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# Examining Multicultural Competency Education in the Creative Arts Therapies

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EXAMINING MULTICULTURAL COMPETENCY EDUCATION IN THE
CREATIVE ARTS THERAPIES

A DISSERTATION
(submitted by)

DONNA C. OWENS

In partial fulfillment of the requirements
for the degree of
Doctor of Philosophy

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Therapies

## Approvals

*In the judgment of the following signatories, this Dissertation meets the academic standards that have been established for the Doctor of Philosophy degree.*

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Final approval and acceptance of this dissertation is contingent upon the candidate's submission of the final copy of the dissertation to the Graduate School of Arts and Social Sciences.

I hereby certify that I have read this dissertation prepared under my direction and recommend that it be accepted as fulfilling the dissertation requirement.

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Dissertation Director

I hereby accept the recommendation of the Dissertation Committee and its Chairperson.

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Dean, Graduate School of Arts and Social Sciences

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ABSTRACT

In the changing landscape of the United States, the skills and competencies of helping professionals must continue to address the unique needs of its various populations. As a growing field, the creative arts therapies must adopt multicultural values and standards necessary to remain competitive and relevant.

This study addressed the issue of multicultural counseling competency training in the creative arts therapies from three perspectives: the governing association, the training institution, and the student/trainee. Throughout this study the term creative arts therapies includes art, dance/movement, drama, expressive arts, music, poetry, and psychodrama.

Information concerning the associations for each of the seven creative arts therapies modalities, the National Coalition of the Creative Arts Therapies Associations, and 69 training institutions was pulled from their websites. Regulations for licensed mental health practitioners in the 50 states, the District of Columbia, and Puerto Rico were also researched. An on-line survey included demographic questions, questions about multicultural coursework and internship experiences of current students, questions about the professional experience of practitioners, and the Multicultural Awareness, Knowledge, and Skills Survey, Counselor Edition, Revised (MAKSS-CE-R). The MAKSS-CE-R assesses three domains of multicultural counseling competency: awareness, knowledge, and skills.

Results indicated that 43% of creative arts therapies associations did not have specific requirements related to multicultural competencies, and six percent of states did not require licensure applicants to meet a multicultural competency standard. The 99 individuals completing the study ranged in age from 22 to 75 and were primarily white

(83%) and female (94%).  Seventeen were students in a MA level creative arts therapies

program and 82 identified as practitioners.  Overall practitioners scored lower than

students on the individual subscales of the MAKSS-CE-R.  Subscale scores tended to be

in the low to medium (Awareness, 47.5%), and the medium to high (Knowledge, 60.6%;

Skills, 67.7%) ranges, indicating respondents did not perceive themselves as highly

competent.

Implications for multicultural counseling competency training in the creative arts

therapies include the need for incorporation of the multicultural counseling competencies

across the curriculum and within supervision.  Further research examining content of

multicultural counseling competency courses in the creative arts therapies is

recommended.

**CHAPTER 1**

**Introduction**

As the population of the United States grows and changes, the needs of the individuals within it also grow and change.  Not only has the population of the United States become more diverse as it has continued to grow, the issues and challenges facing individuals within its borders have also continued to grow (DHHS, 2001).  In addition to the growing population, the number of professions and methodologies for providing mental health counseling services has grown as well (DHHS, 2001).  In this changing landscape, it seems reasonable to expect the skills and competencies of helping professionals to grow and change in order to address the unique needs of its various populations.  The attitudes and behaviors of the dominant culture, the attitudes and behaviors of the minority culture, and the intersections of those attitudes and behaviors are of prime importance in the seeking of help, the attainment of help, and the effectiveness of assistance provided (DHHS, 2001).  Although many helping professions address these changing needs in the rules and regulations that guide the teaching and training of new professionals, the regulations vary from profession to profession and from state to state.  Helping professions with newer standards and regulations, such as the creative arts therapies, must adopt multicultural values and standards in order to be competitive and relevant in the marketplace.  This study examines multicultural counseling competency training in the growing field of creative arts therapies.

**The Changing Landscape of the US**

"As the U.S. culture continues to transform into a multicultural community in which diverse ethnic groups coexist, it is essential to develop effective ways to respect

and validate our individual and group differences" (La Roche and Maxie, 2003, p. 185).

According to the Congressional Research Services report, *The Changing Demographic Profile of the United States* (Shrestha, 2006), the population of the United States is becoming bigger, older, and more racially and ethnically diverse.  U.S. net immigration (gross immigration minus gross emigration) grew steadily from 1950 to 2000.  From 2001 to 2004 the number fell sharply, but still there was a net immigration of 2,578,000 persons (p. 11).  In 2004 the "leading regions of origin of legal immigrants were North America and Asia . . . [which] accounted for 36% and 35%, respectively" (p. 12).  The report continues with demographic trends in aging.  In 1950 about 8.1% of the population was aged 65 or older.  "The median age was 30.2 years and births outnumbered deaths by a margin of 2.5 to 1.0" (p. 14).   The median age had reached 35.3 years by 2000.  It is projected that by 2050 one in five persons will be aged 65 or older, and that 8.0% of the population will be aged 80 and over.  Lastly, the report discusses changes in the racial and ethnic make-up of the United States.  "Federal standards for collecting and presenting data on race and Hispanic origin were established by the Office of Management and Budget (OMB) in 1997.  Race and Hispanic origin are considered to be two separate and distinct concepts" (p. 18).   "OMB defines Hispanic or Latino as 'a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin *regardless of race*'" (p. 20).  Table 1 indicates the 2000 Race and Hispanic Origin breakdown in comparison to 2050 projections (Shrestha, 2006).

Table 1

*Percentage of U.S. Population by Race and Hispanic Origin: 2000 actual and 2050 projections*

| Race | 2000 actual | 2050 projections |
|---|---|---|
| Total Population | 100.00 | 100.00 |
| One race | | |
| *White* | 81.05 | 72.1 |
| *Black or African American* | 12.69 | 14.6 |
| *Asian* | 3.76 | 8.0 |
| All other races, including persons of more than one race | 2.5 | 5.3 |
| Hispanic Origin | 2000 actual | 2050 projections |
| Hispanic | 12.6 | 24.4 |
| Non-Hispanic | 87.4 | 75.6 |

*Note.* Adapted from "Shrestha, L. B. (2006). *The Changing Demographic Profile of the United States*. (RL32701). Library of Congress Retrieved from http://www.fas.org/sgp/crs/misc/RL32701.pdf."

**Acculturation**

**Acculturation in Historical Context.** United States' customs have fluctuated in the expectations of how those that are not of the dominant culture, or the culture in power, adapt to attitudinal and behavioral norms (Schwartz, Unger, Zamboanga, & Szapocznik, 2010). According to Redfield, Linton, and Herskovits (1936) acculturation is comprised of "those phenomena which result when groups of individuals having different cultures come into continuous first-hand contact with subsequent changes in the original cultural patterns of either or both groups" (p. 149). These authors further define the acculturation process identifying three distinct results of acculturation:

1. *Acceptance*, or assimilation, occurs when the receiving group acquiesces to the donor group both their behavior patterns and their inner values, losing in the process most of their cultural heritage.

2. *Adaptation* occurs when "a smoothly functioning cultural whole which is actually an historic mosaic" results from "either a reworking of the patterns of the two cultures into a harmonious meaningful whole…or the retention of a series of more or less conflicting attitudes and points of view which are reconciled in everyday life" (p. 152).

3. *Reaction* is the existence of "contra-acculturative movements" which arise as response to either "imposed or assumed inferiority, or through the prestige which a return to older pre-acculturative conditions may bring" (p. 152).

Early attitudes about acculturation held that "to be successful in the host society, immigrants must necessarily become assimilated, meaning that adaptation problems encountered by them in this process are due to their inability to become assimilated in the host society" (Navas, et al, 2005, p. 23). Huntington (2004) pointed out that since 1965 "the many factors that facilitated the assimilation of immigrants into American society…are either absent or much more diluted than they were previously" (pp. 184-185). Assimilation no longer equals Americanization (p. 185).

**Acculturation in Contemporary Dialogue.** In the four issues published in 2010, the journal *Cultural Diversity and Ethnic Minority Psychology* contained seven articles with acculturation in the title. Covering a range of ethnocultural groups - American Indian, Arab/Middle Eastern American, Mexican American, Latino, Asian Indian, and people of African descent; a range of populations - university students, immigrants, inner

city youth, and adolescents; and, a range of issues/concerns - hopelessness, religious identification, substance use, depression, and perception of mental disorders, these articles offer definitions, strategies, and measurements of acculturation that are pertinent to the work of mental health professionals in the United States today (Awad; Garcia, Manongdo, & Cruz-Santiago; Kumar & Nevid; LaFromboise, Albright & Harris; Obasi & Leong; Simmons, Wittig & Grant; and Torres, 2010).

Garcia, Manongdo, and Cruz-Santiago (2010) used the term *acculturation* to measure the degree to which one participates in a new culture and referred to the measure of participation in one's culture of origin as *enculturation* (p. 405; see also Kumar & Nevid, 2010). Torres (2010) referred to the "preference of participating within the mainstream culture" as *cultural contact* and the "maintenance of one's cultural heritage" as *cultural continuity* (p. 256). Obasi and Leong (2010) offered up four strategies of acculturation:

1. Traditionalist – "represents one's preference towards maintaining their heritage ethnocultural group while having no interest in having contact with or participating in the society of a different ethnocultural group"

2. Assimilationist – "characterized by the immersion of oneself into the society of a different ethnocultural group where different cultural beliefs and practices are adopted in place of one's heritage cultural beliefs and practices"

3. Integrationist – "the bicultural individual that integrates cultural beliefs and practices from different ethnocultural groups"

4. Marginalist – "involves non adherence to any ethnocultural group" (p. 527)

Although still important to some, it is no longer a prevailing expectation that individuals living in or migrating to the United States assimilate to American culture.  In fact, Schwartz, Unger, Zamboanga, and Szapocznik (2010) reviewed several studies that examined how different levels of adaptation have proven to be protective factors in the health and well-being of various immigrant and cultural groups.  They suggested going beyond the 2 x 2 matrix of individual cultural adaptation often espoused (see Figure 1), and adopting a multidimensional approach which examines the practices, values, and identifications of the heritage culture alongside the practices, values, and identifications of the receiving culture (see Figure 2).  Understanding that changes in any one dimension might not correspond to changes in any other dimension is integral to this model.
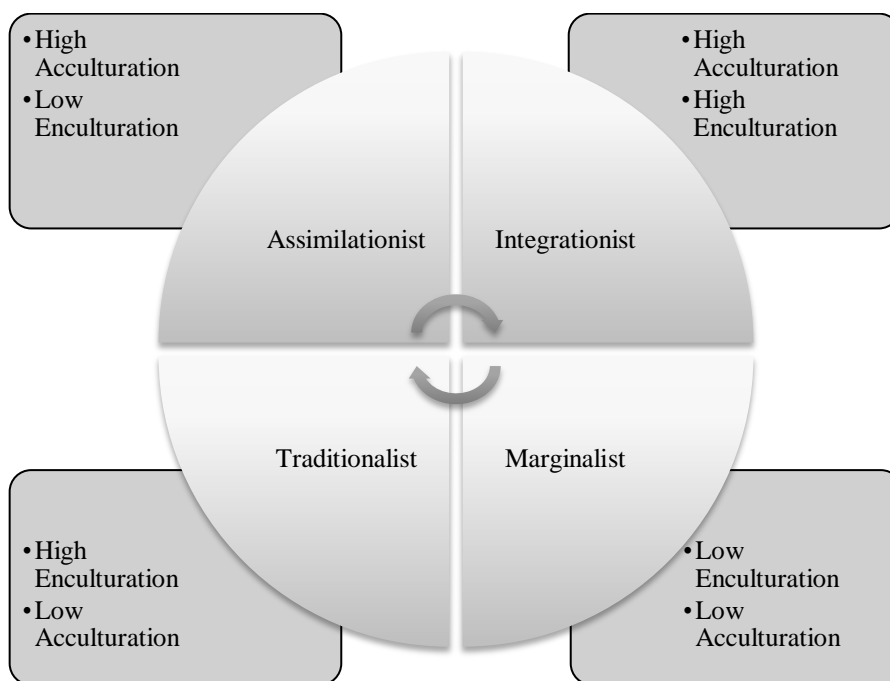


*Figure 1.*  Conceptual matrix of individual cultural adaptation

```
                    Practices
   ┌─────────┐    ╱          ╲    ┌─────────┐
   │ Heritage │ ──┤   Values   ├── │Receiving │
   │ Culture  │    ╲          ╱    │ Culture  │
   └─────────┘    Identitifications └─────────┘
```
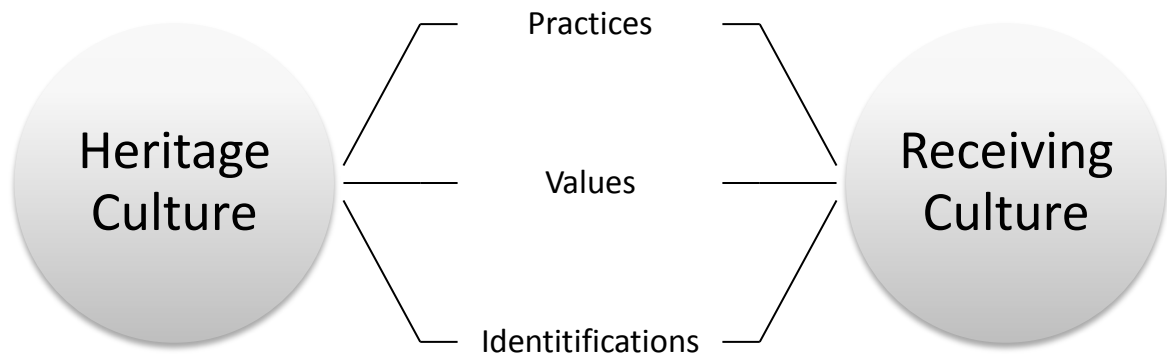
*Figure 2.* Multidimensional approach to cultural adaptation

Bourhis, Moïse, Perrault, and Senécal (1997) presented five immigrant and five

host community acculturation orientations, that when placed on horizontal and vertical

axes, respectively, yield either concordant or discordant relational outcomes. These

orientations corresponded to the models presented by Obasi and Leong (2010) with the

exception of the marginalization quadrant. Marginalization according to Bourhis, Moïse,

Perrault, and Senécal (1997) can be further divided into two dimensions. From the

immigrant perspective marginalization can be an experience of alienation – anomie, or an

experience of dissociation – individualism (p. 378). From the host community

perspective, marginalization can become exclusionist, "refusal to allow immigrants to

adopt features of the host culture," or individualist (p. 381). Sam and Berry (2010) also

highlighted the importance of the language used by the immigrant culture in contrast to

that used by the host culture. Immigrant attitudes are labeled as Integration,

Assimilation, Separation, and Marginalization; whereas, the corresponding host attitudes

are labeled as Multiculturalism, Melting Pot, Segregation, and Exclusion (p. 477).

Bourhis, Moïse, Perrault, and Senécal's (1997) social psychological perspective, called

the Interactive Acculturation Model (IAM), presented three relational outcomes –

consensual, problematic, and conflictual. Consensual relational outcomes occur when the

host and immigrant communities "share either the integration, assimilation, or

individualism acculturation orientations" (p. 383). Discordant relational outcomes are

identified as either problematic or conflictual. "Problematic relational outcomes emerge

when the host community and the immigrant group experience both partial agreement

and partial disagreement as regards their profile of acculturation orientation" (p. 383).

Conflictual relational outcomes emerge when host community members "endorse the

segregation or exclusion orientation towards immigrants" and when immigrant group

members "endorse the separation strategy" (p. 384). According to La Roche and Maxie

(2003), "The psychotherapeutic relationship is a unique opportunity for both patients and

therapists to further develop these critical skills" (p. 185).

### Implications for Mental Health

According to *Mental Health: A Report of the Surgeon General* (U. S. Department

of Health and Human Services [DHHS], 1999), mental health is

> …the successful performance of mental function, resulting in productive
>
> activities, fulfilling relationships with other people, and the ability to adapt to
>
> change and to cope with adversity; from early childhood until late life, mental
>
> health is the springboard of thinking and communication skills, learning,
>
> emotional growth, resilience, and self-esteem. (p. vii)

The report placed mental illness, "all diagnosable mental disorders," at the opposite end of the continuum stating, "Mental disorders are health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning" (p. ix).

The report defined culture as a "common heritage and set of beliefs, norms, and values" (DHHS, 1999, p. 81). Cultural identity is the group with which "a person identifies and to whom he or she looks for standards of behavior" (p. 81). Cultural competence is defined as "a set of behaviors, attitudes, and policies that come together in a system or agency or among professionals that enables that system, agency, or professionals to work effectively in cross-cultural situations" (p. 90). And, "to be culturally competent is to deliver treatment that is equally effective to all sociocultural groups" (p. 91).

Appropriate training is the first step in providing culturally competent services, which "incorporate understanding of racial and ethnic groups, their histories, traditions, beliefs, and value systems" (p. xx). Culturally competent services are sensitive to "individual differences" and validate the "individual's group identity" (p. xx). The report identified three potential methods for attaining cultural competence:

> …to render mainstream treatments more inviting and accessible to minority groups through enhanced communication and greater awareness; to select a traditional therapeutic approach according to the perceived needs of the minority group; or to adapt available therapeutic approaches to the needs of the minority group. (p. 90)

In 2001 *Mental Health: Culture, Race, and Ethnicity—A Supplement to Mental Health: A Report of the Surgeon General* (DHHS) identified six areas of concentration towards its "vision for the future":

1. Continue to Expand the Science Base - "systematic work in the areas of epidemiology, evidence-based treatment, psychopharmacology, ethnic- and culture-specific interventions, diagnosis and assessment, and prevention and promotion" (p. 156).

2. Improve Access to Treatment - "Race, ethnicity, culture, language, geographic region, and other social factors affect the perception, availability, utilization, and, potentially, the outcomes of mental health services" (p. 162).

3. Reduce Barriers to Treatment - "reducing financial barriers and making services more accessible to minority communities should be aims within any effort to reduce mental health disparities. Shame, stigma, discrimination, and mistrust also keep racial and ethnic minorities from seeking treatment when it is needed" (p. 164).

4. Improve Quality of Care - "the provision of high-quality services in settings where there is an appreciation for diversity and its impact on mental health is a priority for meeting current and future needs of diverse racial and ethnic populations" (p. 166).

5. Support Capacity Development - "mental health training programs and funding sources that work toward equitable representation and a culturally informed training curriculum will contribute to reducing disparities" (p. 167).

6. Promote Mental Health - "dedicated efforts should investigate avenues for reducing the effects of historical social inequities and for promoting community and family strengths" (p. 167).

## The Multicultural Counseling Competencies

### An Historical Perspective

The Association for Multicultural Counseling and Development (AMCD) began in 1972 as the Association of Non White Concerns (ANWC), a division of the American Personnel and Guidance Association (APGA). ANWC was changed to the AMCD in 1985, but the mission has always been

> …to recognize the human diversity and multicultural nature of our society; to enhance the development, human rights and the psychological health of all people as critical to the social, educational, political, professional and personal reform in the United States; to identify and work to eliminate conditions which create barriers to the individual development of non-whites; to develop, implement and/or foster interest in charitable, scientific and educational programs designed to further the interests of non-whites; to secure equality of treatment, advancement, qualifications and status individuals in Personnel and guidance work; to publish a journal and other scientific educational and professional materials with the purpose of raising the standards of all who work in guidance and counseling. (AMCD, para. 11)

APGA later became the American Counseling Association (ACA), and AMCD continued to be the leading source of guidance around issues of multicultural counseling competencies for counseling professionals.

The multicultural counseling "competencies serve as learning objectives for curriculum development and revision because they encompass three domains of learning: awareness, knowledge, and skills" (Arredondo, 2003, p. 5). These competency domains were made explicit by Sue, Arredondo, and McDavis (1992), who use the phrase *beliefs and attitudes* which in later use became *awareness*:

The first deals with counselors' attitudes and beliefs about racial and ethnic minorities, the need to check biases and stereotypes, development of a positive orientation toward multiculturalism, and the way counselors' values and biases may hinder effective cross-cultural counseling. The second recognizes that the culturally skilled counselor has good knowledge and understanding of his or her own worldview, has specific knowledge of the cultural groups he or she works with, and understands sociopolitical influences. The last deals with specific skills (intervention techniques and strategies) needed in working with minority groups (it includes both individual and institutional competencies). (p. 481)

Characteristics of the culturally competent counselor have been organized into three domains: (a) "counselor awareness of own assumptions, values, and biases;" (b) "understanding the worldview of the culturally different client;" and, (c) "developing appropriate intervention strategies and techniques" (p. 482). Sue, Arredondo, and McDavis (1992) suggested a three by three matrix for organizing competency areas, as shown in Table 2.

Table 2

*Multicultural Counseling Competencies Matrix*

|  |  | Dimensions of cultural competency | | |
|  |  | awareness | knowledge | skills |
| --- | --- | --- | --- | --- |
| Characteristics of a culturally competent counselor | counselor awareness of own assumptions, values, and biases | | | |
|  | understanding the worldview of the culturally different client | | | |
|  | developing appropriate intervention strategies and techniques | | | |

**The Creative Arts Therapies Perspective**

As therapists we must be aware of issues of oppression and power differentials based on class, race, ethnicity, gender, and sexual orientation. As art therapists we must also be aware of internalized cultural imperialism as it may be expressed in the different arts and media. We must be alert to our culturally bound aesthetic values and tastes. (Cattaneo, 1994, p. 185)

Culture and values shape the therapist and also shape the client. The cultural systems and subsystems of the therapist interact with the cultural systems and subsystems of the client, and both interact with the norms and values of the dominant culture in which they exist (Cattaneo, 1994). From these interactions comes the potential for conflict. Cattaneo suggests art therapy trainees explore their personal relationship with the arts to begin to come to "an understanding of the roles that culture, subculture, values, beliefs, and aesthetics have in the therapeutic relationship" (p. 186).

In response to the American Art Therapy Association's updated ethical guidelines which included multicultural standards, Talwar, Iyer, and Doby-Copeland (2004) asked two questions of the field:

(1) If the field is to impose a standard of cultural proficiency (the highest level of cultural competence) for its practitioners, are the faculty training the practitioners culturally proficient?

(2) Does the curriculum for multicultural training reflect the same measure of proficiency? (p. 44)

This study addresses these issues in the training of creative arts therapists from three perspectives: (1) the governing association, (2) the training institution, and (3) the student/trainee. Throughout this study the term *creative arts therapies* is used and includes art, dance/movement, drama, expressive arts, music, poetry, and psychodrama.

**The Governing Association Question: What are multicultural competency requirements within the field?** Each association maintained a list of approved or accredited programs with requirements that must be fulfilled for an individual to become a registered practitioner. This study looks at the multicultural competency requirements of each association and the ways in which each of the programs fulfills the requirement. At the time of this study, some modalities did not have accredited graduate programs. For those modalities there is a brief review of the multicultural competency requirements for registration and/or certification.

**The Training Institution Question: How are multicultural competencies integrated into creative arts therapies curricula?** Master's level creative arts therapies programs across the United States were surveyed for their incorporation of multicultural

counseling competencies. Programs were identified and selected from those approved by the governing associations. The purpose of this survey of programs and courses was to find out what the requirements were across programs, if the requirements were the same or similar across programs, if students in different programs received the same information, and if the information students received was in line with the requirements of credentialing and licensing boards.

   **The Student/Trainee Question: Are creative arts therapies students prepared to be multiculturally competent creative arts therapists?** Current and former students enrolled in creative arts therapies graduate programs were asked to complete an assessment of their awareness, knowledge, and skills related to multicultural counseling competencies. A valid and reliable assessment tool, the Multicultural Awareness-Knowledge-Skills Survey-Counselor Edition-Revised (Kim, Cartwright, Asay & D'Andrea, 2003), was chosen from the literature.

   This study addresses factors within the field of creative arts therapies through an in-depth look at the multicultural competency requirements and their integration in training programs in the United States; and, by examining the ways in which the awareness, knowledge, and skills of multicultural counseling are transmitted from the governing associations to the training programs to the student/trainees. The creative arts therapies field could use this research to evaluate current programs and implement changes that will ensure more comprehensive multicultural competency training for creative arts therapies students, enhancing their preparation for, and competitiveness in, the broader field of mental health counseling.

**CHAPTER 2**

**Literature Review**

In the creative arts therapies, being a multiculturally competent therapist is important beyond the visible and customary differences often explored in multicultural competency education, and beyond the integration of culturally sensitive creative arts therapies directives. It also means understanding the role and tools of creativity in the culture of the client and in the culture created between client and therapist in the therapeutic encounter. Each perspective shown in Figure 3 has its own theoretical base and criteria for examining multicultural interactions.
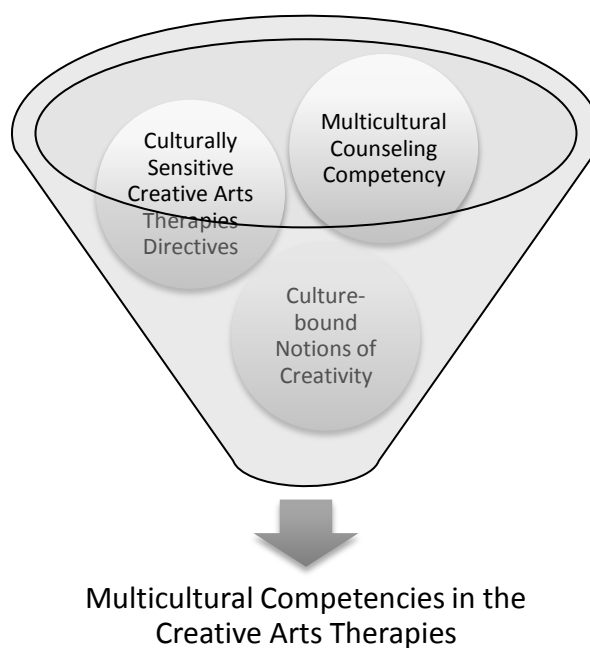


*Figure 3.* To be multiculturally competent, the creative arts therapist must examine cultural issues from multiple arenas: mental health counseling, creativity, and the arts medium.

In their book, *New Horizons in Multicultural Counseling*, Monk, Winslade, and Sinclair (2008) defined competence "as being well qualified to perform a particular role" (p. 435). They went on to state that being culturally competent "implies that the

counselor or therapist will be successful at developing the necessary awareness, knowledge, and skills to work with a culturally different Other" (p. 435). According to Arredondo (2003) the multicultural competencies should "serve as learning objectives for curriculum development" (p. 5). Pederson (2000) suggested using the "developmental sequence from awareness to knowledge to skill" to frame multicultural trainings (p. 21).

Creativity is "the ability to transcend traditional ideas, rules, patterns, relationships, or the like, and to create meaningful new ideas, forms, methods, interpretations, etc." (creativity, n.d.). Puccio and González (2004) present creativity as an essential life skill. Reminiscent of why client's present in therapy, they stated: "Any problem or opportunity with no clear set pathway forward creates a need for creative thinking" (p. 396). According to Lubart and Georgsdottir (2004) "the definition of creativity, the extent to which creativity-related behaviors are valued, which in turn influences the quantity of creative activity and the domains in which creativity is promoted vary across cultures" (p. 25). Culture influences creativity: "through its emphasis on individuality as opposed to collective interests, through its tolerance of deviance as opposed to emphasis on conformity, and through cultural values and believes (sic) that favor creativity" (p. 39). Runco's (2004) theory of personal creativity includes three components: interpretive capacities, discretion, and intentions. Discretion, "the label given to the individual's choices, decisions, and judgments" (p. 11), is the component most tied to culture. Cultural expectations are based on cultural values, within a cultural context that defines what is and is not appropriate. In this manner culture can become both a support and a constraint on creativity; a support when it fits into what the culture defines as appropriate, and a constraint when it deviates, or is taboo.

David Read Johnson (1999) defined the connection between mental health counseling and creativity as the work of the creative arts therapist when he wrote,

The creative moment begins with the representation of the void: the empty stage, the blank page, the moment of silence. The artist pauses before creating the world again. And in creating the world, the self is again recast. For what fills the stage or page or silence is not a design, or prearranged model, it is the spontaneous expression of one's inner spirit. As this inner impulse emerges it is altered, and then, as it is understood and taken in, one's internal world is changed…A successful artwork is so powerful because it reassures us that significance and meaning can emerge from nothing. (p. 26)

In recent years much has been written in the literature about using the creative arts therapies in cross-cultural encounters at the international level (Arts – Chu, 2010; Chilcote, 2007; Ivanova 2003; Silver, 2003; Gerity, 2003; Robb, 2002; Allessandrini, Duarte, & Bianco, 1998; Byers, 1996; Hiscox, 1995; Dance/Movement – Capello, 2008; Lima, Silva & Vieira, 2007; Ho, 2005; Allen, 2003; Sakiyama & Koch, 2003; Ben-asher, Koren, Tropea & Fraenkel, 2002; Drama – Forde, 2009; Chandrasegaram, 2009; Music – Choi, 2010; Horne-Thompson, Daveson & Hogan, 2007; Psychodrama – Kipper & Tuller, 1996; Kroll & Mikahilova, 2002). The questions of the current study are really about multiculturalism within the context of US trained and practicing creative arts therapists. What follows are examples of how the creative arts therapies are addressing the topic of multicultural competence within the field.

**Multicultural Counseling in the Creative Arts Therapies**

Through the lens of critical race feminism, a theoretical framework that "offers useful ways of thinking about identity and power in community organizing and in therapy" (Sajnani, 2012, p. 3) by integrating the functions both race and gender play in social inequality, Sajnani asserts that the practice of creative arts therapies has "the *ability* to *respond* amidst suffering and against oppression" (p. 4). The critical race feminist paradigm strengthens the creative arts therapies "by articulating the politics of identification, representation, and witnessing in our process and performance oriented work" (p. 4). Creative arts therapists have the opportunity to form collaborative relationships through "respect for our clients' wisdom about their own lived experiences and a willingness to make our values and assumptions transparent" (p. 4). Creative arts therapists are aware "of the social, cultural, and political experiences that have informed and continue to inform the ways in which we, along with our clients, live our processes of identification" and acknowledge "that our theories and prescriptions for practice, including this one, are produced from within particular subject locations that, although they are not fixed, afford particular insights and perspectives while obscuring others" (pp. 4-5). Creative arts therapists support "individuals and groups in explorations of identity and community in ways that are not reductive or essentializing" (p. 5).

**Art Therapy**

Acton (2001) situated the multicultural counseling competencies within the realm of art therapy. The art therapist is aware of her or his "own culturally biased assumptions when viewing color, symbol, line, and shape" (p. 111). The art therapist gains knowledge from her or his interaction with the client and contributes to the knowledge

base "by including research on the cultural predilections involving image and form" (p. 111). The art therapist expands her or his skills "by examining how art has been utilized within diverse cultures to promote psychological healing" (p.111).

Hocoy (2002) posited that in art therapy dimensional identity, which must be in place in order for a construct to be considered universal, requires demonstrating conceptual and functional equivalence. "Conceptual equivalence refers to the sameness of meaning and understanding of a construct across cultures (Sears, 1961), while functional equivalence speaks to the commonness of purpose the activity serves (Frijda & Jahoda, 1966)" (p. 142). Other aspects mentioned by Hocoy included process and structure of the techniques used, philosophical assumptions "implicit in Western therapeutic traditions", access to art materials, and "the cross-cultural art therapy situation" (p. 142). Hocoy concluded that the culturally sensitive art therapist would be able to

> ...(a) assess the suitability for art therapy (i.e., mode of acculturation) of a particular client, (b) introduce the purpose and nature of art therapy and the role of the therapist, (c) determine that any assessment used adequately matches the cognitive style and cultural background of the client, (d) take advantage of preexisting indigenous means of transformation, (e) continually assess their role and that of art therapy with this individual, (f) insure that art therapy does not serve as a Procrustean bed for enculturation, and (g) be open to the possibility that art therapy may not be the only or best intervention for the client. (p. 144)

**Dance/Movement Therapy**

Caldwell and Johnson (2012) in their chapter "Embodying difference: Addressing issues of diversity and social justice in dance/movement therapy research" reassert the notion that therapists are in a position of power and authority, and as such must examine their assumptions about people "who embody social difference (such as class, gender identity, sexual orientation, ability, and ethnicity)" (p. 121). Boas (2006) offered a pyramid-shaped five stage model of transcultural competence for the dance/movement therapist. The bottom of the pyramid at the base of transcultural competence is context, culture-specific knowledge about one's own culture and the culture of the other in the interaction. Next is concept, generic cultural knowledge about the ways in which cultural contexts differ. The third tier is cognition, intrapersonal skills necessary for applying conceptual knowledge. The fourth tier is communication, interpersonal skills useful for interactions based on cognitive understanding. Lastly, at the top of the pyramid, there is consciousness, the individual's "unspoken attitudes and identity" (p. 116). Boas went on to recommend three ways in which the field of dance/movement therapy could address transcultural competence: training in the knowledge skills and attitudes related to transcultural competence, supervision that uses the five stage model for building transcultural competence in the trainee, and increasing the professional identity of the field.

**Drama Therapy**

Dramatherapist Ye Min (2009) used his experience as a second generation Burmese immigrant in England to lay the foundation for the question, "What do we knowingly or unknowingly bring from our heritage that colours the way we interpret and

practise dramatherapy?" This essay encouraged the therapist to be aware of what he or she brings into the therapeutic encounter from his or her cultural history, and to be prepared to ask the same of one's clients as the answer might be illuminating for both. Min suggested one's cultural heritage, one's upbringing, and the interaction between them all contribute to who the person is. Sometimes the individual is aware of the aspects of culture that influence him or her, but often these influences are hidden until an incident occurs and they are brought to the forefront.

**Expressive Arts Therapy**

In his chapter, "Foundations for a theory of practice", Paolo Knill (2005) discussed culture in the context of motivation and skill. In order to motivate the client to engage in a meaningful art process the expressive arts therapist must consider "the skill level of the client and find the culturally relevant manifestations of art which are best suited to the client and to the facilitator in terms of the situation at hand" (p. 97). The aesthetic position put forth by Knill steps away from a distinction of high vs. low art and embraces an understanding of identity as reflective of culture. This requires the expressive arts therapist "to let go of our habitual ways of seeing and become sensitive to other materials and parameters of shaping" (p. 98). Knill encouraged the expressive arts therapist to engage "in contemporary cultural events" (p. 99) while taking care not to participate in nativism, in this context placing another culture's art forms above one's own.

Within and throughout each of these practices awareness, knowledge, and skill are acknowledged as the key dimensions of multicultural competence.

## Multicultural Counseling Competency Requirements

**The Creative Arts Therapies Associations**

Formed in 1979, the National Coalition of Creative Arts Therapies Associations (NCCATA) "is an alliance of professional associations dedicated to the advancement of the arts as therapeutic modalities" (NCCATA, para. 1). NCCATA identified creative arts therapies as those therapies which "use arts modalities and creative processes during intentional intervention in therapeutic, rehabilitative, community, or educational settings to foster health, communication, and expression; promote the integration of physical, emotional, cognitive, and social functioning; enhance self-awareness; and facilitate change" (NCCATA, para. 2). The creative arts therapies represented through membership in NCCATA were art therapy, dance/movement therapy, drama therapy, music therapy, poetry therapy, and psychodrama. The present study also includes expressive arts therapy, which uses "integrative, multimodal arts processes for personal and community growth and transformation" (IEATA, Who We Are, para. 1). In the field of creative arts therapies, each modality is governed by a different association and has different requirements for training, and for meeting multicultural counseling competency. The following paragraphs introduce each of the creative arts therapies associations with the corresponding code of ethical standards, as related to the issue of multiculturally competent counseling.

**Art Therapy.** The American Art Therapy Association (AATA), founded in 1969, is the professional organization for art therapists in the United States and regulates "educational, professional, and ethical standards for art therapists" (NCCATA, *Art therapy*, para. 7). The AATA Ethical Principles for Art Therapists (2011) states: "Art

therapists do not discriminate against or refuse professional service to anyone on the basis of age, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law" (p. 2).

**Dance/Movement Therapy.** The American Dance Therapy Association (ADTA) was founded in 1966 and is responsible for establishing "standards for professional practice, education and training" (NCCATA, *Dance/movement therapy*, para. 4) for dance/movement therapists. The ADTA Code of Ethics (2008) states, a dance/movement therapist

> Will value and respect the diversity of the expanded world community served, where differences in culture, gender, sexuality, country of origin, race, language, ethnicity, age, abilities, socio-economic status, and religion are present; will seek multicultural competencies to ensure the ability to recognize the dignity and worth of all people; will not engage in behavior that is harassing or demeaning to others. (p. 1)

**Drama Therapy.** Incorporated in 1979, the National Association for Drama Therapy (NADT) establishes "standards of professional competence and ethics" and develops "criteria for training and credentialing" (NCCATA, *Drama therapy*, para. 3). The NADT Code of Ethics (2007) states, "A drama therapist does not engage in unfair discrimination based on age, gender, identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law" (para. 6).

**Expressive Arts Therapy.** One of the charges of the International Expressive Arts Therapy Association (IEATA), founded in 1994, is to "Promote professional

excellence and standards of practice in the field of expressive arts" (IEATA, Who We Are, para 4.). The Code of Ethics and Ethical Guidelines of IEATA do not directly address issues related to multicultural competency. However, the Code of Ethics (n.d.) makes two statements regarding the treatment of individuals:

1. All members are obligated to be in compliance with all state and federal laws that govern their profession. They must respect the civil, human, and legal rights of all clients, supervisees, students or colleagues. (p. 2)

2. They must recognize and respect the divers (sic) attitudes which others bring to work and remain sensitive to those attitudes when dealing with topics which have the potential to cause offense. (p. 2)

**Music Therapy.** In 1998 the American Association for Music Therapy (founded in 1971) and the National Association for Music Therapy (founded in 1950) united to become the American Music Therapy Association (NCCATA, Music therapy, para. 3). Moral and legal standards in the AMTA Code of Ethics (2008) states:

The MT refuses to participate in activities that are illegal or inhumane, that violate the civil rights of others, or that discriminate against individuals based upon race, ethnicity, language, religion, marital status, gender, sexual orientation, age, ability, socioeconomic status, or political affiliation. In addition, the MT works to eliminate the effect on his or her work of biases based upon these factors. ("General Standards," para. 3)

**Poetry Therapy.** "The National Association for Poetry Therapy (NAPT), incorporated in 1981, confers professional credentials to biblio/poetry therapists"

(NCCATA, *Poetry therapy*, para. 4). The NAPT Biblio/Poetry Therapy Code of Ethics states:

> Biblio/poetry therapists and applied poetry facilitators accurately represent their
> competence, education, training and experience. They recognize differences
> among people, such as those associated with age, gender and sexual orientation,
> socioeconomic and ethnic backgrounds, and when necessary, they obtain training,
> experience, or counsel to ensure competent service or research relating to such
> persons. (NAPT, "Competence," para. 2)

**Psychodrama.** "The American Society of Group Psychotherapy and Psychodrama (ASGPP) was founded in 1942…and continues to be a source and inspiration for ongoing developments in group psychotherapy, psychodrama, and Sociometry" (ASGPP, *Our Mission,* para. 1). Standards for psychodrama are set by the American Board of Examiners (ABE) in Psychodrama, Sociometry and Group Psychotherapy (NCCATA, *Psychodrama*, para. 5) which has adopted the American Psychological Association's (APA) Ethical Principles of Psychologists and Code of Conduct. The APA Code (2010) states:

> Psychologists are aware of and respect cultural, individual, and role differences,
> including those based on age, gender, gender identity, race, ethnicity, culture,
> national origin, religion, sexual orientation, disability, language, and
> socioeconomic status and consider these factors when working with members of
> such groups. Psychologists try to eliminate the effect on their work of biases
> based on those factors, and they do not knowingly participate in or condone
> activities of others based upon such prejudices. (p. 3)

**State Licensure Requirements**

On their website the American Counseling Association maintains a list of professional counselor licensing boards for each state, the District of Columbia, and Puerto Rico (ACA, State). Many states also license social workers, marriage and family therapists, and pastoral counselors. While there is sometimes reciprocity between degree requirements and programs, all states maintain a counselor licensing process distinct and separate from those licenses. Licensure regulations include specific requirements for coursework, competencies, and training.

**The Creative Arts Therapies Literature**

One of the ways in which students and professionals gain knowledge about topics within their field of study is through the journals associated with it. A search for literature on culture and diversity focusing on the journals of the primary associations representing each modality was conducted on-line using several bibliographic databases - ERIC, ProQuest, Elselvier, Academic Search Premier, and publisher websites. Each association journal was identified through its association website, and then the appropriate database searched for articles related to culture and diversity. The keywords used were the root *cultur\**, to yield results that included the words "culture" and "cultural", *diversity*, and *multicultur\** to yield results that included multicultural. The search was limited to articles published from 1990 to the present. Table 3 shows the number of articles in each category by journal search.

Table 3

*Creative arts therapies journal articles by category*

| Category | AT | AJDT | *Dramatherapy* | JAAH | JMT | JPT | JGPPS | IJAM |
|---|---|---|---|---|---|---|---|---|
| International CAT | 10 | 6 | 2 | 2 | 2 | 1 | 2 | |
| Professional Practice | 4 | 11 | 3 | 4 | 4 | 2 | 2 | |
| Population specific | 20 | 12 | 2 | 19 | 48 | 9 | 2 | 1 |
| CAT studio | 1 | | | | | | | |
| Training | 14 | | 1 | 1 | 6 | 3 | 1 | |
| Life Review/Biography | 6 | | | 3 | 5 | 1 | 1 | |
| Aesthetics | 1 | | | | 2 | | | |
| Cultural Awareness | 4 | | 1 | | 3 | | | 2 |
| Career Choice | 1 | | | 1 | 1 | | | |
| Social Action | 4 | | | 2 | | | | |
| Total Articles | 65 | 29 | 9 | 32 | 71 | 16 | 8 | 3 |

*Note.* AT = *Art Therapy: Journal of the American Art Therapy Association*; AJDT = *American Journal of Dance Therapy*; JAAH = *Journal of Applied Arts & Health*; JMT = *The Journal of Music Therapy*; JPT = *Journal of Poetry Therapy*; JGPPS = *Journal of Group Psychotherapy, Psychodrama, and Sociometry*; and, IJAM = *International Journal of Action Methods: Psychodrama, Skills Training, and Role Playing*.

**Art Therapy.** A search of *Art Therapy: Journal of the American Art Therapy Association* generated 42 items under *cultur\**. An additional search of the term *diversity* yielded one additional item. A search of *multicultur\** yielded 22 additional items. These articles were assigned to nine categories which formed the basis for categorizing all articles in the search. Editorials, viewpoints, responses to viewpoints, and articles containing the search terms but which were not about multicultural or diversity issues, were not included in the final count of items.

**Dance/Movement Therapy.** *American Journal of Dance Therapy* was searched using ProQuest. The database included issues from 1997 forward. A search of *cultur\**

yielded 51 items.  After eliminating six feature columns, nine book reviews, and 10

conference proceedings there remained 26 articles.  Two additional articles were

retrieved with a search of *diversity*.  One additional article was retrieved with a search of

*multicultur\**.

        **Drama Therapy.** The National Association for Drama Therapy does not publish

a journal.  However, the British Association of Drama Therapists publishes the journal

*Dramatherapy.*  Alt-Health Watch database included issues from 1998 to 2001.  A search

of *cultur\** yielded nine items, after culling book reviews and editorials.  No additional

items were retuned with the search *diversity* or the search *multicultur\*.*

        **Expressive Arts Therapy.**  The International Association of Expressive Arts

Therapy does not currently publish a journal, but is associated with and supports the

*Journal of Applied Arts & Health*, which began publication in 2010 (M. Kossak, personal

communication).  A search of *cultur\** yielded six articles.  Two additional articles were

returned with a search of *diversity*.  Twenty-four additional articles were returned with a

search for *multicultur\**.

        **Music Therapy.**  A search of *The Journal of Music Therapy*, conducted using

ProQuest, only included articles from 2002 forward.  A search of *cultur\** yielded 65

items, after purging book reviews.  A search of *diversity* yielded an additional 12 items.

A search of *multicultur\** yielded four more items.  There were six items which are

unclassified.  These articles contained the words culture or diversity, but were not

specifically about issues related to culture or diversity.

**Poetry Therapy.** A search of *Journal of Poetry Therapy* using ERIC yielded five items under *cultur\**. A search of the term *diversity* did not yield any additional items. A search for *multicultur\** yielded 11 additional items

**Psychodrama.** Several bibliographic databases were used to gather data from the *Journal of Group Psychotherapy, Psychodrama, and Sociometry*: Academic Search Premier, from the years 1990 to 2006; Gale Cengage Expanded Academic ASAP, from 2002 to 2006; and, ProQuest Central, from 1998 to 2007. The search yielded a total of seven articles. Six articles were yielded from the search of *cultur\** and one additional article from the term *diversity*. Two additional articles were yielded from the search of *multicultur\**.

The *International Journal of Action Methods: Psychodrama, Skills Training, and Role Playing* is another journal for the field of psychodrama. A search of *cultur\** yielded three articles; and, *diversity* yielded one additional article. No additional articles were returned with a search for *multicultur\**.

**Multi-modal Journals.** *Arts in Psychotherapy* is an international journal for mental health professionals and educators containing articles across all creative arts therapy modalities. An on-line search was conducted using *Elsevier SD College Edition Social & Behavioral Sciences*. This search was also conducted to only include articles published since 1990. A search of the terms *culture* AND *diversity* yielded 71 items. A search of the term *diversity* AND NOT *culture* yielded 33 items. And, a search of the term *culture* AND NOT *diversity* yielded 237 items. These 340 items addressed the range of creative arts therapy modalities and art forms as noted in Tables 4, 5, and 6 below.

Table 4

Arts in Psychotherapy *article search terms by modality*

|  | *culture* AND *diversity* | *culture* AND NOT *diversity* | *diversity* AND NOT *culture* |
|---|---|---|---|
| **Art Therapy** | 22 | 57 | 7 |
| **Drama Therapy** | 4 | 14 |  |
| **Music Therapy** | 12 | 13 | 9 |
| **Movement Therapy** | 2 | 10 |  |
| **Poetry Therapy** |  | 4 | 1 |
| **Expressive Therapy** |  | 3 |  |

*Note.* The combined articles do not equal 340 as there were other topics identified but not relevant to this study, and there are some articles that fit into more than one topic area.

Table 5

Arts in Psychotherapy *article search terms by art form*

|  | *culture* AND *diversity* | *culture* AND NOT *diversity* | *diversity* AND NOT *culture* |
|---|---|---|---|
| **Art** | 3 | 7 |  |
| **Dance** | 2 |  |  |
| **Music** | 2 | 3 | 2 |
| **Playback Theater** |  | 3 |  |
| **Structured Mandala** |  | 3 |  |
| **Expressive Art** |  | 3 |  |
| **Creative Art** | 4 | 12 |  |
| **Lateral Art** |  |  | 1 |

Table 6

Arts in Psychotherapy *article search terms by other related topics*

|  | *culture* AND *diversity* | *culture* AND NOT *diversity* | *diversity* AND NOT *culture* |
|---|---|---|---|
| **Appreciating Diversity** | 1 |  |  |
| **Mental Health** |  |  | 1 |
| **Art Therapist** |  | 9 |  |

The search of *cultur\** and *diversity* by modality yielded different items from a range of journals within and outside of the field. Table 7 shows the search term, the number of articles, and the journals where the articles were located.

Overall the literature is lacking in its attention to culture and diversity in the creative arts therapies, but provides a starting point for addressing the issues in this study. The literature on working with clients from specific populations seems the most available and could be useful for practitioners working with those populations.

Table 7

*ERIC database search by modality*

| Search Terms | Articles | Journals |
|---|---|---|
| **Art therapy and cultur\*** | 20 | *Art Therapy: Journal of the American Art Therapy Association* |
| | | *Journal of Creativity in Mental Health* |
| | | *Studies in Art Education* |
| | | *International Journal of Art & Design Education* |
| | | *Counseling Psychologist* |
| | | *Arts Education Policy Review* |
| | | *Australian Journal of Music Education* |
| | | *Journal of the American Academy of Child & Adolescent Psychiatry* |
| | | *International Journal of Children's Spirituality* |
| **Art therapy and diversity** | 2 | *Art Therapy: Journal of the American Art Therapy Association* |
| | | *Young Children* |
| **Dance therapy and cultur\*** | 1 | *International Journal of Qualitative Studies in Education* |
| **Dance therapy and diversity** | - | |
| **Drama therapy and cultur\*** | - | |
| **Drama therapy and diversity** | - | |
| **Expressive (arts) therap\*[a] and cultur\*** | - | |
| **Expressive (arts) therap\* and diversity** | - | |
| **Music therapy and cultur\*** | 4 | *Philosophy in Music Education Review* |
| | | *New Directions for Youth Development* |
| | | *Language Arts* |
| | | *Contributions to Music Education* |
| **Music therapy and diversity** | - | |
| **Poetry therapy and cultur\*** | - | |
| **Poetry therapy and diversity** | - | |

[a]*Expressive arts therap\* and Expressive therap\** were used to include the terms "expressive arts therapy", "expressive arts therapies", "expressive therapies", and "expressive therapy" in the search results.

**Creative Arts Therapies Curricula**

In addition to the requirements of associations and institutions, the actual content of the multicultural counseling competency course and other avenues for obtaining training, such as supervision and direct learning experiences with individuals who are culturally different from the trainee, must be taken into consideration. There are many guidelines for developing multicultural counseling competency courses for counseling students, each with its unique emphasis and structure. Arredondo and Arciniega (2001) outlined a framework for an infusion approach to multicultural competency curriculum. The infusion model was also recommended by Deal and Hyde (2004) as a means for decreasing anxiety and resistance in first year social work students. Abreu, Chung, and Atkinson (2000) in their review of multicultural counseling training models, recommended "an integration model in which multiculturalism is infused into a program's entire curriculum" (p. 652).

Doby-Copeland (2006) outlined multicultural curriculum guidelines for art therapy educators which begins with the program's philosophy and ends with cross-cultural supervision. The first step, the philosophy of the program, requires the institution and its faculty to make a commitment to cultural competence, to create a "standard of behavior for the training program" (p. 173), and to explore both the effects of the program on the trainee, and the effects of the trainee's beliefs on the client. The second step is faculty preparedness. A prepared faculty is trained "to teach cultural diversity courses" and demonstrates "commitment to individual cultural competence" (p. 174). The third step described by Doby-Copeland, curriculum design and content, begins with a determination of the approach, either a single course, infusion throughout the

curriculum, or some combination of the two. Additionally, the training model must include the competency areas of awareness, knowledge, and skills. The final step is cross-cultural supervision, "the process, content and outcome pertaining to the client-supervisee-supervisor triad in which one or both of the other parties in the triadic relationship is culturally different" (p. 177).

D'Andrea, Daniels, and Heck (1991) conducted a study of 90 graduate students taking a required multicultural competency course. In their study the same content and strategies were followed in a regular semester course, in a summer session, and in a workshop based session. The regular course met for three hours once a week over 15 weeks; the summer session met for three hours twice a week for six weeks; and, the workshop took placed over three weekends, meeting five hours on Fridays and nine hours on Saturdays. The training model used by D'Andrea, Daniels, and Heck (1991) was based on the model of multicultural development as outlined in Pederson's *A Handbook for Developing Multicultural Awareness* (1988). The study found that the training model used, regardless of format, was effective in increasing "students' level of multicultural counseling development" (D'Andrea, Daniels & Heck, 1991, p. 147). Constantine (2001) found that the inclusion of discussions of multicultural counseling issues contributed to an increase in "trainees' self-efficacy in working with culturally diverse populations above and beyond the contributions associated with multicultural training" (p. 94). Abreu (2001) presented a theory and curriculum outline to address the beliefs/attitudes competency, which included a didactic resource component and an experiential component.

Issues within the course but outside the content also affect student/trainee learning. Higginbotham (1996) discussed the issue of student resistance to course materials that addressed diversity and multiculturalism, stating that it is more than the course content, but also the pedagogical style of the instructor, the instructor's "ability to communicate a vision of the course" and the instructor's "ability to engage students in the learning process" (p. 205) that are key to attaining a dynamic of cooperation within the classroom. Steward, Morales, Bartell, Miller, and Weeks (1998) conducted a study which suggested that trainees who are multiculturally reactive, do not embrace multiculturalism, suffer no penalty within their programs, and therefore graduate from these programs with the status quo "maintained and reinforced" (p. 23). Thirty-nine students who had achieved at least a grade of B in a multicultural counseling competency course within the two years prior to the study were asked to "indicate if their overall reaction to diversity-related content addressed in departmental courses was either positive or negative" (p. 18). One-third of the students perceived this exposure to be "meaningless and unnecessary" (p. 21).

Another important aspect of the training process is supervision. Estrella (2001) reviewed the literature on multicultural music therapy in the context of clinical supervision. She concluded with the importance of supervisors taking "an active role in moving the profession forward, by first becoming educated an sensitized to the role and impact of culture on their own lives, on the music therapy encounter, and then on the supervisory experience" (p. 61); and, charged supervisors with the responsibility of developing and evaluating the multicultural competence of supervisees, demanding educational programs include multicultural competency training, and holding their own

agencies "accountable for attention to issues of social justice and multiculturalism" (p. 61).

In one study the scores of 122 doctoral and master's students on the Multicultural Awareness, Knowledge, Skills Survey were examined in relation to the "average percentage of time they had spent per week focusing on multicultural issues with previous and current supervisors" (Constantine, 2001, p. 90). After accounting for social desirability and previous multicultural training, Constantine found that "receiving multicultural supervision is a crucial factor in increasing trainees' self-efficacy in working with culturally-diverse populations above and beyond the contributions associated with multicultural training" (p. 94). Vereen, Hill, and McNeal (2008) also used the MAKSS with a sample of 198 "registered student members of the American Counseling Association" (p. 229). This study reported that "the interaction of receiving clinical supervision related to multicultural issues and conducting counseling with more non-White clients was significant in generating higher scores on the measures of multicultural competence" (p. 234).

### Assessing Multicultural Counseling Competencies

As the study of multicultural counseling has expanded so has the number of ways to assess multicultural counseling competency. The assessments address the competence of counselors, trainees, teachers, supervisors, and even the training environment. The assessments take the form of practitioner self-reports, supervisor evaluations, self-administered surveys, observation reports, and trainee portfolios (Gamst, Liang & Der-Karabetian, 2011).

In the early days of instrument development, there was much work to be done to bring instruments to the point where they could be used for assessment for student/trainee readiness (Ponterotto, Rieger, Barrett & Sparks, 1994). Ponterotto, Rieger, Barrett and Sparks based their conclusions on the review of four instruments - the Multicultural Counseling Awareness Scale-Form B: Revised (MCAS-B), the Cross-Cultural Counseling Inventory-Revised (CCCI-R), the Multicultural Counseling Inventory (MCI), and the Multicultural Awareness-Knowledge-and Skill Survey (MAKSS). In 2006, Dunn, Smith, and Montoya reviewed the same four instruments, or their revisions, and concluded that although limitations remained, "there is apparently no need to delay ongoing research while refinements to existing measures of multicultural competency are being performed" (p. 478).

**The MCKAS**

The Multicultural Counseling Awareness Scale (Ponteretto, Gretchen, Utsey, Rieger & Austin, 2002) was a 45-item instrument that included

> … (a) 28 Knowledge/Skills items that query both general multicultural knowledge and specific familiarity with the published work of leading scholars in the area, (b) 14 Awareness items tapping a subtle Eurocentric worldview bias of the counseling relationship and therapeutic goals, and (c) a 3-item social desirability cluster. (pp. 155-156)

A two-part study was undertaken to examine the factor structure of the MCAS, to revise the instrument based on that analysis, and "to subject the revised instrument to both confirmatory factory analysis and tests of validity and reliability" (p. 157). The first study of 525 counseling and counseling psychology students and professionals resulted in

a revised Multicultural Counseling Knowledge and Awareness Scale (MCKAS). The MCKAS did not contain the items measuring knowledge of specific scholars in the field or the social desirability items, due to inadequate clustering. The Knowledge/Skills subscale was renamed Knowledge as a more accurate reflection of the items. The revised MCKAS contains 20 Knowledge and 12 Awareness items.

The second study tested the goodness of fit of the two-factor model. One hundred ninety-nine counselor trainees completed the 32-item MCKAS and three additional scales: the Multicultural Counseling Inventory (MCI), the Multigroup Ethnic Identity Measure (MEIM), and the Social Desirability Scale (SDS). Results of this study were mixed with significant correlations between the MCKAS Knowledge subscale and the MCI Knowledge and Skills subscales, between the MCKAS Awareness subscale and the MCI Counseling Relationship subscale, between the MCKAS Knowledge subscale and the MEIM Ethnic Identity subscale, and between the MCKAS Knowledge subscale and the SDS. There were no significant correlations between the MCKAS Awareness subscale and the MCI Awareness subscale, or between the MCKAS Awareness subscale and the MEIM Other Group Orientation subscale. These results indicated the need for further validation testing of the MCKAS.

**The CCCI-R**

The Cross-Cultural Counseling Inventory was a measure of "counseling effectiveness with culturally diverse clients" (LaFromboise, Coleman & Hernandez, 1991, p. 381) based on the American Psychological Association Division 17 Education and Training Committee's categories of cross-cultural counseling competencies. The CCCI required a counseling supervisor to view and rate the effectiveness of a trainee's

work with culturally different clients (Gamst, Liang & Der-Karabetian, 2011). The inventory underwent early testing that resulted in adjustments in content and presentation. "(T)he 20-item revised version of the scale was named the Cross-Cultural Counseling Inventory-Revised (CCCI-R)" (LaFromboise, Coleman & Hernandez, 1991, p. 382). The CCCI-R was subjected to three studies to test content validity, reliability, and factor structure. The first study required eight graduate students to review the APA Division 17 report on cross-cultural counseling competency and to classify "each item on the CCCI-R with a cross-cultural competency from the position paper" (p. 382). Overall agreement was 88%, demonstrating "that the CCI-R has acceptable content validity and is representative of the domain of cross-cultural counseling competence" (p. 383). The second study required three raters to each view and rate "thirteen 15- to 20-min videotaped counseling vignettes using the CCCI-R" (p. 383). The estimated reliability, after accounting for "one tape on which agreement was especially poor" (p. 384) was .84 for three raters and .63 for a single rater, indicating inter rater reliability. In the third study, 86 university students viewed a seven minute segment of a simulated counseling session. These raters were a diverse group including undergraduate, graduate, and post-doctoral trainees, all of whom had completed at least one counseling course. With overall agreement on most items, criterion-related validity was supported.

**The MCI**

The Multicultural Counseling Inventory was developed "to measure the competencies of any counselor working with a minority or culturally diverse client" (Sodowsky, Taffe, Gutkin & Wise, 1994, p. 140). The initial study included 604 respondents self-rating 87 items on a 4-point Likert scale. In addition 14 "master's and

doctoral students taking a multicultural counseling course were asked to indicate their agreement or disagreement with the names assigned by the test constructors to the subscales derived from the factor analysis" (p. 140). Only one item was dropped from the MCI. Low correlations between factors, high internal consistency reliabilities for the subscales, and agreement on factor names, resulted in a 40 item scale measuring Multicultural Counseling Skills, Multicultural Awareness, Multicultural Counseling Relationship, and Multicultural Counseling Knowledge.

**The MAKSS-CE-R**

The Multicultural Awareness-Knowledge-Skills Survey was created to measure the participant's perception of her or his "level of multicultural counseling awareness, knowledge, and skills" (MAKSS; D'Andrea, Daniels & Heck, 1991, p. 145). It was developed for trainees in counseling programs. The original scale included 60 items equally divided among three subscales: awareness, knowledge, and skills.

Cronbach's coefficient alpha is a formula used to measure internal consistency of items. According to Kline (2000) a "reliability of .7 is a minimum for a good test" (p. 15). On the Multicultural Awareness-Knowledge-Skills Survey Cronbach's alphas of .75, .90, and .96 were obtained for the awareness, knowledge, and skills scales respectively (D'Andrea, Daniels & Heck, 1991). Content validity was checked by matching the items on the scale with course objectives and by matching items with those on the Multicultural Counseling Awareness Scale (p. 145).

In Constantine's (2001) study 122 questionnaires were returned from students in American Counseling Association accredited counseling psychology programs. These students were in either a doctoral or master's program and had completed at least one

practicum. They completed a demographic questionnaire, the MAKSS, and the

Marlowe-Crowne Social Desirability Scale. For the MAKSS "a Cronbach's alpha of .90

was achieved for the full scale, and Cronbach's alphas of .62, .76, and .91 were obtained

for the awareness, knowledge, and skills subscales, respectively" (Constantine, 2001, p.

91).

Vereen, Hill, and McNeal (2008) conducted a study of randomly selected

American Counseling Association student members. One hundred ninety-eight

individuals completed the study which included demographic questions and the MAKSS.

Cronbach's alphas of .58, .75, and .77were obtained for the awareness, knowledge, and

skills subscales, respectively. Further, Pearson $r$ correlations were computed to

determine construct validity:

> the Awareness subscale had significant positive correlations with the Knowledge
>
> subscale ($r = .56$, $p \leq .001$) and with the Skills subscale ($r = .36$, $p \leq .001$). The
>
> Knowledge subscale had a significant positive correlation with the Skills subscale
>
> ($r = .46$, $p \leq .001$). (p. 232)

Based on several critical articles of the MAKSS-CE, a two study research project

was undertaken to address issues of construct validity, criterion-related validity, and

internal consistency of the Awareness subscale (Kim, Cartwright, Asay & D'Andrea,

2003; see also Kocarek, Talbot, Batka & Anderson, 2001). The first study was

conducted with "338 students enrolled in graduate counseling courses at universities

across the United States" (p. 164). These students completed a questionnaire which

included four measures and demographic questions. In this study MAKSS-CE

Cronbach's alphas of .60, .78, and .91 were reported for the Awareness, Knowledge, and

Skills subscales, respectively, "and .88 for the total 60-item scale" (p. 164). The 60 items

on this scale were subjected to exploratory factor analyses which yielded 33 items that

was re-named MAKSS-CE-Revised. There were 10 items labeled Awareness-R, 13

items labeled Knowledge-R, and 10 items labeled Skills-R (p. 166). A confirmatory

factor analysis was conducted which supported "the construct validity of the factor

structure for the sample" (p. 171). Cronbach's alphas for the revised items were .71 for

Awareness-R, .85 for Knowledge-R, .87 for Skills-R, and .82 for the entire MAKSS-CE-

R.

The second study conducted by Kim, Cartwright, Asay, and D'Andrea (2003)

included 137 counseling graduate students and contained three measures, one of which

was the Multicultural Awareness, Knowledge, and Skills Survey-Counselor Edition-

Revised (MAKSS-CE-R). Further evidence of construct validity and criterion-related

validity were obtained. In this new study, "coefficient alphas of .80 for the 10-item

Awareness-R, .87 for the 13-item Knowledge-R, .85 for the 10-item Skills-R, and .81 for

the entire 33-item MAKSS-CE-R" (p. 175) were reported. Table 8 highlights the change

reported in Cronbach's alphas when issues of validity and reliability raised about earlier

versions of the MAKSS were addressed in later versions.

Table 8

*Cronbach's alphas for MAKSS, MAKSS-CE, and MAKSS-CE-R*

|  |  | *n* | **Awareness** | **Knowledge** | **Skills** | **Total** |
|---|---|---|---|---|---|---|
|  | D'Andrea, Daniels & Heck, 1991 | *90* | 0.75 | 0.90 | 0.96 | -- |
| **MAKSS** | Constantine, 2001 | *122* | 0.62 | 0.76 | 0.91 | 0.90 |
|  | Vereen, Hill & McNeal, 2008 | *198* | 0.58 | 0.75 | 0.77 | -- |
| **MAKSS-CE** | Kim, Cartwright, Asay & D'Andrea, 2003 | *338* | 0.60 | 0.78 | 0.91 | 0.88 |
| **MAKSS-CE-R** | Kim, Cartwright, Asay & D'Andrea, 2003 | *338* | 0.71 | 0.85 | 0.87 | 0.82 |
|  | Kim, Cartwright, Asay & D'Andrea, 2003 | *137* | 0.80 | 0.87 | 0.85 | 0.81 |

*Note:* Cronbach's alphas were not reported for Total Scale by D'Andrea, Daniels & Heck (1991) or by Vereen, Hill & McNeal (2008).

The authors of the MAKSS-CE-R were careful to indicate the limitations of the scale which include "the tendency of some persons to rate themselves higher on one or more of the competency areas than they actually are" and the inability of the scores to indicate a person's "ability to work effectively with persons from a broad range of diverse backgrounds in different capacities as a mental health professional" (D'Andrea & Daniels, 2005, p. 4).

Ter Maat (2011) provided anecdotal information on three measures from an art therapy perspective. The Basic Components of Human Experience tool consisted of 33 statements that measure cultural awareness by identifying the respondent's primary cultural worldview. Ter Maat suggested the Multicultural Awareness-Knowledge-Skills

Survey as a pre and posttest measure of the three dimensions of cultural competency. Lastly, Ter Maat reported that using the Cross-Cultural Counseling Inventory-Revised with trainees who "rate themselves as they watch their own videotaped sessions with clients from different cultural backgrounds also has been a useful exercise" (p. 8).

Although the majority of the research on multicultural counseling competencies has been done in the counseling psychology field, it is as important a core competency area for creative arts therapists as it is for counseling psychologists (Acton, 2001; Hocoy, 2002). As the creative arts therapies associations increase their attention to the need for trainees to receive multicultural competency education, and as the creative arts therapies field continues to pursue recognition as a viable mental health alternative, it becomes increasingly important for research in the field to address multicultural counseling competency training and development. The current study attempts to identify the requirements set forth by licensing, accrediting, and credentialing bodies; determine if those requirements are being met within institutions and programs; and, measure the multicultural counseling competence of trainees and practitioners in the field of creative arts therapies.

**CHAPTER 3**

**Methods**

This study addressed the issue of multicultural competency training in the creative

arts therapies by seeking to answer three questions: (1) What are the multicultural

competency requirements within the field?; (2) How are multicultural competencies

integrated into creative arts therapies curricula?; and, (3) Are creative arts therapies

students prepared to be multiculturally competent creative arts therapists? These three

questions ultimately fit into two categories: Requirements and Measurement.

**Multicultural Counseling Competency Requirements**

There are three terms used throughout this study for which some clarification is

important: accreditation, licensure, and certification. The following definitions are

provided by the American Counseling Association (ACA):

1. Accreditation "is the process whereby a college or university professional

   program (e.g. counseling or psychology) voluntarily undergoes review by an

   accrediting body." Professional accrediting bodies evaluate graduate

   education programs "to ensure that the graduates of these programs meet the

   standards developed by these professions and by the Council on Higher

   Education Accreditation (CHEA) which oversees all academic accreditation

   bodies" (para. 1).

2. Licensure is granted by state governing agencies. Each state has different

   laws, and each state requires and regulates licensure for various professions,

   from barbers to veterinarians, and from social workers to acupuncturists.

   These laws are regulated by the state and are subject to change. "Passage of a

state licensure or credentialing law for a given profession restricts or prohibits the practice of that profession by individuals not meeting state-determined qualification standards, and violators may be subject to legal sanctions such as fines, loss of license to practice, or imprisonment" (para. 2).

3. Certification is voluntary and "attests to the fact that the holder of this certification has met the standards of the credentialing organization and is therefore entitled to make the public aware of this as further documentation of his or her professional competence." Certification is a professional credential, not a practice credential and therefore, "does not give the holder permission to practice. That permission is given only by the governmentally sanctioned entity" (para. 3).

**The Creative Arts Therapies Associations**

A survey was completed to identify the multicultural counseling competency requirements within the creative arts therapies field. The purpose of this survey was to discover what the requirements were for the field and across programs, if the requirements were the same or similar across programs, if programs met the requirements of the governing association, if students in different programs received the same information, and if the information students received was in line with the requirements of credentialing and licensing boards. Master's level creative arts therapies programs across the United States were examined for their incorporation of multicultural counseling competencies. Programs were identified and selected from those approved or accredited by the governing associations. There were 69 institutions identified that had at least one graduate level creative arts therapies program.

Seventy-nine department heads representing 69 institutions and 85 programs were e-mailed a request to forward an e-mail to faculty teaching the multicultural competencies course for creative arts therapies students in their departments. The faculty e-mail requested a copy of a current multicultural counseling competency course syllabus.

**State Licensure Requirements**

In addition to credentialing in their respective modalities, creative arts therapists typically seek licensure in the states in which they practice. Some degree programs promote themselves as license-eligible programs, meaning the degree program meets the educational requirements of the state licensing board. Graduates from these programs may be required to complete additional post-graduate training and/or pass a licensing exam before applying for licensure. Licensure is monitored and governed by the state in which the graduate seeks to practice. State licensure requirements are mostly standard; the name of the license is sometimes different, and many states have licensing tiers to distinguish between trainees, professionals, and advanced licensees. Each states licensure was located via an internet search. The search began with the American Counseling Associations' website which lists the licensure boards for each state along with links to their websites. Many states use CACREP as the standard for meeting licensure requirements.

CACREP, the Council for Accreditation of Counseling & Related Educational Programs "is an independent agency recognized by the Council for Higher Education Accreditation to accredit master's degree programs in: career counseling, college counseling, community counseling, gerontological counseling, marital, couple, and

family counseling/therapy, mental health counseling, school counseling, student affairs"

and doctoral programs in Counselor Education and Supervision (CACREP, Welcome,

para. 2). There were 574 CACREP accredited programs, including three international

programs. Among the eight core curricula areas required of all students for CACREP

accredited programs is social and cultural diversity. The CACREP 2009 Standards

(2009) described Social and Cultural Diversity as,

> …studies that provide an understanding of the cultural context of relationships,
>
> issues, and trends in a multicultural society, including all of the following:
>
> a. multicultural and pluralistic trends, including characteristics and concerns
>    within and among diverse groups nationally and internationally;
>
> b. attitudes, beliefs, understandings, and acculturative experiences, including
>    specific experiential learning activities designed to foster students'
>    understanding of self and culturally diverse clients;
>
> c. theories of multicultural counseling, identity development, and social
>    justice;
>
> d. individual, couple, family, group, and community strategies for working
>    with and advocating for diverse populations, including multicultural
>    competencies;
>
> e. counselors' roles in developing cultural self-awareness, promoting cultural
>    social justice, advocacy and conflict resolution, and other culturally
>    supported behaviors that promote optimal wellness and growth of the
>    human spirit, mind, or body; and

    f.   counselors' roles in eliminating biases, prejudices, and processes of

intentional and unintentional oppression and discrimination.  (pp. 10-11)

**Measuring Multicultural Counseling Competency**

The most recent versions of the four instruments reviewed by Ponterotto, Rieger,

Barrett and Sparks (1994) and by Dunn, Smith, and Montoya (2006) were examined for

use in the present study.  The criteria for the instrument used in the present study

included the ability to measure each dimension of multicultural competence (awareness,

knowledge, skills), the ability to be replicated on a web-based platform for self-report,

and directed towards trainees.  Table 9 illustrates the process of elimination that led to the

selection of the Multicultural Awareness, Knowledge, Skills Survey, Counselor Edition,

Revised (Kim, Cartwright, Asay & D'Andrea, 2003).  Information concerning measures

and instrument type were taken from the *Handbook of Multicultural Measures* (Gamst,

Liang & Der-Karabetian, 2011).  The MCI and the MAKSS-CE-R met all requirements;

however, the MCI required respondents to be currently working with culturally different

clients, which was beyond the scope of this study.

Table 9

*Criteria for Choosing MCCAT Assessment*

| Instrument | Measures | Instrument Type | Directed towards counseling trainees | Permission for use |
|---|---|---|---|---|
| **Multicultural Counseling Knowledge and Awareness Scale (MCKAS)** | Awareness, Knowledge | -- | -- | -- |
| **Cross-Cultural Counseling Inventory-Revised (CCCI-R)** | Skill, Awareness, Sensitivity | Supervisor evaluation | -- | -- |
| **Multicultural Counseling Inventory (MCI)** | Skills, Awareness, Relationship, Knowledge | Self-report | Relationship domain requires respondents to be "working with a minority or culturally diverse client" (Sodowsky, Taffe, Gutkin, & Wise, 1994) | -- |
| **Multicultural Awareness-Knowledge-and Skill Survey-Counselor Edition-Revised (MAKSS-CE-R)** | Awareness, Knowledge, Skills | Self-report | Yes | Granted by Dr. Bryan S.K. Kim (personal communication) |

A link to the Multicultural Counseling in the Creative Arts Therapies (MCCAT) survey was sent to 79 department heads, identified faculty, and personal contacts via e-mail, posted on creative art therapies related list servs and Facebook pages. The survey was closed for responses at the end of one month. At that time 119 responses had been received. None identified as being currently enrolled in a multicultural counseling course; however, it is important to note that the surveys were completed between

semesters, and it is possible that some of the students had recently completed their course.

In addition to the 33 items on the Multicultural Awareness, Knowledge, and Skills Survey, Counselor Edition, Revised (MAKSS-CE-R), the MCCAT included demographics (race/ethnicity, gender, age, creative arts modality, and degrees earned), multicultural coursework and internship experience of current students, and professional experience of practitioners in the field.

The MAKSS-CE-R provided four ratings:

1.  a global rating of the respondent's multicultural counseling competency,

2.  a measure of the respondent's level of multicultural counseling awareness,

3.  a measure of the respondent's multicultural counseling knowledge, and

4.  a measure of the respondent's multicultural counseling skills.

The MAKSS-CE-R did not include an interpretation for individual scores on each measure.  However, all items were ranked on one of three 4-point Likert scales:  1-Stongly Disagree to 4-Strongly Agree; 1-Very Limited to 4-Very Aware; and, 1-Very Limited to 4-Very Good.  Higher scores on the total instrument and on the individual subscales indicate higher self-reported competency.

Steward, Morales, Bartell, Miller, and Weeks (1998), conducted a study in which one third of respondents "perceived the exposure to multicultural literature as meaningless and unnecessary" (p. 21).  In the current study respondents were asked: How important do you believe multicultural competency training to be to your work as a creative arts therapist?  They responded on a 4-point scale from Very important/integral to Not at all important/useless.  Respondents were also asked:  Overall, do you feel you

have received adequate multicultural counseling training?  There were four options for response:

1.  No, I need more training

2.  Yes, with a multicultural counseling course alone

3.  Yes, with a multicultural counseling course combined with training

4.  Yes, with a multicultural counseling course combined with training and supervision

Appendix A contains the MAKSS-CE-R (Kim, Carwright, Asay & D'Andrea, 2003) and Appendix B contains the MCCAT's demographic and additional questions.

**CHAPTER 4**

**Results**

**Multicultural Counseling Competency Requirements**

The multicultural counseling competencies have a direct link to the counseling

field through theorists and researchers. The connection between the various creative arts

therapies and the field of counseling is best accessed through their shared goals and

standards, and through their connection to meeting state licensure requirements. Some

associations have successfully attained licensure in a few states. The creative arts

therapies governing associations varied in their requirements for multicultural

competency. Some had explicit curriculum standards for approved programs, some had

requirements for individuals seeking credentialing, and some had both. Others had

recommendations for individuals seeking credentialing, and still others made no explicit

statement about multicultural competency. Association data for program approval and

for professional credentialing was found on the association websites. Appendix C

contains a list of all association approved programs at the time of this study by institution

and modality.

**Counseling Credentials**

The National Board of Certified Counselors (NBCC) is a credentialing body for

counselors established in 1982. "NBCC's certification program recognizes counselors

who have met predetermined standards in their training, experience and performance on

the National Counselor Examination for Licensure and Certification (NCE), the most

portable credentialing examination in counseling" (NBCC, About NBCC). The NBCC's

basic certification is the National Certified Counselor (NCC). Requirements for the NCC

include a master's degree in counseling or related field from an accredited institution, two years post-master's counseling experience and supervision, and a passing score on the National Counselor Exam.  The post graduate experience is waived for students completing their graduate work at a CACREP accredited institution (NBCC, Requirements for the NCC Certification).   The NBCC requires supervisors to "hold a master's degree or higher in counseling; psychology; psychiatry; marriage, couple and family therapy; social work; dance therapy; or art therapy" (NBCC, Counseling Supervisor Endorsement Form, p.1).

**Art Therapy**

The Art Therapy Credentialing Board (ATCB) was responsible for granting post-graduation registration and board certification for art therapists.  In order for an educational program to become an approved program by the American Art Therapy Association (AATA), cultural and social diversity was a required curriculum content area as described in its Masters Education Standards:

> Cultural and social diversity: Foundation of knowledge in cultural diversity theory and competency models applied to an understanding of diversity of artistic language, symbolism, and meaning in artwork and art making across culture and within a diverse society.  Investigation of the role of the art therapist in social justice, advocacy, and conflict resolution.  (AATA, 2007, p. 4)

The "entry-level credential is the Registered Art Therapist (ATR). Qualifications for the ATR included specific graduate-level education in art therapy and documentation of supervised post-graduate clinical experience" (Goode, para. 2).  Programs providing the master's degree in art therapy education must have met AATA's standards in several

areas including, accreditation, faculty, curriculum, and evaluation.  There were 36 AATA approved graduate degree programs in the U.S. (AATA, Educational Institutions).  These programs existed across 19 states and 32 institutions.  Each of these programs met the requirement for at least one course in cultural and social diversity.

In AATA's 5 year strategic plan the Education committee's first goal is to "Review, revise, & communicate Education Standards" (AATA, Strategic Plan, p. 7). The ultimate goal is to have standards aligned with counseling and licensure standards. The purpose of Governmental Affairs Committee is to monitor "state and national policy actions to ensure that the Association's interests and objectives are adequately represented at all levels of government" (p. 13).  Its first goal under the strategic plan is "To ensure that art therapy is recognized as a credentialed profession by legislators and regulators on the state and national levels" (p. 13).

**Dance/Movement Therapy**

The Dance/Movement Therapy Certification Board (DMTCB) was the body responsible for granting post-graduate registration and board certification to dance/movement therapists.  Requirements set forth by the Dance/Movement Therapy Certification Board (DMTCB) Applicant Handbook for those seeking to become registered dance/movement therapists included coursework in the "cultural, anthropological and social foundations of movement behavior" (DMTCB, 2010, p. 5).

"The R-DMT signifies both the first level of entry into the profession and the individual's preparedness for employment as a dance/movement therapist within a clinical and/or educational setting" (ADTA, DMTCB Credentials).  There were two routes to receive the R-DMT:  An applicant could receive a graduate degree from an

American Dance Therapy Association (ADTA) approved program; or the applicant could receive a graduate degree "in a *human services-related* field (i.e., counseling, psychology, social work, special education, dance education, a creative arts therapy, family therapy, occupational therapy, psychiatric nursing, or medicine) from an accredited school in combination with specific dance/movement therapy coursework, and extensive dance/movement background" (ADTA, n.d., para. 2).

Approved graduate degree programs must have met the basic educational standards of the ADTA. One of the 10 required content areas for ADTA approved programs was Psychosocial and Cultural Aspects of work with Families, Groups, and Individuals. The ADTA listed six approved programs across six institutions in as many states. Five of these programs offered one required course in Psychosocial and Cultural aspects, one of which also offered an additional elective course. Only one university had two required courses.

In 2000 the American Dance Therapy Association and the National Board of Certified Counselors announced that dance therapy would be recognized by NBCC as a counseling specialty (Armeniox, 2000). This announcement clarified that the requirements for Dance/Movement Therapy were comparable to CACREP requirements. The NBCC has a special application for dance therapy. "BC-DMTs who wish to apply for the NCC credential must go through the American Dance Therapy Association. The required application must be obtained from ADTA" (NBCC, Application Options).

**Drama Therapy**

The National Association for Drama Therapy (NADT) Alternate Route Handbook (2009) highly recommended that those pursuing registration as a drama therapist

complete "3 credits in Diversity/Multicultural Counseling" (p. 6). There were two paths

to becoming a Registered Drama Therapist (RDT). In the first path, the applicant must

hold a master's or doctoral degree in drama therapy from a college/university approved

by the NADT. Alternatively, the applicant could hold a master's or doctoral degree

> in a field related to Drama Therapy *(i.e., drama/theatre, psychology, counseling,*
>
> *special education, social work, occupational therapy, recreation therapy, art*
>
> *therapy, music therapy, dance/movement therapy, etc.)* from an accredited college
>
> or university AND completion of Alternative Track Education requirements under
>
> the supervision of a RDT/BCT. (NADT, n.d., Registration Requirements)

The NADT Alternative Training Program highly recommended a course in Multicultural

Counseling.

There were two NADT approved programs in the United States. One had a

required course in multicultural counseling, while another offered an elective course. In

addition, there were three programs not included on NADT's list of approved programs,

but which included Drama Therapy specializations within their master's programs. Each

of these five programs, representing four institutions across four states, had a required

course in multicultural counseling.

The NADT maintained detailed information for obtaining Creative Arts Therapies

licensure (LCAT) in the State of New York (NADT, New York State CAT Licensure

Fact Sheet, 2010). NADT also offers information for graduates specifically wanting to

become certified in California, New Jersey, and Wisconsin.

**Expressive Arts Therapy**

The International Expressive Arts Therapy Association (IEATA) did not approve programs in expressive arts therapy.  In fact IEATA "does not endorse any educational institution as an official expressive arts training program" (IEATA, Useful Links and Resources).  Although IEATA's general registration standards and requirements did not specify coursework in multicultural counseling, one of the general competencies in the guidelines for the Registered Expressive Arts Consultant/Educator was the "(a)bility to work with diverse populations and to support and encourage a wide variety of creative processes" (IEATA, p. 2).

In order to become a Registered Expressive Arts Therapist (REAT) an applicant must meet one of the following educational requirements.  If the education had not been obtained at a state-accredited educational institution the individual must supply all course syllabi to the Professional Standards Committee.

1.  A Master's Degree in Expressive Arts Therapy or equivalency in a Creative Arts Therapy Program

2. A Master's Degree in Psychology, Educational Psychology, Counseling, Social Work, Marriage and Family Therapy, or related mental health discipline PLUS completion of training in one or several professional expressive arts therapy Institutes

3. A Master's Degree in Fine Arts (music, visual arts, dance, drama, etc.)  PLUS completion of training from one or several professional Expressive Arts Therapy Institutes or Programs

4. Doctoral Degree in Expressive Arts Therapy or equivalency in a Creative Arts

Therapy Program (IEATA, Registration Standards and Requirements)

On its website under Educational Resources (IEATA, Educational Resources)

IEATA listed 13 master's expressive arts therapy degree programs at eight U.S.

institutions, across five states. All of these programs had a required course in

multicultural counseling.

## Music Therapy

The Certification Board for Music Therapists (CBMT) granted credentials to

music therapists. The CBMT Board Certification Exam was based on the American

Music Therapy Association (AMTA) Professional Competencies incorporated into the

curriculum of approved AMTA programs. Competencies addressing multicultural

counseling included:

- Demonstrate awareness of one's cultural heritage and socio-economic

    background and how these influence the perception of the therapeutic process.

- Demonstrate knowledge of and respect for diverse cultural backgrounds.

- Treat all persons with dignity and respect, regardless of differences in race,

    religion, ethnicity, sexual orientation, or gender.

- Demonstrate skill in working with culturally diverse populations. (AMTA,

    2009, "Clinical Foundations")

The Music Therapist-Board Certified (MT-BC) was the professional credential

for the music therapist and did not require a graduate degree. The MT-BC completed an

AMTA approved academic and clinical training program and passed the CBMT

examination (CBMT, FAQs). AMTA Professional Competencies required the applicant

"demonstrate awareness of one's cultural heritage and socio-economic background and how these influence the perception of the therapeutic process" (AMTA, Professional Competencies). Although a graduate degree was not required for the music therapy credential, it was required for licensure. Of the 70 degree granting institutions in the United States for music therapy, 34 offer graduate level training, and six of these included a multicultural competency course as part of their requirements at the graduate level.

Effective August 1, 2012 the State of North Dakota will grant licensure to music therapists. Requirements for licensure will include graduation from a board approved program and the MT-BC credential or other music therapy designation. (State of North Dakota, Senate Bill 2271).

The State of Nevada also enacted a bill to license music therapists (State of Nevada, Senate Bill No. 190; Music Therapist Licensure). Requirements include completion of and education program approved by the AMTA, and passing of the MT-BC examination or holds the MT-BC.

**Poetry Therapy**

The National Federation for Biblio/Poetry Therapy (NFBPT) was responsible for the training and credentialing of poetry therapists. Core competencies for credentialed poetry therapists included a course in Contemporary/Multi-Cultural Poetry (NFBPT, "Required Background," para. 3), but not a course addressing issues of multicultural counseling.

Like IEATA, the National Association for Poetry Therapy (NAPT) did not approve graduate programs in biblio/poetry therapy. Poetry therapy trainees were guided

through the training process by NFBPT approved mentor/supervisors. Poetry therapy trainees were required to have a master's degree or higher in a mental health field and licensure to enter training to become a certified (CPT) or registered (PTR) poetry therapist. In addition the applicant was required to provide proof of core competencies in psychology, literature, and professional practice (NFBPT, Summary of Training Requirements).

**Psychodrama**

The American Society of Group Psychotherapy and Psychodrama (ASGPP) did not have any specific requirements for the trainee in relation to multicultural competency. Credentials in psychodrama were administered by the American Board of Examiners in Psychodrama, Sociometry and Psychotherapy (ABE).

Training and certification for the Certified Practitioner (CP) required a master's degree and postgraduate training in "human growth and development, theories of personality, abnormal behavior (psychopathology), methods of psychotherapy, and social systems" (ABE, 2007, p. 1). Postgraduate training was assumed for applicants who were licensed mental health professionals or with master's level mental health degrees. In addition to training requirements, "Candidates must successfully complete a comprehensive written examination in the knowledge, skills, and abilities to conduct group sessions in the fields of psychodrama, sociometry and group psychotherapy" (p. 3). The CP examination provided another source of information about psychodrama and multiculturalism. The ABE (2010) provided a list of the questions on the exams in previous years, from 1998 to 2010. Table 10 shows the year, exam section, and question that related to multicultural counseling competencies.

Although the ASGPP's training directory listed 19 training providers in psychodrama and group psychotherapy across 12 states, the site only linked to a single university degree program. This program had a required course in Multicultural Psychology.

Table 10

*Certified Practitioner Written Exam Multicultural Counseling Competency questions*

| Year | Section | Multicultural Question |
|---|---|---|
| 1998 | Methodology | (Answer A or B) B. How do you direct a group member who does not speak your language fluently? How do you give directions or interventions? How can doubling be accomplished? How can catharsis be facilitated? |
| 1999 | Ethics | According to the American Psychological Association's Code of Ethical Principles D, "Respect for People's Rights and Dignity, Psychologists are aware of cultural, individual, and role differences including those due to age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language and socioeconomic status." Apply this principle to your work as a psychodramatist. |
| 2000 | Philosophy | Define the term "cultural conserve". Explain how cultural conserves fit into the concept of the Canon of Creativity. |
| 2001 | Ethics | According to the American Psychological Association's Code of Ethical Principles D, "Respect for People's Rights and Dignity, Psychologists are aware of cultural, individual, and role differences including those due to age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language and socioeconomic status." Apply this principle to your work as a psychodramatist. |
| 2002 | | |
| 2003 | | |
| 2004 | | |
| 2005 | | |
| 2006 | History | From an historical perspective, cite and explain two (02) examples of how Moreno challenged the cultural conserves of this time. |
| 2007 | | |
| 2008 | | |
| 2009 | | |
| 2010 | | No examination given |

Where there were approved institutions granting a graduate degree in one of the creative arts therapies, data was gathered on the number of required and approved courses for each. Table 11 presents the required courses by modality represented in all programs.

Table 11

*Programs with Required Courses by Modality*

| State | Institution | Required Course by Modality[a] |
|-------|-------------|-------------------------------|
| | Ottawa University | EA-Social and Cultural Concerns in Counseling |
| AZ | Prescott College | EA-Cultural and Social Diversity in Art Therapy |
| | Arizona State University | |
| | California Institute of Integral Studies (CIIS) | Dr, EA-Cross-Cultural Counseling and the Family |
| | Institute of Transpersonal Psychology | EA-Counseling Skills: Across Cultural and Spiritual Traditions |
| | John F Kennedy Graduate School of Professional Psychology | EA-Multicultural Competence in Counseling and Community Practice |
| CA | Loyola Marymount University | A-Cultural & Ethnic Issues in Marriage/Family Therapy |
| | Notre Dame de Namur University | CA-Cross-Cultural Issues |
| | Phillips Graduate Institute | A-Human Diversity |
| | University of the Pacific | |
| | Naropa University | A-Social and Cultural Foundations in Counseling |
| CO | | DM-Social and Multicultural Foundations |
| | Colorado State University | |
| CT | Albertus Magnus College | A-Art Therapy in a Multicultural World |
| DC | George Washington University | A-Social and Cultural Diversity |
| FL | Florida State University | A-Special Topics: Art Therapy Issues |
| | University of Miami | |
| GA | Georgia College & State University | M-Gender and Cultural Issues in Music Therapy |
| IA | University of Iowa | |
| | Columbia College Chicago | DM-Social and Cultural Foundations |
| | Adler School of Professional Psychology | A-Socio-Cultural & Multicultural Approaches in Art Therapy |
| IL | School of the Art Institute of Chicago | A-Cultural Dimensions in Art Therapy |
| | Southern Illinois University at Edwardsville | A-Multicultural Issues in Art Therapy |
| | Illinois State University | |
| | Indiana University-Purdue U-Indianapolis | |
| IN | St. Mary of the Woods College | |
| KS | Emporia State University | A-Multicultural Issues in Art Therapy |
| | University of Kansas | |

Table 11, continued

| State | Institution | Required Course by Modality[a] |
|-------|-------------|-------------------------------|
| KY | University of Louisville | A-Multicultural & Diversity Issues (section taught by an ATR) |
| LA | Loyola University | |
| MA | Lesley University | A, DM, Dr, EA, M-Examining Power, Privilege and Oppression in Clinical Practice |
| | Springfield College | A-Multicultural Issues in Art Therapy / Counseling |
| MI | Wayne State University | A-Multicultural Aspects of Art Education/Art Therapy |
| | Western Michigan University | |
| MN | University of Minnesota | |
| | Drury University | |
| MO | Maryville University | |
| | University of Missouri-KC | |
| NC | Appalachian State University | EA-Multicultural Counseling |
| | East Carolina University | |
| NH | Antioch University New England | DM-Social & Cultural Diversity DMT |
| NJ | Caldwell College | A-Cultural Diversity in Counseling for Art Therapists |
| | Montclair State University | |
| NM | Southwestern College | A-Multicultural Art Therapy with Diverse Populations |
| NY | Pratt Institute | A, DM-The Psychology of Intergroup Relations & Institutional Process |
| | College of New Rochelle | A-Counseling the Culturally Diverse |
| | Hofstra University | A-Multicultural Art Therapy |
| | Long Island University - C.W. Post Campus | A-Multicultural Issues in Clinical Art Therapy |
| | Nazareth College of Rochester | A, M-Ethical & Multicultural Issues in Clinical Documentation & Practice |
| | New York University | A-Cultural Diversity in Art Therapy |
| | School of Visual Arts | A-Multicultural Issues in Art Therapy |
| | Molloy College | |
| | SUNY - New Paltz | |
| OH | Ursuline College | A-Cultural and Social Issues |
| | Ohio University | |
| OR | Marylhurst | A-Cross-Cultural Counseling & Art Therapy |

Table 11, continued

| State | Institution | Required Course by Modality[a] |
|-------|-------------|-------------------------------|
| PA | Drexel University | A, DM, M-Multicultural Perspectives in Therapy I |
| | | A-Multicultural Perspectives in Art Therapy |
| | | DM-Multicultural Perspectives in Therapy II: Dance/Movement Therapy |
| | | M-Multicultural Perspectives in Music Therapy |
| | Marywood University | A-Multicultural Issues in Art Therapy |
| | | M-Seminar in World Music [includes Social/Cultural Aspects] |
| | Seton Hill University | A-Multicultural Therapy |
| | Immaculata University | |
| | Temple University | |
| | West Chester University | Pd-Multicultural Psychology |
| RI | Salve Regina University | EA-Cross-Cultural Issues in Counseling |
| TX | Sam Houston State University | |
| | Texas Woman's University | M-Multicultural Aspects of Music Therapy |
| VA | Eastern Virginia Medical | A-Cultural Competency |
| | Radford University | |
| | Shenandoah University | |
| WA | Antioch University Seattle | A-Multicultural Perspectives and Art Therapy |
| | | Dr-Multicultural Perspectives in Drama Therapy |
| WI | Mount Mary College | A-Multicultural Issues in Art Therapy |

[a] A = Art Therapy, DM = Dance/Movement Therapy; Dr = Drama Therapy; EA = Expressive Arts Therapy; M = Music Therapy; Pd = Psychodrama

**State Licensure Requirements**

Thirty-four states (including the District of Columbia and Puerto Rico) granted the LPC, licensed professional counselor. Of the remaining states, eight granted the LMHC, licensed mental health counselor; three granted the LCMHC, licensed clinical mental health counselor; two granted the LCPC, licensed clinical professional counselor; two granted the LPCC, licensed professional clinical counselor; Nebraska granted the LMHP, licensed mental health professional; Maryland granted the LGPC, licensed

graduate professional counselor; and, Delaware granted the LPCMH, licensed

professional counselor of mental health. Other states granted the LCMHC, the LCPC,

and the LPCC as advanced licenses.

Of the 50 states, the District of Columbia, and Puerto Rico, 19 required licensure

applicants to have degrees from those accredited by the Council for Accreditation of

Counseling & Related Educational Programs (CACREP) only, or from CACREP

accredited or equivalent programs. Thirty of the remaining states required a course in

social and cultural foundations (SCF) or its equivalent. At the time of this survey, the

exceptions were California, Delaware, and Oklahoma: Oklahoma mentioned social and

cultural foundations as an elective; and Delaware had no specifications for addressing

multicultural counseling issues. In August 2011, The American Association of State

Counseling Boards (AASCB) announced that California had become the last state to

license professional counselors (AACSB, 2011). The newly defined educational

requirements which go into effect for anyone beginning a degree program after August

2012, or not completing a program started before August 2012 by 2018, are:

> A 60-semester-unit master's or doctoral degree from an accredited or approved
>
> institution, which is counseling or psychotherapy in content, includes 6 semester
>
> units of supervised practicum or field work study, and contains at least 3 semester
>
> units, or four and one half quarter units, of coursework in 10 of the following 13
>
> core content areas, all of which must be completed before licensure. (CALPCC,
>
> Licensing Requirements, para 2)

The 13 content areas include multicultural counseling and therapy techniques.

Table 12 contains a state by state breakdown of the social and cultural

requirements for licensure in all 50 states, the District of Columbia, and Puerto Rico.

Table 12

*Social and cultural requirements for licensure by state*

| State | License type | Requirement |
|-------|--------------|-------------|
| AL | LPC | Social Multicultural Foundations |
| AK | LPC | SCF, including multicultural issues |
| AR | LPC | CACREP or SCF |
| AZ | LPC | CACREP or SCF, including multicultural issues |
| CA | LPCC | optional, multicultural counseling and therapy techniques |
| CO | LPC | CACREP or SCF |
| CT | LPC | SCF |
| DC | LPC | SCF including multicultural counseling |
| DE | LPCMH | |
| FL | LMHC | CACREP or SCF |
| GA | LPC | SCF |
| HI | LMHC | SCF |
| IA | LMHC | CACREP or Social and cultural diversity |
| ID | LPC | CACREP or SCF |
| IL | LPC | SCF |
| IN | LMHC | SCF of counseling |
| KS | LPC | SCF |
| KY | LPCC | SCF including multicultural counseling |
| LA | LPC | CACREP or equivalent |
| MA | LMHC | SCF |
| MD | LGPC | SCF of counseling |
| ME | LPC | CACREP or SCF |
| MI | LPC | CACREP or equivalent |

Table 12, continued

| State | License type | Requirement |
|-------|--------------|-------------|
| MN | LPC | CACREP or SCF, including multicultural issues |
| MO | LPC | SCF |
| MS | LPC | SCF |
| MT | LCPC | SCF |
| NC | LPC | SCF |
| ND | LPC | SCF |
| NE | LMHP | CACREP or SCF |
| NH | LCMHC | SCF |
| NJ | LPC | SCF |
| NM | LMHC | SCF |
| NV | LCPC | CACREP or SCF |
| NY | LMHC | SCF of counseling |
| OH | LPC | SCF |
| OK | LPC | elective-SCF |
| OR | LPC | CACREP |
| PA | LPC | SCF |
| PR | LPC | SCF |
| RI | LCMHC | SCF |
| SC | LPC | SCF |
| SD | LPC | CACREP or SCF |
| TN | LPC | CACREP or equivalent |
| TX | LPC | social, cultural, and family issues |
| UT | LPC | CACREP or cultural foundations |
| VA | LPC | Multicultural counseling, theories and techniques |
| VT | LCMHC | Multi-cultural Studies |
| WA | LMHC | Multicultural concerns |
| WI | LPC | CACREP or SCF |

Table 12, continued

| State | License type | Requirement |
|-------|-------------|-------------|
| WV | LPC | CACREP or SCF |
| WY | LPC | CACREP or SCF |

*Note.* Appendix D contains the source information for state requirements.

Licensure for creative arts therapists separate from and in tandem with other professional licensure existed in four states. Mississippi and New Mexico both licensed professional art therapists (LPAT); and, New York licensed creative arts therapists (LCAT). Wisconsin licensed music, dance, and art therapists who practiced psychotherapy. In Wisconsin, the applicant must have held a graduate degree and registration by the appropriate credentialing or certification board, and must have engaged in 3,000 hours of approved psychotherapy supervision (Department of Registration and Licensing, 2007).

In Mississippi a Licensed Professional Art Therapist is "a person who has completed a master's or doctoral degree program in art therapy, or an equivalent course of study, from an accredited educational institution and who is licensed by the Board, or who received registration from the American Art Therapy Association (ATR) before 1980" (Mississippi State Department of Health, Regulations Governing Licensure Of Professional Art Therapists, p. 1).

New Mexico requirements for the Licensed professional art therapist include, "a master's or doctoral degree in art therapy, counseling or counseling-related field from an accredited institution or nationally approved art therapy program with a total of no less than forty-eight graduate semester hours or seventy-two quarter hours in the art therapy

core curriculum" and "must meet the art therapy core curriculum" (State of New Mexico, 2011).

The New York State LCAT required:

a master's or doctoral degree in Creative Arts Therapy from a program that is:

- registered by the Department as licensure qualifying;

- accredited by the American Art Therapy Association or another acceptable accrediting agency; or

- determined by the Department to be the substantial equivalent of such a registered or accredited program. (NYSED, Creative Arts Therapy Licensure Requirements)

The State of Wisconsin lists art therapist, dance therapist, and music therapist among its licensed professionals. The education requirements for these licensures mirror the registration standards of each of the associations, with both the art therapy licensure and dance therapy licensure requiring master's degrees, and the music therapy licensure requiring a bachelor's degree (State of Wisconsin, Department of Safety and Professional Services).

## Measuring Multicultural Counseling Competency

In this study the recommendation of D'Andrea, Daniels, and Heck (n.d.) to calculate the Cronbach's alpha coefficient and the Pearson $r$ was followed for the three subscales of the MAKSS-CE-R. Cronbach's alpha measures the internal consistency of the items on the subscales. To be considered a reliable test the Cronbach's alpha should be .7 or greater (Kline, 2000). Cronbach's alpha for each subscale in this study is shown in Table 13. To test the discriminant validity of each subscale correlation coefficients

between the scales were measured using Pearson *r*.  The lower the correlation between subscales the more likely they are distinct measures.  Validity scores for this study are shown in Table 14.

Table 13

*Reliability testing for MAKSS-CE-R, MCCAT*

| Subscale | Cronbach's alpha |
|:---:|:---:|
| Awareness | 0.76 |
| Knowledge | 0.89 |
| Skills | 0.79 |

Table 14

*Validity testing for MAKSS-CE-R, MCCAT*

| | *Pearson r* | | |
|---|:---:|:---:|:---:|
| | **Awareness Score** | **Knowledge Score** | **Skills Score** |
| **Awareness Score** | - | | |
| **Knowledge Score** | -0.08 | - | |
| **Skills Score** | -0.19 | 0.62 | - |

Once the MAKKS-CE-R was determined to be a reliable and valid test to measure multicultural counseling awareness, knowledge, and skills for MCCAT participants, the data was further analyzed.

**Descriptive Characteristics**

Ninety-nine individuals completed the MAKSS-CE-R portion of the survey; 17 were current students "in a creative arts therapies MA level degree program."  The current students identified as female and ranged in age from 22 to 61.  They reportedly attended Ursuline College (*n=8*), Lesley University (*n=6*), California Institute of Integral

Studies (*n=1*), Southwestern College (*n=1*), and HES Lausanne in Switzerland (*n=1*).

Only six responded they were not currently in a practicum or internship. None of those

in a practicum or internship reported being enrolled in a course on multicultural

counseling. Of the remaining 82 survey respondents seventy-six identified as female and

six male. They ranged in age from 27 to 75. Demographics on gender, race/ethnicity,

and modality are shown in Table 15.

Table 15

*Demographic characteristics of MCCAT respondents by status,* n=99

|  |  | **Current Students** | **Professionals** |
|---|---|:---:|:---:|
| **Gender** | Female | 17 | 76 |
|  | Male |  | 6 |
| **Race/Ethnicity** | Caucasian | 14 | 68 |
|  | African-American | 1 | 3 |
|  | Asian | 1 | 3 |
|  | Bi-Racial | 1 | 2 |
|  | Hispanic |  | 2 |
|  | Multi-Racial |  | 2 |
|  | Hawaiian/Pacific Islander |  | 1 |
|  | Other: Semitic |  | 1 |
| **Modality** | Art | 10 | 39 |
|  | Expressive arts | 5 | 15 |
|  | Drama | 1 | 12 |
|  | Music |  | 10 |
|  | Dance/Movement | 1 | 4 |
|  | Psychodrama |  | 2 |

In response to the question, "How important do you believe multicultural counseling training to be to your work as a creative arts therapist?" all respondents rated it at least important (Table 16).

Table 16

*Importance of multicultural counseling training by status*

|  | Current Students | | Professionals | |
|---|---|---|---|---|
|  | N | % | N | % |
| **Important** | 4 | 23.6 | 17 | 20.8 |
| **Very Important/Integral** | 13 | 76.4 | 65 | 79.2 |

It is important that instructors of multicultural counseling competency courses for creative arts therapies student know if the course content is effective in creating multiculturally competent therapists. Responses to the question, "Overall, do you feel you have received adequate multicultural counseling training?" are shown in Table 17.

Table 17

*Overall, do you feel you have received adequate multicultural counseling training?*

| Response | % Current students<br>*N = 17* | % Professionals<br>*N = 82* | % Total<br>*N = 99* |
|---|---|---|---|
| No, I need more training | 35.3 | 35.4 | 35.4 |
| Yes, with a multicultural counseling course *alone* | 5.9 | 1.2 | 2.0 |
| Yes, with a multicultural counseling course *combined with training* | 11.8 | 11.0 | 11.1 |
| Yes, with a multicultural counseling course *combined with training and supervision* | 47.1 | 48.8 | 48.5 |
| Not answered | - | 3.7 | 3.0 |

**Statistical Analyses**

Professionals completing the survey were also asked how many years of

experience they had "working with clients who were racially/ethnically different from

you." The majority (*n=58*) stated five or more years, with the remaining stating three to

four years (*n=15*), one to two years (*n=6*), and less than one year (*n=3*). The Pearson *r*

correlation coefficient was calculated to examine the relationship between scores on the

MAKSS-CE-R and the number of years working with clients who were

racially/ethnically different from the respondent. Only weak correlations that were not

statistically significant were found between the number of years professionals reported

they had worked with clients who were racially/ethnically different from them and their

scores on the MAKSS-CE-R (Table 18).

Table 18

*Summary of Correlations between years of experience and MAKSS-CE-R Scores of Professionals*

| Measure | *Experience* |
|---|---|
| Awareness | $r\,(81) = 0.14$, $p > .05$ |
| Knowledge | $r\,(81) = 0.10$, $p > .05$ |
| Skills | $r\,(81) = 0.14$, $p > .05$ |
| Total | $r\,(81) = 0.18$, $p > .05$ |

A preliminary test for the equality of variances indicated no difference between

the variances of current students and professionals *F= 1.21, p= 0.35*. Therefore, a two-

sample t-test was performed that assumes equal variances. The mean total score for

professionals (*M=94.52, SD= 9.50, N= 82*) was slightly smaller than the mean total score

for current students (*M=96.47, SD=8.63, N= 17*) using the two-sample t-test for equal

variances, *t(97) = -0.78, p > 0.05*. Because the subset of respondents who identified as

current students was small, respondents were treated as one group throughout the remainder of the analyses.

For all respondents the Awareness subscale mean was 25.63 with a standard deviation of 4.36. For the Knowledge subscale the mean and standard deviation for all respondents was 39.06 and 5.81, respectively. The Skills subscale for all respondents generated a mean of 30.12 and a standard deviation of 9.34. Table 19 shows the mean and standard deviations for current student compared with professional respondents.

Table 19

*MAKSS-CE-R mean and standard deviations by status*

| Scale | Respondent Type | *M* | *SD* |
|---|---|---|---|
| **Awareness** | Professionals (*n=82*) | *25.61* | *3.82* |
| | Current Students (*n=17*) | *25.71* | *6.51* |
| **Knowledge** | Professionals (*n=82*) | *38.79* | *5.89* |
| | Current Students (*n=17*) | *40.35* | *5.38* |
| **Skills** | Professionals (*n=82*) | *30.12* | *4.05* |
| | Current Students (*n=17*) | *30.41* | *4.11* |

Overall respondents scored lower on the Awareness scale than either the Knowledge or Skills subscales. Respondents tended to score higher on the Skills subscale than on the Knowledge subscale. Accounting for reverse scored items in the instrument, scores ranged from 1 to 4, with 1 signifying a self-reported low level of awareness, knowledge or skills, and 4 signifying a self-reported high level of awareness, knowledge, or skills. Therefore, on each of the subscales the lowest score would be 10 for Awareness and Skills, and 13 for Knowledge. The highest score for each subscale would be 40 for Awareness and Skills, and 52 for Knowledge. A repeated measures

ANOVA with a Greenhouse-Geisser correction determined that mean MAKSS-CE-R subscale scores differed statistically significantly ($F(1.504, 147.434) = 40.621, p < .0005$). The Awareness subscale score is statistically significantly different from both the Knowledge subscale score ($p < .0005$) and the Skills subscale score ($p < .0005$); however, the Knowledge and Skills subscale scores are not different from each other ($p = .739$).

Although the creators of the MAKSS-CE-R did not provide an interpretation of the scale for the individual respondent, scores can be divided into four quartiles based on the median value – (1) Low self-reported competency, (2) Low-Medium self-reported competence, (3) Medium-High self-reported competency, and (4) High self-reported competency. Table 20 shows the quartiles for each of the subscales. Table 21 shows the percent of MCCAT respondents' self-reported competency level on each of the MAKSS-CE-R subscales.

Table 20

*MAKSS-CE-R interpretation used in MCCAT*

|  | Self-reported Competency Level | | | |
|---|---|---|---|---|
|  | Low | Low-Medium | Medium-High | High |
| **Awareness Subscale** | 10-17.50 | 17.51-25.00 | 25.01-32.50 | 32.51-40 |
| **Knowledge Subscale** | 13-22.75 | 22.76-32.50 | 32.51-42.25 | 42.26-52 |
| **Skills Subscale** | 10-17.50 | 17.51-25.00 | 25.01-32.50 | 32.51-40 |

Table 21

*Self-reported multicultural counseling competency levels*

| | MAKSS-CE-R Subscale | | |
|---|---|---|---|
| **Competency Level** | Awareness Subscale | Knowledge Subscale | Skills Subscale |
| **Low** | 2.02% | 1.01% | 0.00% |
| **Low-Medium** | 47.47% | 9.09% | 9.09% |
| **Medium-High** | 46.46% | 60.61% | 67.68% |
| **High** | 4.04% | 29.29% | 23.23% |

An analysis was conducted to determine whether the creative arts therapies modality of the respondent was a predictor of scores on the various subscales and the MAKSS-CE-R overall. Many of the programs have only one multicultural counseling competency course for all creative arts therapies students. Only 11 of the 69 institutions with creative arts therapies graduate programs offers more than one creative arts therapies modality. Only one of these, Drexel, had two requirements for meeting the multicultural competency requirement: the first course was the same for art, drama, and music; and, the second course was specific to the modality.

The total scores and individual subscale scores of respondents completing the MAKSS-CE-R were compared using a one-way analysis of variance, or single-factor ANOVA. No significant difference was found on total score or on any of the subscale scores. Respondents from different modalities did not differ significantly on the MAKSS-CE-R. Table 22 shows Mean and Standard deviation results for each subscale and the total score.

Table 22

*Mean and Standard Deviation of Subscales by modality*

| | Awareness Subscale M (SD) | Knowledge Subscale M (SD) | Skills Subscale M (SD) | Total Score M (SD) |
|---|---|---|---|---|
| **Art** *N = 49* | 24.90 (4.76) | 37.82 (6.00) | 24.90 (4.76) | 92.04 (9.06) |
| **Dance/Movement** *N = 5* | 24.80 (1.92) | 41.00 (5.24) | 32.00 (3.24) | 97.80 (8.50) |
| **Drama** *N = 13* | 26.00 (4.76) | 40.77 (5.72) | 32.54 (4.77) | 99.31 (9.36) |
| **Expressive Arts** *N = 20* | 27.25 (3.58) | 39.70 (5.41) | 30.15 (3.17) | 97.10 (9.53) |
| **Music** *N = 10* | 25.70 (4.08) | 39.90 (5.15) | 30.90 (3.57) | 96.50 (8.83) |
| **Psychodrama** *N = 2* | 26.50 (2.12) | 43.00 (9.90) | 27.50 (3.54) | 97.00 (4.24) |

Due to the small subset of respondents reporting adequacy with either a multicultural counseling course alone, or with a multicultural counseling course combined with training, responses were divided into two groups – those who responded they needed more training (*n=35*), and those who responded yes, they received adequate training (*n=61*). Preliminary tests of equality of variances indicated no difference between the variances of those reporting adequate and those reporting needing more training for the Awareness (*F=0.83; p=0.28*) and Knowledge subscales *F=1.15; p=0.31*) and for the total score (*F=1.03; p=0.45*). Preliminary tests of equality of variance indicated a statistically significant difference between variances on the Skills subscale. The mean skills subscale score for those reporting needing more training (*M=29.6,*

*SD=3.36, N=35*) was slightly smaller than the mean subscale score for those who

reported receiving adequate training (*M=30.56, SD=4.41, N=61*) using the two-sample t-

test for unequal variances, *t(86) = -1.19, p>0.05*. The mean scores are presented in Table

23.

Table 23

*Mean MAKSS-CE-R scores by perceived adequacy of training received*

| Scale | Training Received | *M* | *SD* | *N* |
|---|---|---|---|---|
| **Awareness** | Adequate | *25.41* | *4.43* | *61* |
| | Not Adequate | *26.17* | *4.03* | *35* |
| **Knowledge** | Adequate | *39.43* | *5.60* | *61* |
| | Not Adequate | *38.40* | *6.01* | *35* |
| **Skills** | Adequate | *30.56* | *4.41* | *61* |
| | Not Adequate | *29.60* | *3.36* | *35* |
| **Total Score** | Adequate | *95.40* | *9.38* | *61* |
| | Not Adequate | *94.17* | *9.51* | *35* |

In summary, the creative arts therapies governing associations varied in their

requirements for multicultural competency. Beyond the specific requirements of the

governing associations, not all institutions offering advanced degrees in the creative arts

therapies required a multicultural competency course. There were only three states

without specific requirements for meeting multicultural competency standards. Of the

three states without multicultural competency requirements, California was the only state

in which creative arts therapies degrees were granted. All of the California programs,

except for the one conferring a degree in music therapy, had at least one required course

in multicultural competency. Not including music therapy, the majority of graduate

programs (98%) granting a creative arts therapies degree had at least one required course

in multicultural competency.  The exception was one program in Drama Therapy that only offered an elective course.  Music Therapy programs overall did not list a graduate level multicultural competency course, with only 18% indicating a multicultural competency course in their requirements.  Although all respondents to the MCCAT reported they believed multicultural counseling training to be important or integral to their work as creative arts therapists, over a third (35.4%) reported they needed more multicultural counseling training.  The majority of respondents rated themselves in the medium competency ranges on the MAKSS-CE-R subscales.  Overall, respondents reported greater competency in the Skills domain and lower competency in the Awareness domain.

**CHAPTER 5**

**Discussion**

This study was designed to address the issue of multicultural counseling competency in the creative arts therapies from three perspectives: the governing association, the training institution, and the student/trainee. Governing associations and state agencies were reviewed for their requirements of persons licensed and credentialed in the creative arts therapies. Additionally, governing associations and states were surveyed for their accreditation requirements for programs granting degrees in the creative arts therapies. Students and professionals in the creative arts therapies were asked to complete a survey that included questions related to the adequacy of training received, hours worked with those who are culturally different and the importance of multicultural competencies to their work as creative arts therapists. The survey included the MAKSS-CE-R which measures an individual's perceived multicultural competence along three domains, awareness, knowledge, and skills. The literature indicated that training models which included learning along the three dimensions of multicultural competence, along with opportunities to work with individuals who are culturally different and supervision, lead to higher levels of reported competence.

The creative arts therapies associations are inconsistent in their attention to the multicultural competencies. Although all, except Psychodrama, had a statement about multicultural competency, each had some provision or manner of addressing multicultural competencies within the certification or registration process. Even with an explicit statement about multicultural competency training, Music Therapy institutions were not explicit in their requirements for coursework to meet those requirements. With

the exception of California, Delaware, and Oklahoma, states were consistent in their multicultural competency requirements for mental health licensure.

In order to get a grasp on the topics covered in courses and to have a comparison of students taking particular courses, it would be necessary to have a general idea of what is covered in the various courses. Only one faculty forwarded a syllabus in response to the request. Several faculty replied via e-mail that their syllabus was proprietary and could not be shared. In a previous study (Owens, 2009) it was uncovered that for many fields – counseling psychology, sociology, pastoral counseling, education – syllabi for multicultural competency courses could be easily found on the internet. The study examined course syllabi from graduate level counseling courses. A Google search of the term "multicultural counseling syllabus" was conducted. "Syllabi were reviewed in order of the search until nine syllabi meeting the reviewer's criteria were matched. The criteria for the syllabi searched were that they be for a master's level course in counseling and be dated 2003 or later" (p. 3). Syllabi without clear dates, and those not clearly labeled as a graduate course were passed over. Without the ability to review the curriculum being presented in creative arts therapies programs, it was not possible to determine the specific areas the curriculum covered or might be lacking.

The leading theorists in multicultural counseling competencies agree that the three dimensions of cultural competency are awareness, knowledge, and skills (Arredondo, 2003; Sue, Arredondo & McDavis, 1992; Monk, Winslade & Sinclair, 2008; Pederson 2000). Art therapists also use the dimensions of awareness, knowledge, and skills as guidelines for meeting multicultural competencies within the field (Acton, 2001; Doby-Copeland, 2006). The data showed the highest correlation between Knowledge and

Skills scores overall for both students and professionals.  Current students scored higher on all subscales of the MAKSS-CE-R than did professionals.  Not only did professionals score lower than students on the individual subscales on the MAKSS-CE-R overall, the number of years they have worked with individuals racially/ethnically different from themselves did not correlate to higher scores.  Overwhelmingly professionals reported that they either need more training (35%), or they have received adequate training due to a combination of a multicultural competency course in concert with additional training and supervision (47%).  Overall respondents scored lower in the Awareness domain on the MAKSS-CE-R.

Those seeking degrees in the creative arts therapies are often looking specifically to use the arts in a therapeutic manner.  They are seeking to be respected as a profession and as mental health counselors.  This means they must be able to obtain the appropriate credentials and licensure in order to practice.  In meeting requirements for licensure creative arts therapies trainees are subject to the competencies adopted by the states in which they practice.  All states with multicultural competency requirements have adopted their requirements from counseling psychology.  Until the creative arts therapies create their own multicultural competencies, the multicultural counseling competencies are the most closely related to the field and seem to serve the creative arts therapies well.  However, as the field expands and broadens, it will be more and more important for the creative arts therapies to begin to develop multicultural competencies related to each of the modalities and their specific materials.  Based on the scores on the MAKSS-CE-R creative arts therapists are reporting higher levels of skill in multicultural competency than in either awareness or knowledge.   Without access to the content of the

multicultural competency courses across the creative arts therapies, it is unknown whether this higher score on the Skills subscale is due to greater attention to skills within the multicultural competency course, or if coursework across the curriculum is addressing the skills necessary to work within a multicultural context.

The results of this study confirm the need for greater attention to the training of multiculturally competent creative arts therapists.  Although the structures are in place, in the form of association and state agency requirements, and although degree granting institutions are primarily in synch with these requirements, there is no evidence as to the extent to which the actual courses address the multicultural competency domains.

## Limitations

Without pre and post test data it remains unknown what students came into their graduate programs with and what was learned as a result of the program.  This is of particular interest in music therapy as credentialing and licensure may begin at the undergraduate level.  It is also unknown whether the learning of practitioners was a result of their graduate programs, of their experiences beyond the degree, or if they experienced the effects of changing demographics within the US.  Considering the large number of working professionals who identified working for many years with individuals who are racially or ethnically different from them, the question is raised as to the type of individuals choosing to respond to the survey.

## Further Research

This research attempted to add an additional layer to the knowledge on training multiculturally competent therapists in a particular field, creative arts therapies.  Before this study there was knowledge about the importance of the multicultural counselor

competencies (what governing associations require), there were guidelines on creating curriculum (what institutions implement), and there were scales to measure competence (what trainees gain).  However, there had not been a study to see how those connect and intersect within the creative arts therapies field.

The intent of this study was to look at this interplay in the particular course created to address multicultural competence in each of the institutions granting a master's level creative arts therapies degree.  However, it is clear from the literature and from the research that there needs to be a more comprehensive strategy.  A next level of research could look at the interplay of the multicultural competencies across the entire curriculum.  Due to the overwhelming number of responses from professionals and the limited responses from current students, this study took an unexpected turn and offered a look at the self-perceived multicultural competence of those practicing the creative arts therapies.

Sehgal, et al. (2011) completed a study that measured what clinical psychology doctoral trainees and experienced multicultural practitioners felt they *should do* in specific situations and what they *would do* in those situations.  Sehgal, et al. showed that there was a disconnect among both groups between knowledge and behavior.  A similar measure created for creative arts therapists, will assist programs in creating curriculum that will increase the congruence between knowledge, attitudes, and behavior.  Cartwright, Daniels, and Zhang (2008) likewise suggest that ratings on self-report instruments are not enough.  They suggest a self-report instrument such as the MAKSS-CE-R should be combined with an independent observer rating strategy by which an individual observes the counselor or trainee in an culturally diverse setting and rates "various aspects of the counselor's or student's multicultural competence" (p. 320).

Constantine (2001) introduced another area in which the creative arts therapies should also pay attention - supervision. In her study, it was found that "receiving multicultural supervision is a crucial factor in increasing trainees' self-efficacy in working with culturally-diverse populations above and beyond the contributions associated with multicultural training" (p. 94). In their study of 198 randomly selected student members of the American Counseling Association, Vereen, Hill, and McNeal (2008) found that "receiving clinical supervision related to multicultural issues and conducting counseling with non-White clients" influenced trainees' levels of multicultural counseling competence (p. 234). They go on to make six recommendations for institutions. Are supervisors in the creative arts therapies addressing issues of multicultural competence in their supervision? Do these supervisors have the skills to do so?

Talwar, Iyer, and Coepland's (2004) question about faculty competencies still remains. Who is teaching multicultural counseling competency courses in the creative arts therapies? How are they trained? What makes them qualified? It would be very useful to the field to extend this research to include these questions and others about supervision, course content, and internship or other opportunities to work with people who are culturally different.

The creation of a tool similar to the MAKSS-CE-R that incorporates counselor awareness of the role of arts in culture, knowledge about cross-cultural uses of the arts and creativity, and skills for successful integration of the appropriate arts modalities will be important to fully assess the multicultural counseling competence of creative arts therapists.

**Conclusion**

Training multiculturally competent creative arts therapists is somewhat in its childhood. As such, the field is still working at the separate course model level as presented by Copeland (1982). Copeland described four models of counselor training. When introduced these models were primarily for the purpose of training counselors to work with racial and ethnic minority populations. The separate course model is one in which an existing program offers one course on the topic. The ultimate goal, according to Copeland, is to have an integration model in which the needs of racial and ethnic minority groups are "examined in every course of the counseling curriculum" (p. 191). Sue, Bingham, Porché-Burke, and Vasquez (1999) expounded upon this by stating "the integration model involves infusing multicultural content and issues into all courses and training experiences" (p. 1067).

Very few respondents scored in the high competency range on the MAKSS-CE-R. On the Knowledge and Skills subscales most scored in the Medium-High Range (Knowledge, 61%; Skills, 68%), and on the Awareness subscale most scored in the Low-Medium range (47%). Add this to study respondents' call for more training, and it becomes imperative that the creative arts therapies field continue to create ways to address multicultural counseling competencies, within the graduate curriculum, within all levels of supervision, and in postgraduate training.

The creative arts therapies field has made great strides towards becoming a recognized mental health and psychotherapeutic option. Those teaching multicultural competency courses to creative arts therapists should revisit Sue, Arredondo, and McDavis' (1992) three by three matrix of the multicultural counseling competencies. By

further layering the matrix to include characteristics of a culturally competent creative

arts therapist, depth and relevance are added (Table 24).

Table 24

*Multicultural Creative Arts Therapies Competencies Matrix*

|  |  | Dimensions of cultural competency | | |
|---|---|---|---|---|
|  |  | awareness | knowledge | skills |
| Characteristics of a culturally competent *creative arts therapist* | awareness of own assumptions, values, biases, *and personal relationship with the arts* |  |  |  |
|  | understanding *the role of art and creativity in* the worldview of the culturally different client |  |  |  |
|  | developing appropriate *creative arts* intervention strategies and techniques |  |  |  |

A next step would be to deepen the multicultural counseling competencies to

address arts and creativity as integral components.  Hopefully this research will help to

fuel the momentum for creative arts therapies associations, institutions, departments, and

faculty to make a concerted effort to integrate the multicultural counseling competencies

across all areas of the training curriculum.

# APPENDIX A

THE MAKSS-CE-R

Multicultural Awareness, Knowledge, and Skills Survey – Counselor Edition - Revised

(MAKSS-CE-R)

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**Multicultural Awareness, Knowledge, and Skills Survey – Counselor Edition – REVISED (MAKSS-CE-R)**

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This survey is designed to obtain information on the educational needs of counselor trainees.  It is not a test. No grade will be given as a result of completing this survey.

Please complete the demographic items listed below.

Following the demographic section, you will find a list of statements and/or questions related to a variety of issues related to the field of multicultural counseling. Please read each statement/question carefully. From the available choices, circle the one that best fits your reaction to each statement/question. Thank you for your participation.

1. Gender:  _____ MALE  _____ FEMALE

2. Age

3. Race

4. Ethnic/Cultural Background

5. State of residence:

6. Highest educational degree earned:
   In the specialty area of (check one)
    _____College Student
    _____Community Counseling
    _____Counselor Education
    _____Counseling Psychology
    _____Personnel Counseling
    _____Rehabilitation Counseling
    _____School Counseling
    _____School Psychology
    Other: _____

7. If a current student, educational degree sought: _____
   In the specialty area of (check one)
    _____College Student
    _____Community Counseling
    _____Counselor Education

_____Counseling Psychology
_____Personnel Counseling
_____Rehabilitation Counseling
_____School Counseling
_____School Psychology
Other: _____

8. Are you currently enrolled in a course on multicultural counseling? ____YES ____NO

9. Number of completed courses on multicultural counseling: _____

10. Years of experience working with clients who were racially/ethnically different from you:

_____ Less than 1 year
_____ 1-2 years
_____ 3-4 years
_____ 5 years or more

11. Number of past and current clients who were racially/ethnically different than you: _____

12. Current occupation (if not a full-time student) _____

13. Annual Family Income (Check one):

_____ $7,500 or less
_____ $7,501 - 15,000
_____ $15,001 - 25,000
_____ $25,001 - 35,000
_____ $35,001 - 50,000
_____ $50,001 or more

1. Promoting a client's sense of psychological independence is usually a safe goal to strive for in most counseling situations.

**Strongly Disagree          Disagree          Agree          Strongly Agree**

2. Even in multicultural counseling situations, basic implicit concepts such as "fairness" and "health", are not difficult to understand.

**Strongly Disagree          Disagree          Agree          Strongly Agree**

3. How would you react to the following statement? In general, counseling services should be directed toward assisting clients to adjust to stressful environmental situations.

**Strongly Disagree          Disagree          Agree          Strongly Agree**

4.  While a person's natural support system (i.e., family, friends, etc.) plays an important role during a period of personal crisis, formal counseling services tend to result in more constructive outcomes.

**Strongly Disagree**          **Disagree**          **Agree**          **Strongly Agree**

5.  The human service professions, especially counseling and clinical psychology, have failed to meet the mental health needs of ethnic minorities.

**Strongly Disagree**          **Disagree**          **Agree**          **Strongly Agree**

6.  The effectiveness and legitimacy of the counseling profession would be enhanced if counselors consciously supported universal definitions of normality.

**Strongly Disagree**          **Disagree**          **Agree**          **Strongly Agree**

7.  Racial and ethnic persons are under-represented in clinical and counseling psychology.

**Strongly Disagree**          **Disagree**          **Agree**          **Strongly Agree**

8.  In counseling, clients from different ethnic/cultural backgrounds should be given the same treatment that White mainstream clients receive.

**Strongly Disagree**          **Disagree**          **Agree**          **Strongly Agree**

9.  The criteria of self-awareness, self-fulfillment, and self-discovery are important measures in most counseling sessions.

**Strongly Disagree**          **Disagree**          **Agree**          **Strongly Agree**

10. The difficulty with the concept of "integration" is its implicit bias in favor of the dominant culture.

**Strongly Disagree**          **Disagree**          **Agree**          **Strongly Agree**

At the present time, how would you rate your understanding of the following terms:

11. "Ethnicity"

**Very Limited**          **Limited**          **Good**          **Very Good**

12. "Culture"

**Very Limited**          **Limited**          **Good**          **Very Good**

13. "Multicultural"

**Very Limited**          **Limited**          **Good**          **Very Good**

14. "Prejudice"

**Very Limited**       **Limited**       **Good**       **Very Good**

15. "Racism"

**Very Limited**       **Limited**       **Good**       **Very Good**

16. "Transcultural"

**Very Limited**       **Limited**       **Good**       **Very Good**

17. "Pluralism"

**Very Limited**       **Limited**       **Good**       **Very Good**

18. "Mainstreaming"

**Very Limited**       **Limited**       **Good**       **Very Good**

19. "Cultural Encapsulation"

**Very Limited**       **Limited**       **Good**       **Very Good**

20. "Contact Hypothesis"

**Very Limited**       **Limited**       **Good**       **Very Good**

21. At this point in your life, how would you rate your understanding of the impact of the way you think and act when interacting with persons of different cultural backgrounds?

**Very Limited**       **Limited**       **Fairly Aware**   **Very Aware**

22. At this time in your life, how would you rate yourself in terms of understanding how your cultural background has influenced the way you think and act?

**Very Limited**       **Limited**       **Fairly Aware**   **Very Aware**

23. How well do you think you could distinguish "intentional" from "accidental" communication signals in a multicultural counseling situation?

**Very Limited**       **Limited**       **Good**       **Very Good**

24. How would you rate your ability to effectively consult with another mental health professional concerning the mental health needs of a client whose cultural background is significantly different from your own?

**Very Limited**       **Limited**       **Good**       **Very Good**

25. How well would you rate your ability to accurately assess the mental health needs of lesbian women?

**Very Limited**       **Limited**       **Good**       **Very Good**

26. How well would you rate your ability to accurately assess the mental health needs of older adults?

**Very Limited**          **Limited**          **Good**          **Very Good**

27. How well would you rate your ability to accurately assess the mental health needs of gay men?

**Very Limited**          **Limited**          **Good**          **Very Good**

28. How well would you rate your ability to accurately assess the mental health needs of persons who come from very poor socioeconomic backgrounds?

**Very Limited**          **Limited**          **Good**          **Very Good**

29. How would you rate your ability to identify the strengths and weaknesses of psychological tests in terms of their use with persons from different cultural/racial/ethnic backgrounds?

**Very Limited**          **Limited**          **Good**          **Very Good**

30. How would you rate your ability to accurately assess the mental health needs of men?

**Very Limited**          **Limited**          **Good**          **Very Good**

31. How well would you rate your ability to accurately assess the mental health needs of individuals with disabilities?

**Very Limited**          **Limited**          **Good**          **Very Good**

32. How would you rate your ability to effectively secure information and resources to better serve culturally different clients?

**Very Limited**          **Limited**          **Good**          **Very Good**

33. How would you rate your ability to accurately assess the mental health needs of women?

**Very Limited**          **Limited**          **Good**          **Very Good**

## SCORING INSTRUCTIONS

For the <u>Awareness Scale</u>:  Reverse score items 1, 2, 3, 4, 6, 8, and 9. Then, sum the scores from these items plus the scores from items 5, 7, and 10.

For the <u>Knowledge Scale</u>:  Sum the scores for items 11 to 23.

For the <u>Skills Scale</u>:  Sum the scores for items 24 to 33

For the <u>Total Scale</u>:  Sum all of the reverse scored items and the rest of the items.

**APPENDIX B**

MCCAT DEMOGRAPHICS AND ADDITIONAL QUESTIONS

## Multicultural Counseling in the Creative Arts Therapies

**Welcome**
Thank you for your participation in the Multicultural Counseling in the Creative Arts Therapies research project. This research project is about your knowledge, awareness, and skills of multicultural counseling competencies as they relate to the creative arts therapies.

Throughout this survey the term creative arts therapies will be used to signify art, dance/movement, drama, expressive arts therapy, music, poetry, and psychodrama.

If you have questions or concerns about this research project, you may contact the researcher, Donna C. Owens, by email at dowens1@lesley.edu or Lesley University sponsoring faculty, Dr. Robyn Flaum Cruz, at (412) 4011274.

The researcher may present the outcomes of this study for academic purposes (i.e., articles, teaching, conference presentations, supervision, etc.).

Identifying details will not be collected during the course of this survey.

By clicking NEXT to continue with this survey, you signify your agreement to participate has been given of your own free will and that you understand all of the stated above.

Demographic Information
1. Age
2. Sex/Gender
       Male
       Female
3. Race/Ethnicity
       African-American
       Asian
       Bi-Racial
       Caucasian
       Hawaiian or Pacific Islander
       Hispanic
       Multi-Racial
       Native American
       Other (please specify)
4. Where do you reside? (state, country)
5. Highest educational degree earned
6. Are you currently a student in a creative arts therapies MA level degree program?

Student Information
7. College/University currently attending

*Internship Experience*

8. Are you currently in a practicum or internship?
9. With what population do you work at your practicum/internship site?
10. What is the setting of your practicum/internship site?
    clinic
    community-based
    faith-based
    hospital
    residential facility
    school-based
11. How many clients did you serve in your internship/practicum this semester that were:
    racially/ethnically different from you?
    non-White?


*Multicultural Counseling Coursework*

12. Are you currently enrolled in a course on multicultural counseling?
13. Title of the multicultural counseling course you are currently taking
14. Is this course required or an elective?
15. Were multicultural/diversity issues addressed in other required or elective courses
you took this semester?
    If yes, in how many other courses this semester were multicultural/diversity issues
    addressed?
16. Number of completed courses on multicultural counseling
17. Overall, do you feel you have received adequate multicultural counseling training?
    Yes, with a multicultural counseling course alone
    Yes, with a multicultural counseling course combined with training
    Yes, with a multicultural counseling course combined with training and
    supervision
    No, I need more training
18. Modality
    Art
    Dance/Movement
    Drama
    Expressive Therapies
    Music
    Poetry Therapy
    Psychodrama
19. How important do you believe multicultural counseling training to be to your work as
a creative arts therapist?
    Very important/integral
    Important
    Not very important
    Not at all important/useless


Professional Practice

7. Number of completed courses on multicultural counseling

8. Years of experience working with clients who were racially/ethnically different from you:

> Less than 1 year
> 1-2 years
> 3-4 years
> 5 years or more

9. Current occupation

10. Overall, do you feel you have received adequate multicultural counseling training?

> Yes, with a multicultural counseling course alone
> Yes, with a multicultural counseling course combined with training
> Yes, with a multicultural counseling course combined with training and supervision
> No, I need more training

11. Modality

> Art
> Dance/Movement
> Drama
> Expressive Therapies
> Music
> Poetry Therapy
> Psychodrama

12. How important do you believe multicultural counseling training to be to your work as a creative arts therapist?

> Very important/integral
> Important
> Not very important
> Not at all important/useless

# APPENDIX C

ASSOCIATION APPROVED PROGRAMS

| State | Institution | # Creative Arts Therapies Programs | | | | | |
|---|---|---|---|---|---|---|---|
| | | A | DM | Dr | EA | M | Pd |
| | Ottawa University | | | | 1 | | |
| AZ | Prescott College | | | | 1 | | |
| | Arizona State University | | | | | 1 | |
| | California Institute of Integral Studies (CIIS) | | | 1 | 1 | | |
| | Institute of Transpersonal Psychology | | | | 2 | | |
| CA | John F Kennedy Graduate School of Professional Psychology | | | | 1 | | |
| | Loyola Marymount University | 1 | | | | | |
| | Notre Dame de Namur University | 2 | | | | | |
| | Phillips Graduate Institute | 1 | | | | | |
| | University of the Pacific | | | | | 1 | |
| CO | Naropa University | 1 | 1 | | | | |
| | Colorado State University | | | | | 1 | |
| CT | Albertus Magnus College | 1 | | | | | |
| DC | George Washington University | 1 | | | | | |
| FL | Florida State University | 1 | | | | 1 | |
| | University of Miami | | | | | 1 | |
| GA | Georgia College & State University | | | | | 1 | |
| IA | University of Iowa | | | | | 1 | |
| | Columbia College Chicago | | | 1 | | | |
| | Adler School of Professional Psychology | 1 | | | | | |
| IL | School of the Art Institute of Chicago | 1 | | | | | |
| | Southern Illinois University at Edwardsville | 1 | | | | | |
| | Illinois State University | | | | | 1 | |
| | Indiana University-Purdue U-Indianapolis | | | | | 1 | |
| IN | St. Mary of the Woods College | | | | | 1 | |
| KS | Emporia State University | 1 | | | | | |
| | University of Kansas | | | | | 1 | |
| KY | University of Louisville | 1 | | | | | |
| LA | Loyola University | | | | | 1 | |
| MA | Lesley University | 1 | 1 | 1 | 5 | 1 | |
| | Springfield College | 1 | | | | | |
| MI | Wayne State University | 2 | | | | | |

| State | Institution | # Creative Arts Therapies Programs | | | | | |
|---|---|---|---|---|---|---|---|
| | | A | DM | Dr | EA | M | Pd |
| | Western Michigan University | | | | | 1 | |
| MN | University of Minnesota | | | | | 1 | |
| | Drury University | | | | | 1 | |
| MO | Maryville University | | | | | 1 | |
| | University of Missouri-KC | | | | | 1 | |
| NC | Appalachian State University | | | | 1 | 1 | |
| | East Carolina University | | | | | 1 | |
| NH | Antioch University New England | | 1 | | | | |
| NJ | Caldwell College | 1 | | | | | |
| | Montclair State University | | | | | 1 | |
| NM | Southwestern College | 1 | | | | | |
| | Pratt Institute | 1 | 1 | | | | |
| | College of New Rochelle | 1 | | | | | |
| | Hofstra University | 1 | | | | | |
| | Long Island University - C.W. Post Campus | 1 | | | | | |
| NY | Nazareth College of Rochester | 1 | | | | 1 | |
| | New York University | 1 | | 1 | | 1 | |
| | School of Visual Arts | 1 | | | | | |
| | Molloy College | | | | | 1 | |
| | SUNY - New Paltz | | | | | 1 | |
| OH | Ursuline College | 1 | | | | | |
| | Ohio University | | | | | 1 | |
| OR | Marylhurst | 1 | | | | | |
| | Drexel University | 1 | 1 | | | 1 | |
| | Marywood University | 1 | | | | 1 | |
| PA | Seton Hill University | 1 | | | | | |
| | Immaculata University | | | | | 1 | |
| | Temple University | | | | | 1 | |
| | West Chester University | | | | | | 1 |
| RI | Salve Regina University | | | | 1 | | |
| TX | Sam Houston State University | | | | | 1 | |
| | Texas Woman's University | | | | | 1 | |
| | Eastern Virginia Medical | 1 | | | | | |
| VA | Radford University | | | | | 1 | |
| | Shenandoah University | | | | | 1 | |
| WA | Antioch University Seattle | 2 | | 2 | | | |
| WI | Mount Mary College | 1 | | | | | |
| **Total Institutions with Programs** | | **36** | **6** | **5** | **13** | **34** | **1** |

*Note.* Blank fields indicate the modality is not offered at the institution. A = Art Therapy, DM = Dance/Movement Therapy; Dr = Drama Therapy; EA = Expressive Arts Therapy; M = Music Therapy; Pd = Psychodrama

**APPENDIX D**

SOURCE INFORMATION FOR STATE REQUIREMENTS

| State | License type | Source Document Title | Information Source http://www.counseling.org/Counselors/LicensureAndCert/TP/StateRequirements/CT2.aspx |
|---|---|---|---|
| AL | LPC | Licensed Professional Counselor (LPC) Application | http://www.abec.alabama.gov/PDFs/LPC_Materials/LPC_Endorsement%20Appl_2009.pdf |
| AK | LPC | Statutes and Regulations Professional Counselors | http://www.dced.state.ak.us/occ/pub/CounselorStatutes.pdf |
| AR | LPC | Core Curriculum Summary | http://www.arkansas.gov/abec/core_curriculum_lac_lpc.pdf |
| AZ | LPC | Arizona Board of Behavioral Health Examiners Counseling Licensure Application Supplement | http://www.azbbhe.us/Applications/Supplement%20C.pdf |
| CA | LPCC | | http://www.counseling.org/Counselors/LicensureAndCert/TP/StateRequirements/CT2.aspx |
| CO | LPC | Colorado Education Equivalency Review | http://cce-global.org/extras/cce-global/pdfs/COapp.pdf |
| CT | LPC | Professional Counselor Licensing Requirements | http://www.ct.gov/dph/cwp/view.asp?a=3121&q=396906&dphNav_GID=1821 |
| DC | LPC | District of Columbia Municipal Regulations for Professional Counseling | http://hpla.doh.dc.gov/hpla/frames.asp?doc=/hpla/lib/hpla/prof_counseling/professional_counseling_regs_5-30-08a.pdf |
| DE | LPCMH | | http://www.dpr.delaware.gov/boards/profcounselors/index.shtml |
| FL | LMHC | Mental Health Counseling Licensure Requirements | http://www.doh.state.fl.us/mqa/491/soc_lic_req.html#Mental Health Counseling |
| GA | LPC | 135-5-.02 Professional Counselors. Amended. | http://rules.sos.state.ga.us/docs/135/5/02.pdf |
| HI | LMHC | Hawaii Mental Health Counselor Licensure Frequently asked questions | http://hawaii.gov/dcca/pvl/faqs/mhc_faq_092904.pdf |
| IA | LMHC | Licensure of Marital and Family Therapists and Mental Health Counselors | http://www.legis.state.ia.us/aspx/ACODOCS/DOCS/645.31.pdf |
| ID | LPC | Rules of the Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists | http://adm.idaho.gov/adminrules/rules/idapa24/1501.pdf |
| IL | LPC | APPENDIX A Course Descriptions | http://www.ilga.gov/commission/jcar/admincode/068/06801375ZZ9996aR.html |
| IN | LMHC | Mental Health Counselors Educational requirements | http://www.in.gov/legislative/ic/code/title25/ar23.6/ch8.5.html |
| KS | LPC | 102-3-3a. Education requirements. | http://www.ksbsrb.org/pdf/statutes_regs/102-3-3a.pdf |

| State | License type | Source Document Title | Information Source http://www.counseling.org/Counselors/LicensureAndCert/TP/StateRequirements/CT2.aspx |
|---|---|---|---|
| **KY** | LPCC | Laws and Regulations Relating to Licensure as a Professional Clinical Counselor | http://lpc.ky.gov/NR/rdonlyres/D0940BDD-DC3C-4024-9EC8-77C0861DA4C5/0/LawsandRegulations.pdf |
| **LA** | LPC | Chapter 7. Requirements for Licensure of Licensed Professional Counselors | http://www.lpcboard.org/46v60.html#Chapter_7._Requirements_for_Licensure_of_Licensed_Professional_Counselors_ |
| **MA** | LMHC | 262 CMR 2.00: Requirements For Licensure As a Mental Health Counselor | http://www.mass.gov/?pageID=ocaterminal&L=6&L0=Home&L1=Licensee&L2=Division+of+Professional+Licensure+Boards&L3=Board+of+Registration+of+Allied+Mental+Health+and+Human+Services+Professionals&L4=Statutes+and+Regulations&L5=Rules+and+Regulations+Governing+Allied+Mental+Health+and+Human+Services+Professionals&sid=Eoca&b=terminalcontent&f=dpl_boards_mh_cmr_262cmr200&csid=Eoca |
| **MD** | LGPC | Graduate Professional Counselor (LGPC) | http://dhmh.state.md.us/bopc/bopcweb/html/gradprofessional.htm |
| **ME** | LPC | Board of Counseling Professionals Licensure Rule Chapters 1-6 | http://www.maine.gov/sos/cec/rules/02/chaps02.htm#514 |
| **MI** | LPC | Counseling - General Rules | http://www.state.mi.us/orr/emi/admincode.asp?AdminCode=Single&Admin_Num=33801751&Dpt=CH&RngHigh= |
| **MN** | LPC | 148B.53 Requirements for Licensure | https://www.revisor.mn.gov/statutes/?id=148B.53 |
| **MO** | LPC | Licensure Overview | http://pr.mo.gov/boards/counselors/lpcslidesgeneralwebsite.pdf |
| **MS** | LPC | Rules and Regulations Mississippi State Board of Examiners for Licensed Professional Counselors | http://www.lpc.state.ms.us/t3/rulesandregs.htm |
| **MT** | LCPC | Application Procedures for Clinical Professional Counselor License | http://bsd.dli.mt.gov/license/bsd_boards/swp_board/pdf/pc_app.pdf |
| **NC** | LPC | Application Requirements | http://www.ncblpc.org/LPC.html |
| **ND** | LPC | Academic Requirements | http://www.ndbce.org/PDFs/ACADEMIC-REQUIREMENTS.pdf |
| **NE** | LMHP | Chapter 94 Licensure of Mental Health Practitioners | http://www.sos.state.ne.us/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-172/Chapter-94.pdf |
| **NH** | LCMHC | Chapter Mhp 300 License and Registration Requirements, Applications and Fees | http://www.gencourt.state.nh.us/rules/state_agencies/mhp300.html |
| **NJ** | LPC | Board of Marriage and Family Therapy | http://www.nj.gov/oag/ca/laws/pcregs.pdf |

| State | License type | Source Document Title | Information Source http://www.counseling.org/Counselors/LicensureAndCert/TP/StateRequirements/CT2.aspx |
|---|---|---|---|
| | | Examiners | |
| NM | LMHC | Application for Licensed Mental Health Counselor | http://www.rld.state.nm.us/Counseling/forms.html |
| NV | LCPC | Application for Clinical Professional Counselors Licensure | http://marriage.state.nv.us/Forms/CPC_Application.pdf |
| NY | LMHC | Article 163, Mental Health Practitioners | http://www.op.nysed.gov/prof/mhp/article163.htm |
| OH | LPC | Counselor Coursework | http://cswmft.ohio.gov/pdfs/CnsCrsWk.pdf |
| OK | LPC | Academic Requirements: Licensed Professional Counselor | http://www.ok.gov/health/Protective_Health/Professional_Counselor_Licensing_Division/ACADEMIC_REQUIREMENTS_-_LPC.html |
| OR | LPC | Chapter 675 — Psychologists; Occupational Therapists; Certified Sex Offender Therapists; Regulated Social Workers; Licensed Professional Counselors and Marriage and Family Therapists | http://landru.leg.state.or.us/ors/675.html |
| PA | LPC | Chapter 49. State Board of Social Workers, Marriage and Family Therapists and Professional Counselors— Licensure of Professional Counselors | http://www.pacode.com/secure/data/049/chapter49/chap49toc.html |
| PR | LPC | General Regulation Board of Examiners of Professional Counselors PR | http://www.salud.gov.pr/Publicaciones/Anuncios/Documents/regGeneralCPPR.pdf |
| RI | LCMHC | Rules and Regulations for the Licensing of Mental Health Counselors and Marriage and Family Therapists (R5-63.2-MHC/MFT) | http://www2.sec.state.ri.us/dar/regdocs/released/pdf/DOH/5240.pdf |
| SC | LPC | Coursework Requirements and Practicum for Licensure as Professional Counselor or Professional Counselor Intern | http://www.llr.state.sc.us/pol/counselors/index.asp?file=LPC Course.HTM |
| SD | LPC | Application for Licensed Professional Counselor (ARSD 20:68) | http://dhs.sd.gov/brd/counselor/LPC%20app%20Master%2012.2009.pdf |
| TN | LPC | General Rules Governing Professional Counselors | http://www.state.tn.us/sos/rules/0450/0450-01.20090209.pdf |

| State | License type | Source Document Title | Information Source http://www.counseling.org/Counselors/LicensureAndCert/TP/StateRequirements/CT2.aspx |
|---|---|---|---|
| TX | LPC | Texas State Board of Examiners of Professional Counselors Academic Requirements for Licensure | http://info.sos.state.tx.us/pls/pub/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=22&pt=30&ch=681&rl=83 |
| UT | LPC | R156-60c. Professional Counselor Licensing Act Rule. | http://dopl.utah.gov/laws/R156-60c.pdf |
| VA | LPC | Regulations Governing the Practice of Professional Counseling | http://www.dhp.virginia.gov/counseling/leg/LPC%204-14-10.doc |
| VT | LCMHC | Administrative Rules Relating to Clinical Mental Health Counselors, Marriage and Family Therapists, and Psychotherapists | http://vtprofessionals.org/opr1/allied/rules/MH_Rules.pdf |
| WA | LMHC | Licensure for mental health counselors, marriage and family therapists, and social workers | http://apps.leg.wa.gov/WAC/default.aspx?cite=246-809-221 |
| WI | LPC | MPSW 14.01 Academic program equivalent to a master's degree in professional counseling | http://www.legis.state.wi.us/rsb/code/mpsw/mpsw014.pdf |
| WV | LPC | Legislative Rule Board of Examiners in Counseling | http://www.wvbec.org/images/27-01_07-01-07.pdf |
| WY | LPC | Licensure Requirements | http://soswy.state.wy.us/Rules/RULES/3906.pdf |

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