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THE DEVELOPMENT OF MULTICULTURAL COUNSELING COMPETENCIES BY USING SERVICE LEARNING

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THE DEVELOPMENT OF MULTICULTURAL COUNSELING COMPETENCIES BY
UTILIZING SERVICE LEARNING

by

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DISSERTATION

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Abstract

Forty-six counselors-in-masters-level-training ($n = 46$) from the Southeast and Midwest provided demographic information and responded to the self-report *Multicultural Counseling Inventory (MCI)* and to multicultural counseling scenarios at the beginning of their multicultural counseling class and again at the end of their class. The primary question asked in this study was whether multicultural counseling graduate classes with service learning were more effective than those without service learning in developing multicultural counseling competencies. Consistent with the literature, racial/ethnic self-designation were found to be significantly related to *MCI* and *Cross Cultural Counseling Inventory-Revised (CCCI-R)* scores. Findings regarding the research questions were inconclusive as no statistically significant differences were found between classes with service learning and those without service learning. Additional research with improved research design was recommended.

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Chapter 1

Introduction

Between 2000 and 2050, the United States Bureau of Census (2004) projects an increase in the number of ethnic minority people in the population. The African American population is projected to rise from 12.7% to 14.5%; Asian and Pacific Islanders are anticipated to increase from 3.8% to 8.0%; and Hispanics are projected to increase from 12.6% to 24.4%. All other races (which might include American Indian, Alaskan Native, Native Hawaiian and other Pacific Islanders, and biracial or multiracial individuals) are projected to increase from 2.5% to 5.3%. The White, non-Hispanic population is projected to decrease from 69.4% to 50.1% of the overall population. Growth in the racial and ethnic minority population can in part be attributed to the increase in current immigration rates, differential birth rates among Whites and racial and ethnic minority populations, and current immigration patterns (Sue, Arredondo, & McDavis, 1992). Over the years, it has been stressed that counselors living in such a pluralistic society need to be prepared to work with individuals coming from varying ethnic backgrounds (D'Andrea, Daniels, & Heck, 1991).

Warnings of counselor training program inadequacies and training recommendations for multicultural training programs have come from numerous conferences in psychology and graduate education, such as of the 1973 Vail Conference, the 1975 Austin Conference, the ACES Commission on Non-White Concerns in 1978, the President's Commission on Mental Health in 1978, the Dulles Conference in 1978, and the National Conference on Graduate Education in Psychology in 1987 (Sue & Arredondo, 1992). A large amount of literature exists documenting the ineffectiveness of traditional counseling approaches and techniques when applied to ethnic

and racial minority populations (Bernal & Padilla, 1982; Casas, 1982; Casas, Ponterotto, & Gutierrez, 1986; Ibrahim & Arredondo, 1986; Smith, 1982; Sue, 1990; Sue et al., 1982).

Wrenn (1962) and Pederson (1990) discussed criticisms of the mental health field regarding the provision of culturally sensitive counselor training. These criticisms included: (a) the mental health field has been culturally encapsulated, (b) the field has failed to provide training experiences which are relevant to minorities, and (c) the field has not addressed White racism in educators of counselors and practicing counselors. Bernal and Padilla (1982) reported that only 41% of psychology programs studied offered one or more multicultural courses. According to Sue et al. (1982), the mental health literature has failed to create a realistic understanding of numerous ethnic groups in the United States. Some ethnic groups have been ignored or have been portrayed as racially inferior. Sue et al. (1982) reported that counseling often represents the status quo or the dominant culture's values which results in many minority groups viewing the mental health professional as engaging in a form of cultural oppression.

There are hopeful signs, however. In 1979, the American Psychological Association passed a resolution encouraging all psychology departments and training programs to train students to function in a multicultural environment. In 1981, minimal cross-cultural counseling competencies were developed which were incorporated into counseling training programs (Davis-Russell, 1990). One of those adopted standards was a recommendation that culturally sensitive and relevant counseling strategies were to be developed to match the lifestyles, cultural values, and sociopolitical realities of being a minority client.

According to a 1995 survey, nearly 90% of doctoral counseling training programs required graduates to complete a multicultural course (Ponterotto, 1997). Such a number is in contrast to

1985 when only 59% of counseling psychology doctoral programs required graduate students to complete a multicultural course (Hills & Strozier, 1992), and 1975 when the rate was 21% (Bernal & Padilla, 1982). In August, 2002, the American Psychological Association adopted multicultural guidelines for educational institutions, training programs, research, organizations, and practice. The Association for Multicultural Counseling and Development approved a document outlining the justification and need for multicultural counseling perspective in April 1991 (Sue, Arredondo, & McDavis, 1992). The *Journal for Multicultural Counseling and Development* and the *Journal of Counseling & Development* jointly published an article by Sue et al., (1992) in which the authors outlined the rationale and need for a multicultural perspective in counseling, as well as, a conceptual framework for cross-cultural counseling competencies. This 1992 article outlined the characteristics for Beliefs and Attitudes, Knowledge, and Skills. The American Counseling Association (ACA) has recommended that counselors respond to cultural issues and develop understanding and skills to recognize how culture influences the counseling relationship (ACA, 1995, Section A.2.b).

Additionally, the accreditation standards of programs in counseling place an emphasis on cultural diversity. According to the standards of the Council for Accreditation of Counseling and Related Educational Programs (CACREP), counselor training programs should “reflect the present and projected needs of a pluralistic society” (CACREP, 2001, Section II.B.2). In 2005, the American Counseling Association indicated in their mission statement that ACA shall use “the practice of counseling to promote respect for human dignity and diversity” (p. 2). ACA’s Code of Ethics Preamble further states that “association members recognize diversity and embrace a cross-cultural approach in support of the worth, dignity, potential, and uniqueness of

people within their social and cultural contexts” (p. 3). The professional standards, the needs of increasingly diverse clients, and counselor trainee development all speak to the importance of developing multicultural competencies.

Definition of multicultural counselor competency

The multiculturally competent counselor is able to effectively use awareness, knowledge, and skills in serving the client. Awareness can be operationalized to include an inventory of one’s emotional reactions toward others, a willingness to compare and contrast views in a nonjudgmental manner, and a consciousness of stereotypes held toward other diverse groups (Arredondo et al., 1996). The counselor’s knowledge of the client and his/her worldview involves that counselor’s possession of specific information about the group to which the client belongs and the literature available for that client’s racial/ethnic identity development. Finally, to become a culturally skilled counselor, one must develop appropriate intervention techniques and approaches (Sue et al., 1992). Awareness, knowledge, and skills are interdependent. One can have one without the other, but to be effective, one needs all three (Pedersen, 1981; Sue et al., 1982).

Pedersen (1981) assessed multicultural training programs and the reasons some of them failed. Pedersen indicated that: (a) some programs overemphasized awareness to the point of minimizing knowledge and skills, (b) others overemphasized knowledge at the expense of awareness and skills, and (c) and still others jumped to skills without doing any learning of awareness and knowledge. More recently, Toporek (2001) found that there continues to be an emphasis on awareness and knowledge in counselor training programs without the investment of behavioral learning to develop the skills needed to provide culturally appropriate interventions.

Awareness and knowledge alone do not make for culturally competent practice (Bernal & Castro, 1994; Quintana & Bernal, 1995). Sue et al. (1992) expressed concern that counselor trainees are not receiving enough practical experience in their training. In other words, they are not receiving enough skill development. Often training is more of an intellectual exercise in current training programs.

The literature in multicultural competencies indicates that multicultural experience or activity is an important contributing factor in developing multicultural competence (Carlson, et al., 1998; Manese, Wu, & Mepomuceno, 2001; Tomlinson-Clark, 2000). Likewise, previous multicultural training significantly contributes to counselors feeling multiculturally competent (Carlson et al., 1998; Constantine, 2001a; Sadowsky, et al., 1998; Vinson & Neimeyer, 2000).

This finding regarding the importance of experience is not surprising when considering theories of learning. Learning has been defined as “an inferred change in the organism’s mental state which results from experience and which influences in a relatively permanent fashion the organism’s potential for subsequent adaptive behavior” (Tarpy & Mayer, 1978, p. 37). There are several relevant aspects of this definition. First, this definition suggests a potential to change. Second, knowledge must be encoded in the neurological structure of the person. A third note is that learning evolves from experience. A fourth item is that if there is no behavior to observe (in this case as measured by multicultural competencies) then little learning has occurred. Finally, learning must result in permanent change (Tarpy, 1997). In Tarpy’s definition of learning, experience is the key to relatively permanently changing behavior. In applying Tarpy’s definition of learning to multicultural competencies, experience with diverse people would appear to be essential to transforming a counselor trainee into a multiculturally competent counselor.

Overview of experiential learning in multicultural counselor training

Only a few studies have assessed the impact of multicultural contact experiences in the training of counselors. Four studies (Diaz-Lazaro & Cohen, 2001; Heppner & O'Brien, 1994; Merta, Stringham, & Ponterotto, 1998; Mio, 1989) assessed the relevance of cross-cultural contact in counselor training. Each study used qualitative methods to assess what was and was not helpful to students in multicultural counseling courses.

Diaz-Lazaro and Cohen (2001) found that cross-cultural contact positively impacted the development of multicultural competencies. The greater the prior cross-cultural life experience, the higher were students' multicultural competencies at the beginning of the class. Analysis of students' journals at the end of the class suggested that cross-cultural contact, which was a major theme of the class, was important to the development of multicultural competencies.

In the Heppner and O'Brien (1994) study, graduate students perceived experiential components and culturally diverse speakers as the most important part of their training. Students from this study noted that their primary change was in the area of awareness and knowledge. Consistent with D'Andrea, Daniels, and Heck (1991), Heppner and O'Brien indicated that in order to integrate awareness and knowledge into skills, multicultural practicums were needed.

Merta et al. (1998) developed two training units, with the first one consisting primarily of writing, discussion, and lecture and utilizing a primarily cognitive approach. The other unit involved direct, cross-cultural contact between trainees and members of the Arab culture during which time a critical incident was role-played. Two months after the two exercises, students assessed the two-unit exercise using a Likert-type scale to indicate the value of each. Merta et al. concluded that students not only favored the experiential approach but they also remembered the

experience.

Mio (1989) studied the effects of a multicultural counseling course which lasted one semester. Students were divided into two contact experiences – one involved a semester-long, one-to-one exchange with an international student and the other consisted of participant observations of a cultural group, for example, attendance at a cultural event or visiting an ethnic store or restaurant. The paper which students were required to write about their experience was rated by two independent judges. Participants in the one-to-one exchange were rated as having a richer experience than students in the observation groups.

All four of the above studies speak to the importance of experience with a culturally diverse individual or group as key to students' perceptions of becoming multiculturally competent. One method of gaining experience with a culturally diverse individual or group is through service learning.

Service Learning

One method to promote student acquisition of contact and experience with diverse groups is to integrate classroom instruction with community service learning. Although students may have didactic and experiential classroom-based learning experiences prior to beginning practicums or internships, these learning experiences are often limited in scope in terms of addressing the needs of a diverse community. Experiential exercises that incorporate personal involvement with diverse communities can help students move beyond the intellectual process (Pope-Davis, Breaux, & Liu, 1997; Ridley, Mendoza, & Kanitz, 1994). Service learning involves students acquiring greater depth and breadth of experience by involving them in social, cultural, environmental, and other aspects of the community (Burnett, Hamel, & Long, 2004). Service

learning moves away from a “missionary ideology” of working “for” the community toward working “with” the community, embodying the tenets of mutuality, collaboration, and equality – all vital to developing multicultural competencies (Weah, Simmons, & Hall, 2000).

Definition of service learning

The Commission on National and Community Service has defined service learning as a method:

- a) under which students learn and develop through active participation in thoughtfully organized service experiences that meet actual community needs and that are coordinated in collaboration with the school and community;
- b) that is integrated into the students’ academic curriculum or provides structured time for the student to think, talk, or write about what the student did and saw during the actual service activity;
- c) that provides students with opportunities to use newly acquired skills and knowledge in real-life situations in their own communities; and
- d) that enhances what is taught in school by extending student learning beyond the classroom and into the community and helps to foster the development of a sense of caring for others. (Silcox, 1995, p. 25)

Justification

The literature indicates that experience or activity is a significant contributing factor in developing multicultural competence (Carlson et al., 1998; Manese et al., 2001; Tomlinson-Clark, 2000). Likewise, previous multicultural training contributes to counselors feeling multiculturally competent (Carlson et al., 1998; Constantine, 2001a; Sadowsky et al., 1998;

Vinson & Neimeyer, 2000). Studies assessing the impact of multicultural contact experiences in the training of counselors are limited (Diaz-Lazaro & Cohen, 2001; Heppner & O'Brien, 1994; Merta et al., 1998; Mio, 1989; Neville et al., 1996). Only one study explored the potential impact service learning has on multicultural counseling competency when it is incorporated into a graduate counseling course (Burnett et al., 2004). Burnett et al. indicated that service learning enhanced multicultural counseling knowledge, increased examination of cultural bias (awareness), increased community feelings of support, and resulted in an important learning experience for participants. This study based these findings on descriptive statistics rather than further statistically analyzing the results. For example, this study provided the mean scores of the participants' self-performance evaluation responses. This study also did not conduct pre- and post-testing of multicultural counseling competencies. The scarcity, alone, of relevant research related to experience or activity or specifically to service-learning in the field of multicultural counseling training demands that further research be conducted. In addition, the philosophical similarities delineate complementary potential between multicultural counseling and service learning. Likewise, additional opportunities for students to gain multicultural experience are sorely needed in the area of multicultural training. Finally, this writer was unable to find any data regarding the number of multicultural counselor courses which utilize service learning.

Research questions

The development of multicultural counseling skills is the focus of this dissertation. Sue et al. (1982) described skills as the process of actively developing appropriate intervention strategies. Likewise, Pedersen (2000) similarly discussed skills as the ability to intervene. Pedersen described skills as necessary in bringing about appropriate and effective change within the

client's cultural context. Pedersen touted skills as critical to the process of developing multicultural competencies. The skills portion of the multicultural competencies triad applies effective and efficient action to people of different cultures (Pedersen, 2000). Pedersen further stated that individuals who have developed multicultural skills can: (a) effectively plan, provide, and assess training regarding other cultures; (b) appropriately evaluate the needs of an individual from another cultural background; and (c) view, comprehend, and accurately tell about culturally learned behavior.

This study had one research question.

1. Do students in a multicultural training class with service-learning develop more multicultural competencies than classes without a service learning component?

Hypotheses

- H_{a1} A significant difference in the development of multicultural competencies exists between a multicultural class with a service learning component compared to a multicultural class without service learning.

Scope of Study

Students from master's level graduate counseling programs were participants in the study. Working professionals who took multicultural training workshops were not considered, nor were doctoral students. Instead of using multicultural training programs which only integrate multicultural training throughout their graduate training program, this study focused on those programs which offer a semester-long, graduate multicultural course. This study was limited to participants in a graduate multicultural counseling class.

Chapter II

Literature Review

Introduction

This literature review began by introducing the three-stage developmental model for developing multicultural counseling competencies. Racial identity development, racial and ethnic self-designation, social desirability, self-efficacy, theoretical orientation, empathy and prior multicultural training were discussed as potential confounding variables. Experiential learning was reviewed as having a significant impact on the development of multicultural counseling competencies. A case was made for multicultural counseling trainees to receive opportunities for experience, specifically using service learning methodology.

Multicultural counseling, the fourth force in counseling (Pederson, 1990), was defined as counseling which brings together in a helping relationship two or more persons with different worldviews or perceptions of one's social environment. Although Ponterotto (1997) hypothesized that some training programs were at an advantage at ensuring access to diverse clientele in part because of location (large city versus rural community), Lee et al. (1999) surveyed multicultural counselor training supervisors and found that 70% were White/European American. Since such a high percentage of supervisors were found to be White/European American, students may have less opportunity for diverse training experience, at least from supervisors. An estimated 10% of clients served were gay, lesbian, or bisexual. Likewise, supervisors indicated that religion and other forms of cultural diversity, such as socioeconomic class and disability, tend to be common in all areas of the United States. Thus, when one considers cultural diversity, one must think in broader terms than simply race or ethnic

orientation and include religion, socioeconomic class, disability, and sexual orientation (Pope, 1995). In view of this expansive view of cultural diversity, many opportunities to face people who are different than the counseling student may exist.

Multicultural counseling training has assisted counselor trainees to challenge their beliefs and attitudes about difference. Developmental models for multicultural counselor training include the following assumptions: a) “the counselor and the client are both unique and similar”; b) “both the counselor and the client have an ethnic and racial identity and both are at various levels of racial and ethnic awareness”; and c) “students enter counseling courses at different levels of racial identity development” (Brown, Yonker, & Parham, 1996, p. 511). As discussed above, more recently multicultural counseling has been broadened to a more inclusive definition (Das, 1995) which also includes other cultural groups related to sexual orientation, social class, and disabilities and which introduces many more models of identity development.

Based on the work of Sue et al. (1982), a three-stage developmental sequence for developing multicultural competencies was described by Pedersen (2000). The first stage is *multicultural awareness* in which the counselor’s culturally limited notions about health and illness should be challenged. Sue et al. defined awareness as counselors developing an understanding of how they are products of their personal beliefs and attitudes and knowing what those are. *Knowledge*, the second stage, emphasizes counselor comprehension of the world views of culturally different clients. According to Pedersen, it is important to document facts and knowledge to more fully understand the presenting issue or problem within its cultural context. The third phase, *skills*, is built on awareness and applies knowledge to impact change in multicultural settings.

Comprehensive multicultural training which includes skills enables counselors to interact, counsel, interview, advise, and manage their tasks effectively in multicultural settings.

According to Pedersen (2000), if the awareness stage is overlooked and only training in knowledge and skills is provided, then, no matter how effective one's counseling, it may be based on false assumptions. In other words, if the counselor does not have the self-knowledge and awareness of his/her own cultural biases, all the knowledge and skill training will be negatively impacted by that counselor trainee's biases. Conversely, if training does not go beyond awareness, then the individual is operating from only part of the picture. If training in knowledge is overlooked, then the training in awareness and skills will lack grounding in vital information and facts about multicultural context. Skill training must be grounded in prior training in knowledge and awareness. Thus awareness, knowledge, and skills are vital to a successful multiculturally skilled counselor.

Training techniques designed to develop skills include "modeling and demonstration of counseling microskills; using video and media resources for feedback to and from other cultures; supervising and/or being supervised by someone from another culture; practicing of a new behavior pattern to target an intentional change; and practicing writing skills to describe other cultures as they see themselves" (Pedersen, 2000, p. 9). Both culture-general and culture-specific training should be provided to ensure an adequate scope of training. Culture-general training assists individuals to discuss their own cultural beliefs, perspectives, and assumptions about themselves. Culture-specific training generally focuses on a specific cultural group and the values and perspectives of that group.

Pedersen (1981) found three reasons why multicultural training programs may fail: (a) programs placed too great of an emphasis on awareness out of the context of knowledge and skills; (b) on the other hand, programs overemphasized knowledge, left out awareness, and then jumped directly to skills; (c) finally, programs jumped right into skills but students were not taught awareness or knowledge. From what Sue et al. (1982) and Pedersen indicated, it not only appears that skills are needed but these skills must be preceded by awareness and knowledge. Awareness, knowledge, and skills appeared to be interdependent. One cannot have one without the other if successful multicultural competency is to be achieved.

Despite the above findings regarding multicultural counselor training (MCT) program shortcomings, Lee et al. (1999) revealed that a majority of training supervisors (60%) believed their MCT programs were highly effective; the remaining 40% of supervisors indicated that room for improvement existed. The extent to which MCT is emphasized varies across programs. For example, Ponterotto (1997) found that many graduate training programs still rely on a single multicultural course or seminar rather than integrating multicultural training into all aspects of training coursework and practice. Another variation is the breadth with which multiculturalism is defined. The multicultural discussion has historically been relegated to race and ethnic issues; more recently, multicultural training, includes gender, socioeconomic status, disability, sexual orientation and, less frequently, religion.

Racial identity development and multicultural counseling competencies

According to Helms (1990, 1994) and Mitchell and Dell (1992), a sense of group-belonging, based on shared race, sexuality, social class, religion, or disability, is one way to define minority identity. Researchers generally agree that White Americans usually are not

challenged to discern the meaning of being White (Pope-Davis & Ottavi, 1994) despite the profound impact White identity development has on multicultural counseling competencies (Ottavi et al., 1994; Sabnani, Ponterotto, & Borodovsky, 1991; Sue, 1998). Whites exhibit hesitancy to examine their own racial identity, Helms (1984/1990) and Helms and Carter (1990) have found that White Americans possess and display uninformed and underdeveloped attitudes or beliefs about their race and the race of others. Based on this finding, it makes sense that many White Americans possess and display similarly uninformed and underdeveloped beliefs about others' sexual orientation, social class, religion, and disability.

Helms (1995) described five stages of White racial identity development. During the first stage, *Contact*, Whites tend to lack awareness of how they have been benefited from racism at the institutional and cultural levels – they possess only a superficial understanding of the implications of being White in American society. During the second stage of development, *Disintegration*, Whites begin to notice how they are treated differently from people of color which results in their becoming ambivalent about their race. The third stage, *Reintegration*, finds White individuals idealizing their race in order to maintain the status quo in regard to racism. Some Whites move on to developing an intellectual understanding of the impact of their racism on minorities, *Pseudoindependence*, yet they maintain their own feelings of superiority and intolerance. In the final stage, *Autonomy*, Whites develop a healthy appreciation for other racial groups and learn to value both similarities and differences. The following series of studies describe how White Americans' racial identity impacts counselors' perceptions of their multicultural competence.

Ottavi, Pope-Davis, and Dings (1994) studied the relationship of White racial identity development on the attainment of multicultural competencies. 128 White counseling graduate students completed a White racial identity scale and a multicultural inventory. They found moderate correlations between these participants' White racial identity development, educational level, and clinical experience and multicultural competencies. More specifically, higher levels of White racial identity development correlated with higher levels of self-reported multicultural counseling competencies. These results suggested that racial identity development should be considered when planning multicultural counseling training. Ottavi et al. cautioned that inconsistency among programs in regard to their definitions of practica could present problems in generalizing results. Likewise, participants in this study were from the Midwest, compromising the appropriateness of generalizing to other parts of the United States. The instruments used to measure White racial identity and multicultural counseling competencies were both self-report and may have reflected anticipated rather than actual behaviors. Finally, data were collected from participants at the end of training only. The status of their White racial identity development and multicultural counseling was not measured prior to completing the training. As a result, it is difficult to discern what levels of racial identity development and multicultural counseling competencies they possessed upon beginning their training and how the training may have influenced their White racial identity development.

Brown et al. (1996) studied the influence of multicultural training on racial identity attitudes. The authors studied 35 White graduate counselors in training (10 men and 25 women) enrolled in two 16-week multicultural counseling courses taught in a midsized Midwestern university. A pretest-posttest comparison of responses to a White racial identity survey was used to measure

change in racial identity attitudes. Brown et al. found that a multicultural counseling course influenced the racial attitudes of White counselors and that racial identity attitudes were influenced by gender. White female students received higher scores on *Pseudoindependence* and believed that assimilation is necessary for building a multicultural society. White male students scored higher on *Autonomy* and could be characterized by their work at refining their racial identity using personal internalization, nurturing, and applications of Whiteness. They tended to be better able to conceptualize themselves as being White without being racist. Brown et al. cautioned when attempting to generalize these results because of the small sample size. Again, whether the self-reported development and ability are consistent with actual White racial identity development and multicultural counseling competencies is unknown.

Parker et al. (1998) asked 116 White graduate students in counselor education to respond to a White racial consciousness scale and an interracial comfort index to discern the impact of multicultural training on White identity development. Multicultural counselor training was effective in altering how White students perceived themselves and others regarding race. The researchers specifically found that the multicultural training program increased the three dimensions of White racial consciousness which consisted of contact, pseudo-independence, and autonomy. Likewise, the researchers found that training significantly enhanced assessed interracial comfort. Regarding the increase in contact, Parker et al. explained this finding as White trainees being more willing to recognize the differences between African-American and White people and acknowledged that these discoveries may have a personal impact on their lives. This writer also notes that White people need to begin examining their racial identity development and contact begins this self-examination. This research supported the premise that

multicultural training impacts White identity development and interracial comfort thereby improving the comfort level and perhaps the effectiveness of White counselors who work with ethnic minority clients. According to the researchers, study results must be interpreted while keeping in mind the limitations of this study. Participants were not randomly selected as they were already in groups or classes. Parker et al. also noted that the reliability of the instruments was low to moderate, adding some level of concern that the instruments in some cases may not be measuring what they are purported to measure. Finally, the interpretability and generalizability of the results may have been compromised by the non-experimental study design.

The purpose of a study by Ladany et al. (1997) was to test the hypothesis that supervisees' multicultural case conceptualization ability and self-reported multicultural competence are impacted by their racial identity and by their supervisors' instruction in regard to multicultural issues. Ladany et al. (1997) assessed the relations between cultural and racial identity development and self-reported multicultural counseling competencies of 116 White and Non-White doctoral and master's level students. In addition, multicultural case conceptualization ability was assessed by using a coding system to rate the extent to which participants integrated racial factors into two conceptualizations of a client's counseling issues. The results of this study indicated that participant racial identity development was significantly related to self-reported multicultural competence. Higher levels of racial identity development correlated with increased perceived multicultural competence. Racial identity development was not, however, positively related to multicultural case conceptualization. The study's use of only one method for assessing multicultural case conceptualization may limit the interpretability of the results. In addition, all

participants of color were grouped together under the designation of non-White. Such grouping does not discern the potential differences in the responses of African American participants versus Hispanic participants or Asian participants.

Holcomb-McCoy and Myers (1999) surveyed 151 counselors from the Association of Multicultural Counseling and Development. The authors used a 61-item survey to determine professional counselors' perceptions of their multicultural counseling competence and the adequacy of their training. According to the authors, the professional counselors surveyed perceived themselves to be most competent in the areas of awareness, skills, and definitions and least competent in the dimensions of knowledge and racial identity. This finding is surprising since most multicultural training programs focus on knowledge (knowing that) rather than skills (knowing how). One possibility is that counselors already established in the counseling profession have had an opportunity to gain vital multicultural counseling experience which is often lacking for counselor trainees or newly established counselors. This study did not address the years of experience that participants had accumulated, which is a limitation. The authors speculated that the low rating on racial identity development might reflect the recent emergence of racial identity theories in the counseling profession.

In a study by Vinson and Neimeyer (2000), 87 incoming doctoral students (65 European American and 22 people of color) completed assessments to discern the relationship between racial identity development and self-reported multicultural counseling competencies. Less advanced racial identity statuses were generally related to lower levels of awareness, knowledge, and skills and more advanced statuses were positively correlated to higher levels of awareness, knowledge, and skills. In addition, self-reported, general counselor competencies were highly

correlated to multicultural counselor competencies for both European American trainees and trainees of color. Both groups were found to have a strong positive correlation between multicultural competencies and the number of multicultural workshops attended.

Constantine, Juby, and Liang (2001) studied the responses of 117 counselors from the American Association for Marriage and Family Therapy to investigate the relative contributions of social desirability, prior number of multicultural counseling courses taken, and White racial identity attitudes in predicting multicultural counseling competence. Participants completed a brief demographic questionnaire, a self-report measure of multicultural counseling competencies, a racism scale, a racial identity development scale, and a social desirability scale. Results indicated that when controlling for social desirability attitudes and the number of multicultural courses taken, racism and White racial identity attitudes accounted for a significant amount of the variance in self-perceived multicultural counseling competence. Social desirability attitudes did not contribute significant variance to the equation but did appear to be negatively associated with the awareness subscale. Further, after controlling for social desirability attitudes, higher numbers of previous multicultural courses taken were directly related to greater levels of self-reported multicultural knowledge. Again, caution in generalizing the results must be considered because the study's measures were self-report. Constantine et al. recommended that further research be done to examine racial identity attitudes and racism in relation to both self-perceived and demonstrated counseling competence among counselors of diverse racial and ethnic backgrounds.

Constantine and Yeh (2001) assessed cross-cultural counseling competence in a study of 156 school counselors from the greater New York City metropolitan area. Constantine and Yeh

found that higher numbers of multicultural counseling courses taken by participants were predictive of self-reported multicultural counseling competence among the females in the study.

Holcomb-McCoy (2001) surveyed 76 elementary counselors to determine the underlying factors in multicultural competencies. The results indicated that years of experience had little relationship to perceived multicultural competency of those school counselors. The author speculated that more recent graduates of school counselor training programs would yield higher ratings on competency because most had taken a multicultural counseling class. Concerns regarding the limitations of self-report instruments have been previously delineated. The sample size was moderate which limits its generalizability.

Keim, Warring, and Rau (2001) assessed 63 undergraduate students participating in a multicultural course at pre-, mid-, and post-course points to assess their multicultural knowledge, awareness, and skills. Overall, increases in multicultural awareness, knowledge, and skills were discovered. On the awareness scale, these changes were found on the pre-mid and pre-post scores which may indicate that changes in awareness occur early in the course and then level off. On the knowledge scale, results indicated that students gained knowledge throughout the course. The skills scale indicated mid- and post-course changes which may indicate that multicultural skills come with experience and may not be evident early in the course.

Constantine (2002) studied the contributions of prior multicultural training, racism attitudes, and White racial identity attitudes toward self-reported multicultural counseling competence of 99 school counselor trainees located in the Midwest and Northeast. Participants completed a demographic questionnaire, a racism scale, multicultural counseling competencies, and a White racial identity development measure. Greater number of prior multicultural counseling courses

correlated with greater levels of multicultural competence. Higher scores on the racism scale and higher disintegration scores in regard to the racial identity attitudes were each associated with lower levels of self-reported multicultural counseling competence.

The above research on racial identity development demonstrates that the level of racial identity development of counselor trainees is positively related to trainees' perceptions of their multicultural competence. Gender may influence racial identity attitudes, with White men being more comfortable than White women in a multicultural environment. Likewise, multicultural counselor training appears to positively impact racial identity development. When structuring multicultural counselor training programs, racial identity development and gender must be considered.

Racial and ethnic self-designation and multicultural counseling competencies

According to Sadowsky et al. (1998), racial self-designation and social desirability must be taken into account when studying MCC development. Multicultural social desirability can be described as viewing oneself as always interacting positively with people of color. Most people of color, perhaps because of shared oppression by dominant White culture, tend to perceive themselves as interacting positively with other racial minorities. The following is a summary of studies which explore the impact of racial and ethnic self-designation on multicultural counseling competencies.

Granello and Wheaton (1998) studied the multicultural competencies of 180 vocational rehabilitation counselors in one Midwestern state to compare the responses of African American ($n = 19$) and European American ($n = 154$) counselors. Results indicated that participants reported themselves to be most multiculturally competent in the area of skills, followed by

relationship, knowledge, and awareness. African-American counselors identified themselves as more multiculturally competent than did European American counselors in multicultural relationship and awareness. There were no differences between the races on skills or knowledge. African-American counselors tended to answer questions in a more socially desirable direction than did European American counselors. Most models of multicultural competence indicate skills are predicated on awareness and knowledge. It may be that skills in this instance are overestimated. Use of self-report instruments and the low number of African American participants may limit the interpretation and generalizability of the study. Participants responding to self-report measures sometimes respond in a socially desirable manner.

Sodowsky et al. (1998) assessed 176 university counseling center staff (71% were White; 11% were Asian; 7% were Black; and 6% were Hispanic) to determine the relationships of multicultural social desirability and race with self-reported multicultural counseling competencies. The researchers examined whether the relationship of multicultural social desirability to multicultural counseling competency was impacted by racial self-designation. Sodowsky et al. found that Asian participants scored higher on multicultural social desirability than other participants. On the other hand, Whites showed a trend toward lower multicultural social desirability. As with previous studies, racial self-designation correlated with participants' self-reported MCCs. Hispanics perceived themselves as more multiculturally competent than Whites. Sodowsky et al. recommended that social desirability and race be controlled for when conducting studies related to self-reported multicultural counseling competencies.

Constantine (2001a) studied 52 counselor-client dyads to assess: a) the relative contributions of race and ethnicity of both the counselor and client, b) racial or ethnic match of the two, c)

previous multicultural counseling training of the counselor, and d) the correlation of self-reported multicultural counseling competence to observer ratings of the audiotaped counselors' intake sessions. Raters read transcripts of the intake sessions which blinded the raters as to the counselors' and clients' racial and ethnic assignment. Constantine (2001) found race and ethnicity contributed to observers' ratings of multicultural counseling competencies. Black American and Latino American counselor trainees were rated more multiculturally competent than their White American counterparts by two advanced doctoral students who had expertise in multicultural counseling. Results also indicated that racial or ethnic matching did not significantly contribute to variance in multicultural competency ratings. Researchers found that the number of formal multicultural counseling courses taken contributed in a positive direction to multicultural competency ratings. No relationship was found between counselor trainees' self-reported multicultural competence and observer ratings of multicultural competence. One of the recommendations by Constantine included participation of counselor trainees in experiential exercises designed to increase counselors' multicultural awareness of themselves and others. Constantine also recommended that multicultural counseling competence be assessed using behaviorally based methods instead of relying solely on self-report measures.

To summarize, a number of studies indicated that racial self-designation and elevated social desirability were correlated with increased multicultural counseling competencies. Thus, as Sodowsky et al. (1998) indicated, "racial self-designation needs to be taken into account before studying the relative contributions of...multicultural training" (p. 257). Constantine (2001a), Granello and Wheaton (1998), Sodowsky et al. (1998), and Vinson and Neimeyer (2000) all

found that racial identity was positively related to increases in self-reported multicultural counseling competencies.

Self-efficacy, theoretical orientation, and empathy

In further considering potential confounding variables, literature related to the relationship of self-efficacy, theoretical orientation, and empathy to multicultural counseling competencies was reviewed. The self-efficacy of the counselor as well as the counselor's ability to empathize would seem most likely to be positively correlated to the development of multicultural counseling competencies. At first glance, theoretical orientation would seem less likely to be correlated to the development of multicultural counseling competencies. Some research suggests otherwise. The following represents the literature addressing these three variables.

Constantine (2001b) studied the relationship of counseling self-efficacy to multicultural counseling competencies. The study examined 94 master's students in a counseling program and controlled for previous multicultural training and multicultural supervision. A hierarchical multiple regression analysis revealed that trainees' general counseling self-efficacy beliefs were significantly positively related to their self-perceived multicultural counseling competence. The implications of this study include: a) counselors with adequate counseling self-efficacy may be more inclined to learn the more advanced counseling skills that are needed in working with more complex counseling clients, and b) supervisor feedback is critical to counselors' developing clinical skills that include multicultural self-efficacy. This study's inability to be generalized to parts of the United States other than the Northeastern region, where it was conducted, is a limitation. This study's sample consisted primarily of White individuals which limits the generalizability to other racial and ethnic groups. Constantine indicated that some of the

participants may have been prompted regarding the researcher's intent. Like many other studies involving multicultural counseling competencies, the measures used were self-report in nature, making it difficult to discern whether actual behaviors and attitudes were being reported.

Constantine (2001c) assessed whether school counselor trainees' theoretical orientation and empathy would contribute to the variance of their self-reported multicultural competence. Participants ($n = 105$) who were enrolled in master's-level courses in school counseling were administered a self-reported multicultural competencies assessment and a self-report measure of four dimensions of empathy. Theoretical orientation was divided into four groups (eclectic/integrative, humanistic, psychodynamic, and cognitive-behavioral). Constantine controlled for previous multicultural training in the regression analysis. School counselor trainees with an eclectic/integrative orientation reported higher levels of multicultural counseling competence than those trainees with psychodynamic or cognitive-behavioral theoretical orientations. Based on these findings, school counselor trainees' ability or willingness to use theories and techniques from multiple counseling theories may be an indicator of their multicultural competence. Constantine also found a positive relationship between empathy and multicultural competence. This study suggested trainees' feelings of concern, warmth, and sympathy may be reflective of their ability to work with culturally diverse clients. Constantine's study occurred in the Northeast which limits its generalizability to other parts of the United States. Constantine cautioned that participants' indication that they used a particular theoretical orientation is not a guarantee that their designated orientation was actually used. Participants may have also overestimated their levels of multicultural counseling competence as self-report instruments were used in this study.

Constantine (2001d) examined relations of previous multicultural counseling training, counselor theoretical orientation, and cognitive and affective empathy to multicultural case conceptualization abilities. Members of the American Counseling Association ($n=132$) were asked to respond to survey packets including a brief demographic questionnaire, an empathy measure, and multicultural case conceptualization exercises. Results revealed that counselors who reported higher levels of formal multicultural training, who had an eclectic/integrative theoretical orientation to counseling, and who endorsed higher affective empathy attitudes were rated as being better able to conceptualize a culturally diverse client's mental health issues. Constantine cautioned in regard to generalizing the results because the respondents may have had a particular interest in the study's topic. This study had an analog design and may not translate directly into clinical practice, according to Constantine. Likewise, multicultural case conceptualization was based solely on one vignette and the relatively small numbers of counselors from some racial and ethnic groups and in some educational degree categories may have decreased the power of the analysis to detect statistical significance. Constantine recommended that future studies explore the efficacy of specific multicultural training activities on the development of multicultural competence.

The studies reported in this section found that trainee general counseling self-efficacy, eclectic/integrative theoretical counseling orientation, higher affective empathy, and previous course(s) or workshop(s) in multicultural counselor training were positively correlated to higher self-reported multicultural counseling competencies (Constantine, 2001b, 2001c, 2001d). Previous multicultural counselor training defined one form of experience by Constantine (2001d). In an effort to more closely examine the multicultural counseling experience, below are

a compilation of studies geared toward trainees participating in experiential learning within the academic environment.

Experiential learning in multicultural training

Exclusively using didactic teaching methods, which are typically utilized in multicultural counselor training curricula, may not be effective (Torres, et al., 2001). Integration of the multicultural dimensions of awareness, knowledge, and skills into multicultural counseling practice requires impacting trainees in an affective manner (i.e., learning that influences one's emotional status or attitudes toward counseling culturally diverse individuals). One factor consistently positively correlated to an increase in self-reported multicultural counseling competencies was multicultural experience (Vinson & Neimeyer, 2000). The next section of studies explores the current literature regarding the impact of multicultural experience on the development of multicultural training competencies. Acquiring deep awareness of one's own biases and prejudices so as to change deeply held attitudes and beliefs and thereby impact intervention capability (skills) may be a process in which experiential activities are particularly relevant (Arredondo et al., 1996).

In a study on multicultural training offered in university counseling center internship programs, Murphy, Wright, and Bellamy (1995) contacted 53 pre-doctoral internship sites. Site directors were asked to complete a questionnaire developed by these researchers. Seventy-seven percent of those contacted responded. According to the respondents, multicultural training was found to be offered in general seminars (77.4%). Generally, two to three sessions on multicultural issues were offered which translated to four to five hours per year. More interestingly, only 5.7% of respondents indicated that interns were required to have ethnic clients

on their caseloads. Another interesting finding was that only 53.8% of training site staff indicated a high level of commitment toward addressing multicultural issues. Another 44.2% reported having only a medium level of interest. The authors recommended a training seminar which focused specifically on multicultural issues and that the actual time spent in multicultural training be increased significantly. Likewise, the authors recommended experiential, case-centered, and discussion formats in seminars over didactic presentation formats. A final recommendation was that center staff who offer clinical supervision be trained on multicultural issues.

Neville, Heppner, and Louie (1996) studied 38 students who were enrolled in three multicultural classes. Neville et al. assessed the relationship between these graduate students' levels of multicultural awareness, knowledge, and skills and the amount of multicultural experience, including multicultural practicum and self-reported involvement in multicultural activities. The authors also studied the relationship between these students' levels of multicultural awareness, knowledge, and skills and their feelings of confidence in their competence as a counselor. At the beginning of the second class, volunteers for the study were assessed and then they were assessed again at the final examination. Approximately one year later, all of the students enrolled in these three classes were assessed. Results indicated that participants in the study increased their multicultural counseling competencies and developed more sophisticated White racial identities. These changes were found to remain stable one year after the completion of the classes. The opportunity to interact or gain experience with people who were racially and culturally different was an important variable in providing effective multicultural counseling. The sample size in this study was relatively small which limited its

statistical power and generalizability. Likewise, the limited racial and ethnic diversity of this study was a factor in limiting its generalizability. This study relied on self-report instruments which did not allow researchers to distinguish between perceptions and actual behavior.

Carlson, Brack, Laygo, Cohen, and Kirkscey (1998) studied 118 graduate counseling students ranging from age 20 to 60 years from a large southeastern university. This study assessed the relationships between participants' levels of multicultural awareness, knowledge, and skills, the amount of multicultural training completed, any multicultural practicum experience, and their self-reported exposure to multicultural activities to overall confidence as a competent counselor. They found that as students progressed through their training, a general increase in multicultural awareness, knowledge, and skills appeared. Likewise, if students experienced a multicultural activity during training, a general increase in multicultural awareness, knowledge, and skills also appeared. Of the three competency areas, multicultural skills demonstrated the greatest variance by showing a larger increase than awareness and knowledge. The sample in this study was taken from only one university which limits its generalizability to other university settings.

In a qualitative study, Tomlinson-Clarke (2000) assessed the ability of a counseling psychology training program to meet multicultural competencies. Tomlinson-Clark found that awareness in training programs was stimulated through discussions of culture and identity. Knowledge was developed by reading and reviewing research. Skills were developed by being involved in critical incidents. Most participants indicated that experience would be the most beneficial in developing multicultural competence. Small sample size, use of only one

multicultural course in one program, and the lack of a comparison group limit the generalizability of this study. However, this study may be used to conceptualize future studies.

Constantine et al. (2001e) examined universal-diverse orientation by asking 200 school counselors to complete a survey packet consisting of a universality/diversity measure, a multicultural counseling competencies measure, and a brief demographic questionnaire. Universal-diverse orientation consists of (a) appreciation of oneself and others, (b) seeking diversity contact with others, and (c) connectedness with humanity as a whole. One hundred respondents chose to participate in this study. Constantine et al. learned that the number of multicultural counseling courses taken was predictive of school counselors' self-reported multicultural knowledge but not of self-reported awareness. In addition, after accounting for previous multicultural education, contact with diverse people contributed to multicultural counseling awareness. One of the implications from this study was for school counselors to participate in activities involving diverse people to enhance their comfort level with diverse people and their effectiveness in addressing cultural issues in their students' lives. Constantine et al. cautioned against overgeneralizing the results as a result of differences which may be inherent between participants and non-participants. The racial/ethnic make-up of this study was primarily White which limits its generalizability and interpretation to other ethnic and racial groups. The instruments which were used were self-report which again does not distinguish between actual and perceived behavior.

In a study of 10 female and 5 male students in a graduate multicultural counseling course at a northeastern state university, Diaz-Lazaro and Cohen (2001) analyzed descriptive data from a multicultural counseling course which emphasized cross-cultural contact. The results found that

self-reported increases in multicultural counseling competencies were positively correlated to experiential activities. The authors found the relationship between multicultural awareness and skills to cross-cultural experience greater than the relationship between multicultural knowledge to cross-cultural experience. Further, Diaz-Lazaro and Cohen's results suggested that a multicultural training course with a strong cross cultural contact component was effective in improving the students' overall multicultural counseling competencies. The authors suggested that multicultural counselor training changed the content knowledge about cultures different from their own. They also suggested that multicultural training added to participants' confidence level of being able to intervene. According to Diaz-Lazaro and Cohen, training did not change the students' awareness of self and others. The authors provided a comprehensive explanation of the limitations inherent in using self-report instruments. They cited the difficulty in discerning between actual multiculturally competent behavior from subjective, self-perceived multicultural competency. Likewise, they cited the increased likelihood of some racial and ethnic groups to respond in a socially desirable manner. Finally, as is the case in using any self-report measure, respondents may interpret individual items differently than what was intended by the author.

Manese, Wu, and Nepomuceno (2001) studied predoctoral interns at a large west coast university from 1990 to 1999 to determine the impact of the internship on the development of multicultural competencies. The primary hypothesis was partially supported in that knowledge and skill scores increased. The authors also assessed the relationships of demographic and educational level and program specialization to multicultural competencies. The researchers also anticipated finding a positive relationship between previous multicultural coursework and workshops and multicultural competency scores. Scores were obtained at the beginning and end

of training. According to Manese et al., one possible explanation may be that students gained experience through internship during this time which speaks to the value of multicultural counseling experience. Demographic and educational variables did not demonstrate an important relationship to multicultural counseling competencies, perhaps due to a small sample size (n = 39). Although this study spanned 10 years, all of the participants were from the same internship site which limits its generalizability. In addition, some of the researchers also participated in the training and supervision of the participant interns which may confound the results.

Most multicultural counseling training has demonstrated increases in multicultural counseling competencies of awareness and knowledge. Opportunities to use awareness and knowledge to intervene with culturally different individuals (skills) have, however, not always been a component of multicultural counselor training. Yet, students participating in studies of multicultural training indicated that experiential activities are most helpful to developing multicultural counseling competencies. Experiential activities ranged from use of games as a learning tool, use of films and their discussion to evoke an emotional response, and multicultural practica. One other such activity which may provide needed experience and evoke an emotional response is service learning.

Service Learning

John Dewey, philosopher and educator, believed that active involvement in learning was essential to effective education (Dewey, 1956). With active involvement, students discovered the relationships among ideas rather than having those relationships presented to them by authority figures. The community was viewed as integral to the educational experience, allowing students to take what they learned and utilize it beyond its bounds or the bounds of the classroom

(Dewey, 1916).

Principles of service learning

The principles on which service learning is based can be delineated as follows: a) learning is enhanced through action, b) personal development is promoted, c) civic responsibility is fostered, and d) a contribution is made to the community (Waterman, 1997). According to Waterman, enhancing learning through action underlies the practice of service learning. Given the abstract quality of classroom/textbook learning, adding service learning to the curriculum allows students to experience fully the subject matter. Students put the material into practice in a manner which allows them to make a difference in their lives and the lives of others. The relevance of the material becomes more apparent. Likewise, what is experienced through action is more likely to be remembered (Waterman, 1997). Consistent with service learning principles, Das (1995) recommended that multicultural training be conducted in facilities which serve a diverse population. Das also recommended, consistent with service learning principles, that multicultural counselors be alternatively trained as community organizers, ombudspersons, and change agents.

According to Waterman (1997), one type of personal development promoted through service learning is increased feelings of self-efficacy and self-esteem. Self-efficacy, according to Bandura (1977), refers to the perception that one has the ability to bring about desired outcomes. The effects of service learning on self-esteem are mediated through self-efficacy. As students view themselves as making a valuable contribution, feelings of self-efficacy and self-esteem increase. Another type of personal development which occurs through service learning is increased awareness of the subject matter – a critical component to developing multicultural

competencies (Waterman, 1997).

Service learning opportunities tend to promote feelings of concern, care, and responsibility for community and the nation as they relate to people, institutions, and ideals (Barber, 1991). Service learning helps students realize that individual and collective action can make a difference in the quality of life for people within the community in which they are working. Finally, integral to service learning is that students provide a real service to the community (Waterman, 1997).

In the higher education of teachers, studies of service learning are often quantitative, survey-based, and comparative (Batchelder & Root, 1994; Giles & Eyster, 1994; Markus, Howard, & King, 1993; Miller, 1997; Osborne, Hammerich, & Hensley, 1998; Vadeboncoeur, Rahm, Aguilera, & LeCompte, 1996). Data include pre- and post-surveys, course evaluations, and final grades. Fewer qualitative studies exist (Boyle-Baise, 1998; Boyle-Baise, & Efiom, 2000; Boyle-Baise & Kilbane, 2000; Boyle-Baise & Sleeter, 2000; Dunlap, 1998; O'Grady & Chappell, 2000; Sleeter, 1995; Tellez, Hlebowitsh, Cohen, & Norwood, 1995). Rather than collecting quantitative data, often these qualitative studies assess attainment of individual goals rather than the effectiveness of service learning *per se*.

In its most ideal form, multicultural training hopes to result in more humane, democratic, and pluralistic communities (Banks, 2001; Bennett, 1999). Similarly, service learning has the potential to develop a more inclusive and affirmative sense of community (Boyle-Baise, 2002). From these service learning opportunities, students have an improved chance of placing themselves into a broader social and cultural context while learning cultural and community differences and similarities between themselves and their community counterparts (Burnett et al., 2004). Yet service learning in the context of multicultural counselor training, as will be evident

in the section below, is a relatively new method in multicultural counselor training.

Service learning in multicultural counselor training

Although it has been used rather extensively in the field of education, the use of service learning in multicultural counseling classes has been more limited. Yet service learning has the potential of providing experience with diverse people from which counselor trainees may benefit. As discussed earlier in this literature review, achieving the feeling of self-efficacy as a counselor is one of the variables which contributes to counselor trainees developing multicultural counseling competencies. Yet, little research into the use of service learning in such classes has been done.

Burnett et al. (2004) conducted a study of students in a multicultural counseling class who worked with diverse clients. These students were placed at a variety of community-based agencies including two community centers – one serving African American people and the other serving low income people. Other sites included a nursing home serving people with disabilities and a local housing authority serving low income families. Student and site supervisor evaluations, personal journals, and student interviews were used as methods for collecting descriptive data of this service learning experience. The results of this study indicated that service learning was perceived to increase multicultural counseling knowledge, self-examination of cultural bias, and community feelings of support. According to Burnett, the service learning experience was meaningful and positive and served as a method for increasing cultural sensitivity for participants.

The Burnett et al. (2004) study was the only study found using counseling students which discussed using service learning as a method for gaining experience with culturally different

people. This study was important in that Burnett et al. described a potential method of introducing service learning into multicultural counselor training. Burnett et al. recommended that (a) the course be lengthened to a full semester, (b) didactic, experiential, and peer-learning experiences be provided prior to the initiation of service learning activities, (c) multicultural competencies be assessed at the beginning of the course instead of only at the end, and (d) agency personnel be provided with an in-depth orientation.

In conclusion, the development of multicultural counseling competencies must provide training in the multicultural counseling competencies triad: awareness, knowledge, and skills (Pedersen, 2000; Sue et al., 1982). Multicultural training which enhances one or two components of the multicultural triad leave trainees short-changed. The body of literature regarding the development of multicultural counseling competencies consistently reflects the importance of including opportunities for skill development through experience with culturally different people. Yet, too often multicultural counselor training has primarily focused on awareness and knowledge, while minimally attending to skills training. Likewise, opportunities to provide multicultural counseling interventions are often found during practicum or internships and are not guaranteed to occur in multiculturally diverse settings. One opportunity to gain experience with culturally diverse people may be the integration of service learning into multicultural counselor training. The current study focused on multicultural counselor training which incorporated service learning to provide opportunities for experience and skill development with culturally diverse people.

Chapter 3

Methods

Introduction

As discussed in Chapter 2, minimal attention has been paid to the relationship among multicultural counseling courses offering an experiential component as opposed to courses not offering such activities. Likewise, even less research directed toward classes with service learning has been conducted despite its potential to offer meaningful experiential multicultural contact with diverse people. This study was one attempt to contribute to the availability of multicultural counseling research related to service learning and its use in training.

Participants

A total of 46 participants (19 without service learning and 27 with service learning) participated in this study. Table 1 below presents demographic information collected regarding these participants. Of the 46 participants, 8.7 percent were African-American; 4.3 percent were Asian-American; 87.0 percent were Caucasian; and 2.2 percents were unmarked. Males comprised 10.9 percent and females comprised 89.1 percent of the study.

Table 1**Frequencies and Percentages of Demographic Data**

Demographics	Frequency	Percentage
Gender		
Males	5	10.9
Females	41	89.1
Racial/Ethnic Self-Designation		
Not Marked	1	2.2
African-American	3	8.7
Asian-American	2	4.3
Caucasian	40	87.0
Sexual Orientation		
Not Marked	5	10.9
Lesbian	1	2.2
Heterosexual	39	84.8
Bisexual	1	2.2
Socio-Economic Status		
Lower	10	21.7
Middle	33	71.7
Upper-Middle	3	6.5
Degree Objective		
Masters	42	91.3
Doctorate	4	8.7

Participants were largely female and were pursuing master degrees. One participant designated herself as a lesbian (2.2%) and one designated herself as bisexual (2.2%). Thirty-nine participants self-designated themselves as heterosexual (84.8%). None of the participants self-designated as gay male or transgendered. Approximately 10 (21%) participants indicated they represented the lower socio-economic group and a little over 3 (6%) indicated they represented the upper-middle socio-economic group with the majority of participants designating their status

as being in the middle socio-economic group. None of the participants self-designated being in the upper socio-economic group. The majority ($n = 42$) or 91.3% of participants indicated their degree objective as a masters and four participants indicated a doctoral degree objective.

Measures

The *Multicultural Counseling Inventory (MCI)*, developed by Sodowsky, Taffe, Gutkin, and Wise (1994), was used to measure awareness (counselor is aware of how own values might affect the client), knowledge (counselor demonstrates knowledge about client's culture), skills (counselor is willing to suggest referral when cultural differences are extensive), and perceptions of multicultural counseling relationships (counselor's stereotypes of, and comfort level with, minority clients). Pope-Davis and Dings (1995) described the *MCI* as a 40-item self-report instrument which contains a four-point Likert-type scale format with respondents being asked to indicate the degree to which the scale items describe their own work as counselors. Response range from *very inaccurate* (1) to *very accurate* (4). The 40 items are split among the four subscales as follows: Awareness (10 items), Knowledge (11 items), Skills (11 items), and Multicultural Counseling Relationship (8 items).

The Awareness scale included sample items such as "I am involved in advocacy efforts against institutional barriers in mental health services for minority clients..." and "My life experiences with minority individuals are extensive (e.g., via ethnically integrated neighborhoods, marriage, and friendship)" (Sodowski et al., 1994, p. 142). Sample items from the Knowledge scale included, "I keep in mind research findings about minority clients' preferences in counseling" and "I make referrals or seek consultations based on the clients' minority identity." (Sodowski et al., 1994, p. 142). Examples of items on the Skills scale included "I am able to quickly recognize and recover from cultural mistakes or

misunderstandings” and “I use several methods of assessments (including free response questions, observations, and varied sources of information while excluding standardized tests).” (Sodowsky et al., 1994, p. 141). Examples of the Relationship scale included “I find that differences between my worldviews and those of the clients impede the counseling process,” and “I have difficulties communicating with clients who use a perceptual, reasoning, or decision-making style that is different from mine.”(Sodowsky et al, 1994, p. 142).

Sodowsky et al. (1994) studied the MCI’s validity (whether the MCI measures what it purports to measure). This study included 320 counselors affiliated with university counseling centers throughout the United States. Internal consistency reliabilities using Cronbach’s alpha were as follows: Awareness, .83; Knowledge, .79; Skills, .83; and Multicultural Counseling Relationship, .65. Content validity was established by using expert judgment of item clarity and content and via 75% to 100% inter-rater agreement regarding the relationship between item content and the four subscales. Respondents working 50% or more in the multicultural field scored higher on the multicultural awareness and counseling relationship subscales compared to respondents working with minority clients less than 50% of the time, which established criterion-related validity. In a further demonstration of criterion validity, 42 counseling graduate students were found to score higher on the Skills, Awareness, and Knowledge subscales after completing a one-semester multicultural class (Sodowsky et al., 1994). Evidence of construct validity for the MCI Subscales were provided by inter-correlations ranging from .27 to .56 which indicated low to moderate relationships among the subscales (Sodowsky et al., 1994).

LaFromboise, Coleman, and Hernandez (1991) developed the *Cross-Cultural Counseling Inventory-Revised (CCCI-R)* to rate the counselor’s effectiveness with culturally diverse clients. Hernandez and LaFromboise developed the original *CCCI* in 1985 based on the 11 cross-cultural

counseling competencies which were outlined in a position paper by the Education and Training Committee of the Division of Counseling Psychology of the American Psychological Association (Sue et al., 1982). In the position paper, 11 competencies were organized into three general areas: cultural awareness and beliefs, cultural knowledge, and flexibility in counseling skills. The *CCCI-R* was used to assess multicultural counseling conceptualization which is a measure of actual multicultural counseling behavior. In contrast, the MCI assessed the participant's self-reported multicultural counseling competencies which can be inconsistent in terms of their actual behavior. The *CCCI-R* is typically administered to students after they view a seven-minute segment of a cross-cultural counseling session. In this study, instead of viewing part of a counseling session, participants were asked to respond to two multicultural counseling vignettes - one on the first day of their multicultural course and the other vignette at the end of the course. More specifically, students were asked to imagine they were the counselor for the client in the vignette and write down their conceptualization of the client and what counseling strategies they would use. The protocol used in this study is an attempt to ascertain actual multicultural counseling competencies rather than merely self-reported, multicultural counseling competencies. The vignettes are taken from an article by Hansen, Pepitone-Arreola-Rockwell, and Green (2000) found on pages 655 and 656 of that article. The vignettes are found in the Appendix A. Instead of the participants using the *CCRI-R* to rate the vignette, three individuals with advanced multicultural training and experience rated each participant's response to the vignette using the *CCCI-R*. Prior to rating participants' responses, the raters reviewed the discussions of multicultural competencies regarding each vignette which were also found in the Hansen et al. article immediately following each vignette. Raters completed this 20 item measure using a 6-point Likert-type format which ranged from "1" *strongly disagree* to "6" *strongly*

agree. Inter-rater reliability was also analyzed among the three raters using Cronbach's Alpha and was found to be .83 which may be considered adequate (Streiner & Norman, 2003).

The revised *CCCI* was modified from the original *Cross-Cultural Counseling Inventory (CCCI)*. The *CCCI-R*'s and the *CCCI*'s internal consistency were adequate. Pomales, Claiborn, and LaFromboise (1986) reported Cronbach alpha of .88 on the *CCCI*. LaFromboise et al. (1991) studied eighty-six counseling students who viewed a seven minute videotape of a counselor who had been judged by her faculty to have a high level of cross-cultural counseling competence. These students used the *CCCI-R* to rate the counselor. Results yielded an internal consistency reliability of .95. Inter-item correlations ranged from .18 to .73.

Inter-rater reliability was assessed by three expert raters who were trained in multicultural counseling and had at least five years of professional experience (LaFromboise et al., 1991). These raters rated 13 15- to 20-minute videotapes of Anglo-American practicum students counseling a Hispanic American confederate client. The inter-rater reliability was .78 and rose to .84 after one of the vignettes which yielded poor inter-rater agreement was dropped from the study.

Content validity of the *CCCI-R* was demonstrated by LaFromboise et al. by asking eight graduate students to classify scale items into competency categories after reading the Sue et al. (1982) report. Students agreed 80% of the time that items reflected the competency area on which they were based ($\kappa = .58$, $p \leq .0001$). Construct validity was assessed by Pomales et al. (1986), who found counselors in culture-sensitive conditions were rated significantly higher than those in culture-blind conditions.

Procedure

Forty-five CACREP community counseling programs across the United States were contacted via email and phone call to recruit participants for this study. In addition, a request for study participants was posted on the CESNET list serve (the list serve for members of the Association for Counselor Education and Supervision who represent faculty who train counselors). A study description, which included the Commission on National and Community Service definition of service learning found on page 10, was emailed to prospective instructors. Each instructor determined whether the experiential activities in his or her class could be defined as service learning. Monthly follow-up phone calls and emails were completed as this study progressed in an effort to maintain the sample size. Instructors were asked to allow their students to participate in this study. A letter inviting students to participate was given to each potential participant by their respective instructor. A copy of this letter can be found in Appendix B. The instructors were asked not to review participant responses as a protection of participant confidentiality.

A total of 12 instructors teaching multicultural counseling classes in 10 states across the United States initially agreed to participate in this study. Of the 12 instructors who agreed to participate, three dropped out toward mid-semester. An additional four instructors failed to return raw data despite numerous reminders via email and phone. Five classes remained and included the geographical regions of the Southeastern and Midwestern United States. Regions of the country represented included the Southwest, Midwest, Plains, and Southeast. Total participants based on instructors' anticipated class sizes were 249 (124 participants in classes without service learning and 125 participants in classes with service learning). Seven instructors, however, dropped out of the study and five classes remained which represented the Southeast and the

Midwest. The *MCI*, instructions, consents, and multicultural counseling scenarios were mailed to each instructor who agreed to administer the study protocol to their students.

Demographic data were gathered at the beginning of the semester. Demographic information regarding participants was collected by using a personal data sheet found in Appendix C. Information collected from participants included age, race or ethnic self-designation, gender, sexual orientation, socio-economic status, degree objective, years in the program, previous multicultural course work, previous multicultural workshops, and previous multicultural experience.

The *MCI* and one of two different multicultural counseling scenarios taken from an article by Hansen et al. (2000) was administered at the beginning of the semester and a different vignette was administered at the end of the semester. Participants were asked to complete the *MCI* and write their responses to the scenario. One scenario was used at the beginning of the semester and the other one at the end. In order to match the pre- and post-test questionnaires, students were asked to provide the last five digits of their social security number. Three raters with advanced multicultural counseling coursework and experience rated the responses to the scenarios using the *CCCI-R*. In addition to the raters possessing expertise in multicultural counseling, a detailed explanation of relevant multicultural counseling issues contained in each of the scenarios was provided to them prior to their rating of the responses. The detailed explanations were found in the Hansen et al. (2000) article.

Chapter 4

Results

Basic demographic descriptive data for the sample was represented in the methods section, Means and standard deviations were calculated regarding years in the counseling program, previous number of multicultural courses and workshops, previous months of multicultural experience, number of culturally-different clients, and self-rating of their level of multicultural experience. These data are presented in Table 2 below.

Table 2**Descriptive Experiential Data**

Experiential Factors	N	M	SD	Range
Years in their Counseling Program				
Non-Service Learning	19	1.24	.59	3
Service Learning	27	1.44	.58	2
Number of Multicultural Counseling Classes				
Non-Service Learning	19	.47	.77	2
Service Learning	27	.74	1.13	4
Number of Multicultural Counseling Workshops				
Non-Service Learning	19	.84	1.46	5
Service Learning	27	.19	.48	
Months of Multicultural Counseling Experience				
Non-Service Learning	19	26.89	57.67	240
Service Learning	27	7.63	12.36	37
Self-Rated Multicultural Counseling Experience				
Non-Service Learning	19	2.37	1.34	4
Service Learning	27	2.56	1.12	4
Number of Multicultural Counseling Clients				
Non-Service Learning	19	29.11	60.48	200
Service Learning	27	17.22	32.11	100

Minimal variation between means and standard deviations appeared for years of counseling, number of multicultural counseling classes, and self-rating of multicultural experience. Number of multicultural counseling workshops mean and standard deviation between non-service learning and service learning groups varied slightly. Greater differences between non-service learning and service learning groups were demonstrated in the means and standard deviations for

months of experience and number of multicultural counseling clients. In both instances, one participant in the non-service learning group listed much greater months of experience and number of multicultural counseling clients. These very high numbers for this non-service learning participant had a more profound impact on each of the means and standard deviations (see Table 3) in part because of a relatively low sample size.

Table 3

Descriptive Experiential Data without Outliers

Experiential Factors	N	M	SD	Range
Months of Multicultural Counseling Experience				
Non-Service Learning	18	15.08	26.50	108
Service Learning	25	7.63	12.36	37
Number of Multicultural Counseling Clients				
Non-Service Learning	18	19.61	45.39	175
Service Learning	27	17.22	32.11	100

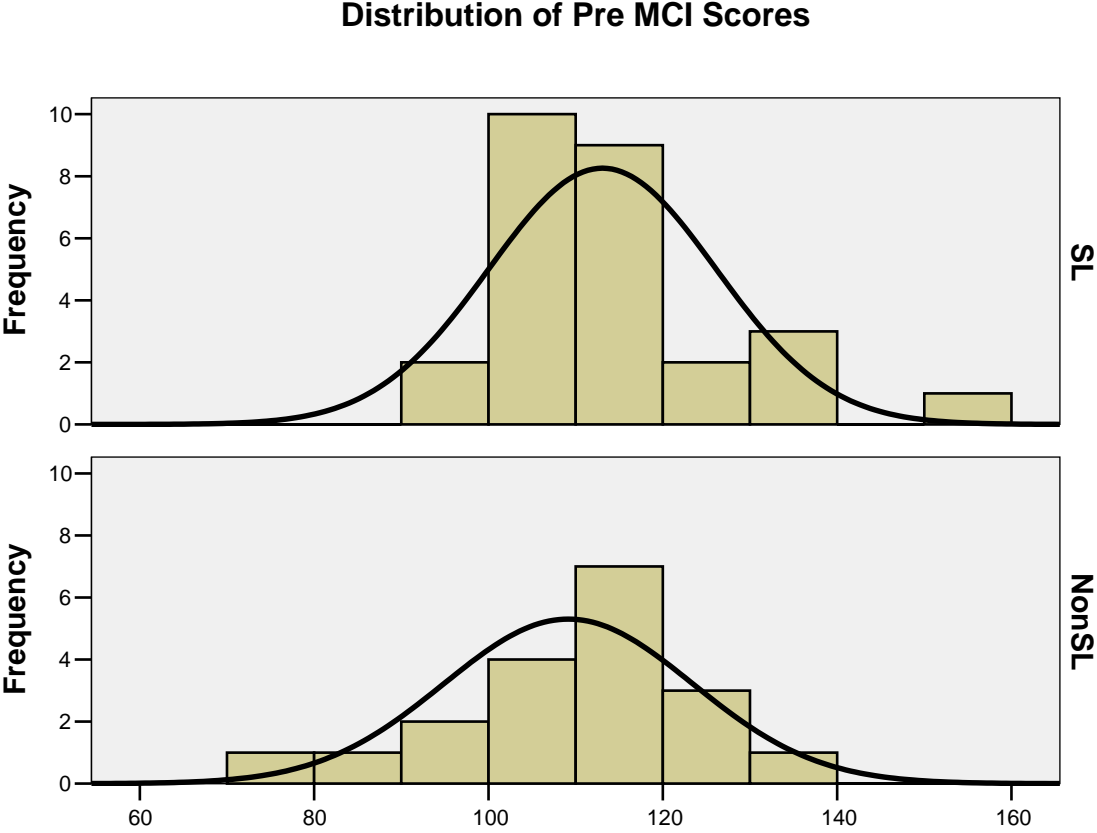
Data Analysis

The first step of data analysis was to assess the data for possible outliers and deviations from normality with regard to the distributions of study variable. Distributions were analyzed and have been conveyed by the following histograms and normal curve overlay (Figures 1 and 2).

Means, standard deviations, and correlations among the variables were computed. Demographic variables were compared to the dependent variable to assess any relationship between each. To test the hypothesis that multicultural classes which use service learning result in higher scores on the measures of multicultural competencies than do multicultural classes which do not use service learning, the *MCI* subscales were totaled for each participant in each group (classes with service learning and classes without service learning). The non-service learning pre-test scores

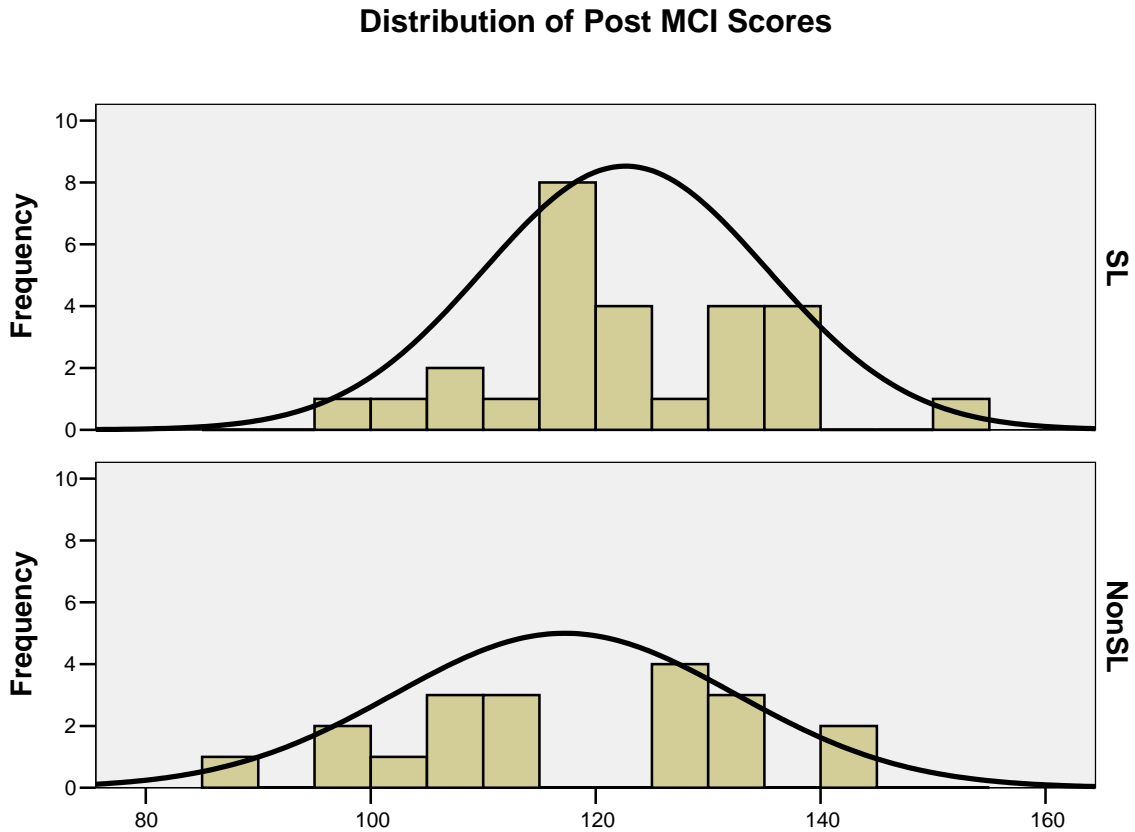
on the *MCI* was used as the covariate. The independent variable was post-test service learning scores. The dependent variables were the scores of Awareness, Knowledge, Skills, and Multicultural Counseling Relationship as measured by *MCI* and the total scores of the Cultural Awareness and Beliefs, Cultural Knowledge, and Flexibility as measured by the *CCCI-R*. ANCOVA was used to assess the differences between groups (Tabachnick & Fidell, 2001).

Figure 1



Histogram with overlay of normal distribution line portraying distribution of *MCI* pre-test scores by participants in classes with service learning and by participants in classes without service learning.

Figure 2

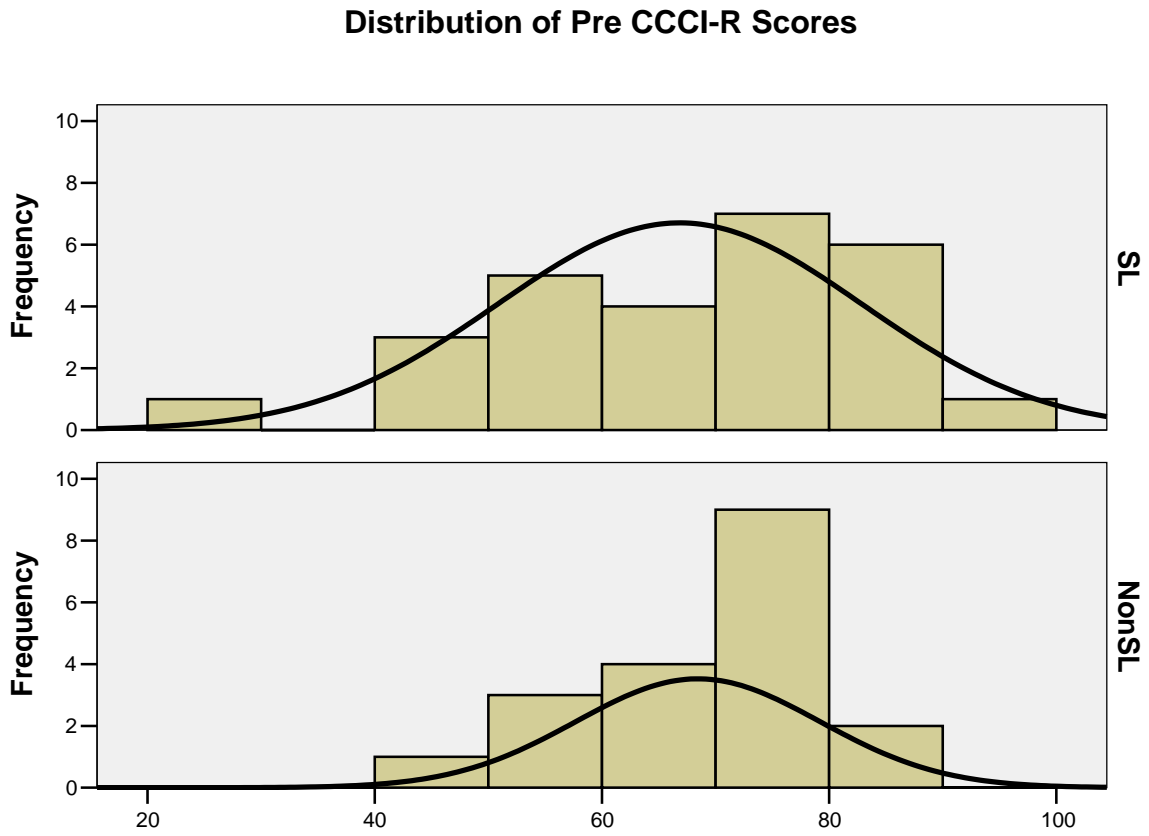


Histogram with overlay of normal distribution line portraying distribution of *MCI* post-test scores by participants in classes with service learning and by participants in classes without service learning.

A bar of service learning participants' scores exceeded the normal curve in both pre- and post-test *MCI* total scores. Non-service learning participants' scores more closely followed a normal distribution.

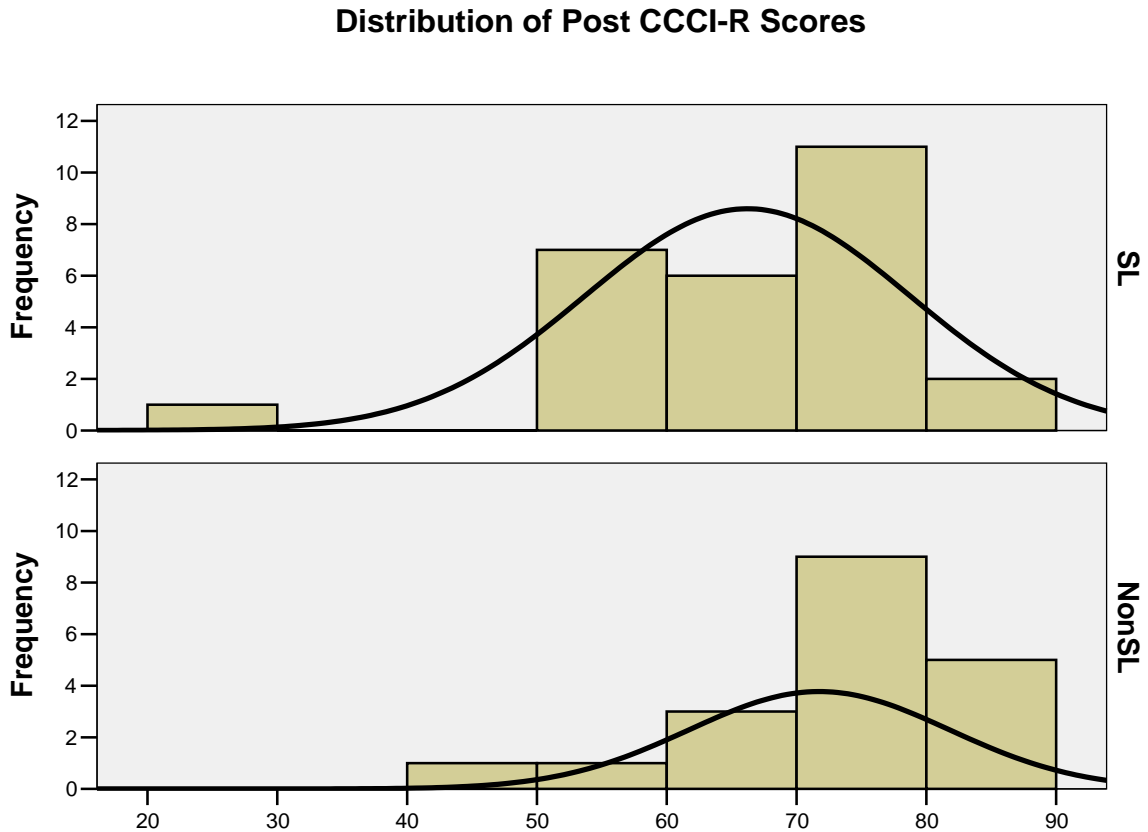
The distributions of raters' CCCI-R scores of participants' multicultural responses to the pre- and post- multicultural counseling scenarios were totaled and are presented via histograms in Figures 3 and 4 below.

Figure 3



Histogram with overlay of normal distribution line portraying distribution of *CCCI-RI* pre-test scores by participants in classes without service learning and by participants in classes with service learning.

Figure 4



Histogram with overlay of normal distribution line portraying distribution of *CCCI-R* post-test scores by participants in classes without service learning and by participants in classes with service learning.

The distributions of *CCCI-R* pre-test scores (Figure 3) generally followed normal distributions with the exception of one frequency bar which exceeded the overlying normal distribution line; however, the distributions of *CCCI-R* post-test scores (Figure 4) were negatively skewed. Kurtosis was at the 4.68 level.

Means and standard deviations of the dependent variables (total *MCI* scores and total *CCCI-R* scores) were analyzed and reviewed in Table 4 below. Table 4 represents means and standard

deviations of pre- and post-test *MCI* and *CCCI-R* subscales by non-service learning and service learning groups.

Table 4

Means and Standard Deviations of *MCI* and *CCCI-R* total subscales by Non-Service Learning and Service Learning

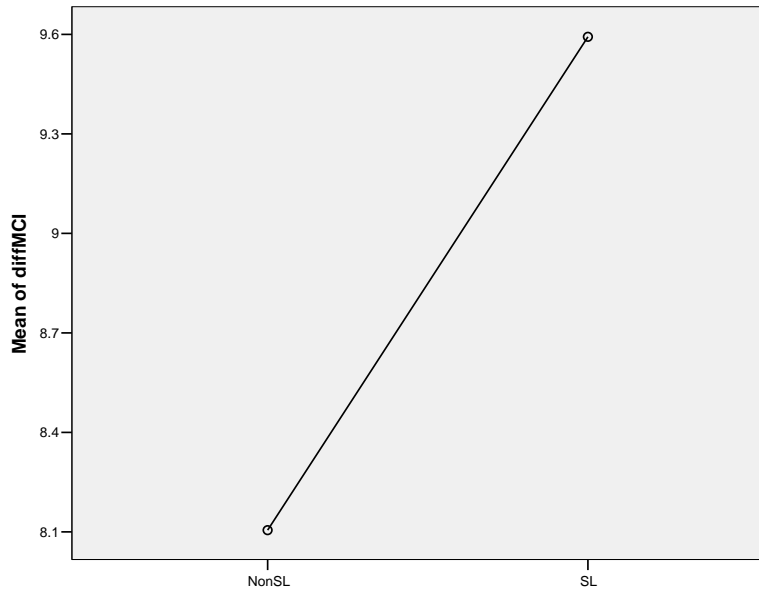
Model	Pre-Test		Post-Test	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
<i>MCI</i> Non-Service Learning	109.16	14.29	117.26	15.17
<i>MCI</i> Service Learning	113.07	13.04	122.67	12.63
<i>CCCI-R</i> Non-Service Learning	68.45	10.75	71.75	10.04
<i>CCCI-R</i> Service Learning	66.85	16.06	66.22	12.53

The non-service learning group's *CCCI-R* post-test mean increased by 3.30 points from the pre-test. On the other hand, the service learning group's *CCCI-R* post-test mean decreased by .63 of a point.

Mean differences on the *MCI* between non-service learning and service learning groups have been highlighted in Figure 5 below:

Figure 5

Plot of Mean Differences on the *MCI* Between Non-Service Learning and Service Learning

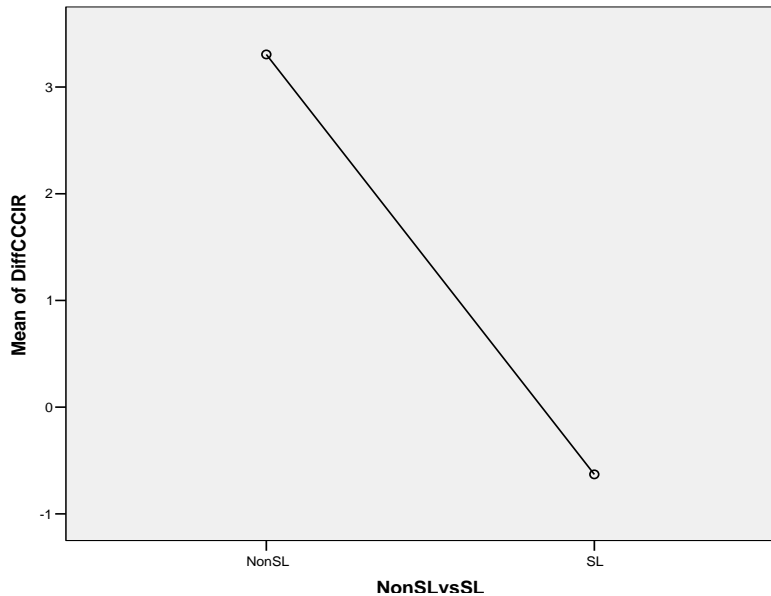


Plot portraying difference between non-service learning and service learning *MCI* means

Figure 6 highlights mean differences between non-service learning and service learning groups on the *CCCI-R*.

Figure 6

Plot of Mean Differences Between Non-Service Learning and Service Learning



Plot portraying difference between non-service learning and service learning *CCCI-R* means

Figure 5 depicts a higher *MCI* service learning mean compared to the *MCI* non-service learning mean. On the other hand, Figure 6 depicts a lower the *CCCI-R* service learning mean compared to the *CCCI-R* non-service learning mean.

The null and treatment hypotheses were analyzed for statistical significance using Analysis of Covariance (ANCOVA) instead of Multivariate Analysis of Covariance (MANCOVA) because of an unexpectedly low sample size ($n=46$). Demographic data were compared to the dependent variables for both the *MCI* and the *CCCI-R*. Race/ethnicity was found to have a significant [$F(1,45) = 8.62, p \leq .005$] relationship to the scores from the *MCI* and race/ethnicity was found to have a significant [$F(1,45) = 6.979, p \leq .012$] relationship to the *CCCI-R* scores as well. An examination of the means indicated that racial/ethnic minority students scored 1.15 points more than White students on the *MCI* pre-test scores but on the *MCI* post-test scores

White students scored an average of 6.71 points more than racial/ethnic minority students. When comparing differences between the means of ethnic/racial minority students on the *CCCI-R* pre-test and post-test scores, a similar pattern was observed. Racial/ethnic minority students scored an average of 1.23 points higher than White students on the pre-test, whereas, on the post-test scores, White students scored an average of 5.84 points higher than the racial/ethnic minority students. On the post-test scores, White students scored 6.71 points higher than the racial/ethnic minority students.

The hypothesis is stated below:

- H_{a1} A significant difference in the development of multicultural competencies exists between students in a multicultural classes with a service learning component compared to students in a multicultural class without service learning.

The comparison of post-test scores on the MCI between non-service learning and service learning classes was conducted using ANCOVA (see Table 5 below). No significant difference was found [$F(1,45) = 2.915, p = .097$].

Table 5

ANCOVA Depicting MCI Between Group Differences

Groups	SS	df	Mean Square	F	Sig.	η²	Observed Power
Between Groups	268.164	1	268.164	2.915	.097	.077	.382

Pre- and post-test scores from the *CCCI-R* were first transformed using an inversed transformation to accommodate for kurtosis in the distribution of post-test *CCCI-R* scores. The differences on post-test scores of non-service learning and service learning participants were compared using ANCOVA. No significant difference was found [$F(1,44) = .53, p = .473$].

Table 6

ANCOVA		Depicting <i>CCCI-R</i> Between Group Differences					
Groups	Sum of Squares	df	Mean Square	F	Sig.	η^2	Observed Power
Between Groups	43.139	1	43.139	.525	.473	.015	.109

The null hypothesis was not rejected and the alternative hypothesis was rejected. Despite the fact that no statistically significant relationships were found between multicultural counseling competency development using service learning, valuable information was ascertained. Consistent with the literature, race and/or ethnicity may be a confounding variable when using self-rating measures, such as the *MCI*, to assess one's competence as a multicultural counselor. The value of this information will be more thoroughly discussed in Chapter Five.

Chapter 5

Results and Conclusions

This study attempted to discern whether multicultural classes using the experiential activity of service learning would better develop multicultural counseling competencies in students than classes without service learning. Two multicultural counseling classes using service learning participated in this study as did four multicultural counseling classes not using service learning. Each of the classes was one semester in length. The measures used to determine levels of multicultural competence were the *MCI* and the *CCCI-R*. Although the *CCCI-R* is a self-report measure, raters used this measure to assess participants' written responses to written cross-cultural counseling scenarios. As evidenced in the literature review of this dissertation, minimal research (Burnett et al., 2004) had been conducted on the use of service learning as an experiential activity to gain contact with diverse people. It was expected that the presence of service learning would result in statistically significant differences in multicultural counseling competence in students compared to those students who did not participate in service learning.

Findings

Statistical significance was not achieved when comparing *MCI* mean differences between classes with service learning to classes without service learning. The lack of statistical significance may have resulted from the low sample size ($n=46$) and resultant low statistical power. A type II error may have been committed (assuming a statistically significant relationship between pre- and post-test scores does not exist when it actually does exist). One could surmise that statistical significance might have occurred had a larger sample size been achieved which would have resulted in higher statistical power. Due to inadequate sampling, the findings have been interpreted with caution. Descriptive data revealed a higher mean score on the *MCI* for

service learning participants compared to the comparison group of non-service learning participants. Although statistical significance at the .05 level was not achieved, improvement of the scores occurred between pre- and post-administrations in both groups which may be a window into the potential relevance of service learning as an experiential tool. Caution must be used when interpreting improvement of mean scores between any data sets.

The distribution of the *CCCI-R* post-test scores did not follow a normal distribution. Although the post-test *CCCI-R* scores were transformed to reduce kurtosis, statistical significance was still not achieved. Perhaps more unexpected was the lack of a clear increase in the mean *CCCI-R* between pre-test and the post-test for the service learning participants. This researcher's first thought was that adequate inter-rater reliability was not achieved; however, analysis of inter-rater reliability was found to be adequate (.83). When examining the data for outliers, one data point for pre-test scores was at 29 and the post-test score was at 21 for the same participant. These data points were considerably lower than the rest of the *CCCI-R* data and would have contributed to the skewness of the data. Successful completion of a multicultural counseling class may have developed participants' awareness of their skills, as well as their ability to scrutinize and assess themselves in regard to multicultural counseling competencies. Another explanation may have been the difference between a behaviorally rated assessment versus a self-report. That is, participants may have rated themselves higher than raters' behavioral assessment of the multicultural counseling competencies. Finally, the post-test counseling scenario discussed a senior-aged client. The multicultural counseling classes' curricula may have not included age as part of what is included in a multicultural counseling class.

Comparison of findings to the literature

Most of the multicultural training literature (e.g., Carlson et al., 1998; Constantine et al., 2001e; Diaz-Lazaro & Cohen, 2001; Manese, Wu, & Nepomuceno, 2001; Murphy, Wright, & Bellamy, 1995; Neville, Heppner, & Louie, 1996; Tomlinson-Clarke, 2000; Vinson & Neimeyer, 2000) discussed the importance of experiential activities in the development of multicultural counseling competencies. This study's lack of statistically significant findings around the use of service learning to develop multicultural competencies is not consistent with the literature supporting experiential activities. When comparing this study to the limited research (Burnett et al., 2004) on service learning's positive impact on multicultural counseling competencies, the results are suggestive of consistency. Burnett et al., (2004) specifically discussed service learning as being meaningful and positive for increasing cultural sensitivity in participants. This improvement of mean scores between pre-and post- administrations of the *MCI* was consistent with Burnett et al.'s findings, however, as stated above, statistical significance was not achieved. Again, a lack of power to detect meaningful differences is a distinct possibility. Another possibility, is that service learning is not more effective than traditional experiential activities.

Some of the demographic features of the sample such as racial/ethnic self-designation and gender may also have contributed to the lack of statistical significance between pre-test and post-test scores. Eighty-seven percent of study participants were Caucasian and 71.7% were from the middle class. Generally, people of color self-rate their multicultural competence higher than Caucasians on self-report multicultural counseling assessment tools (Constantine, 2001a; Granello & Wheaton, 1998; Sadowski et al., 1998; Vinson & Neimeyer, 2000). White racial identity development issues may also have contributed to the lack of statistical significance which is consistent with the literature (Brown et al., 1996; Constantine, 2002; Constantine, Juby,

and Liang, 2001; Helms, 1990, 1994; Holcomb-McCoy and Myers, 1999; Ladany et al., 1997; Mitchell and Dell, 1992; Ottavi, Pope-Davis, and Dings, 1994; Parker et al., 1998; Vinson and Neimeyer, 2000).

The lack of increase the *CCCI-R*'s scores between pre- to post-testing for the service learning group was inconsistent with the literature (Carlson et al., 1998; Murphy, Wright, & Bellamy, 1995; Constantine et al., 2001e; Diaz-Lazaro & Cohen, 2001; Manese, Wu, & Nepomuceno, 2001; Neville, Heppner, & Louie, 1996; Tomlinson-Clarke, 2000; Vinson & Neimeyer, 2000) related to the use of experiential classroom activities to enhance multicultural counseling competencies. Again, the scoring of responses to pre-test and post-test multicultural counseling scenarios was completed by three raters. They used the *CCCI-R* which was used as a behavioral tool rather than a self-report tool. Researchers studying experiential activities tended to use self-report to document improvement between pre- and post-testing. If a behavioral tool was used in those studies as well, perhaps this study would be more consistent with the literature.

Limitations

Since the groups are captive samples and not necessarily randomly assigned, they were not necessarily representative of the population in terms of ethnicity, race, education, age, sexual orientation, and gender. All of the aforementioned variables were analyzed and race/ethnicity was found to be a confounding variables in this study.

It was doubtful that all the threats to internal validity were avoided. Since participants were not randomly assigned, considerable control was lacking in this study. Likewise, there are limitations to the self-report measures being used in the study. Participants may have selected socially desirable responses rather than actual estimates of their abilities (Pope-Davis & Dings, 1995). Since the *CCCI-R* is also being administered, it is anticipated that some of the

overestimation can be corrected by a more objective behavioral measure of multicultural competencies. Threats to internal validity that this design poses include history, maturation, testing, and attrition. Pre- and post-tests will be administered on or about the same time to minimize the internal validity threat due to history.

Because participants were already assigned to comparison (non-service learning) and experimental (service learning) groups, random assignment of participants was not possible and, therefore, posed a threat to internal validity. Limitations in regard to internal validity were present in the self-report nature of the *MCI*. Although the *CCCI-R* was modified to be used as a behavioral measure and adequate inter-rater reliability (.83) was achieved, reliability and validity data of the measure were not available for the modified manner in which the assessment tool was used.

Raters scored both the pre- and post-test administration of the *CCCI-R* within approximately two days. As the raters scored these tools, they acquired more experience with it and may have changed their ratings over time. The change in instrumentation may have been another threat to internal validity and true differences between pre- and post-testing may have not been captured.

Another threat to internal validity may have occurred in the design and manner in which service learning and non-service learning were determined. Participating class instructors were given a definition of service learning that they were asked to review. Based on the definition, each instructor determined whether his/her class included service learning. Although this writer attempted to clearly define service learning, instructors' interpretations of the definition may have varied and, in turn, confounded the results by minimizing the actual differences between service learning and non-service learning experiential activities. In addition, this writer did not request copies of the instructors' syllabi. Variations in how instructors structured the course and

service learning and other experiential activities may have varied from class to class. Likewise, the presence of other experiential activities in non-service learning classes may have minimized the differences between service learning and non-service learning classes.

In regard to external validity, fielding a representative sample of most ethnic and racial groups did not occur in this study perhaps in part due to the small sample size. The overwhelming majority (87%) of the sample was Caucasian. Other ethnic/racial groups that were represented included African-American (8.7%) and Asian-American (4.3%). One (2.2%) person did not mark his/her racial/ethnic group. Likewise, the sample was predominantly female (89.1%). In addition, 10.9% of participants did not disclose their sexual orientation. Of those who indicated their sexual orientation, 2.2% marked lesbian and 2.2% marked bisexual. The majority of respondents indicated their sexual orientation to be heterosexual (87.0%). Although it was anticipated that contact with CACREP programs throughout the United States would result in more heterogeneity with regard to participants, this did not occur. What resulted was relative homogeneity in the sample, limiting the generalizability.

Finally, in view of the small sample size, the probability of a *Type II* error is high. A relationship between the independent variable (multicultural counseling competencies) and the dependent variable (classes without service learning) may be present but obscured by the lack of power to detect the relationship (Heppner, Kivlighan, & Wampold, 1999).

Implications

Implications of this study primarily lie in recommendations for increasing the sample size and improving the research design so as to avoid attrition. Much of the difficulty in achieving a larger sample size may have also been in part the result of the somewhat laborious method of questionnaire distribution and data collection. At the onset of questionnaire distribution, over 200

individuals from a total of 12 different classes were committed to participating in this study. However, over the course of data collection, a sizeable number of classes (7 out of 12) dropped out or failed to collect and return data which resulted in a decreased sample size of 120 participants. Of those five classes, totaling 109 potential participants, 63 of their data sets were unusable due to being incomplete which further decreased the sample size. Perhaps an increased number of participants may have occurred if online methods for measure completion and data collection would have been used. Such a method may have been much easier and less laborious for participating instructors whose schedules are generally very full. In a similar vein, improvement in the comprehensiveness, detail, and standardization of instructions needed to occur. As this study progressed, this weakness in the research design became apparent to this writer by the questions that participating instructors asked.

Limitations are inherent in the use of written rather than video-taped multicultural counseling scenarios. Written scenarios are two-dimensional and less realistic. Because participants are unable to observe the client's appearance, dress, and facial and body gestures and to hear the client's voice inflections, tone, and volume, realism is diminished. This writer recommends using video-taped rather than written scenarios in future research.

As previously discussed in this chapter, collecting syllabi from participating instructors may have helped to more clearly define true differences and similarities to the service learning definition used in this study. Delineating such differences may have increased true differences between service learning and non-service learning classes. Finally, providing the raters with a more thorough introduction to and training for the completion of the *CCCI-R* may have resulted in more statistically significant findings.

This writer continues to believe in the use of service learning to increase contact with diverse groups to better prepare counselors to work with clients who differ from them in terms of race/ethnicity, sexual orientation, age, gender, ability, and religion. Service learning has the potential to greatly alter the traditional missionary approach to disenfranchised groups and replace it with empowerment and social justice principles which are critical in today's increasingly diverse world.

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Appendix A

Scenarios

Sam Waterstone

Case description: Sam Waterstone is a 49-year-old, single Native American male nurse who was referred to Dr. Mary Ann Smith for a psychological evaluation by the attorney representing him in a discrimination suit against the local school board. Mr. Waterstone is moderately guarded during the interview, providing coherent and logical responses to the examiner's questions, but without elaboration or spontaneity. His affect is rather restricted and he focuses his eye contact intensely and unwaveringly on the examiner. He is a physically large man, appropriately dressed in a dark suit and an open-collared shirt imprinted with bears, lions, and wolves. Tattoos are visible at the neckline and at his wrist cuffs, but are mostly covered by his clothing.

He explains that he was born and raised on a reservation. His father, a medicine man, was killed in an accident when Sam was a young teen, and his mother had arranged for him to attend high school in the city with the family of a relative. He worked his way through college by learning tribal medicine and hosting ceremonies and sweatshops, as his father had done. Sam aspired to learn "White Man's medicine" so his could explain it to his people. He had settled, instead, on a nursing degree and had been employed as such in the secondary school system for 25 years. He had never married and had no children. He reported no psychiatric or significant medical history.

When discussing the lawsuit, Sam reported that school officials had never told him the truth and had assigned him the most difficult schools, the worst facilities, and the oldest equipment. He reported that they had continuously harassed him about his traditional

healing practices, his tattoos, and his need to be absent for an extra week at the beginning of the school year to attend a highly valued national tribal medicine ceremonies. His recent participation in one such gathering, however, had caused him to be fired because he missed the first week of school after a request for vacation was denied.

As Mr. Waterstone and Dr. Smith concluded the session by scheduling his return for more formal testing, he pulled from his pocket a small pouch of tobacco, extending it to the examiner. He said, "It is traditional to give a gift to someone who you think will be able to help you."

Discussion of competencies: "With adequate knowledge of the history of Native Americans in general and Sam's tribe specifically ..., the examiner could more accurately ascertain the extent of cultural paranoia expressed by Mr. Waterstone (fears about how one will be treated on the basis of a history of prejudice and discrimination) versus the alternate hypothesis of functional paranoia.... Likewise, taking into account the cultural context, the examiner would not consider the category of delusional disorder when Mr. Waterstone mentioned that he believes strongly in the spirit world...'

"Mr. Waterstone's status as a medicine man must be appreciated for the examiner to understand the importance that the annual gathering hold, so his actions are not interpreted as irresponsible or frivolous... Given his role as a healer, a collaborative approach to evaluation may be more successful than an authoritative one...'

"Also, the multiculturally competent examiner would probably attribute Mr. Waterstone's dilemma, in part, to the difficulty of balancing two cultures and his experience of acculturative stress when the two clash.... Likewise, the attitudes of school officials regarding naturalistic remedies, and even tattoos, might be best understood in the

context of how these attitudes might further alienate Mr. Waterstone, for whom these practices have a much different meaning.... In addition to these ethnic considerations, Sam also likely experiences prejudice in the school system as a man in a gender-atypical profession.’

“Mr. Waterstone’s manner of presentation might be unsettling unless the examiner realized that he had to focus on her eyes rather than her words to determine if she could be trusted.... Moreover, Mr. Waterstone’s tattoos and the meaning of the animals on his shirt might be mentioned as an acknowledgement of their importance.... Finally, under most circumstances, it would be improper to accept a gift from a client, especially at intake. However, the examiner might make a concession in this case to honor the relational set intended by the gesture...” (Hansen et al., 2000, p. 655).

John McGowan

Case description: John McGowan, a 70-year-old visually impaired widower with a strong Irish heritage and culture, was brought to a clinician’s office by his adult daughter after finding him disheveled, still in his pajamas, and crying over a bowl of uneaten cereal when she checked on him at noon. Between sobs, John could not convey to his daughter what had precipitated this latest incident.

When making the appointment, the daughter told the receptionist that her father had experienced other “weepy” episodes since Thanksgiving (3 months ago), but previously she had always been able to coax him out of them by playing some lighthearted Irish music. Since Thanksgiving, her father had had difficulty sleeping and seemed to have lost interest in most things that had previously given him pleasure. She added that her mother, who also strongly identified as Irish, had died suddenly of a heart attack 15 months ago.

Her father had always depended on his wife to “be his eyes” and to care for his daily needs. They had met while still in parochial high school and became engaged shortly after graduation. When John was 19, he suffered severe visual impairment from a car accident, which prevented him from completing a plumber’s apprenticeship. During their subsequent 48-year marriage, his wife supported them both, and neighbors cared for their daughter during work hours. John spent his days reading Braille versions of poetry and fiction, with unrealized aspirations of being a writer. Since his wife died, he had learned to use a cane but resisted the idea of having a Seeing Eye dog. As a result, he was mostly confined to his small apartment, leaving only to have a drink on Saturday night at the local bar, to attend Sunday mass, and to visit his daughter’s family. He had very limited financial resources because he was no longer covered by his deceased wife’s pension; however, the daughter was so concerned that she agreed to pay “out of pocket” for her father’s treatment (Hansen et al., 2000, p. 656).

Relevance of competencies: “Imagine that Dr. Smith has knowledge and experience in working with visually impaired, indigent Irish Americans. With this background, she may have decided to meet initially with John alone – out of respect for the characteristically strong Irish sense of privacy. She would use the ‘sighted guide technique’ for greeting him in the waiting area, asking simply, ‘Would you like to take my arm?’ On entering her office, the clinician would inquire if John wanted a description of the space, being sure to note the possible seating options and the location of windows and lighting (because some visually impaired individuals are adversely affected by glare and illumination). She might begin the interview with factual questions regarding his current living situation, the extent of his visual impairment, and his recent medical and psychological symptoms, only later

broaching the more emotion-laden topic of the death of his wife. Likely, she would consider multiple hypotheses regarding the etiology of his depression, including his unresolved grief over the death of his wife, his lack of adequate independent coping skills in her absence, the contribution of his Irish heritage to his reluctance to ask for help and to his fatalistic outlook, the isolation and depression common in visually impaired individuals, the possibility of an organically based onset, plus the real-world economic constraints impinging on his life. The culturally competent psychologist would search for a delicate balance between the need to verbalize facial or bodily gestures to compensate for John's lack of visual acuity and his traditional Irish culture's prohibition regarding overt emotional expressiveness. In keeping with the cultural mandate to avoid direct expressions of difference or conflict, the psychologist would be likely to use humor and storytelling to indirectly explore differences between herself and John" (Hansen et al., 2000, p. 656-657).

Appendix B

Invitation to Participate

I am a doctoral student studying multicultural counselor training among graduate counseling students. You will be asked to complete three items at the beginning of the semester and two items at the end of the semester. I anticipate that this should require approximately 30 minutes at the beginning of the semester and approximately 20 minutes at the end of the semester. You are asked to complete a demographic information survey, the *Multicultural Counseling Inventory*, and the *Cross-Cultural Counsel Inventory-Revised*. Participation is voluntary and refusal to participate will not result in any penalty to you. In the case of individual survey or assessment question, you are free to not answer individual questions. Participation in or refusal to participate in this study will have no impact on your grade. Potential risks involved in participating are anticipated to be minimal and may include your questioning of your judgments or your perceptions when working with agencies or clients of agencies serving a diverse population. Potential benefits may include a contribution to the body of research involving multicultural counselor education and a self-assessment of your multicultural counseling skills. Your confidentiality will be assured by the use of numbers rather than the use of your name or other identifying information. Your instructor will answer any questions that you may have regarding your participation. Should you have further questions, please direct them to Denise K. Sommers at dsomm2@uis.edu. Thank you for your participation.

Appendix C

Demographic Information

Last 5 digit of social security number: _____

Age: _____ Gender: _____

Race or ethnic self-designation (check one): African-American: _____ Hispanic: _____

Asian: _____ Native American/Eskimo: _____ Pacific Islander: _____ Caucasian: _____

Sexual orientation (check one): Gay Male: _____ Lesbian: _____ Heterosexual: _____

Transgendered: _____

Socio-economic self-designation (check one): Lower: _____ Middle: _____

Upper-Middle: _____ Upper: _____

Degree objective (check one): MA, MS, MEd: _____ PhD, EdD: _____

Years in counseling program: _____

Previous number of multicultural course work: _____

Previous Number of multicultural workshops: _____

Previous months of multicultural experience: _____

Rate your level of multicultural experience (Circle appropriate number below):

(Very experienced) 5 ___ 4 ___ 3 ___ 2 ___ 1 ___ (Very inexperienced)

Estimate how many culturally-different clients have you worked with: _____

Appendix D

Permission to Use the MCI

Gargi Roysircar-Sodowsky, Ph.D.
Director, Multicultural Center for
Research & Practice
Department of Clinical Psychology

AGREEMENT FOR THE PROCEDURAL USE OF MULTICULTURAL COUNSELING INVENTORY (MCI)

- The MCI will only be used for my own research purposes.
- The entire scale will be used when administering the MCI.
- Individual items and/or subscales will not be used separately.
- Individual items and/or subscales will not be used or adapted for the development of other instruments.
- The MCI will be kept under secure conditions.
- The MCI will not be appended to written materials (e.g., dissertations, theses, teaching/instructional handouts, workshop guides, manuscripts, etc.) that are circulated for general reading.
- The MCI will not be shared with other interested parties who need to be referred to the author if they wish to use the instrument.

I understand and agree to the terms stated above. In addition, I understand and agree that a \$100.00 user fee entitles me to make unlimited copies of the MCI for one year from the date given below, for one study only.

Signature: _____ Date: _____

Name (please print): _____

Address: _____

City, State, Zip: _____

Research Topic Title: _____

Planned use of the MCI: _____

(e.g., Dissertation, Survey of Mental Health Trainees/Clinicians, etc.)

If Student, Research Supervisor's Name: _____

Signature of Supervisor: _____

Please, mail the contract and payment to Gargi Roysircar-Sodowsky at the above address.

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Appendix E

CROSS CULTURAL COUNSELING INVENTORY—REVISED

The purpose of this inventory is to measure your perceptions about the cross cultural counseling competence of the counselor about whom you have just read. We are interested in your opinion so please make a judgment on the basis of what the statements in this inventory mean to you. In recording your response, please keep the following points in mind:

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

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

- | | | | | | | | |
|---|--|---|---|---|---|---|---|
| 1. Counselor is aware of his or her own cultural heritage. | | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. Counselor values and respects cultural differences. | | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. Counselor is aware of how own values might affect this client. | | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. Counselor is comfortable with differences between counselor and client. | | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. Counselor is willing to suggest referral when cultural differences are extensive. | | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. Counselor understands the current socio-political system and its impact on the client. | | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. Counselor demonstrates knowledge about client's culture. | | 1 | 2 | 3 | 4 | 5 | 6 |

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

- | | | | | | | |
|---|---|---|---|---|---|---|
| 8. Counselor has a clear understanding of counseling and therapy process. | 1 | 2 | 3 | 4 | 5 | 6 |
| 9. Counselor is aware of institutional barriers which might affect client's circumstances. | 1 | 2 | 3 | 4 | 5 | 6 |
| 10. Counselor elicits a variety of verbal and non-verbal responses from the client. | 1 | 2 | 3 | 4 | 5 | 6 |
| 11. Counselor accurately sends and receives a variety of verbal and non-verbal messages. | 1 | 2 | 3 | 4 | 5 | 6 |
| 12. Counselor is able to suggest institutional intervention skills that favor the client. | 1 | 2 | 3 | 4 | 5 | 6 |
| 13. Counselor sends messages that are appropriate to the communication of the client. | 1 | 2 | 3 | 4 | 5 | 6 |
| 14. Counselor attempts to perceive the presenting problem within the context of the client's cultural experience, values, and/or lifestyle. | 1 | 2 | 3 | 4 | 5 | 6 |
| 15. Counselor presents his or her own values to the client. | 1 | 2 | 3 | 4 | 5 | 6 |
| 16. Counselor is at ease talking with this client. | 1 | 2 | 3 | 4 | 5 | 6 |
| 17. Counselor recognizes those limits determined by the cultural differences between client and counselor. | 1 | 2 | 3 | 4 | 5 | 6 |
| 18. Counselor appreciates the client's social status as an ethnic minority. | 1 | 2 | 3 | 4 | 5 | 6 |
| 19. Counselor is aware of the professional and ethical responsibilities of a counselor. | 1 | 2 | 3 | 4 | 5 | 6 |
| 20. Counselor acknowledges and is comfortable with cultural differences. | 1 | 2 | 3 | 4 | 5 | 6 |