0.85</td>
</tr>
<tr>
<td>5</td>
<td>1.00</td>
<td>+</td>
<td></td>
<td>0.70</td>
</tr>
<tr>
<td>6</td>
<td>0.50</td>
<td></td>
<td></td>
<td>0.65</td>
</tr>
<tr>
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<td>0.75</td>
<td>+</td>
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<td>0.45</td>
</tr>
<tr>
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<td>0.75</td>
<td>-</td>
<td></td>
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</tr>
<tr>
<td>9</td>
<td>0.50</td>
<td></td>
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<td></td>
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<td>1.00</td>
<td>+</td>
<td></td>
<td>0.65</td>
</tr>
<tr>
<td>11</td>
<td>0.75</td>
<td>+</td>
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<td>0.75</td>
</tr>
<tr>
<td>12</td>
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<td>+</td>
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<td>0.60</td>
</tr>
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<td>0.50</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
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<td>+</td>
<td></td>
<td>0.87</td>
</tr>
<tr>
<td>15</td>
<td>1.00</td>
<td>+</td>
<td></td>
<td>0.80</td>
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<td>0.75</td>
<td>+</td>
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<td>17</td>
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<td>+</td>
<td></td>
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Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
Table 3--Continued

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<tr>
<th>Statement</th>
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<th>Inappropriate</th>
<th>Confidence level</th>
</tr>
</thead>
<tbody>
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<td>Hispanic (Mexican) (n = 4)</td>
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<td></td>
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<tr>
<td>1</td>
<td>1.00</td>
<td>+</td>
<td></td>
<td>1.00</td>
</tr>
<tr>
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<td>3</td>
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<td>+</td>
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<td>+</td>
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<td>0.80</td>
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<td>-</td>
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<td>0.95</td>
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<td>0.85</td>
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<td>0.70</td>
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<tr>
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<td>+</td>
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Table 3--Continued

<table>
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<th>Statement</th>
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<th>Appropriate</th>
<th>Inappropriate</th>
<th>Confidence level</th>
</tr>
</thead>
<tbody>
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<td>+</td>
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<td>0.53</td>
</tr>
<tr>
<td>6</td>
<td>1.00</td>
<td>+</td>
<td></td>
<td>0.87</td>
</tr>
<tr>
<td>7</td>
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<td>-</td>
<td></td>
<td>0.93</td>
</tr>
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<td>-</td>
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<td>-</td>
<td></td>
<td>1.00</td>
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<tr>
<td>14</td>
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<td>-</td>
<td></td>
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</tr>
<tr>
<td>15</td>
<td>1.00</td>
<td>+</td>
<td></td>
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<td>+</td>
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<td>1.00</td>
<td>+</td>
<td></td>
<td>0.80</td>
</tr>
<tr>
<td>18</td>
<td>1.00</td>
<td>-</td>
<td></td>
<td>1.00</td>
</tr>
<tr>
<td>19</td>
<td>1.00</td>
<td>+</td>
<td></td>
<td>1.00</td>
</tr>
</tbody>
</table>
specific responses delineated by the panels. Members of the panels were not asked to participate in the vignettes either as a counselor or client in an attempt to insure the integrity of the vignette in its presentation of the culturally appropriate or inappropriate variable affecting therapeutic process. Comparisons were made based on total test performance between samples as well as on the ancillary variables of undergraduate degree, gender, age, and family socioeconomic status.

Statistical Analysis

Three statistical procedures were used to test the hypotheses and research questions addressed by the study.

First, the design provided for a 12-celled table reporting ability to identify cultural variables affecting the therapeutic process on the independent variable of participation/nonparticipation in multicultural counseling training. In analyzing the results, a one-way analysis of variance was performed using ability to identify cultural variables affecting the therapeutic process as dependent variable, with the independent variable being participation/nonparticipation in multicultural counseling training.

Second, the dependent variable of ability to identify cultural variables affecting therapeutic process was assessed with regard to gender of the participant. Analysis was performed utilizing a one-way analysis of variance.

Third, statistical analyses were made with regards to demographic data. The relationship of ability to identify variables
affecting the therapeutic process was compared with three other variables. These variables were: age, undergraduate degree, and family socioeconomic status. Statistical analysis was performed using a one-way analysis of variance at the .05 level of significance. Separate analyses were also performed to examine differences between subjects participating in multicultural counselor training and subjects who had not participated in multicultural counselor class.
CHAPTER IV

ANALYSIS OF THE DATA

The findings of the hypotheses specified are presented and followed by the results of the research questions. Finally, the study is summarized.

Results of the Hypotheses

Null Hypothesis 1: No significant difference will exist in the ability to identify cultural variables affecting the therapeutic process in participants and nonparticipants in a formalized multicultural counseling class.

A one-way analysis of variance indicated no significant difference at the .05 level in total scores and ability to identify cultural variables affecting the therapeutic process with regards to participation or nonparticipation in a multicultural counseling class. Therefore, the null hypothesis was supported by the findings; the results are reported in Table 4. Next, the Ryan-Einot-Gabriel-Welsh Multiple Range Test was utilized to examine the two samples separately, based on performance on each individual vignette. The means and standard deviations for each sample based on individual script performance are represented in Appendix I. It is to be noted that the scripts vary in terms of required numbers of responses and the mean is based on: Black script, $n = 14$; Mexican
script, n = 18; and Asian script n = 19. See Appendix I for individual mean script performance between subjects with formal and no formal multicultural training.

Table 4

One-Way Analysis of Variance of the Dependent Variable of Ability to Identify Cultural Variables Affecting Therapeutic Process and Independent Variable of Participation/Nonparticipation in a Multicultural Counseling Class

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>Sum of squares</th>
<th>Mean square</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training</td>
<td>1</td>
<td>1.9</td>
<td>1.9</td>
<td>0.18</td>
<td>.67</td>
</tr>
<tr>
<td>Error</td>
<td>58</td>
<td>600.7</td>
<td>10.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corrected total</td>
<td>59</td>
<td>602.6</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Null Hypothesis 2: No significant difference will exist in the ability to identify cultural variables affecting the therapeutic process with racial minorities in male and female subjects.

This variable questioned whether or not there was a difference in ability to identify cultural variables based on a participant's gender. A one-way analysis of variance was performed for the total sample and indicated no significant difference at the .05 level, supporting the acceptance of the null hypothesis. The results are reported in Table 5.

Further analysis was performed utilizing a one-way analysis of variance separately on both participants and nonparticipants in
Table 5
One-Way Analysis of Variance of the Dependent Variable of Ability to Identify Cultural Variables Affecting Therapeutic Process and Independent Variable of Gender

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>Sum of squares</th>
<th>Mean square</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>1</td>
<td>29.94</td>
<td>29.94</td>
<td>3.03</td>
<td>.08</td>
</tr>
<tr>
<td>Error</td>
<td>58</td>
<td>572.66</td>
<td>9.87</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corrected total</td>
<td>59</td>
<td>602.60</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Results of Research Questions

The second part of this study analyzed the relationship between ability to identify cultural variables affecting the therapeutic process and the ancillary variables of age, undergraduate curriculum/degree, and biological family income. Analysis was performed on both subject groups for total test and individual script performance,
Table 6
One-Way Analysis of Variance of the Dependent Variable of Ability to Identify Cultural Variables Affecting Therapeutic Process and Independent Variable of Gender

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>Sum of squares</th>
<th>Mean square</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formalized multicultural training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>1</td>
<td>55.2</td>
<td>55.2</td>
<td>5.57</td>
<td>.03*</td>
</tr>
<tr>
<td>Error</td>
<td>18</td>
<td>181.7</td>
<td>10.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corrected total</td>
<td>19</td>
<td>236.9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No formalized multicultural training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>1</td>
<td>1.88</td>
<td>1.88</td>
<td>0.20</td>
<td>.66</td>
</tr>
<tr>
<td>Error</td>
<td>38</td>
<td>34.90</td>
<td>9.52</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corrected total</td>
<td>39</td>
<td>36.37</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p < .05.

utilizing a one-way analysis of variance to investigate the relationship. The confidence level was set at $p < .05$. Summaries of statistics were utilized to derive counts, means, and standard deviations for further analysis of performance on individual scripts.

The first question in this study asked whether or not a significant relationship existed between age and ability to identify cultural variables affecting the therapeutic process. The results
indicated that there is no significant difference with regards to ability to identify cultural variables affecting the therapeutic process for individuals with formalized multicultural training either on total test (see Table 7) or individual script performance as reported in Table 8.

Table 7
One-Way Analysis of Variance of the Dependent Variable of Ability to Identify Cultural Variables Affecting Therapeutic Process and Independent Variable of Age

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>Sum of squares</th>
<th>Mean square</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formalized multicultural training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>4</td>
<td>90.12</td>
<td>22.53</td>
<td>2.30</td>
<td>.10</td>
</tr>
<tr>
<td>Error</td>
<td>15</td>
<td>146.83</td>
<td>9.79</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corrected total</td>
<td>19</td>
<td>236.95</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Analysis involving the ancillary variable of age in subjects not formally trained in multicultural counseling was found to be significant at the .05 level of confidence (p < .05). The results are shown in Table 9. Statistical significance was found to occur based on total test performance in the age group of 29 to 32 and represented in Table 10. No significant difference was found between the variable of age and ability to identify cultural variables affecting therapeutic process based on individual vignette
Table 8

One-Way Analysis of Variance of the Dependent Variable of Ability to Identify Cultural Variables Affecting Therapeutic Process on Individual Scripts and the Independent Variable of Age

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>Sum of squares</th>
<th>Mean square</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Formalized multicultural training: Black script</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>4</td>
<td>8.82</td>
<td>2.20</td>
<td>0.78</td>
<td>.55</td>
</tr>
<tr>
<td>Error</td>
<td>15</td>
<td>42.13</td>
<td>2.81</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corrected total</td>
<td>19</td>
<td>50.95</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Formalized multicultural training: Mexican script</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>4</td>
<td>25.87</td>
<td>6.47</td>
<td>1.56</td>
<td>.23</td>
</tr>
<tr>
<td>Error</td>
<td>15</td>
<td>62.33</td>
<td>4.16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corrected total</td>
<td>19</td>
<td>88.20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Formalized multicultural training: Asian script</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>4</td>
<td>16.57</td>
<td>4.14</td>
<td>3.01</td>
<td>.06</td>
</tr>
<tr>
<td>Error</td>
<td>15</td>
<td>20.63</td>
<td>1.38</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corrected total</td>
<td>19</td>
<td>37.20</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 9
One-Way Analysis of Variance of the Dependent Variable of Ability to Identify Cultural Variables Affecting Therapeutic Process and the Independent Variable of Age

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>Sum of squares</th>
<th>Mean square</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>No formalized multicultural training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>5</td>
<td>77.21</td>
<td>19.44</td>
<td>2.48</td>
<td>.05*</td>
</tr>
<tr>
<td>Error</td>
<td>34</td>
<td>266.57</td>
<td>7.84</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corrected total</td>
<td>39</td>
<td>363.77</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p < .05.

An analysis was made of the difference between participants with formalized multicultural counseling training and those without formalized training as to their ability to identify cultural variables based on undergraduate curriculum/degree. A one-way analysis of variance was performed for each group on both individual scripts and total test performance. The analysis was performed at the .05 level of significance. Analysis of total test performance for both groups showed no statistical significance and is represented in Tables 11 and 12. Individual analysis of each script between the two samples showed no statistical significance on individual performance on the three vignettes.
Table 10

Total Test Performance: Independent Variable of Age

<table>
<thead>
<tr>
<th>Age</th>
<th>Total sample (n = 40)</th>
<th>21-24 (n = 4)</th>
<th>25-28 (n = 8)</th>
<th>29-32 (n = 2)</th>
<th>33-36 (n = 5)</th>
<th>37-40 (n = 6)</th>
<th>41+ (n = 15)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>34.17</td>
<td>36.00</td>
<td>33.00</td>
<td>29.00</td>
<td>36.00</td>
<td>34.83</td>
<td>34.13</td>
</tr>
<tr>
<td>SD</td>
<td>2.7</td>
<td>3.46</td>
<td>3.70</td>
<td>4.24</td>
<td>1.22</td>
<td>3.18</td>
<td>2.06</td>
</tr>
</tbody>
</table>

No formalized multicultural training
### Table 11

One-Way Analysis of Variance of the Dependent Variable of Ability to Identify Cultural Variables Affecting Therapeutic Process and the Independent Variable of Undergraduate Curriculum/Degree

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>Sum of squares</th>
<th>Mean square</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formalized multicultural training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Degree</td>
<td>3</td>
<td>27.5</td>
<td>9.2</td>
<td>0.70</td>
<td>.56</td>
</tr>
<tr>
<td>Error</td>
<td>16</td>
<td>209.5</td>
<td>13.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corrected total</td>
<td>19</td>
<td>236.9</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table 12

One-Way Analysis of Variance of the Dependent Variable of Ability to Identify Cultural Variables Affecting Therapeutic Process and the Independent Variable of Undergraduate Curriculum/Degree

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>Sum of squares</th>
<th>Mean square</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>No formalized multicultural training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Degree</td>
<td>2</td>
<td>8.12</td>
<td>4.06</td>
<td>0.42</td>
<td>.65</td>
</tr>
<tr>
<td>Error</td>
<td>37</td>
<td>355.66</td>
<td>9.61</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corrected total</td>
<td>39</td>
<td>363.78</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The final area examined in this study was the demographic characteristic of biological family income between individuals with formalized multicultural training and those without formalized multicultural training on both total test and individual script performance. A one-way analysis of variance at the .05 level was employed to determine if significant variability existed within each group. Statistical significance was found to exist for participants with formalized multicultural training on total test performance and is represented in Table 13. Mean scores and standard deviations for each income level were factored out to better determine significant variation in the group (see Table 14). Further analysis, utilizing a one-way analysis of variance was calculated for each individual script and no statistical significance was derived.

Table 13

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>Sum of squares</th>
<th>Mean square</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formalized multicultural training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income</td>
<td>4</td>
<td>109.69</td>
<td>27.42</td>
<td>3.23</td>
<td>.04*</td>
</tr>
<tr>
<td>Error</td>
<td>15</td>
<td>127.26</td>
<td>8.48</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corrected total</td>
<td>19</td>
<td>236.95</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p < .05.
Table 14

Total Test Performance: Independent Variable of Biological Family Income

<table>
<thead>
<tr>
<th>Total test:</th>
<th>Total sample (n = 20)</th>
<th>$12,000 and below (n = 6)</th>
<th>$12,001 to $24,000 (n = 7)</th>
<th>$24,001 to $36,000 (n = 2)</th>
<th>$36,001 to $48,000 (n = 2)</th>
<th>$48,001 and above (n = 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Formalized multicultural training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>34.50</td>
<td>32.33</td>
<td>36.28</td>
<td>31.50</td>
<td>39.00</td>
<td>34.00</td>
</tr>
<tr>
<td>Standard deviation</td>
<td>2.16</td>
<td>1.50</td>
<td>3.45</td>
<td>3.53</td>
<td>0.00</td>
<td>4.00</td>
</tr>
</tbody>
</table>
Analysis performed on the subject group of participants with no formalized multicultural training showed no significant differences on total test performance; see Table 15 for the results. Further analysis utilizing a one-way analysis of variance, at the .05 level of significance, showed no significant variation in individual script performance based on biological family income.

Table 15

One-Way Analysis of Variance of the Dependent Variable of Ability to Identify Cultural Variables Affecting Therapeutic Process and the Independent Variable of Biological Family Income

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>Sum of squares</th>
<th>Mean square</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>No formalized multicultural training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income</td>
<td>4</td>
<td>28.79</td>
<td>7.20</td>
<td>0.75</td>
<td>.56</td>
</tr>
<tr>
<td>Error</td>
<td>35</td>
<td>334.99</td>
<td>9.57</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corrected total</td>
<td>39</td>
<td>363.78</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Summary of Results

Results of this study, based on total sample, showed the ability to identify cultural variables affecting the therapeutic process were not related to formalized multicultural training, gender, age, undergraduate degree, or biological family income.

Results of the study were based on separate analyses of each subject group; that is, those with formalized multicultural training.
and those without, showed statistical significance in several areas. Individual analysis of subjects with formalized multicultural training indicated gender and biological family income were significantly related to ability to identify cultural variables affecting the therapeutic process. Additionally, individual analysis of subjects with no formalized multicultural training indicated a significant relationship between age and ability to identify cultural variables affecting the therapeutic process.

No statistical significance was found to exist between male and female subjects for the total sample. Further analysis utilizing a one-way analysis of variance at the .05 level of significance indicated statistical significance for subjects with formalized multicultural training as regards gender, ($p = .03$). Females tended to outperform males; mean scores for the total test were 35.16 and 32.86, respectively. In addition, although not statistically significant, this trend continued in subjects without formalized multicultural training with female subjects obtaining a mean total test score of 34.3, while males obtained a mean total test score of 33.8. Further discussion surrounding this trend occurs in Chapter V.

In analyzing the four demographic variables, none was found that significantly related to ability to identify cultural variables affecting the therapeutic process with ethnic minority populations based on total sample. However, further analysis, utilizing each subject group separately, showed significant relationships to exist between ability to identify cultural variables affecting the therapeutic process, age and biological family income for subjects with
no formal multicultural training. The specific findings as they pertain to each subject group are explored in Chapter V.
CHAPTER V

DISCUSSION AND CONCLUSIONS

The purpose of this study was to develop and administer an instrument to measure ability to identify cultural variables affecting the therapeutic process with individuals with formal multicultural training and individuals without formal multicultural training. Ability to identify cultural variables affecting therapeutic process was examined in five areas: (1) training and no training in multicultural counseling, (2) gender, (3) age, (4) undergraduate curriculum/degree, and (5) biological family income.

The study sample consisted of 60 subjects between the ages of 21 and 52. There were 20 subjects enrolled in a graduate class designed to provide multicultural counseling training. The remaining 40 subjects were enrolled in two separate graduate courses in the Counselor Education and Counseling Psychology Department at Western Michigan University, Kalamazoo and, by self-report, had no previous formal multicultural counseling training.

The independently designed instrument used to obtain the information was developed and standardized through the use of written text, interviews, and script reviews by "experts" in the counseling field with each of the represented minority groups.
Discussion

Statistical analysis performed on the total sample showed no statistical difference based on subject gender or training; however, further analysis based on individual subject groups indicated several significant trends.

Statistical analysis, performed independently on each subject group, showed the gender of a participant to influence ability to identify cultural variables affecting the therapeutic process with racial minorities. Analysis, through the use of a one-way analysis of variance at the $p < .05$ level of significance, indicated statistical significance within the group with multicultural training as regards gender ($p = .03$). Data indicated female subjects with multicultural training outperformed their male counterparts. Mean performance scores based on individual scripts showed female subjects to outperform male subjects on each vignette (see Appendix J).

To explain the difference in performance levels, one must look past the physical and biological attributes of the genders and focus on the socialization and acculturation of females. This process is explained utilizing the Eccles (1984) model of achievement choices. The Eccles model links achievement choices to experiences for success and the value an individual assigns to available achievement options. It further specifies the relation of constructs to the individual's cultural norms, experiences, and attitudes, instead of personal beliefs and attitudes associated with achievement activities. The model is based on the belief that it is not reality
itself, based on past history of success or failure, but one's interpretation of reality. The reality itself is mediated by input of primary socializers, one's personal needs and values, self-concept, and perception of choices available to themselves. These factors influence personal expectations, subjective value placed on tasks and govern decisions to engage in particular activities, intensity of effort expended and overall actual performance on the chosen task. Utilizing this schema of achievement choices, it becomes more apparent why females with multicultural training would outscore male counterparts based on societal beliefs, expectations, and roles.

Genderism is widespread in American society and, like prejudice, genderism is taught and reinforced by people and institutions within our own society (Severy, Brigham, & Schlenker, cited in Eccles, 1984). The existence of this bias against women has, in a sense, presented females with much of the same discrimination faced by racial minorities. Examples of this discrimination can be found in the 1976 study by Murphy-Burman that found student subjects and executives were much more likely to promote males than females. Based on performance data, the subjects promoted the males in 11 of 22 cases; the female was never selected. In addition, statistics supplied by the United States Department of Labor (1978) showed women received 40% less pay than men in similar positions in organizations.

Given these types of injustices found with females, it is this author's contention that they face many of the same barriers that racial minorities face. They are more sensitized, concerned, and
aware of issues facing nonmajority individuals. This would hold particularly true for the female participants enrolled in multi-cultural training as classroom participation would make them more aware, concerned, and interested in cultural variables than their male counterparts; this in turn would increase their achievement orientation.

Examination of the above variables would provide justification as to why females regardless of their training outscored their male counterparts on total script performance. Females with no multicultural training would be operating with a limited data base regarding cultural variables and differences would simply be assumed due to the socialization process of males versus females. Given that females outperformed males across subject groups, the higher proportion of females in the subject group with no multicultural training would have positively skewed the total mean score, possibly explaining why no statistical significance was found between the subject groups. Finally, the difference between males and females in ability to identify cultural variables affecting the therapeutic process also appeared to explain the statistical significance found in the demographic variables of age and income as the comparative categories, high and low scores, were composed of females and males, respectively.

Analysis indicated subjects with multicultural training outperformed individuals without multicultural training on the Black scripts, obtaining mean scores of 11.05 and 10.27, respectively. Minority subjects (n = 8), regardless of training, outperformed
white subjects achieving a mean total test score of 36.20, while nonminority participants achieved a total mean test score of 34.36. Analysis showed minorities to outperform nonminority subjects regardless of their race and ethnicity and may indicate an increased ability to identify variables affecting the therapeutic process across all cultures and races for minority participants. The minority experience may make participants more sensitive to the experiences and nuances of behavior and speech patterns found in other minorities.

Analysis of Demographic Variables

In analyzing the three demographic variables, no statistical significance was found to exist between subject groups as related to ability to identify cultural variables affecting the therapeutic process with ethnic minority populations. Analysis, utilizing each subject group separately, showed a significant relationship to exist between ability to identify cultural variables affecting the therapeutic process and the demographic variables of age and biological family income. The specific findings as they pertain to each subject group are explored in the following section.

The results of the difference in ability to identify cultural variables with regards to age indicate a specific trend. It appears that subjects in the age range of 29 to 33, with multicultural training, scored lower on total test performance than other subjects within the same group. Further analysis indicated a total of 2 of the 20 subjects with multicultural training were classified in this
age range and both were male. It can be hypothesized that this statistical significance was not due to the age but rather to the gender of the subjects given the wide discrepancy previously noted between female and male subjects with multicultural training. This difference may also reflect a combination of the variables of age and gender; however, the relationship was not examined in this study. Within the subject group with no formal multicultural training, the age groups of 21 to 24 and 25 to 28 (n = 5) achieved the highest mean performance level and consisted of 80% females.

The ability to identify cultural variables affecting the therapeutic process and biological family income was evaluated in this study. Individual analysis of each subject group found significance (p = .04) within the income range of $36,001 to $48,000 for the subjects with multicultural training. This income range included two female subjects who obtained the highest mean score of 39 for total test performance based on the independent variable of biological family income. Conversely, the lowest mean score of 31.5 was attained in the income classification of $24,001 to $36,000. This grouping also contained two subjects; both were males.

Further analysis based on individual script performance showed the two male subjects in the $24,001 to $36,000 biological family income group to achieve the lowest mean scores on each script. This statistical significance regarding ability to identify cultural variables affecting the therapeutic process and biological family income, again, may be based on the variable of gender of participant rather than biological family income. No statistical significance
was found to exist with participants with no multicultural training either on total or individual script performance.

Undergraduate curriculum/degree was the final area studied. No significant differences were found between ability to identify cultural variables affecting the therapeutic process and undergraduate degree either on total test or individual script performance. Further analysis of the data shows no significant trends pertaining to the ability to identify cultural variables affecting the therapeutic process. Perhaps a more appropriate question would involve examining specific undergraduate degrees, such as psychology, social work, etc., as to their relationship to ability to identify cultural variables. All professionals in the clinical mental health field receive training that is generic to each applied field of human services.

Limitations of the Study

Several limitations with respect to data collection, research methodology, script design, and script validation exist within this study.

First, although sample size appears adequate (N = 60), composition of the subject groups was unequal with respect to gender and size. The unequal distribution of subjects made it difficult to make global inferences regarding all designed variables studied (formalized multicultural training and nonformalized multicultural training, gender, biological family socioeconomic status, undergraduate curriculum/degree, and age) associated with ability to identify
variables affecting the therapeutic process.

Due to the numerous subcultures within the large culture of those groups being studied (Black, Hispanic, and Asian), at times the script represented only the majority belief system of the stated culture. The scripts required further specification to represent only subcultures of the total group (African-American, Mexican-American, and Vietnamese). Drawing inferences from these results of the study regarding all African-Americans, Hispanics, and Asian-Americans cannot be made.

Finally, with regards to script validation, theoretical orientation of expert validators may have influenced the results. The scripts utilized in this study did not specify the theoretical orientation from which the counselor was addressing the presenting problem, and as a result, some experts had questions regarding presentation style, not content, of the counselor's statements. Future research projects evaluating appropriateness of counseling statements should specify the theoretical orientation of a counseling presentation and be validated by experts within the orientation, so presentation style does not confound results.

Implications for Future Research

The first suggestion for future research would be to utilize this instrument in a simple pretest/posttest design which would determine the amount of knowledge with which subjects enter multicultural training and would determine the amount of knowledge being instilled in students through the multicultural training.
A second direction would be to expand this research to represent all minorities and subcultures one encounters in a particular community. This would allow for a more thorough analysis of ability to identify cultural variables affecting the therapeutic process based on variables such as gender, age, undergraduate degree, and socioeconomic status of the participants.

This investigator's contention is that today's counselors are being trained to work with the white middle-class client. Counselors have not been educated to be aware of the many cultural variables that affect the therapeutic process or even the fact that although others are of the same race or gender belief systems may be very different. The responsibility to train more culturally sensitive counselors falls upon the educators in the system; however, researchers must continue to develop instruments and procedures for educators to assess the success of training culturally sensitive therapists.

Summary and Conclusion of the Study

The findings regarding ability to identify cultural variables affecting the therapeutic process in subjects with formalized multicultural training and those without formal multicultural training are summarized as follows:

1. No significant difference was found in ability to identify cultural variables affecting the therapeutic process between subjects with formal multicultural counseling training and those without multicultural training.
2. Gender of subjects showed no significant difference on total test performance between the two groups. Further analysis conducted with each group individually indicated a statistically significant difference in the group with formalized multicultural training in that females outperformed males on total test and individual scripts.

3. No statistically significant difference was found in the group with no formal multicultural training. A significant difference was found in the age grouping of 29 to 32 for subjects with formalized multicultural counseling training. Caution must be exercised when interpreting these data as both subjects were males and statistical significance was also found regarding gender with this group.

4. Undergraduate curriculum/degree of subjects showed no statistical significance or trends related to ability to identify cultural variables affecting the therapeutic process.

5. Lastly, significance was found to exist within the income range of $36,001 to $48,000 in participants with formal multicultural training. Further analysis of this variable showed the two subjects included in this biological family income range to be female. Again, significance may be due to other intervening variables.

In conclusion, this study provided data that indicated, in this sample, that ability to identify cultural variables affecting the therapeutic process was not related to previous multicultural training, gender, age, undergraduate degree, or biological family income.
However, further analysis involving each group separately showed individuals with multicultural training had greater ability to identify variables affecting the therapeutic process related to gender, age, and undergraduate degree than those without. Individual analysis involving subjects with no formal multicultural training indicated a relationship between ability to identify cultural variables affecting the therapeutic process and biological family income.
Appendix A

Participant Information Letter
Dear Participant:

Attached you will find a vignette pertaining to a multicultural counseling session. Following the viewing of each video vignette, you will be asked to check a box as to the appropriateness/inappropriateness of the counselor's statements on a typed script. Following completion of all vignette scripts, please fill out the attached personal information sheet, exclusive of your name.

Participation in this study is on a voluntary basis and you may drop out at any time. Confidentiality is assured to all participants. If you would like a brief summary of the results of the study, please feel free to contact me. Thank you for your cooperation in this study.

Sincerely,

Michael J. Laird, MA
1312 Oakland Drive
Kalamazoo, MI 49008
385-2943 EXT. 311

ML:1a
Appendix B

Vignette Scripts
BLACK-AMERICAN

Michael Jones, 18-year-old urban Black. Twelfth grade high school student. Family low socioeconomic status. Single parent home (mother). Two younger half brothers. Past difficulties with the law, shoplifting times two, curfew violation times five, joyriding times one. Referred by court due to excessive school truancy.

Therapist-white male age 40, working in an urban Community Mental Health Center times six months.

Appropriate Inappropriate

Therapist...Come on in Michael, have a seat.
(Attempts to shake client's hand, client refuses, client takes chair and moves it away from the therapist. (Therapist takes as seat.)

Therapist...I sense some resistance on your part to being here. (Soft caring tone.)

Client...(Non-verbal, looks at therapist with a look like he is from another planet.)

Therapist...I take it you have better things to do than waste your time here. (Therapist very relaxed and comfortable.)

Client...(Angry tone.) Because if I don't show up my PO is going to put me in jail.

Therapist...I guess that's a good reason to attend. (Pause) I mean putting up with me for an hour a week
can't be as bad as jail. (Therapist smiles.)

Client...(Non-verbal, smiles.)

**Appropriate Inappropriate**

Therapist...Where did you tell your friends you were going?

Client...Man, if my friends knew, they would laugh me off the street. My PO burns me thinking there is something wrong with my mind.

Therapist...What is it you're doing that makes your PO think something is wrong with your mind?

Client...Oh, you know I was hanging out with my friends and all the girls, having sex and drinking, getting home late and missing school. (Looks for therapist's reaction, testing therapist for judgment.)

Therapist...(Raises eyebrows, sits up in seat.) Every night?

Client...(Returns to defensive posture.) Yeah.

Therapist...Why do you do that? (Caring tone.)

Client...Everyone else does. (Maintains defensive posture.)
Therapist... (Recovers session.) So to stay cool and tight with your group, you need to do this?

Client... Yeah, but I wanna do it too. (Sits up.)

Therapist... I can understand that, sounds like you think it is a lot of fun.

Client... It is, but does it make me crazy? (Looking at therapist for answer.)

Therapist... I don't think so. Sounds like you are worried your friends won't like you if you don't do this with them?

Client... That's part of it, the other part is I don't learn anything at school.

Therapist... You only get out what you put in, (shuffling papers) and from looking at this, you don't put a lot of time in. (Confrontive.)

Therapist... (Assertive tone of voice.) You need to make a hard-line decision between attending school and possibly going to jail. No one can make the decision for you, you need to determine what is right for you. I also see by these reports that part of your parole is coming to see me once a week. These sessions can be as helpful
as you want them to be or they can be a waste of your time and mine. You're the one who needs to figure out what you are going to do in here. (Pause) You need to decide what Michael wants out of this, because I can give you all the psychological mumbo jumbo, but unless we work, together we are both wasting out time.

Client...(Looks up.) Well what do we need to work on?

Appropriate Inappropriate

Therapist...First, making sure you get to school and stay out of jail.

Client...(Angry tone.) I don't want to go to jail.

Therapist...Then what you need to do is to adjust your schedule so that you are not out late every single night, wake up and get to school and put forth some effort just to see if maybe you can get something out of it.

Client...I've tried that before and it didn't work.

Therapist...Maybe you need to try again because school is not a lot different than therapy. You need to determine what exactly you want to get out of it.

Client...(Angry tone.) I told you I'd try.
(Defensive posture again.)
Therapist...I suspect Michael, one of the things that influences how hard you try is your belief that it may not be cool to work hard in school and that it may cause problems with your friends, however, you're a young man now, it is time you decide what you are gonna do for the rest of your life. I doubt highly that you can make a decent living hanging out all the time with your friends. (Session fades.)
ASIAN-AMERICANS (VIETNAMESE)


First session, referred by an M.D. Presenting problems of possible depression and adjustment difficulties. Therapist-white male, 40 years old.

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Therapist...Hi Lan, I'm Dr. Smith. Come on in and have a seat. (Therapist and client shake hands, client bows, therapist bows, client takes a seat. Limited personal space between therapist and client, small table between them.)

Therapist...(Therapist shuffles through papers sent by referring M.D.). Tell me, Lan, what brings you here today?

Client...My doctor suggested I see you.

Therapist...Did your doctor tell you why?

Client...Yes. (Looking down.)

Therapist...What did he tell you?

Client...(Pause) He told me that he couldn't find a medical reason for feeling tired and weak.

Therapist...Weak? (Surprised tone and look.)
Client...Yes. (Looking down.)

Therapist...Well, let me share with you the notes the doctor sent to me. (Opens folder.) Your doctor says that you are having difficulty sleeping, eating and having frequent headaches.

Client...Yes, I felt very weak, having no energy.

Therapist...So your doctor thinks that your not eating, difficulty sleeping and frequent headaches are because you are depressed?

Client...I feel sad sometimes.

Therapist...Has being sad affected your daily tasks?

Client...(No verbal response, looks at therapist confused.)

Therapist...Let me put that another way. Has feeling sad made it difficult for you to keep up with your duties as a wife and mother?

Client...Yes, I am always tired and have a difficult time completing my duties. (Pause) I get no enjoyment out of my duties anymore.

Therapist...So you used to enjoy these duties?

Client...Yes, until we moved to the United States.
Therapist...Does moving to the United States make you unhappy?

Client...I know I should be happy about coming to the United States. That's what my husband wants, but I feel sad and miss my own family at home.

Therapist...Well let's focus on some things that might make your duties more enjoyable. One of the things you talked about was always feeling tired. I suspect some of that may be from your difficulties with sleeping and eating. I suggest that you try and eat small meals five to six times a day. Oftentimes when we don't eat right, it takes away all of our energy. Also, I suspect that you may feel lonely and that many of the American ways still seem very strange to you.

Client...(Looks up.) Yes, very different from Vietnam, don't understand American culture.

Therapist...what you may want to do is try and understand some of the ways of Americans by watching T.V. programs about Americans so you may better understand some of the customs and cultures. I think gaining a better understanding of the American culture and ways may also take some of your sadness away, in that you
may not feel so out of place. You know it is only natural to feel sad when you leave family and friends and come to a new place much different than what you were used to. Maybe gaining an idea of the culture may make you feel more comfortable and allow you to determine to what degree you may choose to blend the cultures together for you. I am sure you will find things you will like and dislike about American culture. Remember, you can't expect to understand all aspects of the American culture at once, just as I couldn't be expected to understand the Vietnamese culture in six months.

Therapist...(After a pause), I also know of a group in town of people like yourself who have experienced difficulty adjusting and sadness to leaving their native country. I would like to give you the name and the phone number of a group that is made up of Vietnamese people who have been through exactly what you are experiencing and, hopefully, they can provide support and friendship while you go through these difficult times.

Client...(Looks up.) Yes, thank you (smiles).

Therapist...(Writes name and number on the back of a card for client to
(Therapist and client rise, shake hands and bow, session terminated.)

## Appropriate Inappropriate

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contact.) I would be happy to contact this group for you if you would like me to?

Client...Yes, that would be fine.

Therapist...I will contact this group and tell them to be expecting a call from you in the next few days.

Client...(Non-verbal, shakes head in agreement).

Therapist...Let me summarize what we have talked about today. Remember, we are going to try to eat five or six small meals a day, use the T.V. to try and understand more about the culture and contact the group we talked about that hopefully can provide support and warmth for you. Please remember (understanding tone) that it takes time to adjust to new things and many of your feelings are natural and experienced by many people in your type of situation.

Therapist...If you would like to sit down and talk some more, I would be more than pleased to see you again. Here is my card and my number and if there is anything that I can help you with, please feel free to call.

(Therapist and client rise, shake hands and bow, session terminated.)
MEXICAN-AMERICAN

Ricardo Carlos, age 17. Lived in the United States approximately one year. Lives with his mother and father and two younger brothers. Father has lived in the United States for the past four years, recently sent for family. Low socioeconomic status, rural community. Family are orchard workers. Ricardo works in the orchard after school and on weekends. Twelfth grade student, naturally bright. Referred to school counselor for failing grades and excessive absences.

Therapist-white male-age 45, school counselor five years.

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<td>Therapist...Good morning Ricardo, my name is Mr. Smith, come in and have a seat. (Very friendly, counselor and client shake hands.)</td>
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<tr>
<td>Client...Good morning.</td>
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<tr>
<td>Therapist...What can I do for you today? (Very formal posture sitting straight up in seat.)</td>
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<tr>
<td>Client...Mrs. White thought it would be a good idea to see you. (Client looking down.)</td>
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<tr>
<td>Therapist...Did she tell you why she wanted you to see me? (Good eye contact.)</td>
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<td>Client...(Low tone of voice.) Yes.</td>
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<td>Therapist...(Pause) What did she tell you? (Somewhat short toned.)</td>
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<td>Client...She said I wasn't working up to my potential in school. (Ashamed look.)</td>
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Appropriate  Inappropriate

Therapist...(Inquisitive tone.) Why is that?

Client...(Pause approximately five seconds, formal posture.) I don't know, I try my hardest.

Therapist...Well, let's look through your records. (Shuffles through some papers.)

Therapist...Your records show you are a bright young man, capable of very good grades. (Pause) What worries me is that you are out sick approximately 1 1/2 days each week. Are you having health problems? (Normal tone.)

Client...No sir. (Clasps hands and looks down.)

Therapist...Why do you miss so much school then?

Client...Non-verbal, looks down.)

Therapist...Are you having family problems? (Neutral tone.)

Client...(Quickly) No. (Somewhat assertive tone.)

Therapist...Drug problems?

Client...(Quickly) No.

Therapist...What then? (Somewhat frustrated tone.)
Appropriate  Inappropriate

Therapist...We're going to be here all day if we have to play guessing games.

Client...I need to work, earn money. (Somewhat assertive.)

Therapist...What could you want that is more important than an education?

Client...(Assertive.) To make sure my family has enough to eat.

Therapist...Are you saying your father doesn't make enough money to take care of your family?

Client...(Angry tone.) My father works hard, his job just doesn't pay enough.

Therapist...Has your father asked you to help financially with the family?

Client...(Assertive.) No, it is my responsibility. Besides, I won't get a better job just because I have a high school education.

Therapist...(Caring tone.) Let's deal with the original problem first, that of your missing so much school. I don't know if you were aware or not that we have a work program through the school that allows you to both earn money and credits at the same time.
Client...(Quickly sits up in chair shows interest.)
No, I wasn't.

Therapist...Well, let me tell you how it works. We have made arrangements with various businesses in town to work as a cooperative with the school giving the students a chance to experience a variety of work environments, earn money and still get high school credits. Tell me Ricardo, have you thought about what you might like to do after high school?

Client...Well, I thought about restaurant management but I don't know if that is realistic.

Therapist...Well Ricardo, you definitely are a very bright young man and I sense if you put your mind to it, you could succeed at whatever you undertake. Anyway, we have a co-op with the restaurant in town that allows students to explore all options of the restaurant business from dishwasher to cashier, waiter and helping the manager do schedules and count receipts, etc. Do you think you would be interested?

Client...Yes, that sounds exciting. (Looks up, very attentive.)
Therapist...The job pays minimum wage and you can work up to 24 hours per week. Would that allow you to attend school and help your family?

Client...Yes sir. (Excited.)

Therapist...Well let's make some calls and see what we can get set up. After we try to get this addressed, I think we need to explore your other future plans. I am concerned for whatever reason that you don't think that either the opportunities or your abilities will allow you to further your education.

Client...Yes, I'd like that. (Session fades.)
Appendix C

Human Subjects Institutional Review Board Approval
Date: January 28, 1991
To: Michael J. Laird
From: Mary Anne Bunda, Chair
Re: HSIRB Project Number: 91-01-23

This letter will serve as confirmation that your research protocol, "The Development of an Instrument for Multicultural Counseling Effectiveness," has been approved under the exempt category of review by the HSIRB. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the approval application.

You must seek reapproval for any changes in this design. You must also seek reapproval if the project extends beyond the termination date.

The Board wishes you success in the pursuit of your research goals.

xc: Joseph R. Morris, CECB

Approval Termination: January 28, 1992
Appendix D

Personal Information (Subjects)
PERSONAL INFORMATION

AGE_____________________

SEX_____________________

RACE_____________________

UNDERGRADUATE DEGREE

_______ HUMAN SERVICES
          (Psychology, Social Work, Sociology)

_______ BUSINESS

_______ EDUCATION

_______ LIBERAL ARTS

_______ OTHER (Please Describe)______________________________

GRADUATE CURRICULUM (Please Describe)_______________________

______________________________

BIOLOGICAL FAMILY SOCIOECONOMIC STATUS

______ 12,000 or less

______ 12,000 - 24,000

______ 24,001 - 36,000

______ 36,001 - 48,000

______ 48,001 or more
Appendix E

Personal Information (Raters)
PERSONAL INFORMATION

NAME:___________________________________RACE:_________

PROFESSION:___________________________________________

HIGHEST DEGREE
EARNED/UNIVERSITY:____________________________________

LICENSE OR
CERTIFICATION:________________________________________

PROFESSIONAL
ORGANIZATIONS:________________________________________

YEARS IN FIELD (Please specify e.g. counseling, teaching, etc.):

SPECIALTY IN FIELD:____________________________________

COUNTRY OF BIRTH:_______________________________________

YEARS IN U.S. (If applicable):_____________________________

CURRENT POSITION:______________________________________

PLEASE IDENTIFY PREVIOUS WORK EXPERIENCES, THE NATURE
OF YOUR WORK AND MULTICULTURAL POPULATION SERVICED:

PREVIOUS POSITIONS | DUTIES | MULTICULTURAL, POPULATION, E.G. *BLACK, MEXICAN, ASIAN, ARABIC/
| | MEXICAN, ETC. |

1. | | |
2. | | |
3. | | |
4. | | |

COMMENTS:_____________________________________________

*AMERICAN BORN BLACK AMERICANS
Appendix F

Information Letter (Raters)

83
Dear Participant:

Your name has been recommended to me by a colleague as a valuable resource person for validation of an instrument I am attempting to develop regarding multicultural counseling.

The instrument is designed to determine subjects' ability to identify variables that affect therapeutic process in multi-cultural counseling situations. Following validation of the three proposed vignettes (Mexican-American, Asian-American (Vietnamese), and Black-American), the vignettes will be placed on video tape and shown to approximately 50 graduates students of various race and background asking them to respond to the instrument (vignettes) currently being validated. The results, including exploration of ancillary variables of race, educational background, family socioeconomic status, subject's sex and undergraduate degree, will be reported in an attempt to determine variables affecting multicultural awareness as well as determining trainee's readiness to participate in multicultural counseling situations.

It is my contention that we are not preparing competent/sensitive multicultural counselors and it is my hope that this instrument may lead to a re-evaluation of our methods of training culturally sensitive therapists.

Your responses to these vignettes will be kept confidential and any additional written comments, recommendations or resources that you may be able to add to this research would be greatly appreciated.

Sincerely,

Michael J. Laird, MA

ML: la
Appendix G

Instruction Letter (Raters)
Dear Participant:

Attached you will find a vignette pertaining to a multicultural counseling session. Please review each counselor/therapist statement/response and its appropriateness for conducting therapy with someone of the stated culture. Following the determination of the appropriateness/inappropriateness of each statement, please write the level of confidence to which you have in your response. The level of confidence is set up on a five point Likert scale with one representing uncertainty of the appropriateness or inappropriateness of the therapist's statement with number five representing high level of confidence that the statement is either appropriate or inappropriate.

After rating the vignette, please fill out the attached personal information sheet. This data will be used to validate this instrument based on rater's race, expertise, years of counseling experience and education. Participant's names will not be used in this study and confidentiality is assured. Upon completion of both the rating and the vignettes and the completion of the personal data sheet, please return the data sheet and vignette rating to me in the enclosed self addressed, stamped envelope.

Your cooperation and willingness to participate in the validation of this instrument is greatly appreciated. If you have any questions or would like a brief report on the findings of this research, please feel free to contact me:

Michael Laird, MA
1312 Oakland Drive
Kalamazoo, MI 49008

Work - Monday thru Friday
8:00 a.m. to 5:00 p.m.
(616)385-2943

Home - (616)329-3286

Sincerely,

Michael Laird, MA
Appendix H

Vignette Script Raters
BLACK-AMERICAN

Michael Jones, 18-year-old urban Black. Twelfth grade high school student. Family low socioeconomic status. single parent home (mother). Two younger half brothers. Past difficulties with the law, shoplifting times two, curfew violation times five, joyriding times one. Referred by court due to excessive school truancy.

Therapist-white male age 40, working in an urban Community Mental Health Center times six months.

**Appropriate Inappropriate**

<table>
<thead>
<tr>
<th>Level of Confidence</th>
<th>Therapist...Come on in Michael, have a seat. (Attempts to shake client's hand, client refuses, client takes chair and moves it away from the therapist. (Therapist takes as seat.)</th>
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<td>Uncertain 1 2 3 4 5 Certain</td>
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<tr>
<th>Level of Confidence</th>
<th>Therapist...I sense some resistance on your part to being here. (Soft caring tone.)</th>
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<th>Level of Confidence</th>
<th>Therapist...I take it you have better things to do than waste your time here. (Therapist very relaxed and comfortable.)</th>
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<tr>
<th>Level of Confidence</th>
<th>Client...(Angry tone,) Because if I don't show up my PO is going to put me in jail.</th>
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<th>Level of Confidence</th>
<th>Therapist...I guess that's a good reason to attend. (Pause) I mean putting up with me for an hour a week</th>
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can't be as bad as jail. (Therapist smiles.)

Client...(Non-verbal, smiles.)

**Appropriate Inappropriate**

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<tr>
<td>Therapist...Where did you tell your friends you were going?</td>
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<td>Client...Oh, you know I was hanging out with my friends and all the girls, having sex and drinking, getting home late and missing school. (Looks for therapist's reaction, testing therapist for judgment.)</td>
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<td>Therapist...(Raises eyebrows, sits up in seat.) Every night?</td>
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<td>Client...(Returns to defensive posture.) Yeah.</td>
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<td>Therapist...Why do you do that? (Caring tone.)</td>
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<td>Client...Everyone else does. (Maintains defensive posture.)</td>
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Appropriate Inappropriate

Level of Confidence
Uncertain 1 2 3 4 5 Certain

Therapist... (Recovers session.) So to stay cool and tight with your group, you need to do this?

Client... Yeah, but I wanna do it too. (Sits up.)

Level of Confidence
Uncertain 1 2 3 4 5 Certain

Therapist... I can understand that, sounds like you think it is a lot of fun.

Client... It is, but does it make me crazy? (Looking at therapist for answer.)

Level of Confidence
Uncertain 1 2 3 4 5 Certain

Therapist... I don't think so. Sounds like you are worried your friends won't like you if you don't do this with them?

Client... That's part of it, the other part is I don't learn anything at school.

Level of Confidence
Uncertain 1 2 3 4 5 Certain

Therapist... You only get out what you put in, (shuffling papers) and from looking at this, you don't put a lot of time in. (Confrontive.)

Level of Confidence
Uncertain 1 2 3 4 5 Certain

Therapist... (Assertive tone of voice.) You need to make a hard-line decision between attending school and possibly going to jail. No one can make the decision for you, you need to determine what is right for you. I also see by these reports that part of your parole is coming to see me once a week. These sessions can be as helpful
as you want them to be or they can be a waste of your time and mine. You're the one who needs to figure out what you are going to do in here. (Pause) You need to decide what Michael wants out of this, because I can give you all the psychological mumbo jumbo, but unless we work, together we are both wasting out time.

Client...(Looks up.) Well what do we need to work on?

<table>
<thead>
<tr>
<th>Appropriate</th>
<th>Inappropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level of Confidence</strong></td>
<td><strong>Level of Confidence</strong></td>
</tr>
<tr>
<td>Uncertain 1 2 3 4 5 Certain</td>
<td></td>
</tr>
</tbody>
</table>

Therapist...First, making sure you get to school and stay out of jail.

Client...(Angry tone.) I don't want to go to jail.

Therapist...Then what you need to do is to adjust your schedule so that you are not out late every single night, wake up and get to school and put forth some effort just to see if maybe you can get something out of it.

Client...I've tried that before and it didn't work.

Therapist...Maybe you need to try again because school is not a lot different than therapy. You need to determine what exactly you want to get out of it.

Client...(Angry tone.) I told you I'd try. (Defensive posture again.)
Therapist...I suspect Michael, one of the things that influences how hard you try is your belief that it may not be cool to work hard in school and that it may cause problems with your friends, however, you're a young man now, it is time you decide what you are gonna do for the rest of your life. I doubt highly that you can make a decent living hanging out all the time with your friends. (Session fades.)
ASIAN-AMERICANS (VIETNAMESE)


First session, referred by an M.D. Presenting problems of possible depression and adjustment difficulties. Therapist-white male, 40 years old.

<table>
<thead>
<tr>
<th>Appropriate</th>
<th>Inappropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of Confidence</td>
<td>Therapist...Hi Lan, I'm Dr. Smith. Come on in and have a seat. (Therapist and client shake hands, client bows, therapist bows, client takes a seat. Limited personal space between therapist and client, small table between them.)</td>
</tr>
<tr>
<td>Uncertain 1 2 3 4 5 Certain</td>
<td></td>
</tr>
</tbody>
</table>

| Level of Confidence | Therapist...(Therapist shuffles through papers sent by referring M.D.). Tell me, Lan, what brings you here today? |
| Uncertain 1 2 3 4 5 Certain |

| Level of Confidence | Client...My doctor suggested I see you. |
| Uncertain 1 2 3 4 5 Certain |

| Level of Confidence | Therapist...Did your doctor tell you why? |
| Uncertain 1 2 3 4 5 Certain |

| Level of Confidence | Client...Yes. (Looking down.) |
| Uncertain 1 2 3 4 5 Certain |

| Level of Confidence | Therapist...What did he tell you? |
| Uncertain 1 2 3 4 5 Certain |

| Level of Confidence | Client...(Pause) He told me that he couldn't find a medical reason for feeling tired and weak. |
| Uncertain 1 2 3 4 5 Certain |

| Level of Confidence | Therapist...Weak? (Surprised tone and look.) |
| Uncertain 1 2 3 4 5 Certain |
Client...Yes. (Looking down.)

Therapist...Well, let me share with you the notes the doctor sent to me. (Opens folder.) Your doctor says that you are having difficulty sleeping, eating and having frequent headaches.

Client...Yes, I felt very weak, having no energy.

Therapist...So your doctor thinks that your not eating, difficulty sleeping and frequent headaches are because you are depressed?

Client...I feel sad sometimes.

Therapist...Has being sad affected your daily tasks?

Client... (No verbal response, looks at therapist confused.)

Therapist...Let me put that another way. Has feeling sad made it difficult for you to keep up with your duties as a wife and mother?

Client...Yes, I am always tired and have a difficult time completing my duties. (Pause) I get no enjoyment out of my duties anymore.

Therapist...So you used to enjoy these duties?

Client...Yes, until we moved to the United States.
Therapist...Does moving to the United States make you unhappy?

Client...I know I should be happy about coming to the United States. That's what my husband wants, but I feel sad and miss my own family at home.

Therapist...Well let's focus on some things that might make your duties more enjoyable. One of the things you talked about was always feeling tired. I suspect some of that may be from your difficulties with sleeping and eating. I suggest that you try and eat small meals five to six times a day. Oftentimes when we don't eat right, it takes away all of our energy. Also, I suspect that you may feel lonely and that many of the American ways still seem very strange to you.

Client...(Looks up.) Yes, very different from Vietnam, don't understand American culture.

Therapist...what you may want to do is try and understand some of the ways of Americans by watching T.V. programs about Americans so you may better understand some of the customs and cultures. I think gaining a better understanding of the American culture and ways may also take some of your sadness away, in that you
may not feel so out of place. You know it is only natural to feel sad when you leave family and friends and come to a new place much different than what you were used to. Maybe gaining an idea of the culture may make you feel more comfortable and allow you to determine to what degree you may choose to blend the cultures together for you. I am sure you will find things you will like and dislike about American culture. Remember, you can't expect to understand all aspects of the American culture at once, just as I couldn't be expected to understand the Vietnamese culture in six months.

Appropriate Inappropriate

Therapist...(After a pause), I also know of a group in town of people like yourself who have experienced difficulty adjusting and sadness to leaving their native country. I would like to give you the name and the phone number of a group that is made up of Vietnamese people who have been through exactly what you are experiencing and, hopefully, they can provide support and friendship while you go through these difficult times.

Client...(Looks up.) Yes, thank you (smiles).

Level of Confidence
Uncertain 1 2 3 4 5 Certain

Therapist...(Writes name and number on the back of a card for client to reproduce with permission of the copyright owner. Further reproduction prohibited without permission.
contact.) I would be happy to contact this group for you if you would like me to?

Client...Yes, that would be fine.

**Appropriate Inappropriate**

**Therapist...**I will contact this group and tell them to be expecting a call from you in the next few days.

Client...(Non-verbal, shakes head in agreement).

**Therapist...**Let me summarize what we have talked about today. Remember, we are going to try to eat five or six small meals a day, use the T.V. to try and understand more about the culture and contact the group we talked about that hopefully can provide support and warmth for you. Please remember (understanding tone) that it takes time to adjust to new things and many of your feelings are natural and experienced by many people in your type of situation.

**Therapist...**If you would like to sit down and talk some more, I would be more than pleased to see you again. Here is my card and my number and if there is anything that I can help you with, please feel free to call.

(Therapist and client rise, shake hands and bow, session terminated.)
**MEXICAN-AMERICAN**

Ricardo Carlos, age 17. Lived in the United States approximately one year. Lives with his mother and father and two younger brothers. Father has lived in the United States for the past four years, recently sent for family. Low socioeconomic status, rural community. Family are orchard workers. Ricardo works in the orchard after school and on weekends. Twelfth grade student, naturally bright. Referred to school counselor for failing grades and excessive absences.

Therapist-white male-age 45, school counselor five years.

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<thead>
<tr>
<th>Appropriate</th>
<th>Inappropriate</th>
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</thead>
<tbody>
<tr>
<td>Level of Confidence</td>
<td>Therapist...Good morning Ricardo, my name is Mr. Smith, come in and have a seat. (Very friendly, counselor and client shake hands.)</td>
</tr>
<tr>
<td>Uncertain 1 2 3 4 5 Certain</td>
<td></td>
</tr>
</tbody>
</table>

Client...Good morning.

| Level of Confidence | Therapist...What can I do for you today? (Very formal posture sitting straight up in seat.) |
| Uncertain 1 2 3 4 5 Certain |

Client...Mrs. White thought it would be a good idea to see you. (Client looking down.)

| Level of Confidence | Therapist...Did she tell you why she wanted you to see me? (Good eye contact.) |
| Uncertain 1 2 3 4 5 Certain |

Client...(Low tone of voice.) Yes.

| Level of Confidence | Therapist...(Pause) What did she tell you? (Somewhat short toned.) |
| Uncertain 1 2 3 4 5 Certain |

Client...She said I wasn't working up to my potential in school. (Ashamed look.)
Therapist... (Inquisitive tone.) Why is that?

Client... (Pause approximately five seconds, formal posture.) I don't know, I try my hardest.

Therapist... Well, let's look through your records. (Shuffles through some papers.)

Therapist... Your records show you are a bright young man, capable of very good grades. (Pause) What worries me is that you are out sick approximately 1 1/2 days each week. Are you having health problems? (Normal tone.)

Client... No sir. (Clasps hands and looks down.)

Therapist... Why do you miss so much school then?

Client... Non-verbal, looks down.

Therapist... Are you having family problems? (Neutral tone.)

Client... (Quickly) No. (Somewhat assertive tone.)

Therapist... Drug problems?

Client... (Quickly) No.

Therapist... What then? (Somewhat frustrated tone.)
Appropriate Inappropriate

Level of Confidence Uncertain 1 2 3 4 5 Certain

Therapist...We're going to be here all day if we have to play guessing games.

Client...I need to work, earn money. (Somewhat assertive.)

Level of Confidence Uncertain 1 2 3 4 5 Certain

Therapist...What could you want that is more important than an education?

Client...(Assertive.) To make sure my family has enough to eat.

Level of Confidence Uncertain 1 2 3 4 5 Certain

Therapist...Are you saying your father doesn't make enough money to take care of your family?

Client...(Angry tone.) My father works hard, his job just doesn't pay enough.

Level of Confidence Uncertain 1 2 3 4 5 Certain

Therapist...Has your father asked you to help financially with the family?

Client...(Assertive.) No, it is my responsibility. Besides, I won't get a better job just because I have a high school education.

Level of Confidence Uncertain 1 2 3 4 5 Certain

Therapist...(Caring tone.) Let's deal with the original problem first, that of your missing so much school. I don't know if you were aware or not that we have a work program through the school that allows you to both earn money and credits at the same time.
Client...(Quickly sits up in chair shows interest.)
No, I wasn't.

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<th>Appropriate</th>
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<tbody>
<tr>
<td>Level of Confidence</td>
<td>Uncertain 1 2 3 4 5 Certain</td>
</tr>
</tbody>
</table>

Therapist...Well, let me tell you how it works. We have made arrangements with various businesses in town to work as a cooperative with the school giving the students a chance to experience a variety of work environments, earn money and still get high school credits. Tell me Ricardo, have you thought about what you might like to do after high school?

Client...Well, I thought about restaurant management but I don't know if that is realistic.

Therapist...Well Ricardo, you definitely are a very bright young man and I sense if you put your mind to it, you could succeed at whatever you undertake. Anyway, we have a co-op with the restaurant in town that allows students to explore all options of the restaurant business from dishwasher to cashier, waiter and helping the manager do schedules and count receipts, etc. Do you think you would be interested?

Client...Yes, that sounds exciting. (Looks up, very attentive.)
Appropriate Inappropriate

Level of Confidence
Uncertain 1 2 3 4 5 Certain

Therapist...The job pays minimum wage and you can work up to 24 hours per week. Would that allow you to attend school and help your family?

Client...Yes sir.
(Excited.)

Therapist...Well let's make some calls and see what we can get set up. After we try to get this addressed, I think we need to explore your other future plans. I am concerned for whatever reason that you don't think that either the opportunities or your abilities will allow you to further your education.

Client...Yes, I'd like that. (Session fades.)
Appendix I

Individual Script Performance for Participants With Formal and No Formal Multicultural Counseling
# Total Test Performance: Independent Variable of Level of Multicultural Training

<table>
<thead>
<tr>
<th></th>
<th>Total Test Performance</th>
<th>Total Sample</th>
<th>Black Script</th>
<th>Mexican Script</th>
<th>Asian Script</th>
</tr>
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<tbody>
<tr>
<td><strong>Formalized Multicultural Training</strong></td>
<td></td>
<td>N = 20</td>
<td>N = 20</td>
<td>N = 20</td>
<td>N = 20</td>
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<tr>
<td>Mean</td>
<td>34.55</td>
<td>11.05</td>
<td>12.70</td>
<td>10.80</td>
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<tr>
<td>Standard Deviation</td>
<td>3.53</td>
<td>1.63</td>
<td>2.15</td>
<td>1.39</td>
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<tr>
<td><strong>No Formalized Multicultural Training</strong></td>
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<td>N = 40</td>
<td>N = 40</td>
<td>N = 40</td>
<td>N = 40</td>
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<tr>
<td>Mean</td>
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<td>10.27</td>
<td>12.92</td>
<td>10.97</td>
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<tr>
<td>Standard Deviation</td>
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<td>2.20</td>
<td>1.40</td>
<td>1.83</td>
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</tbody>
</table>
Appendix J

Total Test Performance: Independent Variable Gender, Participants With and Without Formal Multicultural Training
**TOTAL TEST PERFORMANCE: INDEPENDENT VARIABLE OF GENDER**

<table>
<thead>
<tr>
<th>FORMALIZED MULTICULTURAL TRAINING</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MALES</strong></td>
</tr>
<tr>
<td>Individual Script Performance</td>
</tr>
<tr>
<td>Total Sample</td>
</tr>
<tr>
<td>Black Script N = 7</td>
</tr>
<tr>
<td>Mexican Script N = 7</td>
</tr>
<tr>
<td>Asian Script N = 7</td>
</tr>
<tr>
<td>Mean</td>
</tr>
<tr>
<td>32.86</td>
</tr>
<tr>
<td>Standard Deviation</td>
</tr>
<tr>
<td>3.14</td>
</tr>
</tbody>
</table>

| **FEMALES**                         |
| Individual Script Performance      |
| Total Sample                       |
| Black Script N = 13                |
| Mexican Script N = 13              |
| Asian Script N = 13                |
| Mean                               |
| 35.76                              |
| Standard Deviation                 |
| 3.19                               |

<table>
<thead>
<tr>
<th><strong>NO FORMALIZED MULTICULTURAL TRAINING</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MALES</strong></td>
</tr>
<tr>
<td>Individual Script Performance</td>
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<tr>
<td>Total Sample</td>
</tr>
<tr>
<td>Black Script N = 10</td>
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<tr>
<td>Mexican Script N = 10</td>
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<tr>
<td>Asian Script N = 10</td>
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<tr>
<td>Mean</td>
</tr>
<tr>
<td>33.80</td>
</tr>
<tr>
<td>Standard Deviation</td>
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<td>1.47</td>
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</table>
TOTAL TEST PERFORMANCE: INDEPENDENT VARIABLE 
OF GENDER

NO FORMALIZED MULTICULTURAL TRAINING 
FEMALES

<table>
<thead>
<tr>
<th>Individual Script Performance</th>
<th>Total Sample</th>
<th>Black Script Sample</th>
<th>Mexican Script Sample</th>
<th>Asian Script Sample</th>
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<tbody>
<tr>
<td>Mean</td>
<td>34.30</td>
<td>10.20</td>
<td>13.00</td>
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<tr>
<td>Standard Deviation</td>
<td>3.43</td>
<td>2.36</td>
<td>1.46</td>
<td>1.90</td>
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Appendix K

One-Way Analysis of Variance Independent Variable of Age, Individual Script Performance Participants With No Formal Training
ONE-WAY ANALYSIS OF VARIANCE OF THE DEPENDENT VARIABLE OF ABILITY TO IDENTIFY CULTURAL VARIABLES AFFECTING THERAPEUTIC PROCESS ON INDIVIDUAL SCRIPTS AND THE INDEPENDENT VARIABLE OF AGE

<table>
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<th>Source</th>
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<td>Total</td>
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NO FORMALIZED MULTICULTURAL TRAINING MEXICAN SCRIPT

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<tr>
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NO FORMALIZED MULTICULTURAL TRAINING ASIAN SCRIPT

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<tr>
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Effective psychotherapy for low-income and minority patients (pp. 117-145). New York: Plenum Press.


