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THE MULTICULTURAL COUNSELING INVENTORY: VALIDITY AND APPLICATIONS IN MULTICULTURAL TRAINING¹

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Counseling professionals in the United States (U.S.) realize that they live in a multicultural, multiethnic, and diverse socioeconomic society. The complexity of this society challenges the counselor ("counselor" is used to include all psychological service providers) to revise and relearn the help-giving process. This challenge has been taken up by multicultural training (MCT). MCT's challenge is professional, philosophical, and political in nature.

Professional mandates of the American Association for Counseling and Development (AACD, 1988) (now called American Counseling Association [ACA]) and the American Psychological Association (APA) (APA, 1992; APA Office of Ethnic Minority Affairs, 1993) that influence university accreditation and provide professional ethics are one reason for including MCT in master's and doctoral training.

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There is another motivation for MCT that is less pragmatic and more implicit than professional guidelines. It is the philosophical ideology of wanting respect for differences of cultural groups and of envisioning multiculturalism as a peaceful process to co-existence in the 21st century. The third motivation has led to a political or advocacy mission that redresses the conditions of under-representation, racism, and inequity in U.S. institutions.

MCT is being increasingly provided via either university course work or topic-focused continuing education workshops. Consequently, there is a need to evaluate MCT (D'Andrea, Daniels, & Heck, 1991; Ponterotto et al., Chapter 7 this volume; Pope-Davis, Chapter 9 this volume; Ridley, Mendoza, & Kanitz, 1994; Sodowsky & Taffe, 1991). The Multicultural Counseling Inventory (MCI) (Sodowsky, Taffe, Gutkin, & Wise, 1994a), a self-report measure, was developed for two purposes: to offer philosophical support to MCT and to present a robust instrument to measure multicultural counseling competencies, an expected outcome of MCT.

There are four parts to this chapter. In Part I, literature on multicultural counseling competencies, pertinent to the contents of the MCI instrument, is reviewed. This section also addresses the philosophical underpinnings of MCT and its outcome, multicultural counseling competencies. In Part II, the development and psychometric properties of the MCI (Sodowsky et al., 1994a) are summarized. In Part III, two additional studies, called Study 3 and Study 4, assess via the MCI different aspects of multicultural learning of counseling psychology and school psychology students at the University of Nebraska-Lincoln. In Part IV, initial results of an ongoing study, called Study 5, inform about the MCI's relationships with other variables, including MCT, with regard to issues of convergent, discriminant, and predictive validity, as well as social desirability and cultural political correctness.

PART I:

WHY HAVE MULTICULTURAL COUNSELING COMPETENCIES?

The need to develop competencies in multicultural counseling is an issue of a pluralistic philosophy of life. It is also a matter of professional ethics, as stated by professional organizations such as APA and ACA. Ethical Standard 1.04(c) (under *Boundaries of Competence*) of the *Ethical Principles of Psychologists* (APA, 1992) states, "In those emerging areas in which generally recognized standards for preparatory training do not exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to

protect patients, clients . . ." (p. 1600). Thus the responsibility falls upon the individual counselor to seek out MCT. It is also reasonable for counselors to expect that the course work and/or workshops they attend will at the minimum educate them on basic multicultural competencies so that they can work with a diverse population. Ethical Standard 2.04(c) (under *Use of Assessment . . . With Special Populations*) (APA, 1992) states, "Psychologists attempt to identify situations in which particular interventions or assessment techniques or norms may not be applicable or may require adjustment in administration or interpretation because of factors such as individuals' . . . age, race, ethnicity, national origin, religion . . . language, or socioeconomic status" (p. 1603). Using this standard as an educational objective, MCT needs to make available the prerequisite knowledge, skills, and applications, so that one can do multiculturally competent intake, assessment, and counseling.

MCT includes an experiential learning process, so that a counselor at a self-monitoring level becomes aware of his or her silent, private reactions to counselor-client interactions involving issues of cultural and ethnic identities, racism, and sociopolitical constructions of race and ethnicity (Sodowsky, Kuo-Jackson, & Loya, in press). Cultural self-reflexivity means reflective evaluation of oneself as well as a questioning orientation to one's views of culture, race, and professional discipline and practice (Sodowsky et al., in press). According to Berg and Smith (1988), in the qualitative clinical interview, validity of the data depends critically on the quality of the interviewer-interviewee relationship, reflexivity on the part of the person conducting the interview, and a willingness to modify perceptual schemata and theories in accordance with the evolving pattern of understanding. Hoshmand (1991) states that a relationship of reciprocity with the interviewee decreases reactivity and superficial reports of data, and cognitive attention to personal epistemology or personal ways of knowing (that is, reflexivity) increases alertness to personal biases and overinvolvement with the interviewee.

Cultural self-reflexivity (Sodowsky et al., in press) is related to the multicultural competence of cultural awareness, helping the counselor to be respectful of the differences of a minority client. General Principle D: *Respect for People's Rights and Dignity* (APA, 1992) exhorts, "Psychologists are aware of cultural, individual, and role differences, including those due to . . . age, race, ethnicity, national origin, religion . . . language, and socioeconomic status . . . [and] try to eliminate the effect on their work of biases based on those factors, and do not knowingly participate in or condone unfair discriminatory

practices" (p. 1599-1600). Standard B.19. (under *Counseling Relationship*) of the *Ethical Standards of AACD* (1995) states that a counselor must ensure that members of various ethnic/racial, religious, disability, and socioeconomic groups have equal access . . ." (p. 5).

Professional standards of APA and ACA are helpful in guiding and, in some cases, enforcing standard professional behaviors. However, what is of even greater import than the listed standards per se, for which the purpose at the most basic level is to prevent client harm, is the implicit morality behind the standards. The moral is the belief that multiculturalism is more than understanding cultural differences, or communicating in a civil manner, or respecting an individual because he or she is a human being and shares some panhuman similarities with all people. A problem underlying suitable behaviors of communication (as mandated by APA and ACA ethics) is that the person who is behaving correctly may continue to believe in the superiority of one's own culture or race and give silent consent to the practices of institutional and social racism. A deeper, moral reason for cross-cultural respect is that a person needs to honor those who are different. It is not just a matter of accepting differences or looking beyond differences.

If counselors fail to integrate into their philosophy the value of honoring a client's cultural differences, they are, then, guilty of "cultural oppression" (Sue et al., 1982, p. 46), and they violate the principle of maintaining client integrity (Cayleff, 1986). Additionally, the counselor's socioeconomic status and employment with the establishment place the counselor, relative to that of the racial or ethnic minority client, in a more powerful position (Cayleff, 1986). Therefore the counselor needs to give to the client gifts of hopefulness (Sue & Zane, 1987), affirmation, consent, and sharing. The counselor must consciously distance himself or herself from the power, privilege, racism, and silent consent for racism associated with most U.S. institutions.

Sue et al. (1982) argued that it is critical to reprogram counselor understanding to a recognition that for one to be different does not mean to be "deficient," "deprived," or "disadvantaged" (p. 46). Therefore, counselor interventions must not consist of remediation aimed at producing homogeneity of behavior, performance, and motivation. Differences could be reconceptualized as strengths and results of one's groundedness in one's origins, socialization, or varied experiences (Sue et al., 1982); immutable aspects of one's worldviews (Kwan, Sodowsky, & Ihle, 1994); mutations of the biculturally driven acculturation and ethnic identity processes (Sodowsky, Lai, & Plake,

1991; Sodowsky, Kwan, & Pannu, 1995); and minority coping strategies for survival (Osvold & Sodowsky, in press; Zimmerman & Sodowsky, 1993).

Katz (1985) asserted that "White culture serves as a foundation for counseling theory, research, and practice" (p. 615). For example, Western psychological theories depend heavily on low-context abstractions (e.g., the constructs of intelligence and ego), cause and effect relationships (e.g., use of schedules of reinforcement), linear analytic thinking (e.g., use of interval scales in assessment), and deductive and inductive reasoning (e.g., hypothesis testing and hypothesis building). On the other hand, many people who come from collectivistic cultures (see Triandis [1990] for an explanation of the term), such as new Asian immigrants, think contextually or cyclically, repeat the thoughts of sages, find causes in historical events or the supernatural, are field dependent, and find motivations in their religions (Sodowsky et al., 1995). Thus, behavioral manifestations (e.g., linear problem-solving skills) that counseling researchers investigate, the independent variables they control or manipulate (e.g., low self-efficacy versus high self-efficacy), and the interpretations they give their findings are intimately linked to their Euro-American value-based research paradigms.

Even when culture is the focus of discussion in a counseling case, it is typically framed according to the White dominant culture's views of mental health, such as the cognitive development of the individual person, client independence, internal locus of control, personal responsibility, self-concept, self-esteem, assertiveness, self-efficacy, career interests, decision-making skills, heterosexual love, intimacy, happiness, or life satisfaction. The counselor assesses, whether quantitatively, diagnostically, or qualitatively, how the minority individual functions in such dimensions in reference to the average functioning of the White normative group. Then the counselor tends to see how different or how many standard deviations from the mean the minority individual's performance is and finds stereotypical answers in the client's culture.

However, the relationship between the minority individual's personality and the influence of his or her ingroup, such as natural support systems, or hierarchically positioned reference groups (e.g., elders, the family, a religious body, and extended kinship), all important anchors of mental health for many non-White American cultures, is not included in the assessment of a racial or ethnic or culturally different client (Sodowsky, 1991; Sodowsky & Taffe, 1991). Almost all the data of psychology come from individualistic cultures, such as

that of the U.S., although 70% of the population of the world lives in collectivistic cultures (Triandis, 1990). It could be argued that human nature is not necessarily individualistic, but U.S. psychologists assume it so. Therefore, if psychology does not account for "human nature" but rather reflects psychologists' values (Triandis, 1990), then multicultural counseling needs to expand the epistemology of counseling.

Counseling practice evolving from the above-described mainstream American psychology is inevitably narrow. Counseling professionals are trained to serve middle class White Americans (Sue et al., 1982); thus, their class- and culture-specific interventions could be variables affecting the high underutilization and early termination of mental health services by some American ethnic minority groups (Sue, 1977). Given the stronghold of Euro-American psychological practice, counselors may find it difficult to create, self-monitor, and maintain an implicit and personally meaningful pluralistic philosophy, motivating them to voluntarily seek multicultural competencies, a concept that is new to one's profession and to one's personal meanings about knowledge.

Dimensions of Multicultural Counseling Competencies

The two main literature sources for multicultural counseling competencies have been the following: a position paper by Sue et al. (1982), who comprised the Education and Training Committee of APA's Division of Counseling Psychology (Division 17); and the theoretical expansion of this position paper 10 years later by Sue, Arredondo, and McDavis (1992), who comprised the Professional Standards Committee of the Association for Multicultural Counseling and Development.

Sue et al. (1982) presented 11 "minimal" characteristics (p. 49) of a culturally skilled counselor, which were conceptualized within three broad dimensions. (a) *Skills*, covering the behavioral domain, are proficiencies gained through active participation in multicultural clinical work and through experiences in diverse populations. (b) *Cultural self-awareness and other-awareness* (called beliefs-attitudes by Sue et al., 1982), covering a cognitive-affective domain, encompass the counselor's attitudes toward one's own culture and to differences of others in cultural, racial, and sociopolitical terms. And (c) *knowledge*, covering the domain of learning, involves knowing theory, research, and cross-paradigmatic approaches to understanding cultural diversity.

Ten years later, Sue et al. (1992) introduced three specific counselor characteristics: (a) counselor's awareness of their own assump-

tions, values, and biases; (b) counselor's understanding of the worldview of the culturally different client; and (c) the counselor's development of appropriate intervention strategies and techniques. By cross-classifying the newly proposed counselor competencies with the previously proposed general competencies, Sue et al. (1992) presented a 3x3 matrix of nine competency areas indicating 31 skills. Generally speaking, the focus of the three counselor characteristics appears to be on the counselor's awareness of his or her own worldview and the client's worldview.

The recently evolved emphasis on the interaction of counselor worldview and client worldview (Ihle, Sadowsky, & Kwan, 1996; Sadowsky, Maguire, Johnson, Ngumba, & Kohles, 1994; Sue et al., 1992) may correct a limitation of MCT that has emphasized the acquisition of knowledge and skills. What is lacking is education on how counselor racial attitudes, worldviews, and values about acculturation impact counselor-client interactions.

According to McRae and Johnson (1991), "Aside from understanding one's self as a racial-ethnic and cultural being, it is important for counselors to examine the dynamics of the counselor-client relationship" (p. 131), "which includes examining the therapeutic relationship between counselors and clients with similar and different cultural values, racial identity attitudes, [and] issues of power, control, and oppression" (p. 135). Thus, Sadowsky et al. (1994a) have proposed a fourth counselor dimension that reflects the human factor in counseling: (d) *multicultural counseling relationship*. The multicultural counseling relationship stands independent of Sue et al.'s (1992) proposed competencies of counselor's awareness of counselor worldview and client worldview and counselor intervention strategies, although all are characteristics of the multicultural counseling process.

Thus, the four competency areas, with permeable boundaries, are not mutually exclusive. For instance, awareness indirectly affects both knowledge and skills but can be separate from both because it implies insightful understanding as well as an emotional component, whereas knowledge and skills are more declarative in nature. Below, each dimension is mostly elaborated on the basis of conceptual thoughts expressed by trainers in multicultural counseling. Reference is also made to some empirical studies.

Skills

Sue et al. (1992) specifically added the new counselor characteristic of the counselor developing appropriate intervention strategies and techniques. McRae and Johnson (1991) stated that "there is a

need to design training strategies that would move trainees from 'knowing that' cultural differences exist to helping them to 'know how' to conduct therapeutic sessions with clients from diverse cultures" (p. 133). The competent counselor also questions, reinterprets, and adapts previously learned skills so that assessment is culturally sensitive, and counselor language and strategies are within the worldview of the client (Sue, Akutsu, & Higashi, 1987). Of utmost importance is the counselor's ability to match interventions with the expectations of the client (Lefly, 1987).

Competent counselors interface with the client's natural support system, realizing the benefits of an easily accessed source of assistance to discover the cause or the remedy of a problem (Pearson, 1987). At times, innovative culturally consistent strategies are needed (Sue et al., 1987). The counselor may need to consider action to change the system and its services rather than to change the client to fit the system (Pedersen, 1987a). Pedersen (1987a) stated that the more alternatives or strategies the counselor possesses, the more choices the counselor has for dealing with the client and the environment, and the greater is the counselor's flexibility for responding with increasingly complex strategies. The culturally competent counselor proceeds with caution when using standardized instruments with minority populations, realizing the inherent probability of profile misinterpretations and the barriers of language and reading levels that go along with mainstream assessment devices (Ibrahim & Arredondo, 1986).

Cultural Self-Awareness and Other-Awareness

The first broad theme is one of intrapersonal awareness. This is accomplished through a systematic examination of one's own beliefs and attitudes and is primarily done through introspection, self-monitoring, and reflective self-evaluation. Espin (1987) noted that if counselors were aware of the influences of their race or ethnicity on their own personality and interpersonal styles, then they would be better able to recognize the ways in which culture and ethnicity influence client behaviors, interactions, values, and life goals. Cayleff (1986) recommended that counselors be aware of the influence of their own sociocultural characteristics (e.g., gender and/or social economic status) on their perceptions of, responses to, and labeling of client problems. Pedersen (1987a) described counselors as culturally competent when they can look at their own culture by stepping outside of it, a self-monitoring action. Wrenn (1962) suggested that counselors need to realize that something they feel very strongly about may be completely irrelevant to others. Smith (1982) noted that:

Racial differences between client and counselor do constitute formidable but not insurmountable barriers in the counseling relationship. Differences in race per se should not preclude the possibility of ethnic minority clients and majority counselors working together effectively. The really important factor is how people feel about racial differences. (p. 63)

Another broad theme is exposure-oriented awareness, which is increased through an external route such as by working with minority clients (Sue et al., 1987); by participating in sensitivity training programs such as the Pedersen triad training method (Pedersen, 1988), the cultural assimilator (Fiedler, Mitchell, & Triandis, 1971), and the Intercultural Sensitizer (Leong & Kim, 1991); and by acknowledging and integrating into counselor interventions what has been called the client's natural support system (Pearson, 1987). This type of awareness involves the counselor's experiences of the contrasts and conflicts between cultures. Additionally, Cayleff (1986) and Casas, Ponterotto, and Gutierrez (1986) noted that the ethical counselor is aware of the negative impact of racial and sexual stereotyping and discrimination. Through this awareness the counselor upholds the principle of beneficence and guards the client's rights and dignity. Drapela (1987) stated that the counselor needs to display a willingness to use available cultural resources to learn about specific interpersonal skills that are necessary when interacting with and serving a culturally different client.

Knowledge

Having intercultural sensitivity and being trained in culture-specific techniques do not qualify one as a counselor. To be a qualified professional, a counselor needs to have theoretical knowledge to justify the counselor's intercultural sensitivity and cultural techniques.

Several trainers stress that counselors need to have multicultural pedagogical competencies to be culturally effective. Leong and Kim (1991) state that "Increasing counselors' cultural sensitivity without providing some tentative culture-specific information about interventions would invite frustrated paralysis on the part of these counselors (i.e., 'I know I need to be sensitive to my client's cultural background but what am I supposed to do')" (p. 113).

Additionally, knowledge of racial and cultural variables such as racial identity, ethnic identity, acculturation, worldviews, sociocultural influences, and value differences, and their respective influences on clients are factors that competent therapists address in their conceptualization of client problems, intervention strategies, and goals

(Sodowsky & Taffe, 1991). Knowledge of sociocultural characteristics that distinguish between and within cultural groups contributes to implementing culturally relevant and effective strategies (Casas et al., 1986; Sodowsky et al., 1991).

With certain minority clients, counselor competence involves honoring folk belief systems that are an integral part of the client's psychological being (Cayleff, 1986). A cross-paradigmatic framework for drawing and synthesizing information from several disciplines enables the competent counselor to question psychology's set concept of "normal behavior" (Pearson, 1987; Pedersen, 1988). Arredondo (1987) proposed a psycho-historical approach to assessment, which requires that counselors look at biographical and clinical data from the perspective of contextual factors (e.g., history, politics, family systems, and the effects of institutional role) as well as from the perspective of individual factors (e.g., age at the time of immigration, generational status, number of years in the U.S., gender, role identification, education, immigration entry status, and goals of sojourners; see Sodowsky et al., 1991; Sodowsky & Lai, in press). Culturally sensitive counselors also emphasize individual differences within a cultural group; in other words, they do not apply knowledge about the group without considering the particular client (Sue et al., 1987).

Sue and Zane (1987) hypothesized that the application of cultural knowledge to counseling tasks, such as conceptualization of the client problem, treatment strategies, and counseling goals, facilitates the counseling process. When Sodowsky (1991) and Sodowsky and Taffe (1991) examined the above hypothesis with international and White American student groups and a sample of Midwestern counseling trainees, they found significant effects for multiculturally knowledgeable counseling tasks on subjects' perceptions of counselor expertness and trustworthiness.

Multicultural Counseling Relationship

In the counselor-client relationship, the counselor models multicultural attitudes and behaviors, develops within oneself positive racial or ethnic identity, shows adjustment by accommodating mainstream counseling theory and practice to diversity needs, creates a bicultural-multicultural counseling relationship process, and fosters positive racial or ethnic identity and collective self-identity in minority clients. In addition, the competent therapist communicates respect, shows personalized perceptions and knowledge, displays empathy, tolerates ambiguity, and demonstrates reciprocal concern (Pedersen, 1987b). Although true of any client-therapist relationship, these

relationship conditions may be difficult to observe with a culturally different client with whom it is not easy to communicate or relate.

Pedersen (1987b) pointed out that the cross-cultural adjustment process of the minority person relies more heavily upon acceptance and support from those within the host or dominant culture than upon information provided by the host or dominant group. In many cases, the therapist will be a significant representative of the host or dominant group; therefore, the therapist's openness and warmth will be critical to the client's adjustment and overall attitude toward the counseling process (Pedersen, 1987b).

Wrenn (1962) stated that the therapist's job is to support the client in becoming his or her person rather than becoming the therapist's pygmalion. He added that clients need to develop their integrity even if it may be different from that of the therapist. Pedersen (1987b) identified the following key personality variables in competent multicultural counselors: sociability, high self-esteem and a positive self-concept, and an ability to solve problems in unfamiliar settings.

LaFromboise and Dixon (1981) showed that counselor trustworthiness behaviors and not counselor ethnicity had a significant effect on Native American high school students' perceptions of counselor trustworthiness, and Vontress (1971) stressed that African-American clients would be self-disclosing if their White therapists could be convincing as people of goodwill and trust. Sodowsky (1991) demonstrated that an Asian-Indian international student group considered counselor trustworthiness significantly more important than client-counselor similarity. Sue and Zane (1987) have theorized that the counseling process characterized by ascribed counselor credibility and achieved counselor credibility may be of primary importance when doing therapy with Asian Americans.

PART II

THE MULTICULTURAL COUNSELING INVENTORY (MCI): TWO INITIAL STUDIES²

Summary of Previously Reported Research

None of the major instruments commonly used for counseling process and outcome research presently include a component for assessing multicultural competence (Ponterotto & Furlong, 1985). For example, although the Counselor Effectiveness Rating Scale (CERS;

²This section summarizes the results of two initial studies of the MCI. Some of this material has been reported in detail elsewhere (Sodowsky, Taffe, Gutkin, & Wise, 1994a), and some are reported here for the first time.

Atkinson & Wampold, 1982) and the Counselor Rating Form (CRF; Barak & LaCrosse, 1975) have been used in racial/ethnic minority studies (Atkinson, Maruyama, & Matusui, 1978; Atkinson, Ponce, & Martinez, 1984, LaFromboise & Dixon, 1981; Ponce & Atkinson, 1989; Sodowsky, 1991; Sodowsky & Taffe, 1991), neither of these instruments has a component for assessing multicultural counseling competencies. Neimeyer and Fukuyama (1984) used the Cultural Attitudes Repertory Techniques (CART) for counselor-trainees' self-examination of their personal subjective constructs regarding different cultures. However, the CART does not assess how multiskilled the counselor is in working with minority individuals. Because the literature on multicultural counseling competencies has proposed several constructs, the author developed the multidimensional Multicultural Counseling Inventory (MCI), a self-report measure.

Along with the MCI, three other multicultural competency instruments in counseling, the Cross-Cultural Competency Inventory-Revised (CCCI-R; LaFromboise, Coleman, & Hernandez, 1991), the Multicultural Awareness-Knowledge-Skills Survey (MAKSS; D'Andrea, Daniels, & Heck, 1991), and the Multicultural Counseling Awareness Scale (MCAS; Ponterotto et al., Chapter 7, this volume) cover conceptually similar domains (see Sodowsky et al.'s [1994a] review of the instruments). However, the MCI's presentation of more than three factors indicates greater diversity of structure than the other three scales. Sue et al.'s (1992) revised theoretical hypothesis also suggested the potential for more constructs. Additionally, the MCI underwent developmental procedures that were different from those of the other three scales.

The MCI was developed empirically using exploratory factor analysis (EFA) ($n = 604$ from a Midwestern state), confirmatory factor analysis (CFA) ($n = 350$ from APA-approved university counseling centers in the U.S.), and tests of factor congruence across the two samples (i.e., the factor structure of the second sample obtained through an EFA was correlated with the factor structure of the first sample). The two samples consisted of student trainees ($n = 115$) and long-standing practitioners ($n = 839$) in the mental health professions. Mailing lists or addresses were obtained from university departments and state professional associations. The MCI questionnaire was mailed along with a demographic questionnaire, a request for open-ended responses to three questions on MCT in the instrument that the subjects would have previously answered, and a letter that described the purpose of the study. Subjects were requested to give anonymous, voluntary responses.

The EFAs and CFA resulted in four multicultural counseling factors, with moderate to moderately high internal consistency reliabilities (see Table 1) and moderate interfactor correlations. The three factors of the MCI—Multicultural Counseling Skills, Multicultural Awareness, and Multicultural Counseling Knowledge—were comparable in substance to the three broad competencies defined by Sue et al. (1982; i.e., skills, beliefs-attitudes, and knowledge). One additional factor, Multicultural Counseling Relationship, reflected the interpersonal process of multicultural counseling. This dimension, although given limited attention by MCT, has been pointed to by Sue et al.'s recent revision (1992) and by Pedersen (1987a, 1987b).

Multicultural Counseling Skills (Factor 1) includes five multicultural counseling skills items, referring to success with retention, recognition of and recovery from cultural mistakes, use of nontraditional methods of assessment, counselor self-monitoring, and tailoring structured versus unstructured therapy to the needs of minority clients. Six general counseling skills items are also included, such as observing congruence, being focused, using concise reflections, and doing crisis intervention—skills that also apply to multicultural counseling. *Multicultural Awareness* (Factor 2) consists of 10 items, suggesting proactive multicultural sensitivity and responsiveness, extensive multicultural interactions and life experiences, broad-based cultural understanding, advocacy within institutions, enjoyment of multiculturalism, and an increase in minority case load. *Multicultural Counseling Relationship* (Factor 3) consists of eight items referring to the counselor's interactional process with the minority client, such as the counselor's trustworthiness, comfort level, stereotypes of the minority client, and worldview. *Multicultural Counseling Knowledge* (Factor 4) consists of 11 items, referring to culturally relevant case conceptualization and treatment strategies, cultural information, and multicultural counseling research.

The MCI Instrument

The MCI consists of 40 self-report statements rated on a 4-point Likert scale (4 = very accurate, 3 = somewhat accurate, 2 = somewhat inaccurate, 1 = very inaccurate). Items are so worded that a score of 1 indicates low multicultural competence and a score of 4 indicates high multicultural competence; seven items are presented in reverse to reduce the effects of a response set. Items are behaviorally stated, including the attitudinal and sensitivity items (e.g., statements begin with expressions such as "I am able to," "I use," "I am skilled at," "I am effective with," "I am comfortable," "I make," "I recognize," and

"I am successful at"). A summary of the MCI item contents, loadings on the four factors, and related psychometric information for Studies 1 and 2 are shown in Table 1.

Factor correlations were as follows. In Study 1, Skills correlated .22 with Awareness, .41 with Relationship, and .41 with Knowledge; Awareness correlated .21 with Relationship and .39 with Knowledge; Relationship correlated .18 with Knowledge. In Study 2, Skills correlated .17 with Awareness, .31 with Relationship, and .31 with Knowledge; Awareness correlated .17 with Relationship and .28 with Knowledge; and Relationship correlated .16 with Knowledge. In Study 2, CFA of the 4-factor oblique model proposed through EFA methods showed much higher correlations among the factors: For Skills the correlations were .30, .62, and .58; for Awareness the correlations were .47 and .56; and for Relationship the correlation with Knowledge was .47. These moderately high CFA factor correlations, along with the evidence of high interscale correlations of the CCCI-R, MAKSS, MCAS, as well as of general credibility-effectiveness scales in the counseling literature, led the authors to test higher order models in the CFA to investigate whether there was a higher order factor accounting for the correlations among the factors.

The relationships between the EFA factor structures obtained from the two samples (the state sample and the national sample) indicated coefficients of factor congruence ranging between .75 and .87, showing that the factor loadings of the EFA on the instrument development sample were relatively generalizable to the national sample. As shown by Table 1, the factor structures, eigenvalues, and internal consistency reliabilities of the MCI across the two samples were fairly similar.

In Study 2, using the national sample, CFA procedures examined the relative adequacy of models reflected in the literature: a unitary factor model discussed as a possibility by LaFromboise et al. (1991) and also implied by the very high correlation shown by J. Ponterotto (personal communication, 1995) between the first subscale and the full scale of the MCAS; a 2-factor model (Ponterotto et al., chapter 7 this volume); a 4-factor model (D'Andrea et al., 1991; LaFromboise et al., 1991; Sue et al., 1982); and a 3-factor model, as indicated by Study 1 of the MCI. Two higher order or second order models, one for the 3-factor structure and one for the 4-factor structure shown by EFAs of Study 1 were also tested to investigate whether a higher order factor accounted for the correlations among the factors. The first step in the higher order model was proposed to have separate factors, that is, the first order factors, and the second step was proposed to have one independent general factor, that

Table 1. MCI Summarized Items, Factor Loadings for Studies 1 (N = 604) and 2 (N = 350), and Coefficients of Internal Consistency and Factor Congruence.

| Items | Factors | | | | | | | |
|---|---------|---------|-----------|---------|--------------|------------|------------|------------|
| | Skills | | Awareness | | Relationship | | Knowledge | |
| | Study 1 | Study 2 | Study 1 | Study 2 | Study 1 | Study 2 | Study 1 | Study 2 |
| 1. client mistrust of racially different counselor | .00 | .00 | .17 | .18 | <u>.53</u> | <u>.62</u> | .10 | .16 |
| 2. counselor overcompensation, oversolicitation, and guilt | .07 | .00 | .11 | .14 | <u>.49</u> | <u>.60</u> | .12 | .12 |
| 3. case conceptualizations not stereotypical or biased | .02 | .08 | .07 | .02 | <u>.42</u> | <u>.48</u> | .10 | .22 |
| 4. differences between counselor worldviews and client worldviews | .02 | .02 | .04 | .04 | <u>.61</u> | <u>.63</u> | .01 | .02 |
| 5. cognitive differences make communication difficult | .05 | .08 | .09 | .14 | <u>.55</u> | <u>.59</u> | .01 | .06 |
| 6. understanding the effects of age, gender roles, and socioeconomic status | .16 | .14 | .08 | .11 | .05 | .07 | <u>.35</u> | <u>.40</u> |
| 7. innovative concepts and treatment methods | .25 | .02 | .02 | .15 | .14 | .09 | <u>.30</u> | <u>.59</u> |
| 8. a "world-minded" or pluralistic outlook | .03 | .08 | .21 | .09 | .01 | .09 | <u>.30</u> | <u>.48</u> |
| 9. self-examination of counselor cultural biases | .15 | .12 | .00 | .09 | .03 | .06 | <u>.37</u> | <u>.38</u> |
| 10. minority clients compared with majority group members | .12 | .12 | .01 | .09 | <u>.53</u> | <u>.57</u> | .12 | .10 |
| 11. research on minority clients' preferences applied | .14 | .11 | .07 | .06 | .05 | .15 | <u>.63</u> | <u>.68</u> |
| 12. aware of the changing practices, views, and interests of people | .03 | .03 | .10 | .19 | .16 | .15 | <u>.41</u> | <u>.42</u> |
| 13. the range of differences within a minority group considered | .08 | .02 | .08 | .05 | .20 | .25 | <u>.40</u> | <u>.44</u> |

Table 1. (continued)

| Items | Factors | | | | | | | |
|---|------------|------------|------------|------------|--------------|------------|------------|------------|
| | Skills | | Awareness | | Relationship | | Knowledge | |
| | Study 1 | Study 2 | Study 1 | Study 2 | Study 1 | Study 2 | Study 1 | Study 2 |
| 14. referrals and consultations on the basis of clients' minority identity development | .08 | .17 | .06 | .01 | .13 | .16 | <u>.51</u> | <u>.50</u> |
| 15. self-examination of personal limitations shakes counselor confidence | .19 | .15 | .06 | .02 | <u>.38</u> | <u>.45</u> | .07 | .05 |
| 16. counselor defensiveness is self-monitored and corrected | .26 | .23 | .04 | .02 | .10 | .16 | <u>.30</u> | <u>.32</u> |
| 17. the sociopolitical history of the clients' respective minority groups is applied | .00 | .03 | .13 | .11 | .07 | .12 | <u>.54</u> | <u>.67</u> |
| 18. 50% of clients seen more than once | <u>.37</u> | <u>.35</u> | .01 | .00 | .10 | .25 | .05 | .04 |
| 19. client differences causing counselor discomfort | .11 | .07 | .13 | .13 | <u>.38</u> | <u>.49</u> | .05 | .03 |
| 20. cultural mistakes quickly recognized and recovered | <u>.34</u> | <u>.34</u> | .03 | .01 | .17 | .23 | .11 | .14 |
| 21. use of several methods of assessment | <u>.33</u> | <u>.38</u> | .01 | .05 | .08 | .00 | .20 | .17 |
| 22. solving problems in unfamiliar settings | .24 | .27 | <u>.33</u> | <u>.42</u> | .17 | .17 | .02 | .11 |
| 23. understanding client's level of acculturation | .08 | .06 | .00 | .11 | .02 | .03 | <u>.49</u> | <u>.64</u> |
| 24. counselor philosophical preferences are understood | <u>.30</u> | <u>.32</u> | .02 | .06 | .03 | .02 | .21 | .28 |
| 25. having an understanding of specific racial and ethnic minority groups | .13 | .12 | <u>.52</u> | <u>.59</u> | .04 | .02 | .11 | .10 |
| 26. able to distinguish between those who need short-term therapy and long-term therapy | <u>.46</u> | <u>.54</u> | .03 | .02 | .04 | .03 | .11 | .09 |

Table 1. (continued)

| Items | Factors | | | | | | | |
|--|------------|------------|------------|------------|--------------|---------|-----------|---------|
| | Skills | | Awareness | | Relationship | | Knowledge | |
| | Study 1 | Study 2 | Study 1 | Study 2 | Study 1 | Study 2 | Study 1 | Study 2 |
| 27. understanding the importance of the legalities of immigration | .00 | .06 | <u>.39</u> | <u>.51</u> | .07 | .00 | .09 | .02 |
| 28. extensive professional or collegial interactions with minority individuals | .02 | .05 | <u>.77</u> | <u>.79</u> | .00 | .02 | .03 | .02 |
| 29. multicultural case load has doubled in the past year | .16 | .21 | <u>.54</u> | <u>.55</u> | .03 | .03 | .01 | .06 |
| 30. interactions with people of different cultures are enjoyable | .03 | .00 | <u>.36</u> | <u>.32</u> | .24 | .24 | .16 | .23 |
| 31. involved in working against institutional barriers for minority services | .01 | .02 | <u>.60</u> | <u>.66</u> | .10 | .10 | .12 | .03 |
| 32. well-versed with nonstandard English | .10 | .12 | <u>.55</u> | <u>.53</u> | .05 | .06 | .08 | .06 |
| 33. extensive life experiences with minority individuals | .16 | .15 | <u>.70</u> | <u>.68</u> | .01 | .01 | .10 | .00 |
| 34. frequently seek consultation and attend multicultural workshops or training sessions | .08 | .10 | <u>.58</u> | <u>.59</u> | .07 | .07 | .16 | .18 |
| 35. effective crisis interventions | <u>.59</u> | <u>.64</u> | .12 | .16 | .03 | .04 | .06 | .06 |
| 36. various counseling techniques and skills used | <u>.56</u> | <u>.63</u> | .01 | .03 | .04 | .01 | .02 | .01 |
| 37. concise and to the point in verbal skills | <u>.62</u> | <u>.68</u> | .01 | .03 | .11 | .19 | .04 | .00 |
| 38. comfortable exploring sexual issues | <u>.49</u> | <u>.48</u> | .00 | .02 | .05 | .12 | .06 | .10 |
| 39. effective in getting a client to be specific | <u>.65</u> | <u>.65</u> | .12 | .09 | .02 | .09 | .12 | .12 |

Table 1. (continued)

| Items | Factors | | | | | | | |
|--|------------|------------|------------|------------|--------------|------------|------------|------------|
| | Skills | | Awareness | | Relationship | | Knowledge | |
| | Study 1 | Study 2 | Study 1 | Study 2 | Study 1 | Study 2 | Study 1 | Study 2 |
| 40. compatible nonverbal and verbal responses | <u>.51</u> | <u>.61</u> | .00 | .07 | .08 | .06 | .05 | .03 |
| Alphas of subscales | 0.83 | 0.81 | 0.83 | 0.80 | 0.65 | 0.67 | 0.79 | 0.80 |
| Eigenvalues | 8.30 | 7.62 | 3.18 | 3.03 | 2.34 | 2.41 | 1.69 | 1.77 |
| % Variance Explained | 19.30 | 18.10 | 7.40 | 7.20 | 5.50 | 5.70 | 3.90 | 4.20 |
| Coefficients of factor congruence for factor structures of Study 1 and Study 2 | .87 | | .80 | | .78 | | .75 | |

Note. Underlined loadings indicate the items that are strong measures of each factor. These items have factor loadings of .30 or above. Skills has 11 items, Awareness has 10 items, Relationship has 8 items, and Knowledge has 11 items. The items listed in this table are summarized, conveying the general meaning of the items.

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is, a second order factor. Conceptually, each item was viewed as an indicator of one of the first order factors; then the first order factors were considered to be indicators of the higher order factor. Thus, each item was examined to determine its relationship to the first order factors; then the first order factors were examined to assess whether there was a higher order factor.

Whether or not the MCI is a unitary or a multidimensional scale needed to be addressed at the MCI's development stage. Whether the MCI is influenced by a higher order factor also needed to be examined. CFA tests whether actual data fit an identified model. It tests whether specific items of a measure define a prespecified latent factor. Rotation is not used, and a solution is directly given and is based on a model that was previously constructed through EFA or through conceptual modeling. Thus, the CFA study of the data from the national data was concerned with assessing the relative fit of six competing factor models. All of the confirmatory indexes of this study indicated that the oblique four-factor model had the best fit to the data, including tests of significant chi-square difference for this model in relation to the other five models. Some of the relatively strong indexes for the 4-factor oblique model were: goodness-of-fit index, GFI = .84; adjusted GFI (i.e., a predicted value if the identified model was tried on another sample) = .81; the ratio of the chi-square goodness-of-fit to its degrees of freedom, $X^2/df = 1.99$ (the ratio should be below 2); root-mean-square residual, RMR = .024 (should be low); normed index of fit or delta (evaluation of the fit of a proposed model relative to a logical worse case, that is, the null model) = .80, and significant *t* values for all standardized loadings. These and other indexes met the rule-of-thumb acceptance levels suggested by Bollen (1989).

The 4-factor higher order model, which was the second best model, indicated worse indexes of fit and lower standardized factor loadings than did the 4-factor oblique model. However, the first order factors had high loadings on the higher (second) order factors, ranging between .51 and .77; 82% of the variance accounted for by the first order model was accounted for by the higher order model. In addition, as stated earlier, CFA indicated moderately high to high correlations among the factors of the 4-factor oblique model, ranging between .30 and .62. Thus, there was some weak empirical evidence of a higher order factor model.

In conclusion, two levels of factors may be conceptualized for the MCI. First, there are the four relatively specific factors indicated empirically. Second, there is some evidence to suggest a general multicultural competency factor that reflects counselors' evaluations of themselves as being a multicultural counselor, without reference to any specific dimensions. Counselors' overall self-evaluation of being a

multicultural counselor affects the evaluation of their particular competencies, thus affecting factor correlations. In reference to the conceptualization of the 4-factor oblique model as well as the higher order model, it is suggested that the subscales as well as a total score (i.e., the full scale) of the MCI be scored when evaluating counselor competencies in training and applied settings.

Additional Analyses of Data from the Midwestern State Sample of Study 1

In order to understand the influence of multicultural counseling experience on the competencies of the Study 1 sample ($n = 604$) from the Midwestern state, a multivariate analysis of variance (MANOVA) was performed in which the dependent variables were the four MCI subscales and the independent variable was the amount of respondent work in multicultural services, as reported by the subjects in the demographic section. Multicultural services included minority client contact as well as community work, outreach, teaching, and political activities related to racial and ethnic minority issues. Such services reported were categorized as being either less than 50% or more than 50% of one's work in multicultural services, hereafter referred to as the less than 50% work group and the more than 50% work group. In order to have equal cell sizes, 82 subjects were randomly chosen from the less than 50% work group because the more than 50% work group consisted of 82 subjects. A significant MANOVA was followed up by univariate analyses (ANOVAs) to isolate the source of the significance. An ANOVA was also performed using the full scale MCI score as the dependent variable and the work groups as the independent variable.

In addition, responses to three open-ended questions that followed the Likert-type MCI items of Study 1 were content analyzed (Altheide, 1957) to identify recurring themes for each question across all subjects who answered the open-ended questions. Question 1 was answered by 206 individuals. Question 2 had responses from 197 individuals, and Question 3 received 487 responses. The proportion of subjects expressing each theme or issue was determined for each question.

Results

Differences between multicultural work groups. Homogeneity of variance/covariance matrices (Box M) was not violated ($p > .20$). A significant MANOVA, $F(4,157) = 14.82, p < .001$, was followed by significant ANOVAs for Multicultural Awareness, $F(1,160) = 51.60, p < .001$, and Multicultural Counseling Relationship, $F(1,160) = 5.32, p < .02$. Nonsignificant ANOVAs were found for Multicultural Counsel-

ing Skills, $F(1,160) = 3.66, p < .06$, and for Multicultural Counseling Knowledge, $F(1,160) = 2.30, p < .13$. An ANOVA on the full scale indicated a significant difference between the two groups, $F(1,162) = 24.50, p < .001$. For all significant differences, the more than 50% work group obtained higher competency scores. Table 2 reports means, standard deviations, and ANOVAs of the two groups on the MCI subscales.

The significantly higher scores of the more than 50% work group on Multicultural Awareness and Multicultural Counseling Relationship may point to the effectiveness of actual multicultural work on proactive multicultural sensitivity, outreach, and advocacy and on enhanced multicultural client-counselor relationship. The nonsignificant findings for skills and knowledge lend support to Sue et al.'s (1992) expanded counselor constructs regarding awareness of self and others, and to Sue and Sue's (1990) assumption that sole emphasis on knowledge and skills may be a limitation in MCT that may not differentiate between counselors. What distinguishes a multicultural counselor, as indicated by the initial study of the MCI, are the additional awareness and relationship variables. These findings also confirm the importance placed by trainers (e.g., Sue et al., 1987) on obtaining clinical and practicum experiences with minority clients. In their responses to open-ended questions (see below), subjects also gave important meaning to their contacts with culturally diverse clients or their need or lack of such clinical experiences.

Content Analysis of Open-ended Questions. A total of 493 (82%) subjects answered at least one of the open-ended questions in the MCI. The first question regarding the subjects' strengths in multicultural counseling was answered by 206 respondents. Seven recurring themes were found for the first question. Subjects felt that (a) their strengths were derived from contact with specific culturally diverse individuals or clients or from experiences (25%); (b) their strength consisted of knowledge gained from working with specific cultures (24%); (c) the inventory covered their multicultural strengths (20%); (d) their knowledge was gained through multicultural workshops/courses/readings (15%); (e) client race or ethnicity was not an issue for them because they treated all clients as equals (7%); (f) their strength was their curiosity for learning about different cultures or new culture-based counseling methods (5%); and (g) their strength was their use of culture-based counseling techniques (4%).

The second question concerning areas in multicultural counseling in which subjects believed they needed to improve was answered by 197 subjects. Seven recurring themes were found for this question. Subjects felt that (a) they needed more experiences with minority indi-

Table 2. Means, Standard Deviations, and ANOVAs for the More Than 50% Multicultural Work Group and the Less Than 50% Multicultural Work Group on the MCI.

| Subscales | More than 50% Work | | | Less than 50% Work | | | <i>Hyp MS</i> | <i>Error MS</i> | <i>F</i> | <i>p</i> |
|---------------------------------------|-----------------------|----------|-----------|-----------------------|----------|-----------|---------------|-----------------|----------|----------|
| | <i>n</i> | <i>M</i> | <i>SD</i> | <i>n</i> | <i>M</i> | <i>SD</i> | | | | |
| Multicultural Counseling Skills | 82 | 3.5 | .33 | 82 | 3.4 | .35 | .42 | .12 | 3.7 | .06 |
| Multicultural Awareness | 82 | 3.1 | .54 | 82 | 2.4 | .53 | 14.71 | .29 | 51.60 | .001*** |
| Multicultural Counseling Knowledge | 82 | 3.2 | .44 | 82 | 3.1 | .44 | .45 | .20 | 2.30 | .13 |
| Multicultural Counseling Relationship | 82 | 3.3 | .43 | 82 | 3.1 | .46 | 1.06 | .20 | 5.32 | .02* |
| Full Scale | 82 | 3.3 | .31 | 82 | 2.9 | .34 | 19.55 | .12 | 24.50 | .001*** |

* $p < .05$

*** $p < .001$

viduals (20%); (b) they needed a more general awareness about multicultural issues (19%); (c) they needed more multicultural training (18%); (d) the inventory covered important multicultural topics (15%); (e) they needed more self-awareness regarding their own cultural context (10%); (f) they were unsure about needed self-improvements as they rarely worked with racial or ethnic minority clients (10%); and (g) they needed more information about specific areas across cultures (e.g., working with adolescents from different cultures, understanding family structures across different cultures, etc.) (8%).

The third question regarding the subjects' reactions to the inventory was answered by 437 subjects. Nine recurring themes were found for this question. Subjects felt that (a) the inventory was too long (20%); (b) their answers reflected a lack of multicultural experience (18%); (c) the MCI or similar instruments were needed for the future (15%); (d) the MCI was comprehensive (10%); (e) their experience of responding to the questionnaire was negative (10%); (f) their multicultural awareness was raised by the MCI (8%); (g) their answers were the result of specific multicultural experiences (e.g., work with a particular client, life experiences, work with a specific population, etc.) (7%); (h) their suggestions or questions about the development of the scale needed to be addressed (7%); and (i) their experience of responding to the questionnaire was positive (5%).

All of the themes elicited by the first open-ended question were in concordance with at least one of the four subscales, except for the opinion that ethnicity and race were not issues for counselors because all clients are treated as equals. This opinion did not fit with the view of MCT that inequity prevails in counseling theory, research, and practice with regard to minority clients. The MCI did not reach the level of specificity and specialization desired by some of the subjects because the MCI purports to measure broad multicultural counseling competencies. Some subjects noted that responding to the scale was a negative experience, which could have been a realistic reaction because the MCI assesses cultural biases and nonmainstream competencies. Many subjects, however, also expressed a desire for MCT, indicating an increasing acceptance of multicultural issues by counseling professionals and students.

PART III

USE OF THE MCI TO EVALUATE COUNSELING TRAINING: STUDIES 3 AND 4

After initial development of the MCI, it was administered to graduate students in counseling and school psychology at the Univer-

sity of Nebraska-Lincoln who took the one-semester Multicultural Counseling course between 1990 and 1993. These students did not participate in the instrument development Studies 1 and 2; nor did they participate in more than one study. The general objective of Studies 3 and 4 was to examine whether MCT could be related to the outcome of perceived competencies (Study 3), as measured by the MCI, and whether students could assess simulated counseling videotapes, applying the constructs of multicultural counseling competencies, as operationalized by the MCI (Study 4). The two MCT-related studies were as follows.

STUDY 3: A PRE-TEST AND POST-TEST STUDY

Ponterotto and Casas (1987) found that variability in the depth and scope of training was notable even among programs singled out by training directors of counseling psychology programs as being in the forefront of multicultural training. These authors further noted the lack of conclusive data that these special programs produced multiculturally competent counselors. A competency-based training approach to multicultural counseling has been proposed by several authors. Ivey (1977) presents a taxonomy linking cultural skills with communication and states that one who has cultural expertise is able to communicate. Arredondo-Dowd and Gonzales (1980) presented a schema of multiple competencies as a means of preparing culturally effective counselors. Casas's (1982) competency-based model proposes an outline of courses, practica, and workshops within a multicultural counseling specialty. Finally, Sue and Sue (1990) stated that cross-cultural counseling programs must relate "race and culture-specific incidents and counseling skills" (p. 14). Owing to the strong recommendation that MCT should result in skills and competencies, the MCI was used to test whether there were any differences between the competencies of students at the beginning and end of a multicultural counseling course. This course is required for all master's and doctoral students in counseling psychology and is strongly recommended for students in school psychology at the University of Nebraska-Lincoln. The course presents theories, research, practice, professional issues, and challenges of multicultural counseling. In addition, experiential activities, such as the Pedersen Triad Training Model, critical incident exercises, videotape viewings and analyses, ethnographic interviews, case presentations, and small group process, facilitate affective learning and the development of self-monitoring strategies needed for enhanced cultural and racial self-awareness.

Method

Subjects. Second year master's students and doctoral students who took the Multicultural Counseling course were administered the MCI. MCI data were collected from 42 students over a period of three semesters. Students were informed that they were participating in research investigating a multicultural instrument, and all enrolled students voluntarily participated. Although at the same university, these students had not participated in Study 1.

Data Analysis. Student responses to the MCI administered on the first day of a multicultural counseling course were compared with their responses on the last day of the course, using a repeated measures multivariate test, followed by repeated measures dependent *t*-tests performed on the four MCI subscale scores and the full scale. A significance level of .05 was used for all analyses.

Results

A significant multivariate repeated measures test, $F(4,37) = 5.97$, $p < .001$, was followed by three significant repeated measures dependent *t*-tests. The pretest means for Multicultural Counseling Skills, Multicultural Awareness, and Multicultural Counseling Knowledge were significantly lower ($p < .01$) than the posttest means for the same subscales. The full scale pretest score was significantly lower ($p < .001$) than the full scale posttest score. There was no significant difference for Multicultural Counseling Relationship. Table 3 reports the means, standard deviations, and *t*-tests of the pre-post tests.

Discussion

The author acknowledges that a pre-test and post-test design that lacks a control group does not take into account competing explanations for score change, such as pre-test sensitization of students and general maturation over time. However, this initial effort assessing the outcome of MCT related to specific competency objectives was an important source of information for the author, among various other standard course evaluation data, to examine the effects of MCT course work.

Scores on the MCI reflected competency change between the time the course began and the time it ended. Perhaps self-reported higher ratings for awareness, knowledge, and skills (placed in rank order) suggested that the predominant components of didactics, research, writing, experiential activities, case interviews, and case presentations in the Multicultural Counseling course taught at the University of

Table 3. Repeated Measures Dependent *t*-tests for Pretest and Posttest MCI Scores of Students in a Multicultural Counseling Course in Three Different Semesters

| Subscales | <i>n</i> | Pretest | | | Posttest | | <i>t</i> | <i>df</i> | <i>p</i> |
|--------------|----------|----------|-----------|----------|-----------|-------|----------|-----------|----------|
| | | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | | | | |
| Skills | 42 | 2.9 | .44 | 3.2 | .54 | -2.94 | 41 | .005** | |
| Awareness | 42 | 3.0 | .48 | 3.4 | .53 | -4.54 | 41 | .001*** | |
| Knowledge | 42 | 2.3 | .71 | 2.6 | .52 | -3.15 | 41 | .003** | |
| Relationship | 42 | 2.7 | .44 | 2.8 | .49 | -0.73 | 41 | .460 | |
| Full Scale | 42 | 2.8 | .39 | 3.0 | .43 | -3.87 | 41 | .001*** | |

** $p < .01$

*** $p < .001$

Nebraska-Lincoln may be related to only three competency dimensions. Thus, formal coursework may not affect the multicultural counseling relationship, which perhaps results only from actual work experiences with minority clients, as implied by the differences between the more than 50% work group and the less than 50% work group of Study 1. It is also possible that training, as pointed out by Sue and Sue (1990), traditionally emphasizes skills, awareness, and knowledge, while being less attentive to the dynamics of the interpersonal process between the counselor and client.

STUDY 4: COUNSELOR TRAINEES' MCI RATINGS OF CASE CONCEPTUALIZATION, INTERVENTIONS, AND COUNSELING GOALS

A line of inquiry that lends itself readily to MCT and to investigating the multicultural competencies of a counselor is studying the effects of a culturally consistent counseling perspective versus a culturally discrepant counseling perspective (with regard to a client's cultural upbringing and values) on perceptions of counselor multicultural competencies. Sue and Zane (1987) argued that to enhance the multicultural counseling process, cultural knowledge needs to be incorporated into counseling tasks such as (a) conceptualization of the client problem, (b) treatment strategies, and (c) counseling goals. Discrepancy between such counseling tasks and what is culturally appropriate for the client could negatively affect perceived counselor characteristics.

Sodowsky (1991; see also: Sodowsky & Parr, 1991; Sodowsky & Taffe, 1991) made two treatment videotapes of a simulated intake interview carried out by the same counselor with the same client. The above mentioned counseling tasks were culturally consistent with the client's cultural upbringing in one tape and culturally discrepant with the client's cultural upbringing in the other tape (this tape showed mainstream counseling practice). As reported in Sodowsky (1991), Sodowsky and Parr (1991), and Sodowsky and Taffe (1991), the counseling perspectives in the two tapes were significantly different. The two counseling perspectives also differed for perceived counselor credibility, which covers the domains of expertise, attractiveness, and trustworthiness. Thus, Sodowsky called one tape culturally consistent and the other tape culturally discrepant.

The principal objective of Study 4 was to examine whether the counselor using culturally consistent counseling tasks, perceived to be significantly more credible, would be evaluated as being more multiculturally competent than the counselor using culturally dis-

crepant counseling tasks. The following is a description of the two counseling perspectives.

Treatment Videotapes

The first 15 minutes of both tapes depicted the same simulated counseling intake involving a White male counselor doing an intake with a male Asian-Indian international student. Scene 1 of both tapes was identical. The counselor was played by an actor who was unaware of the study's purpose. An international student, who was also unaware of the purpose of the study, played the role of a student in computer science.

In Scene 1, the international client wished to change the academic major his parents in India and uncle and aunt in the United States had chosen for him. The client expressed several family-related concerns: chief among them were his boredom with computer science, in which he was relatively competent; his growing interest in the social sciences; his sense of duty to his parents, who spent their savings and also borrowed money to provide him with a technological education in the United States; his obligations to this uncle and aunt in the United States, who supported him emotionally and physically, so that he could have a degree in an area that had family consensus and that also promised employment prospects benefiting the client's parents, siblings, and extended family; his feelings of shame for seeking help from a counselor, an outsider to his family and friends; and his belief that expressing private feelings and thoughts is a weakness.

The counselor followed the client-counselor dialogue (Scene 1) with a 15-minute monologue (Scene 2, in which the client was not present), wherein he described his three counseling tasks. The contents of Scene 2 in the two tapes differed from each other. In the culturally consistent tape, the counselor tailored the tasks to be consistent with the cultural values and upbringing that the client referred to at the intake. For instance, he considered the client's role in maintaining structural balance in his family and extended kinship and his role in enhancing his family honor through future professional and monetary success. The counselor wanted to prevent a confrontation between the client and his relatives because of the client's strong respect for his family seniors and their judgment and his affiliation to some traditional values. Specifically, the counselor said the client was to be encouraged to seek assistance from his natural support system, such as a co-national faculty member and his uncle, who could become intermediaries, helping to resolve the client's differences with his parents. The client's feelings of guilt regarding

wanting something different from what his parents wanted were to be acknowledged, but no attempt would be made to alleviate his guilt.

In the discrepant tape, the counselor did not tailor the tasks to be congruent with the client's cultural values and upbringing. The counselor said he planned to encourage the client to be assertive with his parents and uncle and aunt and to recognize and satisfy his career needs and interests. The counselor considered the advice of family seniors as restricting for the client. He planned to help the client explore his guilt, self-concept, self-esteem, and cognitive set and their effects on his functioning. The counselor considered the client's difficulties as developmental issues related to his personal identity development and to making choices about his adult vocation. The counselor planned strategies to enable the client to develop an attitude of responsibility to himself and to adopt an independent lifestyle. He also planned to give the client career and vocationally oriented personality tests. In the discrepant tape, to generalize across some common counseling theories, concepts from developmental, humanistic, and cognitive-behavioral theories were integrated in an eclectic manner considered structurally coherent and professionally acceptable. The actor playing the counselor was instructed to be equally enthusiastic and to maintain the same posture and gesture in both tapes. Both tapes had the same office setting.

Method

Subjects. Master's and doctoral students in counseling psychology and school psychology taking a multicultural counseling course during two different semesters at the University of Nebraska-Lincoln volunteered for the study. Although drawn from the same university as the subjects in the previous MCI studies, these students did not participate in any other studies with the MCI.

Procedures. Four class periods of 1 hour and 20 minutes each were spent discussing readings on multicultural competencies and MCT. Then students in each class were randomly assigned to watch one of the two tapes. There were 38 participants, 18 who viewed the culturally consistent counselor and 20 who viewed the culturally discrepant counselor. Equal numbers did not view the two tapes because the enrollment in the two classes differed. The students rated the counselor they viewed on the MCI. The use of the first person in the self-report statements of the MCI was substituted by the third person; that is, "I" was replaced with "the counselor"; and subject-verb agreements were accordingly changed.

Data Analysis. Using subscale scores as multiple dependent variables, a MANOVA was performed to test for differences between

the ratings on the MCI given to the culturally consistent counselor and those given to the culturally discrepant counselor. Homogeneity of variance/covariance matrices (Box M) was not violated ($p > .20$). Subsequently, ANOVAs were performed on the four MCI subscales, and a t -test was performed on the full scale. A significance level of .05 was used for all analyses.

Results

A significant MANOVA was found, $F(4,33) = 254.87, p < .001$. This significant MANOVA was followed by significant ANOVAs on all four subscales, Multicultural Counseling Skills: $F(1,36) = 291.20, p < .001$; Multicultural Awareness $F(1,36) = 945.14, p < .001$; Multicultural Counseling Relationship: $F(1,36) = 223.94, p < .001$; and Multicultural Counseling Knowledge: $F(1,36) = 337.82, p < .001$; A t -test on the full scale indicated significant differences between the two counseling perspectives, $t(36) = 28.8, p < .001$. For the subscales and the full scale, the culturally consistent counseling tasks had higher means than the culturally discrepant counseling tasks, indicating greater multicultural counseling competencies in the culturally consistent counseling. Table 4 reports means, standard deviations, and ANOVA and t -test results.

Discussion

Both counseling perspectives were considered equally plausible in a previous study (Sodowsky & Taffe, 1991), but the culturally consistent perspective had the additional characteristics of multicultural counseling knowledge, specific multicultural counseling skills, and sensitivity to a client's family relationships that were representative of the client's culture. The MCI identified these differences, indicating the superior multicultural competencies of the culturally consistent counselor. It is interesting that students in Study 3 did not perceive themselves to have greater multicultural relationship characteristics at the end of a multicultural course, but students in Study 4 were able to recognize and assess this competency or lack of it in another counselor who presented a culturally sensitive perspective versus a culturally insensitive perspective.

This study helps to provide evidence to support a hypothesis that the MCI might be able to show a relationship between perceived multicultural counseling competencies and perceived counselor credibility, as measured by a credibility measure. (Previous studies with the videotapes indicated that the culturally consistent counseling was also viewed as more credible.) In previous studies (e.g., Sodowsky, 1991; Sodowsky & Taffe, 1991), some items that showed the greatest

Table 4. Means, Standard Deviations, and ANOVAs on the MCI Subscales for the Culturally Consistent and Culturally Discrepant Tapes as Rated by Students in a Multicultural Counseling Course.

| Subscales | Culturally Consistent Tape | | | Culturally Discrepant Tape | | | <i>Hyp MS</i> | <i>Error MS</i> | <i>F</i> | <i>p</i> |
|---------------------------------------|-------------------------------|----------|-----------|-------------------------------|----------|-----------|---------------|-----------------|----------|----------|
| | <i>n</i> | <i>M</i> | <i>SD</i> | <i>n</i> | <i>M</i> | <i>SD</i> | | | | |
| Multicultural Counseling Skills | 18 | 3.4 | .24 | 20 | 1.9 | .32 | 24.00 | .08 | 291.20 | .001*** |
| Multicultural Awareness | 18 | 3.5 | .20 | 20 | 1.3 | .24 | 45.52 | .05 | 945.14 | .001*** |
| Multicultural Counseling Knowledge | 18 | 3.4 | .31 | 20 | 1.4 | .34 | 36.44 | .12 | 337.82 | .001*** |
| Multicultural Counseling Relationship | 18 | 3.7 | .28 | 20 | 1.9 | .44 | 31.15 | .14 | 223.94 | .001*** |

*** $p < .001$

difference in perceived counselor credibility were unbiased-biased, informed-uninformed, respectful-disrespectful, insightful-insightless, selfless-selfish, expert-inexpert, responsible-irresponsible, experienced-inexperienced, and competent-incompetent. These credibility characteristics, although related to general counseling practice, also have powerful meaning for multicultural counseling competencies, as discussed by the author in the literature review in Part 1. The viewing of the tapes, discussions about the two perspectives in counseling, and their respective evaluations on the MCI educated the students on multicultural counseling competencies. This training exercise also provided additional validation evidence for the MCI.

PART IV

A PREDICTION MODEL FOR MULTICULTURAL TRAINING (MCT) AND THE MULTICULTURAL COUNSELING INVENTORY (MCI)

The MCI is being researched nationally and internationally by graduate students, professors, and clinicians. Recently, investigations into the MCI's relationships with professional training (e.g., nursing, psychology, and K-12 teaching), white racial identity attitudes, and other multicultural competency instruments have appeared in *The APA Monitor*, *Journal of Counseling Psychology*, *Journal of Counseling and Development*, *Measurement and Evaluation in Counseling and Development*, *Journal of Nursing Education*, etc. It appears that the MCI is a promising tool for the evaluation of training and for process and outcome research in help-giving services.

After developing and studying the psychometric properties of the MCI, the author began investigating the MCI's relationships with predictors. Reported below are initial results from an on-going study that was initiated with collaborators (Sodowsky, O'Dell, Hagemoser, Kwan, & Tonemah, 1993). Early results from this study, called Study 5, may give readers a broader picture of the MCI in terms of its relationships with (a) scales measuring racist attitudes, rigidity, cultural political correctness, and social desirability and (b) another multicultural competency instrument and MCT. Knowing how the MCI relates to other variables would increase the meaningfulness of the MCI to its users.

Letters were written to the directors of all APA-approved university counseling centers in the nation, requesting them to release the names of their staff psychologists, counselors, predoctoral psychology interns, and graduate practicum students. Out of a list of 450 names thus acquired, 300 subjects were randomly chosen to receive mailed questionnaires that included the MCI. The response rate was 67%, consisting of 201 anonymous, volunteer respondents with ap-

proximately equal numbers of staff psychologists, counselors, predoctoral interns, and graduate practicum students. The age range was between 25 and 60, and there were 115 women and 86 men. The subjects of Study 5 differed from the previously mentioned instrument development sample of Study 2, which also consisted of university counseling center subjects.

The package of materials sent to each person in the sample consisted of: a demographic sheet that had questions on subjects' MCT experiences (e.g., number of multicultural courses, research, theses, dissertations, workshops, specialization; also reading and/or speaking a Third World language), multicultural life experiences (e.g., living in integrated and/or ethnic neighborhoods, working in inner city schools, having racial and ethnic minority friends and family, volunteering in community organizations serving low SES people, foreign travel, foreign work, and foreign living experiences), racial and ethnic self-designation, geographic location, etc.; items on cultural political correctness (CPC, created by the author and her collaborators), measuring a preference to make a good impression on others regarding cultural and racial matters (e.g., one's work-related involvements with regard to diversity, evaluation of people of diverse racial, ethnic, and cultural backgrounds, social experiences in the context of race and culture, race-based humor); a measure of a sense of social inadequacy or low social self-esteem that consisted of the Revised Janis-Field Scale (Eagly, 1973); the Social Desirability (SD) Scale (Crowne & Marlowe, 1973); the Multicultural Awareness-Knowledge-Skills Scale (MAKSS; D'Andrea, Daniels, & Heck, 1991); a measure of a racist orientation towards African Americans (Gurin, Gurin, Lao, & Beattie, 1973); a measure of rigidity (Wesley, 1953); a measure of intolerance for ambiguity (Budner, 1973); and the MCI.

Certain demographics appeared to be related to subjects' self-reported competencies. Practitioners located in western, eastern, and southern regions reported significantly higher competencies than those in the midwest and mountain regions in multicultural skills, multicultural awareness, and multicultural relationship. There was no difference in multicultural knowledge. American racial and ethnic minorities and international subjects reported significantly higher scores than their White colleagues on the above subscales as well as on the fourth dimension, multicultural knowledge. No effects were identified on the MCI for such demographics as educational degrees, years of professional experience, and gender.

The full scales of the MCI and MAKSS showed a moderately high correlation of .68. Variables such as attributing blame to African

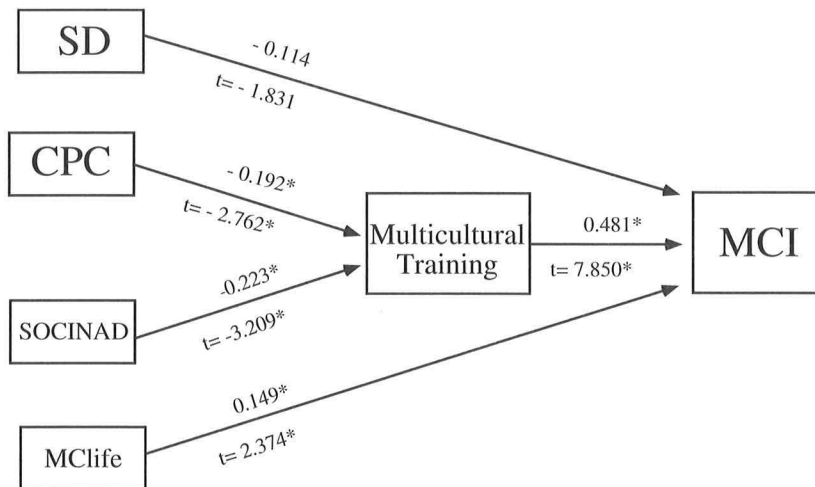
Americans, rigidity, and intolerance for ambiguity did not appreciably correlate with either the MCI ($r = -.12$; $r = -.07$; $r = -.04$, respectively) or the MAKSS ($r = -.15$; $r = -.04$; $r = .01$, respectively). The correlations of social desirability (SD) and cultural political correctness (CPC) with the MCI were .27 and .19, respectively. The correlation between SD and CPC was .32. A stepwise multiple regression, with SD and CPC as predictor variables and the MCI total score as the criterion variable, revealed that SD accounted for 7% of the variance of the MCI, and CPC did not enter into the model because it did not account for any additional variance. In a full multiple regression model where SD and CPC were entered as a block, they together accounted for 8% of the variance. Thus, neither scale was a strong predictor of the MCI, suggesting that the MCI may not strongly elicit diverse social desirability response sets.

A structural equation model was tested. Multicultural training (MCT) and multicultural life experiences (MClife) were theoretically proposed to be related to the MCI. Social desirability (SD) was also placed in the model, with the expectation that it would not be related to the MCI. An additional hypothesis was that two counselor characteristics, cultural political correctness (CPC) and a sense of inadequacy in social situations (SOCINAD) would affect MCT rather than the MCI, with MCT being directly linked to the MCI. See Figure 1 for the structural model of the hypothesized relationships and the obtained path coefficients.

To test the above model, Lisrel 7 (Jöreskog & Sorbom, 1988) analysis was used, following the maximum likelihood estimation procedure. (See Part III for an explanation of CFA indexes of fit.) Very strong goodness-of-fit indexes were indicated for the hypothesized model of Study 5: GFI = .95, AdjGFI = .94, chi-square = 1.70, $p = .79$, (a nonsignificant chi square indicated that the hypothesis that the proposed model and the actual data were not different was tenable—suggesting a good fit), chi square: $df = .43$, and RMR = .02. MCT and MClife indicated significant standardized path coefficients and t -scores in their respective relationships with the MCI. In addition, CPC and SOCINAD had significant standardized path coefficients and t -scores, negative in direction, in their respective relationships with MCT.

The results suggest that MCT and multicultural life experiences may be related to multicultural counseling competencies, as measured by the MCI. General social desirability, as conceived by Crowne and Marlowe, had no direct relationship with the MCI. However, trainers may need to be attentive to such characteristics in

Figure 1. Structural Relationships of Observed Variables with the MCI.



Note: *Significant correlations and t scores; SD = social desirability, CPC = cultural political correctness, SOCINAD = sense of social inadequacy, and MClife = multicultural life experiences.

their students as a tendency for cultural political correctness and feelings of social inadequacy. They may need to explain to their students how these two processes may not facilitate multicultural training. For instance, students practicing cultural political correctness may not allow themselves to self-monitor and reflect (i.e., learning how to learn) about their cultural biases and racial stereotypes. A lack of self-monitoring and self-reflexivity skills will prevent one from learning cultural and racial self-awareness, which is an important component of MCT. Also students need to feel confident about themselves and their abilities in diverse social settings because their professional work will take them to strongly heterogeneous and pluralistic settings.

In summary, the convergent validity of the MCI was supported by a moderately high correlation of the MCI and MAKSS full scales. The low correlations of the MCI with racist attributions to African Americans, rigidity, and intolerance for ambiguity suggest that the latter constructs are conceptually different from the pluralistic philosophy of the MCI. Using the MCI as a dependent variable, the author was able to show two significant components of an MCT model: the actual training itself and multicultural life experiences.

CONCLUSION

A series of five studies addressed the development and validity of the MCI, a self-report instrument, designed to measure multicultural counseling competencies. Initial scale development involved exploratory factor analyses (EFAs) on data from a midwestern state sample. These analyses were followed by: an examination of the Pearson correlations of the EFA factor structures of the two samples, the state sample and a national sample; confirmatory factor analysis on data from the national sample; multivariate tests comparing practitioners with high levels of multicultural practice and those having less multicultural practice; and content analyses of open-ended responses given by subjects after answering the MCI. The MCI was administered in two different training conditions (pre-post evaluation of multicultural counseling classes; and viewing of two simulated counseling videotapes) in a multicultural counseling course, using different samples of students; results indicated that the MCI can be applied meaningfully when evaluating different multicultural learning. Initial findings of an ongoing study indicate relationships of the MCI to other measures with regard to issues of convergent, discriminant, and predictive validity, as well as measures of social desirability and cultural political correctness. A conceptual model of the structural relationships of multicultural training (MCT), including its components, with the MCI was shown to have good fit with actual data.

Results from all the studies were supportive of the MCI, demonstrating it to be a psychometrically robust instrument, measuring distinct, yet interrelated dimensions and also to have potential for measuring multicultural training processes. The author proposes that the MCI constructs are consistent with general graduate training contexts and with objectives and training outcome criteria in counselor training programs. Because operationalizing training objectives is uncommon in MCT, the author has attempted to formulate training objectives in measurable terms, making it likely that evaluation of MCT will be carried out. That is, the MCI may serve as a measure directly linked to certain training objectives. The MCI could provide the necessary feedback loop with respect to a program's ability to achieve certain proposed training objectives.

With the ever-increasing multicultural population in the U.S., "the issues surrounding ethnic-minority populations can no longer be viewed as minor or peripheral to the concerns of the nation" (Sue et al., 1987, p. 276). Thus, although the provision of multiculturally competent counseling may result from the counseling profession's

enlightened and pragmatic self-interest (Casas, 1987), it is even more important to recall that in 1973 APA suggested that counseling or therapy that was conducted without cultural considerations would be considered unethical (APA Follow-up Commission, 1973). Finally, the study of multicultural counseling competencies as an effect of training will provide a more complete and balanced perspective to the scientist-practitioner approach of education in professional psychology, which until a few years ago concerned itself only with general competencies, as defined by mainstream training theories and previous APA guidelines.

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