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The present study investigated the relationship between mental health counselor's self-efficacy and multicultural counseling competency. Counselor self-efficacy and multicultural counseling competency were assessed using two self-report measures. The Counselor Self-Efficacy Scale (CSES) and the Multicultural Counseling Awareness Scale: Form B (MCAS:B) were administered to members of the Oregon Mental Health Counseling Association using the Dillman Method for Internet Surveys. Multiple linear regression was used to identify any relationship between multicultural competency and counselor self-efficacy. Data was collected yielding a response rate of 35% which indicated only marginal statistical significance between counselor self-efficacy and multicultural competence. These results suggest that there could be a relationship between multicultural competence and counselor self-efficacy and has many implications for future research.

Mental Health Counselor's Self-Efficacy and the Relationship to Multicultural Counseling Competency

by

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TABLE OF CONTENTS

	Page
1 Introduction	1
1.1 Prolegomena	1
1.2 Goal and Benefits of Commitment to Non-Discriminatory Practice	5
1.3 Sub-Goals on the Path to a Commitment to Non-Discriminatory Practices	5
1.4 Benefits of Pursuing a Program for the Achievement of Non-Discriminatory Practice	7
1.5 Overview	8
1.6 Research Goals	9
1.7 Previous Research Problems	10
1.8 Potential Ramifications	11
1.9 Other Considerations on the Importance of an Investigation of the Relation between Multicultural Competence and Self-Efficacy	15
1.10 Research Question	19
1.11 Glossary	23
2 Literature Review	26
2.1 Introductory Historical and Literary Overview	26
2.2 Current Statistical Overview of the Field	31
2.3 Overview of Models Currently in Use	33
2.4 Multicultural Counseling	36
2.5 Self-Efficacy	42

TABLE OF CONTENTS (CONTINUED)

	Page
2.6 Self-Efficacy and Multicultural Competency: Synthesis.....	53
3 Methodology.....	55
3.1 Methodology Followed in the Present Investigation.....	55
3.2 Data Analysis.....	65
4 Results.....	68
4.1 Results in General.....	68
4.2 Efficacy Scores.....	69
4.3 Multicultural Competence Scores.....	70
4.4 Correlations and Multiple Linear Regression Analysis.....	70
4.5 Summary.....	72
5 Discussion.....	74
5.1 General Discussion.....	74
5.2 Discussion of Results.....	77
5.3 Limitations of the Study.....	82
5.4 Implications for Practitioners and Future Research...	85
5.5 Conclusion.....	93
References.....	95
Appendices.....	101
Appendix 1: Multicultural Counseling Competencies....	102
Appendix 2: Ponterotto (1998) Characteristics of Promising Multicultural Trainees.....	109
Appendix 3: Cover Letter/Informed Consent.....	110

TABLE OF CONTENTS (CONTINUED)

	Page
Appendix 4: Appeal Letter.....	113
Appendix 5: Demographic Data.....	114
Appendix 6: Instructions for Participant Completion.....	115
Appendix 7: Email Prior to Sending Survey Research...	116
Appendix 8: Thank You to Participants.....	117
Appendix 9: Survey Research Reminder.....	118
Appendix 10: Final Survey Reminder.....	119
Appendix 11: The Counselor Self-Efficacy Scale.....	120
Appendix 12: Multicultural Counseling Awareness Scale (MCAS)Form B: Revised Self-Assessment.....	123
Appendix 13: Email Requesting Participants.....	128
Appendix 14: Letter Requesting Participant Information.	130
Appendix 15: ACA Code of Ethics and Standards for Practice (related to multicultural issues).....	134

LIST OF TABLES

Table		Page
1	Demographic Characteristics of 28 Mental Health Counselors affiliated with the Oregon Mental Health Counselors Association.....	69
2	Multiple Linear Regression of Gender and Counselor Self-Efficacy on Multicultural Competence.....	72

DEDICATION

This dissertation is dedicated to my Mother, for life would be complete if I become half the woman she has been all my life.

Mental Health Counselor's Self-Efficacy and the Relationship to Multicultural Counseling Competency

Introduction

1.1 Prolegomena

> "It ought to be possible, in short, for every American to enjoy the privileges of being American without regard to race and color. In short, every American ought to have the right to be treated, as one would wish his children to be treated. But this is not the case" – John F. Kennedy (June, 1963)

As we can see in this presidential address given in 1963 - i.e. less than forty years ago- discrimination based on race and color of skin was very real, though very sad and disheartening. That same year, Dr. Martin Luther King, Jr. marched on Washington and again underlined the factual existence of this discrimination with the quote,

> "I have a dream... I have a dream that my four little children will one day live in a nation where they will not be judged by the color of their skin but by the content of their character."-Delivered on the steps at the Lincoln Memorial in Washington D.C. on August 28, 1963

Sadly enough, on April 4, 1968, only four years after the passage of the Civil Rights Act, an ex-convict at the price of 50,000 dollars murdered the Reverend King (Steinfield, 1970). Though it is a mystery as to who exactly funded the death warrant on Dr. King, we know that among Americans there was no lack of men or women who wanted Dr. King and his dreams of equality, nondiscriminatory practices, and nonviolence to no longer exist.

Though the Civil Rights movement is a marked era in history, many theorists in education and counseling began to pave the way for change long before President John F. Kennedy and Dr. Martin Luther King. Many African-American scholars, among them being George Washington Willams, W. E. B. DuBois, Carter G. Woodson, Horace Mann Bond, and Charles H. Wesley, produced scholarly work during the late 1800s and early 1900s discussing their struggles for acceptance and legitimacy (Banks, 1996). Their works were rejected by the White majority and only predominantly African American schools and universities acknowledged their work. In the early 1940s, violent racial conflicts occurred in the nation's cities. Riots such as the Beaumont Race Riot of 1943 and the Columbia Race Riot of 1946 took place and response to the riots led to the intergroup education movement of the 1940s and 1950s (Banks, 1994; Banks, 1996). Schools were pressured to create instructional units, projects, and activities, responding to the nation's racial crises.

With the continual occurrence of racial conflict, many White scholars began to incorporate the nation's racial conflicts into their writings (Wrenn, 1962a; Wrenn, 1962b; Helms & Cook, 1999; Sue & Sue, 1999). With the writings of Gilbert Wrenn, culture and individual differences became a topic in the field of counseling. Discussed by Wrenn (1962b, p. 132), one of the pioneers in school counseling and counselor education:

> "The counselor must be dedicated to the free choice of an individual to use his talents in ways that seem justifiable to him. After the counselor has contributed as much as he

> can to the student's self-understanding and to the awareness of the culture in which he lives, the moral justification of a student's use of his talents is his own, not the counselors."

In addition, Wrenn (1962b, p. 128) discusses:

> "The counselor must be sensitive, not only to the student's characteristics, but to the characteristics of our culture that will mean most to the student. The dynamics of our society must be as meaningful to the counselor as the dynamics of the student."

Therefore, prior to the Civil Rights movement in the 1960s, multicultural education and implications for multicultural counseling were talked about though incorporated only minimally (Banks, 1994; Banks, 1996; Helms & Cook, 1999; Pedersen, 1999; Sue & Sue, 1999; Wills, 1996; Wrenn, 1962a; Wrenn, 1962b). When race riots continued to occur in the late 1950s and early 1960s, the Civil Rights movement materialized and served as an agent in creating rules and regulations against discrimination.

As a result of the century old struggle for equality many professionals, among them doctors, lawyers, law enforcement officials, educators, and mental health care specialists, have made a commitment to be aware of and lobby against discrimination based on ethnicity, race, culture, and creed. A goal of committed persons is to offer fair, appropriate, culturally sensitive, and nondiscriminatory services. Though these efforts are works in progress, and will be for many years, it is imperative to promote multicultural awareness and education for all professionals and more specifically, as it relates to this current dissertation, for mental health counselors practicing in the field.

The introductory chapter of this dissertation will discuss past and current challenges faced by counselors and therapists in this area, and also challenges that are faced even after committing to take an active role in providing appropriate multiculturally-sensitive treatment. The second chapter of this dissertation will contain a literature review of the research related to multicultural competency and self-efficacy, two constructs that will be focused on throughout the dissertation. The third chapter will discuss the methodology utilized to gain knowledge into the relationship between multicultural competency and self-efficacy. Chapter four will focus on the discussion of the research results and chapter five includes a discussion of the findings, the limitations, and the implications for future research. Lastly, before moving on, it is important to define the term multicultural. The ambiguity of the term *multicultural* and the many different philosophies and definitions lead me to personally ascribe to a definition that does not only include the five major ethnic groups in the United States and its territories (Black/African American, Asian/Asian American, Hispanic/Latin American, White/European American, American Indian/Alaskan Native), but also that *multicultural* include all persons on the bases of gender differences, religious affiliation, sexual orientation, physical or mental disability, and any individual characteristics. Though there is continual debate within the profession, the above definition speaks to my beliefs and will be intertwined in the facts and discoveries of this study (Banks, 1994; Sue & Sue, 1999). Now we will begin with a discussion of the goals and benefits of counselors striving for multicultural competence.

1.2 Goal and Benefits of Commitment to Non-Discriminatory Practice

What is the purpose for the need of mental health professionals to commit to nondiscriminatory practices with clients? Though this question can be answered in many different ways, in this dissertation we shall limit ourselves to the consideration of one specific benefit: the need for mental health professionals to commit to nondiscriminatory practices is essential for 1) the well being of clients and 2) to meet the ethical obligations of the mental health profession.

Additionally, therapists' commitment to nondiscriminatory practices must be of their own accord, since the acquisition of skills necessary to serve diverse populations are usually learned through self-exploration and self-education, i.e. they cannot be imposed (Ponterotto, 1998; Pope-Davis & Dings, 1994).

So in order to ensure, in a free and effective way, the desired benefits of, in the first place, the well-being of clients and, in the second place, a fulfillment of the ethical obligations of the mental health profession, this dissertation sees the main goal as that of an educated commitment on the part of professionals to non-discriminatory practice. There are several sub-goals or means which contribute to reaching this main goal. They are listed briefly below.

1.3 Sub-Goals on the Path to a Commitment to Non-Discriminatory Practices

A first goal towards attaining nondiscriminatory practice, or what can be explained as achievement of "multicultural counseling competence", is for

counselors and therapists to go above and beyond formal training and educate themselves through workshops, lectures, classes, and client contact experiences (Neville, Heppner, Louie, Thompson, Brooks, & Baker, 1996; Toporek & Reza, 2001). Unfortunately many universities have only adopted minimum training standards for multicultural competence education and training, and many counselors are entering the field with little or no experience working with clients from different cultural backgrounds.

A second goal is to instill the importance of multicultural competence in counselor trainees and express the importance of continual multicultural education and clinical experience with clients from diverse cultural backgrounds.

Another ongoing goal on this path to non-discriminatory practice is the continual growth of inclusion of multicultural concepts in counseling curriculum (Holcomb-McCoy & Meyers, 1999). Though it has been a slow journey for counselor education to move from teaching general counseling concepts to those that encapsulate many diverse populations, it is a process that continues. The slow but steady process can be attributed to the many professional researchers, professors, and practicing counselors in the field who have made a commitment to promoting the highest standards of multicultural competence among therapists.

1.4 Benefits of Pursuing a Program for the Achievement of Non-Discriminatory Practice

The benefits of setting the above goals are threefold. Therapists are bound by law and ethics to provide appropriate services to their clients. If discrimination is existent on the part of the counselor while in a counseling relationship, the counselor is not only at fault professionally; there are legal ramifications.

Second, many times the therapist is looked at as a 'helper' or 'advisor.' Many individuals trust that their counselor will not discriminate against them, will not judge them, and will provide appropriate treatment. If a counselor or therapist does not commit to multicultural competence, then the services he or she provides cannot possibly be adequate.

Building on this fact, inappropriate practices can result in damaging outcomes. Without consideration given to culturally sensitive treatment and interventions, therapists can potentially harm their clients, another ethical conflict that cannot be overlooked.

Finally, clients from minority groups will soon be the majority of clients reaching out to a majority of white counselors (Parker, Moore, Neimeyer, 1998). If white counselors hold on to traditional yet unethical views and counseling interventions, minority clients will not seek treatment, or will receive inadequate treatment. That is a risk that mental heath professionals cannot take, for minority clients currently are very unlikely to return to treatment after their first visit and clients not returning is an example that

indicates that not all therapists have embraced the commitment to multicultural excellence.

1.5 Overview

This dissertation will explore the relationship between multicultural competence and counselor "self-efficacy." Self-efficacy is a term that was coined by Bandura (1977a) to explain individual perceived capabilities of succeeding or failing at a task or goal. It is proposed that self-efficacy or perceived capabilities will influence a therapist's motivation to strive for multicultural competence. There are many challenges that are faced by counselors today and one of the most important challenges is motivation to become multiculturally competent.

As was stated earlier, multicultural awareness, knowledge, and skills are not yet fully incorporated into many counseling graduate programs (Constantine, Ladany, Inman, Ponterotto, 1996; Holcomb-McCoy & Meyers, 1999). As a result, in order to become competent, many counselors have to seek out workshops, classes, and conferences that teach innovative strategies for effective work with diverse clients. Gaining multicultural competence is not an easy task and there are challenges that all counselors will face along the way. Challenges will include lack of time, money, and motivation to go above and beyond general counselor duties. Even after counselors commit to striving for multicultural competence, acquisition of knowledge, awareness, and skills is not easy because therapists are challenged to look within themselves and

assess personal bias and limitations. This exploration into self-awareness is hardly ever an easy task.

Counselor motivation and challenges faced by therapists who strive for multicultural competence will be discussed in more detail in Chapter 2. In this chapter, a description of the purpose of the current study will outline the overall objectives. The discussion of research goals will point out the advantages of the present study followed by an account of the potential ramifications of this research project. We will then look at the reasoning for the selection of the criterion variables, which will outline the importance of the research question.

Finally, an explanation of the research question and hypothesis addressed by this dissertation will be discussed in detail.

1.6 Research Goals

As an exploratory study, this dissertation seeks to provide new knowledge about the nature of the association of personal self-efficacy of therapists to achieving multicultural competency. If this dissertation's hypothesis is correct, by increasing self-efficacy of counselors, motivation to strive for multicultural competence outside of what is taught during graduate education is more likely to occur. As will be explained in Chapter 2, current research points to a strong link between counselor performance and levels of self-efficacy. Past research has not associated level of self-efficacy and multicultural competence. Therefore, this is an important step in multicultural research.

1.7 Previous Research Problems.

In the past, researchers have encountered difficulty in investigating how to promote multicultural competence due to lack of graduate curricula focusing on multicultural issues. In addition, there has not been any training model that encompasses the essential awareness, knowledge, and skill teachings that are needed for counselors to achieve multicultural excellence. For this reason, the bulk of research in the area of multicultural competency has focused on counselor attributes, personality characteristics, and levels of motivation.

In addition, since the concept of multicultural counseling is only a few decades old, much of the research focuses on multicultural guidelines, an array of proposed theories - none of which has been widely accepted - and measures to calculate multicultural competence (Holcomb-McCoy & Meyers, 1999).

As we have seen, multicultural research has focused on levels of motivation. Due to lack of appropriate formal multicultural education, multicultural competence is usually achieved though self-motivation to achieve self-awareness, knowledge about diverse cultures, and skills necessary to provide culturally appropriate treatment interventions. Past research on counselor self-efficacy has focused primarily on general counseling skills and interventions and it has been shown that the level of personal efficacy influences counselor motivation, performance, and ability to work with clients.

Research does propose how to nurture or foster the growth of self-efficacy, but only minimally relating to the field of counseling (Arredondo,

1999). As self-efficacy has been shown to influence counseling and its effectiveness, is essential for future research to focus on self-efficacy and how to promote individual counselor self-efficacy. Currently, no study in the literature speaks to the relationship of multicultural competence (proposed in this dissertation) to counselor self-efficacy and motivation.

1.8 Potential Implications

This study has implications for research and counseling practice. The study considers new research not previously investigated in regards to multicultural competency and counselor self-efficacy. Secondly, it provides new knowledge that will direct future research to investigate alternative means of fostering multicultural competency. Equally important, the results of this dissertation provide insight for counselor educators in their delivery of curriculum and in their plans for designing future programs that will foster the growth of personal self-efficacy and multicultural competence. Lastly, the findings of this study have implications for counselor education reform.

This dissertation investigates therapist multicultural competence and how it relates to counselor self-efficacy. Through the formal assessment of both concepts it will reveal whether or not high levels of self-efficacy are coupled with high levels of multicultural competence. With the lack of formal education's focus on multicultural awareness, knowledge, and skills, self-efficacy or high personal motivation to achieve goals might be essential to strive for multicultural competence.

This study is clearly a starting point for empirical research and evidence in the area of multicultural competence and self-efficacy, and both the significant findings and the limitations can give guidance for future research in the field of counseling and the promotion of multicultural competence. The results of this study will increase the limited knowledge and understanding counselors have in relationship to fostering the growth of multiculturally competent counselors. As was discussed earlier, no other research has addressed the relationship between multicultural competence and self-efficacy and this newly obtained knowledge is of extreme importance.

In addition, the results of this study can pave the way for much needed structure and planning of multicultural counselor education. Current counselor education programs have integrated multicultural classes into the curriculum to promote knowledge and skills necessary to work with diverse populations but tend to not focus on counselor self-awareness. It's been determined that counselor awareness of self and his or her own limitations and biases have great influence in the counseling relationship, yet multicultural curricula do not traditionally address such issues (Holcomb-McCoy & Meyers, 1999, Holcomb-McCoy, 2000). In fact, in most graduate training programs only one course in multicultural counseling exists and integration of multicultural issues is almost never present in the general counseling core (Arredondo, 1999; Constantine et al., 1996). Without self-awareness there is no assessment of self-efficacy and without explanation of perceived capabilities (or self-efficacy) it is hard to assess what tools are needed to achieve multicultural

competence. The results of this study can help promote the importance of self-awareness and self-efficacy and can help counselor educators improve the multicultural development interventions that they provide for students.

Another potential area of application for the results of this research is the formenting of more ethically-responsible treatment. Since delivery of therapy is mandated to be ethical, results from this research can help to foster the development of counselors so that they will provide ethical treatment for all clients regardless of race, ethnicity, gender, religious affiliation, sexual orientation, or culture. Counselor education programs can begin to focus curriculums to promote self-efficacy and share with students the importance of personal growth, awareness, and the importance of believing that they can and will succeed as counselors. Currently, many novice counseling students and practicing counselors only focus on skill development without regard to the awareness and knowledge that they need in order to adapt their skills so that they can be effective with many clients (Coleman, 1998). This research will promote the need for a more awareness and knowledge-based multicultural counseling curricula, still providing skills and interventions, but focusing on how self-motivation must be fostered in order to be effective with many different clients.

Finally, the findings from the present investigation have profound implications for the entire field of counseling and counselor education. The United States population is ever changing and multicultural issues are present in almost every counseling relationship. In homogeneous communities

counselors might argue against the need for multicultural competence, but such an approach is not viable in the long-term and is a result of ignorance of the current situation. For example, large families have different cultures than smaller families, single-parent homes have different cultures than two-parent homes, and higher income families have different cultures than lower income families. Though one could go on forever giving examples of cultural differences even within homogeneous communities, the point is that cultural differences exist even among people who might 'look' the same.

Differences among counselors and people are also true with the concept of self-efficacy. Though counselors might have equal amounts of skills and interventions (assessed through formal assessment) they might not have the same beliefs about their personal capabilities. Different beliefs in abilities (levels of self-efficacy) will influence a counselor's ability to work effectively with diverse clients. This is because highly efficacious therapists believe in themselves and their capability to take the skills and interventions that they have gained in formal education and transfer or adapt them into appropriate interventions that take into consideration individual client worldview and culture. Therefore, it is hypothesized counselors with high self-efficacy will strive to achieve multicultural competence and in essence will not tolerate less than personal excellence.

An understanding of the rationale for investigating the relationship of multicultural competence and self-efficacy will lend further support to the importance of this study and will imply the proposed research question. The

research question encapsulates the potential findings of this study and the hypothesis provides structure for the investigation.

1.9 Other Considerations on the Importance of an Investigation of the Relationship between Multicultural Competence and Self-Efficacy

Why investigate the level of self-efficacy on multicultural competence rather than other outcomes? There are a four underlying reasons for this choice: (1) self-efficacy has been shown to promote motivation and influence performance of counselors, (2) multicultural competence is an ethical obligation of practicing counselors, (3) there seems to not be substantial multicultural training at the graduate level, and (4) multicultural competence is a life long commitment.

1.9.1 Self-efficacy has been shown to Promote Motivation and Influence Performance of Counselors

The concept of self-efficacy has been shown to influence motivation, and motivation is a necessary element in achieving multicultural competence. According to Bandura and Cervone (1986), personal standards or personal perception of self-efficacy provide powerful motivation. Perceived capabilities increase performance and provide motivation to reach goals (Bandura, 1993). In order to strive for multicultural competence above and beyond what is touched on during formal graduate training, counselors need to possess a strong self-motivational piece.

In current literature, counselor self-efficacy has been critically assessed and has led counselor researchers to believe self-efficacy can be a strong predictor of counselor success. "Counselor self-efficacy has been hypothesized to contribute to the initiation of counseling behaviors as well as to the level of persistence and performance of counselors" (O'Brien, Heppner, Flores, Bikos, 1997, p. 20).

1.9.2 Multicultural Competence is an Ethical Obligation of Practicing Counselors

Counselors are mandated to follow their specialty's code of ethics, which is a collection of professional ethical obligations by which counselors must guide their work. Though codes might differ from specialty to specialty, ethical codes related to multicultural competency are very similar for all counselors. In addition to what is written in the codes, multicultural counseling competence is also regulated by a set of standards written by Sue, Arredondo, and McDavis (1992) entitled The Multicultural Counseling Competencies (MCC) (Appendix 1).

MCC's speak to the importance of striving to be a multiculturally competent counseling professional. Competencies focus on the awareness, knowledge, and skills a counselor must possess in relationship to self, the worldview of the client, and in developing treatment interventions and strategies. Multicultural competence and counselor competency have received a lot of attention since the early 1990s. Ethical codes and standards (Appendix

15) along with MCC's require counselors to take responsibility in delivering culturally sensitive treatment. Most recently, there has been a movement within the Association for Counselor Education and Supervision and the American Counseling Association (which are professional organizations in the field of counseling) to get universities and professionals nationwide to endorse and adapt the MCC's into the mission statements and goals of their institutions. Therefore, the MCC's are being promoted nationwide, under the movement entitled the National Campaign for Multicultural Competence, and adaptation of the competencies continues to grow (http://www.acesonline.net/; http://www.counseling.org).

1.9.3 Multicultural Training at the Graduate Level

The fact that there is so little knowledge about how to deliver coursework effectively on multicultural competence at the graduate level is one of the major reasons that counselors must commit to self-motivation. Currently, 89% of counseling graduate programs require only one course on multicultural counseling and less then 58% of institutions integrate multicultural concepts into other coursework and field experiences (Holcomb-McCoy & Meyers, 1999). According to the statistics above and the lack of diverse field experiences (which will be discussed later), counselors are entering the field with little or no experience with working with clients from diverse backgrounds.

Besides the lack of formal education, it is the job of counselor educators to instill in new counselors the importance of striving to reach competency and, to date, there is no structure to this. Some counselor educators embrace the need and importance of multicultural counseling competency, and some have other agendas. Other agendas could include a major focus on an alternative area of counseling (i.e. career counseling, drug and alcohol counseling, rehabilitation counseling, marriage and family counseling issues, etc.) or a major focus in an alternative research goal. Multicultural competence and the importance of striving for it is a necessity for all counselors. The opportunity for novice counselors to learn about it and commit to it must be standard and not left to chance.

1.9.4 Multicultural Competence- A Life-Long Commitment

As was eluded to before and will be revisited in Chapter 2, multicultural competence is a commitment that counselors make for a lifetime. Though counselors are required to continue their education throughout their career in order to maintain licensed status, there are no specific guidelines as to what concepts counselors need to continually go back to and gain more knowledge about. Also, continuing education requirements are minimal and there is no guarantee that counselors will work to grow to be multiculturally competent.

In essence, commitment to multicultural excellence is a choice and counselors must be self-motivated to go above and beyond formal and continuing education in order to serve their diverse clients in the most ethical

and fair manner possible. Without high levels of self-efficacy, counselors will do only the bare minimum and could in fact ignore their professional obligation to multicultural competency growth. Multicultural competency is achieved through a thorough investigation of self, personal biases, and personal limitations. Self-assessment and the journey towards achieving multicultural competency has been shown to create discomfort, fear, ambivalence, and varying degrees of resistance in both white and minority counselors (Steward, Morales, Bartell, Miller, Weeks, 1998a). Because of the fear and ambivalence surrounding the issue of self-awareness, that has been discovered in the literature, the journey to self-awareness might be difficult road that many do not want to take. Many times as well, those who start on the path are too afraid to continue. The road to multicultural counseling competency is not easy and at times counselors learn things about themselves that make them turn around and end their journey. It is essential for counselors to possess high levels of efficacy that will help them overcome obstacles and persevere toward obtaining multicultural knowledge, awareness, and skills necessary in reaching counseling excellence.

1.10 Research Question

In light of the need to explore the relationship between multicultural competency and counselor self-efficacy, a research question was formulated along with a research hypothesis. In addition, this question and the hypothesis was formulated with consideration to other pertinent information.

1.10.1 Main Research Question:

This study investigates one main research question:

Beyond the background variables of race/ethnicity, gender, years of professional experience, CACREP graduate status, and whether or not the individual is a National Certified Counselor, what is the predictive value of counselor self-efficacy to multicultural competence in mental health counselors?

1.10.2 Research Question Hypothesis

Independent of all background moderators, level of counselor self-efficacy will predict level of multicultural competence.

More thoroughly, this means that since counselor self-efficacy has been shown to influence motivation, performance, and perseverance in reaching goals, self-efficacy can impact level of multicultural competence. Since achievement of multicultural competence has been revealed in the literature to indicate that counselors who have committed to personal growth and excellence in the field have high multicultural competence and possess different attributes than those counselors with low multicultural competence. Among these attributes, level of self-efficacy is predicted to have a major impact on multicultural competency achievement. Therefore, level of self-efficacy is hypothesized to predict level of multicultural competence.

1.10.3 Other Prolegomena to Understanding the Research Question and

Hypothesis

The background variables are hypothesized to have a substantial moderating effect on level of multicultural competency and level of self-efficacy. Self-efficacy and multicultural competency will be examined independent of the background variables in order to determine how level of self-efficacy influences level of multicultural competence.

Years of professional experience, CACREP graduate status, and achievement of receiving a National Certification are all posited to impact the variables counselor self-efficacy and multicultural competence. Since greater exposure to general field experience and multicultural training and is associated with higher levels of competence and higher levels of competence lead to higher levels of self-efficacy, years of professional experience, CACREP graduate status, and achievement of receiving a National Certification influence the strength of the relationship of multicultural competence and self-efficacy and therefore need to be held constant (Bandura, 1993; Ponterotto, 1998).

Counselor race/ethnicity and gender were included variables to be held constant in order to more fully understand the relationship between counselor self-efficacy and multicultural competency. It has been discovered that 84% of practicing counselors are white and less than 10% of counseling students are minorities (Constantine, Juby, Liang, 2001). Race/ethnicity has been shown to influence counseling skills and case conceptualization (Sodowsky, Kuo-Jackson, Richardson, Corey, 1998). Gender has been shown to create

differences in self-efficacy (Hackett & Campbell, 1987). Therefore, these variables need to be controlled in order to assess the relationship between counselor self-efficacy and multicultural competence.

A glossary follows to complement these introductory prolegomena.

1.11 Glossary

Awareness. A counselor's understanding of personal beliefs and attitudes and how counselors are the products of their own cultural conditioning.

Efficacious. Pertaining to self-efficacy. Capable of having or achieving a desired result or effect.

Ethical. Being in accordance with the rules or standards for right conduct or practice. For the purpose of this dissertation, being in accordance with the codes of ethics written for practicing counselors or therapists.

Ethnic. A characteristic of people. Sharing a common and distinctive culture, religion, language, etc.

Ethnicity. Ethnic traits, background, allegiance, or association.

Competency. Having suitable and sufficient skill, awareness, and knowledge for some specific purpose.

Cultural. Pertaining to culture.

Culture. The behaviors and beliefs characteristic of a particular social, ethnic, or age group.

Diversity. Representing different kinds of peoples. Includes people of different races, ethnicities, cultural backgrounds, and life experiences. Includes persons with different worldviews, religious beliefs, languages, etc.

Discriminate. To make a distinction in favor of or against a person on the basis of the group or class to which the person belongs, rather than according to merit.

Discrimination. The act or instance of discriminating.

Homogeneous. Composed of parts or elements that are all of the same kind. When addressing people or cultural groups, it assumes that all those in the group are similar with very little differences, differences that would not separate an individual from a specific group.

Minority. An underrepresented population residing in the United States of America and it's territories.

Multiculturalism. Focuses on ethnicity, race, and culture of a specific person or group of persons.

Multicultural Competency. Possession of the awareness, knowledge, and skills necessary to work with persons from diverse cultures. Counselors are said to be multiculturally competent when they are able to embrace their client's culture and use appropriate intervention strategies that respect and integrate client culture.

Race. A group of persons related by a common descent or heredity.

Racial. Pertaining to or a characteristic of one race or the races of humankind.

Racism. A belief or doctrine that inherent differences among the various human races determine culture or individual achievement usually involving the ideas that one's own race is superior.

Self-efficacy. People's beliefs about their capabilities to exercise control over events that effect their lives.

Self-exploration. An exploration of one's own personality, racial convictions, belief systems, abilities, and limitations.

Self-motivation. The initiative to undertake or continue a task without prodding or supervision.

Skills. The process of actively developing and practicing appropriate intervention strategies needed for working with culturally different clients.

Vicarious Learning. Learning through the observation of others. Learning through watching someone else perform a task instead of performing the task or procedure on one's own.

Worldview. The conjunct of an individual's personality, make-up, and beliefs that were created thorough a sequence of life experiences and exposure to different events and cultures, as well as one's own reactions thereto. Worldview encompasses how a client lives and reacts due to his or her perception of the world around him or her. Perceptions are created through personal experiences and personal processing of those experiences.

Literature Review

2.1 Introductory Historical and Literary Overview

Over the past twenty-five years, multicultural competency of counselor trainees and practicing counselors has been assessed to help promote and foster excellence within the counseling field(Arredondo, 1998; Arredondo, Toporek, Brown, Jones, Locke, Sanchez, & Stadler, 1996; Coleman, 1996; Coleman, 1997; Coleman, 1998; Constantine & Ladany, 2000; Constantine, et al., 1996; D'Andrea, Daniels, & Heck, 1991; Hanna, Bemark, & Chung, 1999; Holcomb-McCoy, 2000; Holcomb-McCoy & Meyers, 1999; Essandoh, 1996; Lafromboise, Coleman, & Hernandez, 1991; Neville, et al., 1996, Ponterotto, Reiger, Barrett, & Sparks, 1994; Ponterotto, 1996; Pope-Davis & Dings, 1994; Steward et al., 1998a; Sue, 1996; Toporek & Reza, 2001).

2.1.1 Pre-1964 Attention to Multicultural Competency

Prior to the Civil Rights movement, multicultural issues in counseling did not have a place in curriculum or literature and behavior of women and minorities that deviated from the norm. was viewed as pathological by the White-male discourse. Ethnic, racial, and cultural heritage was looked at as the root of many of clients' problems, with little or no consideration given to environmental factors such as oppression and racism (Arredondo, 1998). Early development of the multicultural counseling movement began with opposition of discrimination, the effort of early writers for equality, the response to the race riots of the early 1940s, and in 1964, with the passage of the Civil Rights Act

and Title VII, the multicultural counseling movement began mobilize (Allison, Crawford, Echemendia, Robinson, Knepp, 1994; Arredondo, 1998). The result of these actions gave more attention to underrepresented populations and these populations began to be protected by laws and were given access to services which aided them in finding housing, employment, and educational opportunities (Allison et al., 1994).

2.1.2 The Advent of Multicultural Competency in the Civil Rights Movement

Though the Civil Rights movement started the journey to equality for all social groups, multicultural issues were still not addressed in formal counseling. However, according to Arredondo (1999), the increasing diversification of the United States population based on immigration rates, the aging trends, and higher birth rates of Asian and Latino cultural groups, necessitated the growth of the multicultural counseling movement. Counselor educators and practicing counselors began to recognize the need for integrating multicultural diversity issues into the counseling curriculum. The need for multiculturally aware counselors was growing as it became apparent that issues of ethnicity, race, and culture played an important role in the counseling relationship and its effectiveness (Arredondo, 1999).

2.1.3. Developments in the 1980s

In 1980 the multicultural movement led the Education and Training

Committee of Division 17 of the American Counseling Association to discuss the need to develop minimal cross-cultural competencies to be incorporated in psychology and counseling psychology programs (Lafromboise et al., 1991). In 1982, Derwald Wing Sue and some of his professional associates responded to the American Counseling Association's need for multicultural counseling guidelines. The response resulted in the creation of eleven multicultural competencies, which focused on counselor beliefs or awareness, knowledge, and skills (Fuertes, Bartolomeo, Nichols, 2001). Though the competencies were written and established, counselor educators and professionals were still concerned with training counselors to be culturally sensitive and aware of their own beliefs and those of their client while in the counseling relationship (Holcomb-McCoy, 2000).

In response to the need for training multiculturally competent counselors, researchers and professionals in the field began to urge for higher standards in training (Constantine, et al., 1996). Professional counselors began to emphasize their ethical responsibility for colleagues to become aware of the need to bring ethnicity, race, and culture into the counseling discussion (Arredondo, 1998). Between 1989 and 1991, multicultural counseling courses were the most frequently classes added to counseling graduate programs (Holcomb-McCoy & Meyers, 1999). Unfortunately, even with the increased integration of multicultural awareness and sensitivity into counselor training, counselors in the field continued to struggle with practicing culturally sensitive therapy (Constantine et al., 1996).

2.1.4 The Advances of the Last Decade and a Half: The Three-Cluster Approach

In 1991, the Association for Multicultural Counseling and Development approved a document outlining the need and rationale for a multicultural perspective in counseling (Sue, Arredondo, McDavis, 1992). In response, Thomas Parham, president of the Association for Multicultural Counseling and Development called upon D. W. Sue to revise the 1982 competencies (Arredondo et al., 1996; Arredondo, 1999). With continual research and adjustments, Sue, Arredondo, and McDavis (1992) revised the 11 competencies into a three-by-three matrix with nine competency areas covering 31 specific skills (Sodowsky, Taffe, Gutkin, Wise, 1994). Each of the nine competencies was broken down into three clusters. The first cluster focused on the counselor's awareness of own bias and is described in terms of the counselor's attitudes and beliefs or "awareness." The second cluster focused on the counselor's awareness of the client's worldview and is described in terms of the counselor's "knowledge." The third cluster focused on the counselor using culturally sensitive interventions and is described in terms of the counselor's "skills."(Sue et al., 1992, Toporek & Reza, 2001). The 1992 revised Multicultural competencies can be found in Appendix 1.

As discussed, multicultural competence is based on three underlying concepts: awareness, knowledge, and skills (Coleman, 1998; Coleman, 1996; Constantine, Juby, Liang, 2001; Constantine & Landy, 2000; Constantine et al.,

1996, Holcomb-McCoy, 2000; Holcomb-McCoy & Meyers, 1999, Sodowsky et al., 1994, Sue et al., 1992, Toporek & Reza, 2001). The terms are defined thoroughly in the glossary.

2.1.5 Other Elements Which Have Recently Gained in Relevance

In addition to the competencies, many researching counselors and psychologists responded to the call to prepare counselors to be multiculturally competent through the creation of conceptual multicultural training models. According to Arredondo (1998), pioneer Derald Wing Sue was one of the influential writers who contributed in the beginning of the movement with his book entitled *Personnel and Guidance Journal*, which explored ethnicity, race, and culture in the counseling relationship. Other individuals like Hanna et al. (1999), proposed alternative teaching strategies. They believed that "wisdom", which is defined as "expert knowledge" that involves "exceptional insight into human development and life matters," is the fundamental quality of an effective counselor. Though Sue focused on awareness through teaching concrete skills and knowledge and Hanna focused on an alternative teaching strategy, both approaches, along with other theories proposed by multicultural counselor advocates, were integrated into the counseling curricula in different academic settings (Arredondo, 1998; Hanna et al., 1999). Among the counselor advocates were Trevino (1996), Atkinson, Brown, and Cass (1996), and Coleman (1996).

As was discussed by Coleman (1996), multicultural counseling competency has improved in terms of theoretical and methodological rigor, however, it

continues to receive less attention than general counseling competency.

2.2 Current Statistical Overview of the Field

In 1994 it was reported that over 25% of ethnic minorities utilize mental health services, but many applied graduate training programs do not provide courses and experiences specific to working with diverse populations (Allison et al., 1994). In fact, 89% of counseling graduate programs require only one multicultural training class and only 58% integrate multicultural issues into all coursework (Lee et al., 1999). Though integration of multicultural coursework has been a gradual process, accrediting bodies such as the Council of Accreditation for Counseling Related Education Programs (CACREP) have incorporated multicultural issues into their Counselor Preparation Standards (CACREP, 2001).

Though CACREP has included a multicultural component only since 1994, it has done an exceptional job in creating guidelines for counseling programs that foster the growth of the multiculturally competent counselor. In addition to requiring the integration of multiculturalism into standard core areas, the CACREP standards require that counselor education programs have diverse faculty and student representation (Holcomb-McCoy & Meyers, 1999). In addition, CACREP requires that practicum and internship experiences provide clinical experiences with culturally different clients (Holcomb-McCoy & Meyers, 1999). Unfortunately, the majority of counselor education programs do not follow CACREP standards and many counselors are being trained with little

or no exposure to working with clients from diverse backgrounds (Sue, et al., 1992).

It is estimated that by the year 2010 racial and ethnic minorities will become the numerical majority with white Americans constituting only 48% of the population (Sue et al., 1992). Unfortunately, according to Steward et al. (1998a), many white and ethnic minority students find that multicultural training and diversity creates discomfort, fear, ambivalence, and varying degrees of resistance. This fear, discomfort, and ambivalence can be present for many reasons:

- First, multicultural competence calls on counselors to look deeply into their lives and become aware of personal bias and racial and ethnic beliefs (Pope-Davis & Dings, 1994; Sodowsky et al., 1994; Steward et al., 1998a).
- Second, multicultural competence challenges professionals to be aware of their own assumptions about human behavior, to seek understanding of the client's assumptions about human behavior, and to become active in developing appropriate intervention strategies that are culturally sensitive (Pope-Davis & Dings, 1994).
- Third, exposure to multicultural curriculum and practicum and internship experiences are minimal during training and very little empirical evidence has shown a consensus as how to teach and promote multicultural awareness, knowledge, and skills (D'Andrea et al., 1991;

Holcomb-McCoy, 2000; Holcomb-McCoy & Meyers, 1999; Ponterotto et al., 1994).

2.3 Overview of Models Currently in Use

2.3.1 Status Questions

As was discussed, little empirical research has been conclusive in discovering which training model, counseling course and/or approach is most effective in promoting cultural awareness and producing culturally competent counselors (Lee et al., 1999; Toporek & Reza, 2001). The most difficulty has stemmed from the diversity within the diversity. Though many academic programs have been mandated to attend to racial and cultural training of mental health professionals, how to best conduct training has not yet been discovered (Steward et al., 1998a). Though it has been shown that multicultural counseling training does significantly influence cultural competence among white counselors, there is no concrete training manual for aspiring counselors (Steward, Wright, Jackson, Jo, 1998b). With the diversity within a population of multicultural individuals there are many culture-specific therapeutic models to follow, but no one theory (Essandoh, 1996; Helms, 1984). Therapeutic models include racial identity development models for Whites, African Americans, Asian Americans, Native Americans and Latino Americans. In addition, there are VREG (visible racial/ethnic group) models mainly used by African Americans and at times other ethnic underrepresented groups (Helms & Cook, 1999; Sue & Sue, 1999).

2.3.2 The Parhamian Impetus and Ensuing Tools

In response to the uncertainty of the effectiveness of new multicultural training models, in 1992 Thomas Parham charged multicultural counseling researchers with another task. His request was for the development of multicultural competency scales to assess the effectiveness of the newly integrated training models (Arredondo et al., 1996). In response to the request, a number of assessment tools were created. Counselor training programs were able to assess the multicultural awareness, knowledge, and skills of counselor trainees and practicing counselors(Coleman, 1996; Constatine & Ladany, 2000; D'Andrea, et al., 1991; Ponterotto et al., 1994; Pope-Davis & Dingo, 1994; Sodowsky, Kuo-Jackson, Richardson, 1998; Sodowsky, Kuo-Jackson, Richardson, Corey, 1998; Sodowsky et al., 1994). Among the measures was the Cross-Cultural Counseling Inventory-Revised (CCCI-R), developed by LaFramboise, Coleman, and Hernandez (1991), the Multicultural Counseling Awareness Scale-Form B: Revised Self Assessment (MCAS:B), developed by Ponterotto, Sanchez, and Magido (1991), the Multicultural Counseling Inventory (MCI), developed by Sodowsky et al. (in press), the Multicultural Awareness-Knowledge-and-Skills Survey (MAKSS), developed by D'Andrea, Daniels, and Heck (1991), and the Multicultural Competency Checklist (MCC), developed by Ponterotto, Alexander, and Greiger (1995).

The above five assessment tools were reviewed and tested for reliability and validity and are considered accurate assessment tools for assessing multicultural competency. (Constatine & Ladany, 2000; Constantine et al.,1996 ; D'Andrea et

al., 1991; Ponterotto et. al, 1994; Pope-Davis & Dings, 1994; Sodowsky et al., 1992; Sodowsky et al. 1994). Many past assessment tools were qualitative and assessed individual practice with supervision (Coleman, 1996; Laframboise et al., 1991). The older assessments also tended to measure anticipated rather than actual behavior and attitudes correlated with multicultural competency. Many were sensitive to social desirability. In addition, the older more qualitative measures' conceptual foundations did not always match the philosophies of many academic training programs and they lacked uniformity with regard to the constructs they actually assessed. Lastly, the quantitative measures CCCI-R, MCAS:B, MCI, MAKSS, and MCC replaced the more time consuming qualitative assessments because of the need for more validity-based measures (Neville et al., 1996; Ponterotto et al., 1994; Pope-Davis & Dings, 1994).

2.3.3. The "Culture" Factor and its History

Though traditionally counselors have not considered culture as a meaningful factor in the counseling process, the counseling profession has committed to counteract that ignorance (Coleman, 1997). The early work of researchers such as D. W. Sue and others who strove to bring ethnicity, race, and culture into the counseling discussion created a rationale behind the importance of multicultural competence in counseling. Arredondo stated (1998, p.594):

> "The rationale articulated then and now by many multicultural advocates includes the following points: Counseling models that are taught neglect the cultural factor; societal and interpersonal oppression has been a condition in the life of many ethnic and racial minority persons and other marginalized groups, and needs to be addressed; and not to take into consideration these aforementioned factors constitutes unethical behavior."

Therefore, in present day, counselor educators are challenged to expand the training of new counselors beyond meeting the needs of YAVIS (young, attractive, verbal, intelligent and successful) clients through the integration of multicultural courses and multicultural issues in all coursework (Allison et al., 1994).

2.4 Multicultural Counseling

Having considered the need for multicultural competency at length, we now turn our attention to discussing what multicultural counseling is and what counselors mean when using the term "multicultural":

> "Multicultural Counseling refers to the preparation and practices that integrate multicultural and culture-specific awareness, knowledge, and skills into counseling interactions. The term multicultural, in the context of counseling preparation and application, refers to five major cultural groups in the United States and its territories: African American/Black, Caucasian/European, Asian/Asian American, Hispanic/Latino and Native American or indigenous groups who have historically resided in the continental United States and its territories." (Arredondo et al., 1996, p.43)

As can be concluded from Arredondo et al. (1996), the challenge of multicultural competency for counselors and counselor education programs is

immensely difficult. Though not discussed in the quote above, women, gays and lesbians, elderly, and people with disabilities also have a need for a respectful, non-judgmental, and culturally skilled counselor (Lee et al., 1999). The multiculturally competent counselor does not have an easy job. In order to be multiculturally competent, the counselor must look within himself or herself and assess whether or not his or her own values and life experiences will interfere in creating a healthy and safe counseling environment for those who are culturally different. A counselor must also commit to learning his or her clients' culture. If this willingness is lacking, it would be ethical to avoid cross-cultural counseling settings altogether (Helms, 1984).

2.4.1 Deleloping Multicultural Competence

According to Coleman (1997), there are five methods that a counselor can use to develop competence in a second culture. These five methods are assimilation, acculturation, alternation, integration, and fusion.

Assimilation occurs when the counselor conforms to the customs, attitudes, and beliefs of a client while in the counseling relationship and when conceptualizing cases.

Acculturation occurs when a counselor adopts the cultural traits or social patterns of a client while in the counseling relationship and when conceptualizing cases.

Alternation occurs when a counselor changes his or her way of interacting depending on the environment in which the client seems most comfortable and

safe.

Integration occurs when a counselor incorporates the client's culture into the healing and therapeutic process.

Fusion occurs when the counselor takes the client's cultural values and connects that with appropriate and innovative intervention strategies that will best work for the client.

Coleman (1997) also spoke of one more method for counselors to expect, but it was one that did not depict a culturally competent counselor. This characteristic was separation. *Separation* occurs when the counselor chooses to keep himself or herself separated without regard to any of the five methods (assimilation, acculturation, alternation, integration, and fusion). A counselor who adopts separation and maintains an elitist view will never be a multiculturally effective counselor.

2.4.2 Multicultural Competence vs. Multicultural Ineffectiveness

As was discussed earlier, a counselor must have awareness about personal and client's culture attitudes and beliefs, knowledge about these attitudes and beliefs, and skills that can be used in the counseling relationship to help the culturally different client (Arredondo et al., 1996; Coleman, 1996; Coleman 1998; Sue et al., 1992, Toporek & Reza, 2001). According to Holcomb-McCoy and Meyers (1999), the culturally competent counselor is a professional who possesses the necessary skills to work effectively with clients from various cultural and ethnic backgrounds. In order to attain those skills a counselor in

training and counselors beyond formal education must have or seek out experience with psychological treatment and interventions with culturally diverse populations, additional multicultural training, self-awareness about their own cultural identity, and assessment of the impact of racial identity on their counselor training and interventions (Sodowsky et al., 1994).

It has been shown that greater exposure to multicultural training is associated with greater levels of therapy competence, especially with regard to one's own cultural and personal bias and knowledge about skills effective with persons from diverse populations (Neville et al., 1996). Multiculturally competent counselors are aware of and comfortable with differences that exist in race, ethnicity, and culture and beliefs between themselves and their clients. They also know that it is ethical, when appropriate, to refer clients to members of their own race, ethnicity, or culture for treatment (Hansen, Pepitone-Arreola-Rockwell, Greene, 2000; Pope-Davis & Dings, 1994).

Striving for multicultural competence is imperative. Most counseling dyads consist of a white counselor and a minority client, and personal characteristics of counselors have shown to have a greater influence on the outcome of treatment then theories that are used (Hanna et al., 1999; Parker et al., 1998). Therefore counselors who work with culturally diverse populations must self reflect, assess their strengths and limitations, and commit to working beyond their normal duties so as to provide ethical and appropriate treatment for all clients. According to Sodowsky et al. (1994), a counselor who exhibits high levels of competency believes that client and counselor differences and similarities are

important to the counseling process including case conceptualization, methods of resolution, counseling goals, and perceived counselor creditability. Characteristics of promising multicultural trainees were discussed by Ponterotto (1998) and can be reviewed in Appendix 2.

Counselors with low multicultural competence provide services without regard to the counselor's or client's race or ethnicity and believe that he or she should provide services regardless of cultural variables (Sodowsky et al., 1994). Professionals assume sometimes that everyone views counseling the same, and that delivery of therapy should be the same (D'Andrea, 1999). However, many times mental heath professionals do not share the same profile as their clients with respect to race, ethnicity, culture, language, nation of origin, or immigrant status and do not seek out any information that could help them relate or understand a client's culture and heritage (Zayas, Torres, Malcolm, DesRosiers, 1996).

Some courses and workshops teach cognitive change and help students and professionals engage in affective experiences with multicultural populations (Toporek & Reza, 2001). Unfortunately, these experiences are not always well integrated in school or professional life or with practice and application, which could increase multicultural competence (Constantine et al., 1996; Holcomb-McCoy & Meyers, 1999). Due to the lack of training at the graduate level and the lack of motivation for continual education outside of licensure requirements, multiculturally incompetent counselors are practicing, regardless of how unethical their behavior might be. Though literature has shown that counselors

can better understand others if they can understand their own racial identity attitudes and development, many counselors still practice with insufficient self-awareness, and in consequence provide inappropriate or ineffective treatment strategies and interventions (Parker et al., 1998; Sodowsky et al., 1994).

In essence, in order to choose the path of competence over the path of incompetence, counselors must commit to personal growth and internal motivation. Though courses are offered at the graduate level in some universities and institutions, there are still many that do not embrace the importance of fostering the growth of multiculturally competent counselors (Constantine et al., 2001, D'Andrea et al., 1991; Sue et al., 1992). For many counselors, the journey towards multicultural competence is a lonely road with no professors or tests to assess how individual progress towards competence. Multicultural competence must be linked to personal motivation and perception of an individual's capability to succeed and better himself or herself, or else the multicultural movement would become stagnant. Until counselor education programs assess what constitutes effective multicultural training, the responsibility of ethical counseling lies in the hands of the individual counselors. Counselors need to be intrinsically motivated and have a continual want and need for growth and betterment.

The literature regarding multicultural competence indicates that self-regulation, awareness, and commitment to pursuing educational and professional experiences may play a role in developing competence. In other words, counselors must be motivated to learn and become multiculturally competent.

2.5 Self-Efficacy

The term self-efficacy was introduced by Bandura (1977a) to explain the phenomenon behind what motivates people to take challenges, strive to grow, and motivate to learn new things. Is there a possibility that counselors' perceptions of themselves and their capabilities are good predictors of striving to become a multiculturally competent professional?

2.5.1 Genesis of the Concept

Albert Bandura coined the term self-efficacy in 1977 to further explain his concept of human agency. According to Bandura, human agency "is a concept that explains people's capabilities to be proactive, aspiring organisms who have a hand in shaping their own lives and the social systems that organize, guide, and regulate affairs in their lives" (Bandura, 1997, p.3). With the introduction of self-efficacy, Bandura (1977a) advanced the idea of human agency to another level. Human agency pertains to internal motivation and drive, noting that people have capabilities to be proactive in their lives. Self-efficacy is a concept that explains people's perceptions of their capabilities due to life experiences, trial and error, and exposure to different situations and how they will act in future situations due to past experience (Bandura, 1977a; Bandura, 1997; Bandura, 1984; Bandura, 1982; Bandura, 1977b; Bouffard-Bouchard, 1987; Cervone & Peake, 1986; Corcoran, 1991; Dweck & Leggett, 1988; Hackett & Campbell, 1987; Johnson, Baker, Kopala, Kiselica, Thompson, 1989; Kirsch,

1986; Larson & Daniels, 1998; Lent, Brown, Larkin, 1984; Rottschaefer, 1991; Schunk, 1984b). The first definition of self-efficacy, explained by Bandura (1977a) was, "the conviction that one can successfully execute behavior required to produce (certain) outcomes" (Bandura, 1977a, p.193).

In essence, level of self-efficacy is determined by people's beliefs about their capabilities to exercise control over events that affect their lives (Bandura 1977a; Bandura 1997; Corcoran, 1991; Schunk & Gunn, 1984a). As was stated by Bandura (1993, p.118):

> "Among the mechanisms of (human) agency, none is more central or pervasive than people's beliefs about their capabilities to exercise control over their own level of functioning and over events that effect their lives. Efficacy beliefs influence how people feel, think, motivate themselves, and behave."

Therefore, perceived or personal self-efficacy guides our behavior, regulates our self-motivation, and influences how we make choices and decisions in day-to-day life. People who regard themselves as being highly efficacious act, think, and feel differently than those who perceived themselves to have low efficacy (Bandura, 1984).

2.5.2 The Concept of Self-Efficacy in Current Literature

Research has shown that self-efficacy is an accurate predictor of behavior change, it mediates anxiety, and stimulates more active coping efforts in life situations (Bandura, 1977a; Bandura, 1977b). Perceived self-efficacy has been shown to predict performance, endurance on a task, and how long a person will

persist in the face of obstacles (Bandura, 1982; Bouffard-Bouchard, 1987; Johnson et al., 1989; Kirsch, 1986; Lent et al., 1984; O'Brien et al., 1997). Highly efficacious people endure challenges, expend effort, and set reachable yet difficult goals (Bandura & Cervone, 1986, Bandura, 1977b; Cervone & Peake, 1986; Lent et al., 1984).

According to the theory presented by Bandura (1977a), there are four main sources of information that influence efficacy:

First are performance accomplishments. Performance accomplishments influence self-efficacy in that depending on the past results of performance on given tasks an individual either perceives himself or herself as being successful or a failure. Self-efficacy is influenced contingent on the outcome.

The *second* source of information is attained by observing others succeed, or "vicarious learning". If an individual observes others succeeding or failing at a task he or she makes assumptions about his or her own success or failure. Perceived self-efficacy is built depending on the outcome for the observed.

The *third* source of information that effects self-efficacy is verbal persuasion from others that the individual either possesses or does not possess the capabilities of dealing with stressful situations or difficult tasks. Individuals who have had positive verbal feedback are more likely to become highly efficacious versus low efficacy resulting from negative feedback.

The *fourth* and last source of information comes from states of physiological arousal from which individuals judge their own level of anxiety and vulnerability to stress. If an individual has physiological reactions that are negative (racing

thoughts, difficulty breathing, body sweats, etc.) a feeling of low self-efficacy is related to the situation. If there are not negative physiological reactions, a person feels confident in the situation and builds high self-efficacy for future similar situations. These four sources of information are widely used and adopted by many researchers in the field (Bandura, 1993; Bandura, 1982; Bandura, 1977b; Corcoran, 1991; Johnson et al., 1989; Larson, Suzuki, Gillespie, Potenza, Bechtel, Toulouse, 1992; Melchart, Hays, Wiljanen, Kolocek, 1996; Munson, Zoerink, Stadulis, 1986b; O' Brien et al., 1997; Rottschaefer, 1991; Schunk & Gunn, 1984; Schunk, 1984).

The sources of information, performance accomplishments, observing others succeed or fail, verbal persuasion, and states of physiological arousal influence four mediating processes or self processes (Dweck & Leggett, 1988). These are: 1) the cognitive process, 2) the motivational process, 3) the affective process, and 4) the selection process (Bandura, 1997). In turn, perceived self-efficacy, which is built through collection of information from the four sources affects how individuals feel, think, motivate themselves, and act (Bandura & Cervone, 1986; Bandura, 1984; Bandura 1993; Bandura, 1982; Bandura, 1997; Bandura, Adams, Hardy, Howells, 1980; Cervone & Peak, 1986; Kirsch, 1986; Larson & Daniels, 1998; Lent et al., 1984; Munson et al., 1986a).

2.5.2.1 The Mediating Processes in Detail

The *cognitive process* addresses efficacy beliefs that affect thought patterns that can enhance or undermine performance. An individual who has high

cognitive perceived self-efficacy is more likely to set challenging goals and exert more energy and effort during difficult times or when faced with obstacles (Bandura & Cervone, 1986; Bandura, 1977b; Bandura, 1997; Cervone & Peake, 1986; Lent et al., 1984). A person with low self-efficacy has negative cognition and dwells on personal deficiencies and how things are likely to go wrong. A person with positive cognition sets challenging goals and has a sense that their task or decision will be successful. Accomplishment of new tasks and goals heightens levels of efficacy, which will aid in future situations.

The cognitive process directly affects the *motivational process*. As long as past personal goals have been achieved and an individual's cognitive process is one of ability to achieve success, performance motivation increases (Bandura & Cervone, 1986, Bandura, 1997). Conceived future states (cognitive process) are converted in to current motivation. If an individual thinks that the future is bleak and that the chance of success in the future is bleak, then the individual will exert little or no motivation to reach a future goal. A person with low self-efficacy might not even set a goal. The opposite is true for highly efficacious persons. If they think that the future will be bright after the attainment of a goal, their current motivation will be high and their endurance in the face of obstacles will also be high. Motivation largely comes from the individual's cognitive perception of the chance of success, and that perception will either spark motivation or smother it.

The third process that tests individual self-efficacy is the *affective process*. According to Bandura (1997), there are three principal ways in which efficacy

beliefs affect emotional states or experiences. These principal ways are thought, action, and "affect". The intensity of self-efficacy is assessed by the ability to exercise personal control over the principal ways.

Subsidiary elements of the affective process:

- The first principal way to exercise control over emotion is thought. Perceived self-efficacy will influence how we think about the emotional experiences. Whether or not a person thinks positively (past emotional experiences did not result in trauma or incapacitation) or negatively (past emotional experiences were traumatic and life altering experiences) is very likely to influence their mood.
- The *second* principal way in which to exercise control over affect is action. When using action to exercise control an individual with high self-efficacy controls perturbing trains of thought when they intrude in the flow of consciousness. This is done by changing the environment that sparks the thought or by consciously distracting oneself from the pervasive thoughts. Individuals with low self-efficacy dwell on the thought and allow it to alter behavior, affect, motivation, and thought (Bandura, 1982, Bandura, 1997; Lent et al., 1984).
- The *third* principal way in which to exercise control over the affective process is affect. Though it seems strange, when an individual utilizes affect to alter affective process it means that an individual uses perceived efficacy to ameliorate adverse emotional states when they arise. Individuals with high self-efficacy can use their positive outlook

or mood to combat stressors and negative feelings or fears. A person with low self-efficacy and already in a negative mood could find it extremely difficult to motivate and change behavior.

- The *fourth* process that calls on the endurance of self-efficacy is the selection process. This process influences the selection of environments and activities a person chooses. Depending on the individual's standard of self-efficacy, he or she chooses environments in which he or she feels comfortable (Bandura, 1997). A person with high self-efficacy might choose a living or work environment that keeps him or her challenged and satisfied. The same holds true in his or her choice of activities. Persons with low self-efficacy might stay in an environment that is comfortable to them based on their perceived capabilities. Activity involvement would be limited due to perceptions of inability to complete or participate in a given task due to perceived chance of failure or embarrassment.

The selection process, along with the other three processes truly effect people's lives and are all contingent on perceived self-efficacy (Bandura, 1982; Bandura, 1997; Corcoran, 1991; Larson et al., 1992; Rottschaefer, 1991).

In summary, general perceived self-efficacy plays an important role in how people behave, what they choose to do, and what they feel they are capable of doing. It affects people's jobs, family, and personal goals. Perceived self-efficacy determines our motivation and choice-making. With this in mind, we will now look at efficacy in a narrower context.

2.5.3 Counselor Self-Efficacy

This study would be incomplete without a discussion specifically centering on counselor self-efficacy. Though its basis comes from our foregoing, more general observations on self-efficacy, many researchers have specifically studied the effects of counselor self-efficacy (Larson & Daniels, 1998; Munson et al., 1986; O'Brien et al., 1997, Sharpley & Ridgway, 1993; Shelton, 1990). In the past, most research assessing level of counselor self-efficacy utilized self-report measures (Melchart et al., 1996; Larson et al., 1992; Johnson et al., 1989). Other approaches in assessment of counselor self-efficacy have included interview methods and structured training program exposure (Sharpley & Ridgeway, 1993). Though the research on counselor self-efficacy is not vast in comparison to general self-efficacy, most data collection is attained through the use of self-report measures, teaching interventions, and the use of individual interviews.

Counselor self-efficacy can be defined as a counselor's beliefs about his or her capabilities to effectively counsel a client in the present or near future (Larson & Daniels, 1998). Counselor self-efficacy beliefs are the primary causal determinant of effective counseling action (Larson & Daniels, 1998; Munson, Stadulis, & Munson, 1986a). In other words, the counselor with high perceived self-efficacy will be more likely to try more innovative interventions with clients and explore alternative treatments strategies.

According to Larson and Daniels (1998), counselors with low perceived self-efficacy are less likely to take risks and avoid trying innovative strategies.

They are more likely to apply the same treatment strategy to all clients and client situations. Counselor self-efficacy has been hypothesized to contribute to the initiation of counseling behaviors as well as to the level of persistence and performance of counselors (O'Brien et al., 1997). Therefore, counselors with low perceived efficacy are less likely to take risks, in that they do not try different alternative treatment strategies, and they are less likely to be persistent and innovative in their treatment. Counselors with low self-efficacy do not change their style based on a client's worldview. Instead they persist persist with their own theoretical orientation regardless of client resistance. In persist with their own theoretical orientation regardless of client resistance. In essence, low perceived self-efficacy of counselors has a high potential for creating unethical counselor behavior and practice (Larson & Daniels, 1998; O'Brien et al., 1997).

Counselors with high self-efficacy are confident in their work, and this confidence stems from increased experience in the field. "Counselors develop increased confidence in their professional abilities as they gain clinical training and experience, which in turn enhances their ability to perform counseling activities" (Melchert et al., 1996, p. 640). As was discussed in the section on multicultural competency, it is imperative that counselors continue to gain clinical training and experience. The same holds true with counselor self-efficacy. According to Larson and Daniels (1998), counselors must orchestrate

and continually improve multiple sub-skills to manage ever-changing circumstances and client populations. Without the motivation and effort that stems from high self-efficacy, counselors in the field resist and even ignore the essential need for growth as professionals (Bandura & Cervone, 1986; Larson & Daniels; 1998; O'Brien et al., 1997).

2.5.3.1 Challenges to Counselor Self-Efficacy

Unfortunately, according to Sharpley and Ridgway (1993), it is very difficult to foster the growth of counselor self-efficacy. In counselor training programs self-motivation and self-efficacy were significant predictors of counselor success. However, there is no specific training that fosters or teaches self-motivation or self-efficacy, and many counselor trainees do not have those attributes. Though it has been shown that by increasing trainees' levels of self-efficacy, future counseling skill performance will be enhanced, very little explanation as to how to increase self-efficacy in counselors has been addressed in the literature.

As we saw above in considering Bandura's (1977a) work, there are four main sources of information that influence efficacy: performance accomplishments, observation of others succeeding, verbal persuasion that one can succeed, and physiological arousal by which people assess their vulnerability to stress. Currently, training programs integrate some of those sources of information through the use of feedback during class time, project completion and internship and practicum experiences, but there is often little consistency and

structure to the feedback (Bandura & Cervone, 1986). Therefore, though increasing efficacy is an important goal in counselor education, there is yet to be a concise teaching paradigm that enhances counselor self-efficacy (Johnson et al., 1989).

2.5.3.2 Towards Possible Solutions

Since there is no specific training model that cultivates counselor self-efficacy, researchers in the field continue to assess levels of self-efficacy so as to discover what contributes to the growth of a counselor with high self-efficacy. There are a number of self-efficacy assessment scales, including: The Self-Efficacy Inventory designed by Frirdlander & Snyder (1983), The Counseling Self-Efficacy Scale designed by Johnson et al. (1989), The Counseling Self-Estimate Inventory designed by Larson et al. (1992), and The Counselor Self-Efficacy Scale designed by Melchart et al. (1996).

The first three scales were intended for use on counselor trainees. The Counselor Self-Efficacy Scale designed by Melchart et al. (1996) focuses on assessment of counseling professionals. All four scales have been accepted in the field as accurate assessment tools for the construct of self-efficacy.

Until a concrete teaching paradigm can be constructed to teach and foster self-efficacy growth in counselor trainees, counseling researchers will continue to investigate levels of self-efficacy through formal assessment with the hopes of identifying a way in which to teach self-efficacy to counselors who have low self-confidence, low self-motivation, and limited amounts of counseling sub-

skills (Johnson et al., 1989; Larson et al., 1992; Melchart et al., 1996). High levels of self-efficacy have been reported to increase counselor effectiveness and confidence; as a result, being able to teach self-efficacy in training programs would be invaluable. Researchers continue to look for the answers behind the extreme differences in perceived self-efficacy from individual to individual. For now, however, we know that perceived self-efficacy influences how we think, act, motivate, and behave, and those four things influence whether or not a counselor will be effective with different populations of clients (Bandura, 1993).

2.6 Self-Efficacy and Multicultural Competency: Synthesis

According to Bandura (1977a), self-efficacy beliefs may determine performance accomplishments and persistence in pursuing a difficult course of action. This latter is an attribute much needed by counselors who choose to work with diverse multicultural populations (Lent et al., 1984).

As was discussed in earlier sections, multicultural competency is achieved through gaining knowledge, awareness, and skills in order to be ethical in the practice of counseling with ethnic or racial minority populations (Coleman, 1998; Constantine et al., 1996). We also saw that formal education of awareness, knowledge, and skills is currently limited and that multicultural concepts have yet to be included in counseling core courses (Constantine et al., 1996; D'Andrea et al., 1991). Therefore, there is a great need for self-motivation in order for a counselor to strive to become multiculturally competent.

Furthermore we have looked at how the level of self-efficacy, which

according to Bandura (1993) has been shown to predict motivation and drive to accomplish goals, which might influence multicultural competence accomplishments. The present dissertation was designed to investigate whether or not the assessed level of self-efficacy of practicing counselors is related to their assessed level of multicultural competence. Measures of self-efficacy were collected using Melchart et al.'s (1996) Counselor Self-Efficacy Scale (CSES). Measures of multicultural competence were collected using Ponterotto et al.'s (1991) Multicultural Counseling Awareness Scale Form B (MCAS:B). All data were collected using the Dillman Internet Survey Method (Dillman, 2000).

Methodology

3.1 Methodology Followed in the Present Investigation

Procedures and methods used to collect data with hopes of assessing a relationship between multicultural competency and counselor self-efficacy are discussed in this Chapter. Participants were extracted from the Oregon Mental Health Association using a convenience sampling procedure and were asked to complete two self-report measures. Specific methodology is discussed in detail in the following sections.

3.1.1 Participants

Mental Health counselors who maintain membership in the Oregon Mental Health Counseling Association (OMCHA) were selected as the sample population. This sample was collected for two reasons:

First, all members of OMCHA have mental health as their primary specialty and are practicing or retired mental health counselors. Members that hold student membership were not included in the sample ($N = 32$) specifically because the research question focuses on mental health counselors and not trainees. Types of membership status that were included in the sample were Regular, Professional, Life, Associate, and Retired ($N = 81$). Members with unavailable email addresses were also excluded from the study ($n = 38$). All participants are able to give informed consent. Age range was 29 to 69.

The second reason that this group was selected was to assess counselor attitude toward perceived self-efficacy and multicultural competency in the

Pacific Northwest. Attitudes and beliefs of counselors from the Pacific Northwest have not been addressed in past research. With the continual growth of the Mexican-American population and the service needs of the present Native American population, an assessment of multicultural competency is much needed (Allison et al., 1994; Sodowsky et al., 1994).

3.1.2 Demographic Breakdown of the Participant Group

There were a total of 81 members of OMCHA that were sent the survey materials via the Internet through the use of email. There were a total of 28 counselor respondents for the study. The respondents were 75% female and 25% male. The self-identified race/ethnicity demographics were as follows: 100% White/European, 0% Asian/Asian American, 0% Black/African American, 0% Hispanic/Latino, 0% American Indian/Alaskan Native, 0% Other, and 0% Declined to Respond. The participants ranged in age from 29 to 69.

3.1.3 Methodological Process Followed in Group Selection

3.1.3.1 Participant Selection

The participants came from the Pacific Northwest region of the United States, more specifically from the state of Oregon. All participants were practicing mental health counselors and held membership in the Oregon Mental Health Counselors Association (OMCHA). OMCHA has 157

members, 125 practicing or retired counselors and 32 students. In 1986 OMCHA became avalible to counseling professionals and the Public in 1986 and is an organization that promotes continual education of counselors through provision of speakers and workshops. In addition, OMCHA works to protect clients through advocating for and enhancing licensure requirements and lobbies for counselors to receive third party payment. It impacts the legislation relating to the mental heath field with organized and powerful vigor. In essence OMCHA is a professional organization that protects the rights and what is in the best interest of counselors and the clients they serve. With its increasing number of members, OMCHA continues to grow toward professional excellence (http://www.omcha.com).

A list of OMHCA members' names and addresses was requested from the organization via email correspondence (Appendix 13) and a written statement discussing the approval of the current dissertation (Appendix 14). From the received list, all practicing or retired counselors in the field were selected for the current study excluding those who had unavailable email. After Institutional Review Board approval, an email was first sent to allow participants to anticipate the survey research project (Appendix 7). Then a second email was sent to participants which included a cover letter, which includes informed consent (Appendix 3), with a link to the survey research website. Included in the website was an appeal letter (Appendix 4), a demographic fact sheet (Appendix 5), a statement describing instructions for the participants (Appendix 6) and the two surveys, one assessing counseling

self-efficacy (Appendix 11) and the other and assessment of multicultural competence (Appendix 12).

- *Cover Letter/Informed Consent. The participants all received the cover letter/informed consent via an email with a link to the survey-research website. Participants were informed that they give consent by completing and submitting the surveys.*
- *Appeal Letter. The research introduction letter (Appendix 4) explained the nature of the study to the participants. The letter emphasized the importance of the research and stressed the need for conscientious respondents.*

3.1.3.2 Survey Administration and the Dillman Method

The counselor self-efficacy assessment as well as the multicultural competency assessment was self-administered and was received through the use of the Internet and the Dillman (2001) internet survey method.

The Dillman Method for Internet Surveys

The Dillman method for Internet surveys demands that a number of steps are taken by the researcher to help ensure optimum response. Each step recommended by Dillman was used to collect data for the current study. Below are the individual steps taken for data collection.

- An email prior-letter discussing briefly the purpose of the study and that the survey materials would be sent in a few days (Appendix 8).
- An email survey cover letter (Appendix 7) including a link to the survey web page. Web page is designed to include informed consent, the appeal letter, a demographic sheet, and the two research surveys.

- An email thank you (Appendix 9) or an email reminder (Appendix 10) with access to the web page in order to complete the survey if not completed prior.
- A final contact email giving access one last time to the website (Appendix 11).

3.1.3.3 Methodological Drawbacks in Participant Selection

The participants were not drawn using a random sampling procedure. This has several limitations. Primarily, no causal or population inferences can be made from the results. The sample was drawn from Oregon Mental Health Counselors Association and every member who is a practicing counselor was sent a survey packet via the Internet. In addition, only 28 counselors responded and completed the surveys and 81 counselors were sent the surveys. Lastly there was 0% variability in participant race/ethnicity. Taking all this into consideration, it would be impossible to generalize this study's findings to other situations.

3.1.4 Methodological Process Followed in the Study

3.1.4.1 Measures

3.1.4.1.1 The Counselor Self-Efficacy Scale

To measure the construct of self-efficacy, the Counselor Self-Efficacy Scale (CSES) was designed by Melchart, et al., (1996). The CSES consists of 20 items regarding knowledge and skill competencies related to the practice of individual and group counseling therapy. Melchart et al. (1996) used Bandura's theory of self-efficacy and past research focusing on applied self-efficacy theory to design the instrument. The instrument uses a five-point response scale similar to Likert-scale responses indicating degree of agreement regarding respondents' confidence in their counseling abilities.

The instrument was tested for reliability. The test-retest method for assessing reliability was used and the reliability coefficient for the total scores over the two test administrations was .85. Internal consistency was also calculated using the Cronbach alpha procedure and was found to equal .91 (Appendix 12).

3.1.4.1.2 Multicultural Counseling Awareness Scale-Form B: Revised Self-Assessment

The Multicultural Counseling Awareness Scale-Form B: Revised Self Assessment (MCAS:B) is a 45-item counselor self-rating scale developed by Ponterotto, et al., (1991). It measures multicultural awareness, knowledge, and skills using a seven-point Likert scale with responses ranging from not true at all (1) to totally true (7). The reliability coefficient alpha for the MCAS:B for the full-scale equaled .93. Reliability coefficient for Factor 1 (knowledge/skills) equaled .93 and the coefficient for Factor 2 (awareness)

equaled .73. Internal consistency coefficient alphas were .93, .93/.92, and .78/.72 for the total scale, Factor 1, and Factor 2 respectively.

Information used to create the MCAS:B was collected primarily through the administration of the original MCAS. Item analysis and sequenced oblique factor analysis procedures were used to select items for the MCAS:B. As a result 41 items were yielded, 12 items focusing on the assessment of awareness and 29 items focusing on the assessment of knowledge/skills. Three social desirability items and an additional awareness item were added to create the MCAS:B (Appendix 13).

3.1.4.1.3 Methodological Drawbacks in Measurement Selection

There are some methodological drawbacks when using self-report measures. According to Kaplan and Saccuzzo (1993), the researcher must depend on the untrained individual's skill, accuracy, and honesty when they are completing the measure(s). Additionally, sometimes it is difficult to assess the validity of a self-report measure if there is no biological marker that can be used for comparison (Jaccard, McDonald, Wan, Dittus, & Qiunlan, 2002). In the case of self-efficacy and multicultural counseling competence, this could prove to be a difficult issue to solve, since there are no biological markers or assessments that can be made for those constructs. In a study done by Passi, Bryson, and Lock (2002), looking at the assessment of severity of eating disorders, they discovered that individual participants' scores on a self-report measure were not as accurate as the comparable interview assessment. Though

self-report measures are cost-effective, involve no training, and take significantly less time then many of the comparable interview or clinical assessments, researchers and professions must consider their drawbacks when using them.

3.1.4.2 Predictor Variables

3.1.4.2.1 Gender

Description. Gender was determined by respondents' choice between the categories male or female on the demographic data sheet.

Coding. Gender was coded for the data analysis in the following manner

0 = Female

1 = Male

3.1.4.2.2 Race/Ethnicity

Description. Participants' race/ethnicity was determined by participant selection from the category choices Black/African American, Asian/Asian American, American Indian/Alaskan Native, Hispanic/Latin American, White/European American, Other, or Decline to respond.

Coding. Race/Ethnicity was coded as follows:

0 = White/European American

1 = Participant of color

3.1.4.2.3 Years of Professional Experience

Description. Participants' years of professional experience was determined by participant selection from the categories of five or less years of counseling practice and 6 or more years of counseling practice. The categorical variables were set arbitrarily.

Coding. Years of Professional Experience

0 = 5 years or less

1 = 6 years or more

3.1.4.2.4 CACREP Status

Description. Participants' CACREP status was determined by participant selection from the categories of CACREP graduate or graduate from non-CACREP accredited university.

Coding. CACREP Status

0 = CACREP graduate

1 = non-CACREP graduate

3.1.4.2.5 Achievement of National Certifies Counselor Certification

Description. Participants' achievement of National Certified Counselor Certification was determined by participant selection from the categories of Nationally Certified Counselor and not nationally certified as a counselor.

Coding. Achievement of National Certified Counselor Certification

0 = National Certified Counselor

1 = not nationally certified as a counselor

3.1.4.3 Criterion Variables

3.1.4.3.1 Counselor Self-Efficacy

Counselor self-efficacy was measured using the Counselor Self-Efficacy Scale (CSES) developed by Melchart, et al., (1996). The CSES looks at an assessment of counselor self-efficacy through the use of the 20 items regarding knowledge and skill competencies related to the practice of counseling. The item, "I can effectively facilitate client self-exploration" is an example of the items aimed at measuring counselor self-efficacy. Survey questions 1, 2, 5, 7, 8, 13, 15, 16, 18, and 20 were recoded so that higher scores indicate higher self-efficacy.

Coding. For the CSES, the scale was coded:

1 = Agree Strongly

2 = Agree Moderately

3 = Neutral/Uncertain

4 = Disagree Moderately

5 = Disagree Strongly

3.1.4.3.2 Counselor Multicultural Competence

Counselor multicultural competence was measured using the Multicultural Counseling Awareness Scale-Form B developed by Ponterotto, et al., (1991). The 45 items assess counselor competence in the areas of awareness and knowledge/skills of self and multicultural populations. Counselors receive a score for the first Factor, knowledge/skills and for the second Factor, awareness. A total score can be calculated by combining the scores of Factor 1 and Factor 2. Items such as "I am knowledgeable of acculturation models for various ethnic minority groups" are exemplary for assessing counselor multicultural competence.

Coding. For the MCAS:B, the scale was coded

1 = not true at all

2 =

3 =

4 = somewhat true

5 =

6 =

7 = totally true.

3.2 Data Analysis

3.2.1 Overview

Hierarchical linear regression was the first statistical procedure proposed to analyze the data and test the null hypothesis. Each of the predictor

variables were correlated with the dependent variable (multicultural competency score) and strength of correlations and t-scores were recorded to determine relationship strength between the predictor variables and the dependent variable. Correlation and t-score between the dependent variable and the other criterion variable (self-efficacy) was then assessed. Unfortunately, after data collection, the number of responses were not appropriate for hierarchical linear regression. The 35% response rate did not provide the researcher with enough subjects per predictor variable. Therefore, multiple regression was used to assess the relationship between multicultural competence and the predictor gender. Also included in the model was the criterion variable (self-efficacy score). The models that were first proposed for the hierarchical linear regression can be viewed in Appendix 16 along with the model for the multiple linear regression that will be used in the data analysis. The statistical analyses from multiple linear regression was used to analyze the linear relationships between two or more continuous/scale/ratio independent variables and one continuous dependent variable. Multiple linear regression will determine (using t-tools) whether a statistically significant relationship, association, or correlation exists between the variables and the direction and the strength of the relationship (Pearson's r). It also investigates the form of the relationship and the amount of variance that the prediction equation accounts for (r^2). Finally, multiple linear regression will also give partial regression coefficients in the form of standardized beta weights (range from –1 to +1) that can be used to formulate multiple regression equations (for each

model) and can be interpreted as the amount of change that is expected to occur in the outcome variable per unit of change in the predictor variable (Agresti & Finley, 1997). Multiple linear regression as opposed to hierarchical regression was used due to the low number of participants for each predictor variable. In the discussion, all predictor variables that were proposed in Section 3.1.4.2 will be discussed in hopes of providing additional information for future research. The multiple linear regression model that was used in this study can be found in Appendix 16.

Results

4.1 Results in General

The primary purpose of this dissertation was to examine whether or not counselor self-efficacy relates to multicultural competence of mental health counselors. For this purpose, surveys were sent via the Internet using the Dillman method for Internet surveys (2000). A total of 81 questionnaires were sent to members of the Oregon Mental Health Counselor's Association (OMHCA) using e-mail and a web-link.

A total of 28 members of OMCHA responded to the e-mails requesting participation, resulting in a response rate of 35%. Of the 28 sets of data that were collected all were determined to be useable, based on the criteria previously discussed in Chapter 3. Data did not include any missing values, for participants were reminded via the web-page program to return to any missed questions. Therefore all 28 respondents were included in the final data analysis.

The majority of the mental health counselors that responded to the research (75%) were female (Table 1). The majority of the respondents (85.7%) had a minimum of 5 years experience as a practicing counselor. Fifty-three percent of respondents graduated from CACREP-accredited institutions, while 46.4% did not. Of the 28 respondents, 71.4% hold the National Certified Counselor Certification.

Table 1

Demographic Characteristics of 28 Mental Health Counselors affiliated with the Oregon Mental Health Counselors Association.

Characteristic	No.	% of No.
Gender		
Female	21	75
Male	7	25
Experience		
Less than 5 years	4	14.3
More than 5 years	24	85.7
CACREP Status		
CACREP Graduate	15	53.6
Non-CACREP Graduate	13	46.4
National Certification		
Nationally Certified	20	71.4
Not Nationally Certified	8	28.6

4.2 Efficacy Scores

Efficacy scores were calculated based on responses to the Counselor Self-Efficacy Scale (Melchart et al., 1996). Counselor self-efficacy scores had a potential range from 20-100. Higher scores indicate higher efficacy. Overall counselor self-efficacy scores were determined by calculating the sum of responses from all 20 questions. Questions numbered 1, 2, 5, 7, 8, 13, 15, 16, 18, and 20 were recoded so that higher scores indicated higher self-efficacy. Therefore a score of 40 or below indicated low counselor self-efficacy, a score of 40-60 indicated moderate counselor self-efficacy, and a score of 60-100

indicated high counselor self-efficacy. Only 1% of respondents reported low counselor self-efficacy (score < 40) and the remaining participants reported high counselor self-efficacy (score range 77-97). The mean counselor self-efficacy score with standard deviation was 85.43 (12.03).

4.3 Multicultural Competence Scores

Multicultural Competence scores were calculated based on responses to the Multicultural Counseling Awareness Scale-Form B developed by Ponterotto et al. (1991). Multicultural competence scores had a potential range from 45-315. They scores were determined by calculating the sum of responses from all 45 questions. Therefore a score of 45-135 indicated low multicultural competence, a score of 136-225 indicated moderate multicultural competence, and a score of 226-315 indicated high multicultural competence. Of the 28 respondents' scores, 11% (score range 109-134) indicated low multicultural competence, 89% (score range 140-213) indicated moderate multicultural competence, and 0% indicated high multicultural competence. The mean multicultural competence score with standard deviation in parentheses was 177.75 (28.43).

4.4 Correlations and Multiple Linear Regression Analysis

Correlations and multiple linear regression were used to analyze this study's findings. Though typically statistical significance is reported at the .05 level, marginal significance ($p = .10$) was discussed based on the findings from

this study. This is a fairly common practice for many researchers especially in the case of small samples. According to Agresti and Finley (1997), marginal significance at the .10 level would indicate that the chance of getting such extreme results as in the sample data would be no greater than 10 %. This can still prove to be interesting for future studies and marginal significance was reported in this study. Therefore, since most studies require very small *P*-values ($p = .05$) it is important that the reader make note that marginal significance, reported in this study indicate a *P*-value of .10.

Correlations were run to see the relationship between multicultural competence and age, gender, race/ethnicity, years of professional experience, CACREP status, achievement of the National Counselors Certificate, and counselor self-efficacy. One moderate and marginally significant correlation was discovered between multicultural competence and counselor self-efficacy, $P = .30$ ($p = .12$). All predictor variables were not significantly or marginally correlated with multicultural competence but will be discussed in Chapter 5 for future research implications.

Multiple linear regression was used to determine relationship strength between the predictor variable gender and the criterion variable self-efficacy with the dependent variable (multicultural competence). A summary of the variables for the multiple linear regression can be found in Table 2.

Table 2

Multiple Linear Regression of Gender and Counselor Self-Efficacy on Multicultural Competence.

Model	B	β	t	Sig.
Gender	-19.54	-.30	-1.67	.11
Counselor self-efficacy	.33	.78	1.82	.08

Overall, the multiple linear regression model was a marginally significant predictor of multicultural competence, $F(2,25)= 2.81$, $p = .08$. Since the overall F-statistic was found marginally significant, percentage of variance change for each model will be reported under the assumption that the reader has noted the marginal significance. Approximately 18.4% of the variance in multicultural competence can be explained by the combined effects of gender and counselor self-efficacy score, $R^2 = .18$. Included in the multiple linear regression were the variables gender and counselor self-efficacy; but age, race/ethnicity, years of professional experience, CACREP status, and achievement of the National Counselors Certificate were not included because they were not even marginally significant predictors when analyzed. Though no significant differences were found, marginal significance was found for both gender and counselor self-efficacy as predictors of multicultural competence. Holding the criterion variable of counselor self-efficacy constant, being female rather than male increases the likelihood of having high multicultural competence by approximately 2 times per 28 persons ($t = -1.67$, $p = .11$). Also, a one percent increase in counselor self-efficacy score increases the likelihood of having high multicultural competence by approximately 2

times per 28 persons ($t = 1.82, p = .08$). Though only marginal significance was found, which could be related to the 35% return rate and current methodology, implications for future research to assess the relationship between multicultural competence, counselor self-efficacy, and the proposed predictor variables will be discussed at length in Chapter 5.

4.5 Summary

This chapter presented the results of the study. The results of the descriptive statistics indicate that 99% of respondents had high counselor self-efficacy. Though 0% of respondents' scores on the multicultural competence measure indicated high multicultural competence, the majority of respondents (89%) had moderate multicultural competence.

A multiple linear regression analysis was conducted to determine the various odds of the predictor variable gender and the criterion variable counselor self-efficacy on counselor multicultural competence. Multiple linear regression was utilized due to the low response rate and the inappropriateness of hierarchical linear regression due to limited responses. No statistically significant differences were found, but there was *marginal* significance found between gender ($t = -1.67$, $p = .11$) and counselor self-efficacy ($t = 1.82, p = .08$) on the dependent variable (multicultural competence). Also, an identification of moderate correlation ($r = .30$) between counselor self-efficacy and multicultural competence was discovered.

Discussion

5.1 General Discussion

5.1.1 Overview

Counselor self-efficacy belief has been discussed as the primary causal determinate of effective counseling action (Larson & Daniels, 1998; Munson et al., 1986a). Promotion of multicultural counseling competence has become a primary goal in the counseling field over the last thirty years but has been a topic in the field for the last century. Research in the field has discussed that high competence has been attributed to high motivation, awareness of self, and personal drive (Ponterotto, 1998; Pope-Davis & Dings, 1994). High motivation, awareness of self, and personal drive have been shown to be effected by personal self-efficacy (Bandura, 1977a; Bandura, 1997, Bandura & Cervone, 1986; Cervone & Peak, 1986; Lent et al., 1984). Thus, the purpose of this study was to determine whether or not mental health therapists self-efficacy is related to their counseling multicultural competence.

5.1.2 General Methodology

Members of the Oregon Mental Health Counseling Association were asked to participate in the study. A total of 81 emails were sent out with a web-link to a survey research page. The Dillman (2000) method for Internet research was utilized for the study. A total of 28 counselors responded to the survey research, resulting in a response rate of 35%. All surveys returned met

the criteria for participation and all participant responses were included in the data analysis.

The counselor self-efficacy of the mental health counselors was assessed through the use of the Counselor Self-Efficacy Scale (CSES), which was designed by Melchart, et al., (1996). The CSES consists of 20 items regarding knowledge and skill competencies related to the practice of individual and group counseling therapy. The instrument uses a five- point response scale similar to Likert-scale responses indicating degree of agreement regarding respondents' confidence in their counseling abilities. The self-efficacy scores were calculated by acquiring the sum of the answers to each of the 20 questions. A score of 40 or below indicated low counselor self-efficacy, a score of 40-60 indicated moderate counselor self-efficacy, and a score of 60-100 indicated high counselor self-efficacy.

Multicultural competence of participating mental health counselors was assessed with the use of the The Multicultural Counseling Awareness Scale-Form B: Revised Self Assessment (MCAS:B). The MCAS:B is a 45-item counselor self-rating scale developed by Ponterotto, et al., (1991). It measures multicultural awareness, knowledge, and skills using a seven-point Likert scale with responses ranging from not true at all (1) to totally true (7). The multicultural competence scores were calculated by acquiring the sum of the answers to each of the 45 questions. A score of 45-135 indicated low multicultural competence, a score of 136-225 indicated moderate multicultural competence, and a score of 226-315 indicated high multicultural competence.

The mental health counselor participants also completed a demographic data sheet. The information obtained provided the researcher with a number of variables (age, gender, race/ethnicity, years of professional experience, CACREP status, and achievement of the National Counselors' Certificate) to assess for their (the variables') influence on multicultural competence. The influence of the variables age, gender, race/ethnicity, years of professional experience, CACREP status, and achievement of the National Counselors Certificate, along with the influence of the scores from the measure of self-efficacy were first assessed through the use of bivariate correlation. Only one moderate correlation was found between multicultural competence and counselor self-efficacy ($r = .30$). Secondary to the correlation analysis, the influence of the variables gender and counselor self-efficacy on multicultural competence were then assessed through the use of multiple linear regression. Marginal statistical significance was found between the relationship of multicultural competence and gender ($t = -1.67, p = .11$) and between the relationship of multicultural competence and counselor self-efficacy ($t = 1.82$, $p = .08$).

This chapter provides a discussion of the results of this study. A consideration of the limitations of the study will follow the discussion of results. Implications for future research and practice will be discussed along with a final conclusion.

5.2 Discussion of Results

5.2.1 Counselor Self-Efficacy and Multicultural Competence

The null hypothesis - stating that independent of all background moderators, level of counselor self-efficacy would not influence level of multicultural competence - was retained though marginal statistical significance was discovered ($t = 1.816$, $p = .081$). The mean overall self-efficacy score was 85.4, which was more than twenty-five points higher than the cutoff value of 60, indicating high counselor self-efficacy. While the vast majority of mental health counselor participants had high self-efficacy, these results were acquired with the use of a self-assessment tool. In that 99% of respondents reported high counselor self-efficacy, one might question the measures' discriminability or its ability to discriminate. In other words, with 99% of participants indicating high self-efficacy, the test could be biased in a way that "elicits" a certain response. Therefore, though marginal significance was found, one must take into consideration the tool that was used and the small number of responses.

The mean overall multicultural competence score was 177.8, which was less than 51 points lower than the cutoff value of 225, indicating high multicultural competence. While the vast majority of mental health counselor participants (89%) had moderate multicultural competence (score range 140-213), 0% acquired a score indicating high multicultural competence. This is an interesting finding. The highest achieved score was 213 out of a possible score of 315, more than 100 points difference. Though this will be discussed in

more detail in the section devoted to future implications, one might want to consider a re-assessment of the MCAS:B's reliability and validity, i.e. its ability to appropriately assess multicultural competence.

Though only marginally significant F-statistics were discovered in the current study, and only one moderate correlation of .30 was discovered between the constructs of counselor self-efficacy and multicultural competence, with the minimal sample size the marginally significant findings might prove to be very beneficial in future research. Future implications for research will be discussed later in this chapter.

5.2.2. Non-Significant Predictor Variables

Age. The null hypothesis that age does not predict counselor multicultural competence was retained. This result may indicate that age is not a determinant of achievement of multicultural competence. According to the literature, however, multicultural competence is achieved through increased knowledge and awareness of the culturally different client, and the acquisition of this knowledge is a skill (Coleman, 1998; Coleman, 1996; Constantine, et al., 2001; Constantine & Landy, 2000; Constantine et al., 1996, Holcomb-McCoy, 2000; Holcomb-McCoy & Meyers, 1999, Sodowsky et al., 1994, Sue et al., 1992, Toporek & Reza, 2001).

The literature does not attribute age to the acquisition of competence. Therefore, it is consistent with the literature that age is not an identified determinant of multicultural competence, though with the response rate being

only 35%, the idea of age's influence on counselor multicultural competence has implications for future research.

Race/Ethnicity. Since there was zero variance in race/ethnicity, results from this predictor variable will not be discussed.

Years of Experience. The null hypothesis that years of experience do not predict counselor multicultural competence was retained. This result may indicate that years of experience are not a determinant of the achievement of multicultural competence. Due to the categories set by the researcher to determine years of experience (Coding: 5 years or less of experience = 0, 6 years or more of experience = 1), the acquisition of significant results may have been influenced . In addition, the majority of the respondents (85.7%) indicated six or more years of counseling experience. Though literature indicates that amount of experience with clients of diverse cultures increases multicultural competence, literature does not indicate that years of experience alone (i.e. many years experience with non-diverse populations) influence competence (Neville et al., 1996).

Therefore, it is consistent with the literature that general counseling experience is not an identified determinant of multicultural competence. Nevertheless, it could prove to be interesting in future research to investigate years of experience with diverse populations. Again, with the response rate being only 35%, the idea of the influence of years of experience on counselor multicultural competence has implications for future research.

CACREP Status. The null hypothesis that CACREP status does not predict counselor multicultural competence was retained. This result may indicate that CACREP status is not a determinant of achievement of multicultural competence. Due to the CACREP status distribution of responses of the participants (i.e., 54% CACREP graduates and 46% CACREP), there is a possibility that CACREP status, even with a larger sample size, might continue to prove insignificant. However, CACREP requires that practicum and internship experiences provide clinical experiences with culturally different clients and could serve as an additional predictor variable in future research (Holcomb-McCoy & Meyers, 1999). Therefore, it is consistent with the literature that CACREP status is not an identified determinant of multicultural competence, though with the response rate being only 35%, the idea of CACREP status' influence on counselor multicultural competence has implications for future research.

Achievement of National Certified Counselor Certification. The null hypothesis that achievement of National Certified Counselor Certificate status does not predict counselor multicultural competence was retained. This result may indicate that achievement of national certified counselor certification status is not a determinant of achievement of multicultural competence. The literature fails to equate multicultural competence with achievement of National Certified Counselor Certification status, but literature does equate professional certification with positive clinical outcomes (Sharp, Bashook, Lipsky, Horowitz, & Miller, 2002). Seventy-one point four percent of

respondents reported being nationally certified counselors, and 28.6% were not. Therefore, it is consistent with the literature that achievement of National Certified Counselor Certification is not a identified determinant of multicultural competence, though with the response rate being only 35%, the influence of achievement of National Certified Counselor Certificate status on counselor multicultural competence merits future research.

5.2.3 Marginally Significant Predictor Variable

Gender. The null hypothesis that gender does not predict counselor multicultural competence was retained. Linear regression analysis did, however, report marginal statistical significance ($t = -1.67$, $p = .11$). This result may indicate that gender could be a determinant of achievement of multicultural competence. To date, literature does equate gender differences to self-efficacy but not to the acquisition of competence (Hackett & Campbell, 1987). Looking at gender differences in regards to multicultural competence might prove to be beneficial. Since a marginal significance was detected, and considering the low response rate of the survey, the notion of gender's influence on counselor multicultural competence merits future research.

5.3 Limitations of the Study

There are several limitations of this study. The limitations include concerns with sample selection, instruments used, sample size, and the use of Internet survey research.

5.3.1 Limits of the Sample Selection

The sample that was chosen, from members of the Oregon Mental Health Counselors Association, was not representative of the general counselor population. Primarily, the sample consisted of 81 mental health counselors and the sub-sample of a smaller group of respondents (n=28). The resulting response rate for this study was 35%. A response rate of 60% is considered a good and provides for less chance of significant response bias (Rubin & Babbie, 2001). From the results of the survey no population or causal inferences can be made. In addition all respondents indicated European/European American as their race/ethnicity. Zero variance in ethnicity does not provide the researcher with a diverse representative sample. It is important for the reader to note that the results from this study can not be generalized due to participant composition (i.e., all participants were European/European American).

5.3.2 Limitations of the Instruments employed

5.3.2.1 The Counselor Self-Efficacy Scale (CSES)

The results from the CSES showed only 1% discriminability. In other words, only 1% of the respondents (n=1) indicated moderate counselor self-efficacy, while 99% of respondents (n=27) indicated high self-efficacy. Therefore, it might be beneficial to assess whether or not the CSES is an appropriate self-report measure of counselor self-efficacy. Discriminability refers to the degree to which survey items are either too easy or too hard, and it results in people not differing in their responses to the measure (Kaplan & Saccuzzo, 1993). In addition to the idea of discriminability, the truncated data could also have influenced the correlations and results of the study. Truncated data occurs when some observations are not included in the analysis because of the value of the variable, that is, the sample is drawn from a restricted part of the population. Since the sample consisted of only Oregon mental health counselors and the entire subject pool that responded was Caucasian, truncation of scores must be considered. Discriminability and truncation might play a large role in the results from the CSES and the results from the statistical analyses.

5.3.2.2 The Multicultural Counseling Awareness Scale-Form B: Revised Self Assessment (MCAS:B)

The results from the MCAS:B indicate that the vast majority of mental health counselor participants (89%) had moderate multicultural competence (score range 140-213), and that *none* acquired a score indicating high multicultural competence (possible score range 226-315). This could indicate

two things. First, respondents from OMHCA might not have client populations that elicit the counselors to seek out workshops and education related to multicultural issues. Two e-mail responses from individual participants indicated that in the years of their counseling experiences, they have not seen or served a high percentage of or any "minority clients." This could have attributed to the moderate competencies recorded from the data, although one would not want to imply that only "minority clients" have multicultural issues.

In addition, many of the multicultural theorists listed in the measure are not included in much of the current counseling literature. Re-assessment of the norming group, and the reliability and validity coefficients, would be appropriate. Lastly, truncated data concerns must also be considered when discussing the limitations of the MCAS: B because, as was discussed above, all participants were from the same geographical location and reported being of the same ethnicity/race. All the above discussed factors might play a large role in the results from the MCAS:B and should be further investigated in future research.

5.3.2.3 Dillman Method for Internet Surveys

The Dillman Method for Internet surveys (2000) is a widely accepted form of data collection. Some e-mail Internet options (i.e. choosing what e-mails are allowed in personal accounts, junk mail filters, and no acceptance of unknown emails) might have influenced how many participants out of the total

81 received the survey-research. In addition, participants might not have recognized the researcher's e-mail and immediately disregarded the research. Lastly, some participants might have chosen to not respond based on insecurities and fear of not scoring well on the self-report measures. According to other research in the area on Internet surveys, web surveys attain lower response rates than equivalent mail surveys (Crawford, Couper, Lamias, 2001). In a Internet survey research project, Stephan and Chunyan (2002) received a response rate of only 22%. In general, Internet research has been discovered to provide the researcher with lower response rates.

Options to help minimize this difficulty are many, but there is very little information on effective strategies (Crawford et al., 2001). Dillman (2000) discusses that an increased response rate can be influenced by including both a mail and telephone follow-up. Crawford et al.(2001), offer ideas such as using a progress indicator, automating password entry, varying the time of reminder notices to non-respondents, and using a prenotification report of the anticipated survey length. Though the Internet method was followed, additional alternative follow-ups and survey modes should be considered in future research.

5.4 Implications for Practitioners and Future Research

Though the current study provides only a few marginally statistically significant results, the research question focusing on counselor self-efficacy and multicultural competence seems to have practical significance and still has

many implications for practitioners and future research. P-values are sample-size dependent and statistical significance between self-efficacy and multicultural competence might have been influenced by the small number of respondents (Ramsey & Schafer, 1997). The correlation of .30, which was acquired even with the small sample of respondents (n=28), and the marginally significant regression analysis ($t = 1.82, p = .08$) could prove to be interesting for both practicing counselors and researchers in the field. As practitioners, however, it is important to consider the possibility that a relationship does not exist between multicultural competence and counselor self-efficacy. Though literature seems to point to the opposite, in order to be thorough, it is important to at least consider the possibility of the variables not being related.

5.4.1 Practitioner Implications

Multicultural competence is not only necessary for appropriate counseling practice, but is also an ethical obligation. Therefore, there are a number of practitioner implications for counseling professionals. As was discussed in Chapter 2, Sue et al. (1992) constructed the Multicultural Counseling Competencies to promote competence in the profession. In addition to the competencies, the American Counseling Association (ACA) clearly states ethical guidelines that the multiculturally competent practitioner must follow in his or her practice (Appendix 15). Eighty-six percent of respondents indicated moderate multicultural competence yet zero percent indicated high competence. This poses a issue in the counseling profession.

In the "limitations" section, we discussed why the MCAS:B might not be the best multicultural competence assessment tool. Nevertheless, it does seem to be interesting that 0% of respondents indicated high competence. In Chapter 2 there is the discussion of the limited number of multicultural classes taught at the graduate level. Eighty-nine percent of counseling graduate programs require only one multicultural training class and only fifty-eight percent integrate multicultural issues into all coursework (Lee et al., 1999). In addition, multicultural counseling competence is based on the therapist's awareness, knowledge, and skills related to diverse cultures (Coleman, 1998; Coleman, 1996; Constantine, Juby, Liang, 2001; Constantine & Landy, 2000; Constantine et al., 1996; Holcomb-McCoy, 2000; Holcomb-McCoy & Meyers, 1999; Sodowsky et al.; 1994, Sue et al., 1992; Toporek & Reza, 2001). Since awareness, knowledge, and skills are acquired through exposure to working with diverse populations, self-awareness and additional educational experiences with multicultural counseling issues, implications for practitioners include all of these (Neville et al., 1996; Pope-Davis & Dings, 1994; Sodowsky et al., 1994; Steward et al., 1998a).

As was discussed earlier as well, personal motivation to seek out additional educational and hands-on experience with clients of diverse cultures is necessary, especially since graduate-level education does not always address multicultural counseling issues (Bandura & Cervone, 1986; Larson & Daniels; 1998; O'Brien et al., 1997). It has been found that personal motivation and perceived ability to succeed influence behavior (Bandura, 1977a; Bandura,

1997). When related to counseling, it was discovered that self-efficacy beliefs are the primary causal determinant of effective counseling action (Larson & Daniels, 1998; Munson, et al., 1986a). Therefore, the construct of self-efficacy and the personal cultivation of counselor self-efficacy has many implications for practitioners.

According to Larson and Daniels (1998), counselors with low perceived self-efficacy are less likely to take risks and avoid trying innovative strategies. Risk-taking and the use of innovative strategies are the foundations of effective multicultural counseling. If counselors continue to apply the same treatment to every client, regardless of culture, there will be an increased chance of doing harm (Constantine et al., 1996). Therefore, it is essential that counselors cultivate individual self-efficacy with hopes of striving to be better counselors overall, including being competent with clients of diverse cultures. As was discussed by Bandura (1977a), sources of information - performance accomplishments, observing others succeed or fail, verbal persuasion, states of physiological arousal - influence self-efficacy. A thorough description of these can be found in Section 2.5.2.

Therefore, implications for practitioners are many. First, multicultural competence is an ethical obligation and is necessary if therapists commit to providing appropriate and client-specific care, something that is extremely necessary due to individual differences.

Second, competence calls for professionals to look at their own identity and biases through self-awareness and personal growth (Pope-Davis & Dings, 1994).

This could be a difficult journey for many. It seems as though an implication for practitioners, who have hopes of achieving multicultural competence, would be to include a personal self-awareness piece which could seem extremely risky to many. According to the literature, however, for practitioners to achieve multicultural competence, a self-awareness piece should be included.

Third, personal self-efficacy has been shown to increase motivation and help individuals prevail when obstacles are present. Counselor self-efficacy has been shown to predict appropriate counseling action regardless of client individuality. The multicultural counseling relationship (the relationship between the client and the therapist) will pose many obstacles because it brings together two very different individuals who must set a common goal. Therapist sensitivity to culture and individual client norms are imperative. A counselor must believe he/she can succeed with diverse clients and the use of diverse interventions. A counselor with low self-efficacy is very unlikely to take the chance (O'Brien et al., 1997).

The last implication for practitioners is that they must commit to self growth and multicultural competence. This is a personal choice. It takes a committed individual who believes he/she can succeed.

5.4.2 Implications for Future Research

The results from the study revealed areas that need to be addressed in future research. Primarily, sample size and sample selection must be reevaluated. According to Ramsey and Schafer (1997) there are four ingredients that are

required for the calculation of an appropriate sample size. They are as follows:

> 1. An estimate of the standard deviation must be available. If blocking and/or covariate analysis is to be done, then the residual standard deviation needs to be known approximately.
> 2. One specific linear combination of group means should be identified. This linear combination should be the one that addresses the most important question of interest.
> 3. A confidence level, $100(1 - \alpha)\%$, must be selected.
> 4. The difference between the null value and the smallest practically significant alternative must be specified.
>
> (Ramsey & Schafer, 1997; p. 668).

For the current study, a convenience sample was used. For future research in this area, sample selection should follow the criteria listed above so that causal and population inferences can be made.

Second, mental heath counseling participants could have gone through some specialized training in the area of multicultural counseling. In the current study, no assessment of educational experiences in multicultural issues beyond formal education were assessed. Participants were asked to disclose their age, gender, race/ethnicity, years of professional experience, CACREP status, and achievement of the National Counselors Certificate, but not additional experiences with multicultural counseling concepts such as in workshops, seminars, and other educational experiences. Also, no assessment of personal

exposure to multicultural experiences in the counseling setting was included. Assessment of exposure to clients needing multicultural services also speaks to the concern of amount of training. A few participants disclosed not being exposed to diverse "minority" clients. Amount of exposure had been discovered to influence competence and would be an interesting variable for future research (Constantine et al., 1996; Lee et al., 1999).

Third, research needs to explore the relationship between training, self-efficacy, and performance relationships. As was discussed by Bandura (1977a) four sources of information - performance accomplishments, observing others succeed or fail, verbal persuasion, and states of physiological arousal - influence self-efficacy. How these can be fostered and infused in the counseling graduate level curriculum is an implication for future research. In addition, further assessment of the training models' (ones that include a fostering of personal self-efficacy piece) effect on counselor performance could provide the counseling profession with more insight into the mystery of how to cultivate culturally sensitive counseling professionals.

Fourth, this study focused on the assessment of multicultural competence and counselor self-efficacy of mental heath counselors. The study could be expanded to include other counseling professions such as social workers, school counselors, addictions counselors, and psychologists. A more thorough assessment of measurement tools would be necessary, which leads us to the fifth implication for future research.

The fifth implication deals with measurement choice. As was discussed in

Section 5.3.2, the CSES and the MCAS:B might have been biased. A thorough investigation for the most appropriate measures for both self-efficacy and multicultural competence would be imperative for future research. After investigation into the tools used in this study and those that are already available in the field (see Sections 2.3.2 and 2.5.3.2), a possible future implication would be the research and construction of new assessment tools for both self-efficacy and multicultural competence.

Sixth, more research in the area of gender influences on multicultural competence should be considered. The discovery of marginal statistical significance even with such a small sample size implies that gender could in fact be a predictor of multicultural competence. A future implication for research would be to continue this investigation and could lead to additional research on gender influence on competence.

Lastly, a seventh implication for future research deals with defining groups, or assigning dummy variables to the predictor variables. In the current study, the predictor variable, years of professional experience, was defined as 1 (group one) equaling 6 years or more of professional experience and 0 (group two) equaling 5 years or less of professional experience. Future research could investigate what is the best practice when assessing how to assign dummy variables to years of experience. A change in the current study's practice could provide the investigator with more information as to how years of experience could be influencing or "predicting" the construct of multicultural competence.

5.5 Conclusion

Clients from diverse cultures have increasingly utilized mental heath and other counseling services over the past few decades (Allison et al., 1994; Arredondo, 1999). Over time we have gained much knowledge and numerous tools to assess multicultural competence, but many counseling graduate students remain minimally or not at all exposed to multicultural counseling training (Hansen et al., 2000; Lee et al., 1999).

The current literature discusses that counselor personal characteristics and drive influence the outcome of therapy and that traditional approaches tend to minimize the importance of client diversity and culture (O'Brien et al., 1997; Hanna et al., 1999). Counselor self-efficacy was assessed and compared to multicultural competence scores to further investigate this proposed phenomenon. In addition, gender influences were investigated.

Though this study was unable to reject the null hypothesis, the discovery of marginal statistical significance and the current literature and the current trends of the counseling profession speak to the importance of continual research in the area of self-efficacy and its relationship to multicultural competence. Also, the marginal significance between gender and multicultural competence provides an avenue for future research. Thus, counseling professionals and researchers in the field must continue to investigate ways in which to foster and cultivate personal awareness of self and others, knowledge of how their own identity and their client's identity influence the counseling

relationship, and the skills necessary to promote change in a culturally sensitive and appropriate way.

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Appendices

Appendix 1

Multicultural Counseling Competencies

Sue, Arredondo, McDavis (1992)

3 (characteristics) X 3 (dimensions) matrix

characteristics =

a) counselor awareness of own assumptions, values, and biases

b) understanding the worldview of the culturally different client

c) developing appropriate intervention strategies and techniques

dimensions =

a) beliefs and attitudes

b) knowledge

c) skills

COUNSELOR AWARENESS OF OWN ASSUMPTIONS, VALUES, AND BIASES

Beliefs and Attitudes

1. Culturally skilled counselors have moved from being culturally unaware to being aware and sensitive to their own cultural heritage and to valuing and respecting differences.
2. Culturally skilled counselors are aware of how their own cultural background and experiences, attitudes, and values and biases influence psychological process.

3. Culturally skilled counselors are able to recognize the limits of their competencies and expertise.
4. Culturally skilled counselors are comfortable with differences that exist between themselves and the clients in terms of race, ethnicity, culture and beliefs.

Knowledge

1. Culturally skilled counselors have specific knowledge about their own racial and cultural heritage and how it personally and professionally affects their definitions and biases of normality-abnormality and the process of counseling
2. Culturally skilled counselors possesses knowledge and understanding about how oppression, racism, discrimination, and stereotyping affect them personally and their work. This allows them to acknowledge their own racists' attitudes, beliefs, and feelings. Although this standard applies to all groups, for White counselors it may mean that they understand how they have directly or indirectly benefited from individual, institutional, and cultural racism (White identity development models).
3. Culturally skilled counselors possess knowledge about their social impact upon others. They are knowledgeable about communication style differences, how their style may clash or facilitate the counseling process with minority clients, and how to anticipate the impact it might have on others.

Skills

1. Culturally skilled counselors seek out educational, consultative, and training experiences to enrich their understanding and effectiveness in working with

culturally different populations. Being able to recognize the limits of their competencies, they a) seek consultation, b) seek further training or education, c) refer out to more qualified individuals or resources, or d) engage I a combination of these.

2. Culturally skilled counselors are constantly seeking to understand themselves as racial and cultural beings and are actively seeking a nonracist identity.

UNDERSTANDING THE WORLDVIEW OF THE CULTURALLY DIFFERENT CLIENT

Beliefs and Attitudes

1. Culturally skilled counselors are aware of their negative emotional reactions toward other racial and ethnic groups that may prove detrimental to their clients in counseling. They are willing to contrast their own beliefs and attitudes with those of their culturally different clients in a nonjudgmental fashion.
2. Culturally skilled counselors are aware of their stereotypes and preconceived notions that they my hold toward other racial and ethic minority groups.

Knowledge

1. Culturally skilled counselors possess specific knowledge and information about the particular group that they are working with. They are aware of the life experiences, cultural heritage, and historical background of their culturally different clients. This particular competency is strongly linked to the "minority identity development models" available in the literature.

2. Culturally skilled counselors understand how race, culture, ethnicity, and so fourth may effect personality formation, vocational choices, manifestation of psychological disorders, help-seeking behavior, and the appropriateness or inappropriateness of counseling approaches.
3. Culturally skilled counselors understand and have knowledge about sociopolitical influences that impinge upon the life of racial and ethnic minorities. Immigration issues, poverty, racism, stereotyping, and powerlessness all leave major scars that may influence the counseling process.

Skills

1. Culturally skilled counselors should familiarize themselves with relevant research and the latest findings regarding mental heath and mental disorders of various racial and ethnic groups. They should actively seek out educational experiences that enrich their knowledge, understanding, and cross-cultural skills.
2. Culturally skilled counselors become actively involved with minority individuals outside the counseling setting (community events, social and political functions, celebrations, friendships, neighborhood groups, and so fourth) so that their perspective of minorities is more than and academic or helping exercise.

DEVELOPING APPROPRIATE INTERVENTION STRATEGIES AND TECHNIQUES

Attitudes and Beliefs

1. Culturally skilled counselors respect client's religious and/or spiritual beliefs and values about physical and mental functioning.

2. Culturally skilled counselors respect indigenous helping practices and respect minority community intrinsic help-giving networks.
3. Culturally skilled counselors value bilingualism and do not view another language as an impediment to counseling (monolingualism may be the culprit).

Knowledge

1. Culturally skilled counselors have a clear and explicit knowledge and understanding of the generic characteristics of counseling and therapy (culture bound, class bound, and monolingual) and how they may clash with the cultural values of various minority groups.
2. Culturally skilled counselors are aware of institutional barriers that prevent minorities from using mental health services.
3. Culturally skilled counselors have knowledge of the potential bias in assessment instruments and use procedures and interpret findings keeping in mind the cultural and linguistic characteristics of the clients.
4. Culturally skilled counselors have knowledge of minority family structures, hierarchies, values, and beliefs. They are knowledgeable about the community characteristics and the resources within the community as well as the family.
5. Culturally skilled counselors should be aware of relevant discriminatory practices at the social and community level that may be effecting the psychological welfare of the population being served.

Skills

1. Culturally skilled counselors are able to engage in a variety of verbal and nonverbal helping responses. They are able to *send* and *receive* both *verbal* and

nonverbal messages *accurately* and *appropriately*. They are not tied down to only one method or approach to helping but recognize that helping styles and approaches may be culture bound. When they sense that their helping style is limited and potentially inappropriate, they can anticipate and ameliorate its negative impact

2. Culturally skilled counselors are able to exercise institutional intervention skills on behalf of their clients. They can help clients determine whether a "problem" stems from racism or bias in other (the concept of healthy paranoia) so that clients do not inappropriately blame themselves.
3. Culturally skilled counselors are not adverse to seeking consultation with traditional healers or religious and spiritual leaders and practitioners in the treatment of culturally different clients when appropriate.
4. Culturally skilled counselors take responsibility for interacting in the language requested by the client; this may mean appropriate referral to outside resources. A serious problem arises when the linguistic skills of a counselor do not match the language of the client. This being the case, counselors should a) seek a translator with cultural knowledge and appropriate personal background or b) refer to a knowledgeable and competent bilingual counselor.
5. Culturally skilled counselors have training and expertise in the use of traditional assessment and testing instruments. They not only understand the technical aspects of the instruments but are also aware of the cultural limitations. This allows them to use test instruments for the welfare of the diverse clients.

6. Culturally skilled counselors should attend to as well as work to eliminate biases, prejudices, and discriminatory practices. They should be cognizant of sociopolitical contexts in conducting evaluations and providing interventions, and should develop sensitivity to issues of oppression, sexism, and racism.
7. Culturally skilled counselors take responsibility in education their clients to the process of psychological intervention, such as goals, expectations, legal rights, and counselor's orientation.

Appendix 2

Characteristics of Promising Multicultural trainees
Ponterotto (1998)

1. Exercise openness and curiosity with regard to training activities.
2. Demonstrate a willingness to examine their own socialization history—family and community upbringing, schooling, church, friendships, and so fourth.
3. Exhibit courage to self-disclose their own views, opinions, feelings, and questions in group and class discussions.
4. Are nondefensive in their interpersonal interactions and can absorb and consider feedback regarding their own sexist, racist, and homophobic attitudes and expectations.
5. Are characterized by high levels of resiliency, psychological hardiness, and cognitive complexity. Involvement in multicultural training over a semester or yearlong period can be quite intense, and trainees are likely to feel vulnerable at various points in the training. The ability to process strong affective states and to consider alternate philosophies of life in an open-minded fashion is warranted.
6. Display a commitment to developing multicultural competence in spite of the many challenges that are involved in the process. The training commitment extends to social justice issues and general appreciation for the culturally different. Make active efforts to learn more about multicultural issues through additional coursework, conferences and workshops, and independent reading and research. These students also commit to increasing their personal contact across cultures—traveling and establishing more diverse friendship and collegial bases.

Appendix 3

Cover Letter/Informed Consent

Dear Counseling Professional:

Counseling professionals across the United States have been challenged with providing appropriate services to clients of diverse backgrounds. The multicultural counseling movement over the past 25 years has demanded higher standards of training and many researchers, practicing counselors, and counselor educators have made a commitment to multicultural excellence. Unfortunately, even with the increased integration of multicultural awareness and sensitivity into counselor training, counselors in the field continued to struggle with practicing culturally sensitive therapy. Information is needed to discover what, in addition to the current training, influences a counselor's ability to reach multicultural competence. The information, when collected, will provide counselors, counselor educators, and counseling researchers with more insight into promoting multicultural awareness and practicing competence.

As a doctoral student in counselor education and a practicing mental health counselor, I am asking your help in determining what counselor attributes are related to the growth of multicultural competence. I would appreciate it if you would take about 20 minutes to complete the following demographic information and respond to the two surveys accessible via the web link below. Your responses, together with others, will be combined and used for statistical summaries only. Only the members of the Oregon Mental Health Counselors Association will receive the surveys, so your participation is vital to the study.

Some of the questions that are included in the surveys might seem personal and intrusive. Some questions might challenge the participant to take a critical look at self. This is the only foreseeable risk that will be taken if one chooses to participate. Again, no information that is collected during this study will be used for any other purpose than the current research.

There are many benefits that are tied to participation. Primarily, the participants will be providing the researcher with information that can be truly influential in the ever-growing counseling profession. In addition, the concept of multicultural counseling and its concepts are a major focus in current literature with no definitive explanation or theory as to how to teach and promote multicultural competence. Therefore, research in this area is imperative. With the constantly changing population and the increase of minority clients utilizing mental heath services, we must continue to push ahead in this realm of research.

The answers that you provide will be kept confidential to the extent permitted by law. Your email addresses will only be used to send email reminders and will not return attached to your responses to the surveys. Because your names will not return with your responses, email reminders will be sent to everyone. The subject of these reminders will be 'Research Survey Reminder.' Please just delete the reminder emails if you have already completed the survey research. I hope this will not cause too much of an inconvenience but the method was chosen to increase confidentiality. Your surveys will be destroyed once your responses have been tallied and the participant information will be destroyed when data collection is complete.

It is important to remember that participation in this study is completely voluntary. All recipients of this survey packet have a personal right to not participate. There will be no professional consequences or disclosure or non-participation. The choice to participate lies with each individual. Lastly, it is important to reiterate that all information collected in this study will be held in confidence, as permitted by law, and will not be used for any other purpose than the current study.

Since we are using the Internet survey method, by completing and submitting the following demographic information and the two surveys via the web link below, you are agreeing to informed consent. If you have any questions about the research study or specific procedures, feel free to contact Maria Havens at (541) 753-1416. If you have questions about your rights as a

research subject or if you have sustained a project-related injury, you can contact the IRB Coordinator at the Oregon State University Research Office at (541) 737-3437.

Thank you for your help and I appreciate you cooperation.

Sincerely,
Maria C. Havens, Doctoral student at OSU

To begin the survey research, please click on the web page link below.

http://www.onid.orst.edu/~havensma/page1.htm

Appendix 4

Appeal Letter

The purpose of the current study is to look at counselor attributes and how they relate to multicultural counseling and it's concepts. According to the current literature, multicultural skill development of counselor trainees is minimal and no effective teaching model has been formulated or accepted. Therefore, there is a call to professionals in the field and professional researchers to investigate multicultural concepts and competencies in order to begin to unravel the many mysteries behind effective multicultural counseling.

Multicultural counseling has been brought more into counselor awareness over the past few decades. With minority populations constituting for more then 25% of those that utilize mental health services, it is imperative that counselors make a professional commitment to the enhancement and growth of multicultural awareness, knowledge, and skills. This research is doing just that. It is investigating practicing counselors personal attributes and how they relate to effective multicultural counseling interventions and skills.

Therefore, it is imperative that each respondent is conscientious of the importance of this research and that thorough and accurate completion of the surveys is very important. Research in the field of counseling continues to grow and as a result of the literature, counseling professionals become more competent in their practice. There is a major call for professionals to grow and learn in the specialty of multicultural counseling. Research on this subject will only lead to the opportunity of becoming better counseling professionals.

NEXT

Appendix 5

Demographic Data Sheet

Please fill out the following demographic information

Age:

Professional Title:

Years of Experience as a Counselor/Therapist:

For the following, please check which applies

Gender: Male Female

For the following, please check which applies

CACREP graduate: Yes No

For the following, please check which applies

Nationally Certified Counselor: Yes No

For the following, please check which applies

Race/Ethnicity: White/European American Asian/Asian American Black/African American Hispanic/Latino American American Indian/Alaskan Native Other Decline to Respond

SUBMIT

Appendix 6

Instructions for Participant Completion

WELCOME!!!

Thank you for choosing to participate in this research study!

You will be asked to complete the following parts:

*Complete the demographic data sheet

*Complete the TWO surveys

*Be sure to hit 'SUBMIT' all three times before leaving the site so your data will return to the researcher via the web-link.

NOTE: You will Submit data three times. Each time will be clearly indicated. When you are through with the surveys you will reach a 'Thank you!' page with no buttons. When you have reached this page, you can be sure you have finished all portions of the survey-research.

Everything listed above is contained in the following pages. Please take your time and complete all the parts.

Thank you again for participating. To begin, just click on the NEXT button below.

NEXT

Appendix 7

Email Prior to Sending Survey Research

Dear Counseling Professional:

In a few days you will be receiving an email asking for your participation in a survey research project, which is a requirement of mine for completion of a doctoral program in Counselor Education and Supervision at Oregon State University. The email will discuss the research briefly and will provide a link to the survey-research website. I hope you will consider participating in this research. Other participants will include you fellow members of OMCHA. The information you will be asked to provide will take approximately 15 to 20 minutes. I thank you for your time and I look forward analyzing the new data I will receive through your completion of the research surveys.

Thank you!

Maria C. Havens

Appendix 8

Thank You to Participants

Dear Counseling Professional,

I just wanted to extend a thank you to you for participating in my research study. The information that I obtained from your participation will aid me in the completion of my doctoral program, but more importantly will provide another building block into our discovery of true multicultural competence and excellence in the field of counseling. If you have any questions for me please feel free to contact me at (541) 753-1416. Again, thank you for your participation and I wish you well with future endeavors.

Sincerely,

Maria C. Havens, Doctoral Student at OSU

Appendix 9

Survey Research Reminder

Dear Counseling Professional,

Last week you received a request to participate in a research study. I am sending this email reminder, with another link to the research survey website, if you are interested in participating in the study. Though your choice to participate is voluntary, it is in best practice that I send out a reminder asking you to reconsider participation in the current study. Thank you for your time.

Sincerely,

Maria C. Havens, Doctoral Student at OSU

To begin the survey research, please click on the web page link below.

http://www.onid.orst.edu/~havensma/page1.htm

Appendix 10

Final Survey Reminder

Dear Counseling Professional,

This is a final reminder for participation in this research study. Below you will find a link to the survey-research website for your participation. The information you will be asked to provide will take approximately 15 to 20 minutes. I hope you reconsider participation but do understand that you might have significant reasons for not participating. I thank you for your time and wish you the best of luck in future endeavors.

Sincerely,

Maria C. Havens, Doctoral Student at OSU

To begin the survey research, please click on the web page link below.

http://www.onid.orst.edu/~havensma/page1.htm

Appendix 11

The Counselor Self-Efficacy Scale

Questionnaire 1

Using the following scale, rate each item as it applies to you.

1 = Agree Strongly
2 = Agree Moderately
3 = Neutral/Uncertain
4 = Disagree Moderately
5 = Disagree Strongly

1. My knowledge of personality development is adequate for counseling effectively.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

2. My knowledge of ethical issues related to counseling is adequate for me to perform professionally.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

3. My knowledge of behavior change principles is not adequate.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

4. I am not able to perform psychological assessment to professional standards.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

5. I am able to recognize the major psychiatric conditions.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

6. My knowledge regarding crisis intervention is not adequate.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

7. I am able to effectively develop therapeutic relationships with clients.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

8. I can effectively facilitate client self-exploration.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

9. I am not able to accurately identify client affect.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

10. I cannot discriminate between meaningful and irrelevant client data.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

11. I am not able to accurately identify my own emotional reactions to clients.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

12. I am not able to conceptualize client cases to form clinical hypotheses.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

13. I can effectively facilitate appropriate goal development with clients.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

14. I am not able to apply behavior change skills effectively.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

15. I am able to keep my personal issues from negatively affecting my counseling.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

16. I am familiar with the advantages and disadvantages of group counseling as a form of intervention.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

17. My knowledge of the principles of group dynamics is not adequate.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

18. I am able to recognize the facilitative and debilitative behaviors of group members.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

19. I am not familiar with the ethical and professional issues specific to group work.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

20. I can function effectively as a group leader/facilitator.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

SUBMIT

Appendix 12

Multicultural Counseling Awareness Scale (MCAS) Form B: Revised Self-Assessment

Questionnaire 2

Using the following scale, rate the truth of each item as it applies to you.

1 2 3 4 5 6 7
not at all true somewhat true totally true

1. I am familiar with research and writings of Janet E. Helms and I can discuss her work at length spontaneously.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

2. I believe all clients should maintain direct eye contact during counseling.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

3. I check up on my minority/cultural counseling skills by monitoring my functioning-via consultation, supervision, and continual education.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

4. I am familiar with the research and writings of Derwald Wing Sue and I can discuss his work at length spontaneously.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

5. I am aware some research indicates that minority clients receive "less preferred" forms of counseling treatment than majority clients.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

6. I think clients who do not discuss intimate aspects of their lives are being resistant and defensive.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

7. I am aware of certain counseling skills, techniques, and approaches that are more likely to transcend culture and be effective with any clients.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

8. I am aware that the use of standard English with a lower-income or bilingual client may result in misperceptions of the client's strengths and weaknesses.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

9. I am familiar with the "culturally deficient" and "culturally deprived" depiction of minority mental health and understand how these labels serve to foster and perpetuate discrimination.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

10. I am familiar with the research and writings of Donald R. Atkinson and I can discuss his work at length spontaneously.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

11. I feel all the recent attention directed toward multicultural issues in counseling is overdone and not really warranted.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

12. I am aware of the individual differences that exist within members of a particular ethnic group based on values and beliefs, and level of acculturation.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

13. I am aware some research indicates that minority clients are more likely to be diagnosed with mental illnesses than are majority clients.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

14. I believe that clients should perceive the nuclear family as the ideal social unit.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

15. I believe that being highly competitive and achievement orientated are traits that all clients should work towards.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

16. I am familiar with the research and writings of J. Manuel Casas and I can discuss his work in length spontaneously.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

17. I am aware of my limitations in cross-cultural counseling and could specify them readily.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

18. I am familiar with the research and writings of Paul B. Pederson and I can discuss his work in length spontaneously.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

19. I am aware of the differential effects of nonverbal communication (e.g. personal space, eye contact, handshakes) on different ethnic cultures.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

20. I understand the impact and operations of oppression and the racist concepts that have permeated the mental health professions.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

21. I understand that counselor-client incongruities in problem conceptualization and counseling goals often reduce counselor credibility.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

22. I am familiar with the research and writings of Michael Santana-DeVio and I can discuss his work in length spontaneously.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

23. I am aware that some minorities see psychology functioning to maintain and promote the status and power of the White establishment.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

24. I am knowledgeable of acculturation models for various ethnic minority groups.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

25. I have an understanding of the role culture and racism play in the development of identity and world views among minority groups.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

26. I believe that it is important to emphasize objective and rational thinking in minority clients.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

27. I am aware of culture-specific, that is culturally indigenous, models of counseling for various racial/ethnic groups.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

28. I believe that my clients should view a patriarchal structure as ideal.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

29. I am aware of both the barriers and the benefits related to cross-cultural

counseling.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

30. At this point in my professional development, I feel very competent counseling the culturally different.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

31. I am comfortable with differences that exist between me and my clients in terms of race and beliefs.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

32. I am aware of institutional barriers that may inhibit minorities from using mental heath services.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

33. I am aware that counselors frequently impose their own cultural values upon minority clients.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

34. I think my clients should exhibit some degree of psychological mindfulness and sophistication.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

35. I am familiar with the research and the writings of Teresa D. LaFromboise, and I can discuss her work in length spontaneously.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

36. I believe that minority clients will benefit most from counseling with a majority counselor who endorses White middle class values and norms.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

37. I am aware that being born a White person in this society carries with it certain advantages.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

38. At this point in my professional development, I feel I could benefit little from clinical supervision of my multicultural caseload.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

39. I feel that different socioeconomic status background of counselor and client may serve as an initial barrier to effective cross-cultural counseling.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

40. I have a clear understanding of the value assumptions inherent in the major schools of counseling and know how these interact with values of the culturally diverse.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

41. I am aware that some minorities see the counseling process as contrary to their own life experiences and inappropriate or insufficient to their needs.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

42. I am aware that being born a minority in this society brings with it certain challenges that White people do not have to face.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

43. I believe that all clients must view themselves as their number-one responsibility.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

44. I am sensitive to circumstances (personal biases, stage of ethnic identity) which may dictate referral of the minority client to a member of his/her own race/culture.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

45. I know that some minorities believe counselors lead minority students into nonacademic programs regardless of student potential, preferences, or ambitions.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

SUBMIT

Appendix 13

Email Requesting Participants

Dear Peter Barbur,

I am a doctoral student at Oregon State University and am working on my dissertation entitled, "Mental Health Therapists' Self-Efficacy and the Relationship to Multicultural Counseling Competency." I was hoping to use the OMCHA members for participants and am requesting a list of the names, addresses, and emails of the current OMCHA members. I am currently a member of OMCHA and would enjoy being able to use its members in my current dissertation. I will be sending along a formal request via the post, but wanted to get your input before doing so.

Hope to hear from you soon.

Thank you,

Maria C. Havens, Doctoral student at Oregon State University

Appendix 14

Letter Requesting Participant Information

3124 NE Irving Street
Portland, Oregon 97232

18 October 2002

Dear Peter Barbur,

I am formally requesting the names, street addresses, and email addresses for the members of the Oregon Mental Health Counselors Association. The members will be requested to participate in a research study that I am conducting as a requirement for completion of my doctorate program at Oregon State University. My dissertation investigates counselor self-efficacy and multicultural counseling competency and has been approved by the counseling department at Oregon State University. Enclosed is a copy of my approved Program of Study, which indicates that I am in fact a student in the Counselor Education and Supervision doctoral program at OSU. In addition, this letter is co-signed by my major professor, indicating that my dissertation topic has been approved. Thank you for your time and help with acquiring the information that I need to complete my doctoral dissertation.

Sincerely and with thanks,

Maria C. Havens

Cass Dykeman, PhD, NCC, NCSC, MAC

Maria C. Havens
727 SW 15th Street
Corvallis, Oregon 97333
(541) 753-1416
weznala@hotmail.com

Appendix 15

ACA Code of Ethics and Standards for Practice

(related to multicultural issues)

Section A: The Counseling Relationship

A.2. Respecting Diversity

a. Non-discrimination. Counselors do not condone or engage in discrimination based on age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

b. Respecting differences. Counselors will actively attempt to understand the diverse cultural backgrounds of the clients with whom they work. This includes, but is not limited to, learning how the counselor(s) own cultural/ethnic/racial identity impacts his or her values and beliefs about the counseling process.

A.5. Personal needs and values

c. Personal values. Counselors are aware of their own values, attitudes, beliefs, and behaviors and how these apply in a diverse society, and avoid imposing values on clients.

Section C: Professional Responsibility

C.2. Professional Competence

a. Boundaries of competence. Counselors practice only within the boundaries of their own competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate

professional experience. Counselors will demonstrate a commitment to gain knowledge, personal awareness, sensitivity, and skills pertinent to working with a diverse client population.

f. Continuing education. Counselors recognize the need for continuing education to maintain a reasonable level of competence in the skills they use, are open to new procedures, and keep current with the diverse and/or special population with whom they work.

C.5. Public Responsibility

a. Nondiscrimination. Counselors do not discriminate against clients, students, or supervisees in a manner that has a negative impact based on their age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status, or socioeconomic status, or for any other reason.

Section D: Relationships with Other Professionals

D.1. Relationships with employers or employees

i. Discrimination. Counselors, as either employers or employees, do not engage or condone practices that are inhumane, illegal, or unjustifiable (such as considerations based on age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status, or socioeconomic status) in hiring, promotion, or training.

Section E: Evaluation, Assessment, and Interpretation

E.5. Proper diagnosis of mental disorder

a. Cultural sensitivity. Counselors recognize that culture affects the manner in which clients' problems are defined. Clients' socioeconomic and cultural experience is considered when diagnosing mental disorders.

E.6. Test selection

a. Culturally diverse populations. Counselors are cautious when selecting tests for culturally diverse populations to avoid inappropriateness of testing that may be outside of socialized behavior or cognitive patterns.

E.8. Diversity in testing

Counselors are cautious in using assessment techniques, making evaluations, and interpreting the performance of populations not represented in the norm group on which an instrument was standardized. They recognize the effects of age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status, or socioeconomic status on test administration and interpretation and place test results in proper perspective with other relevant factors.

Section F: Teaching, Training, and Supervision

F.1. Counselor Educators and Trainees

a. Educators as teachers and practitioners. Counselors who are responsible for developing, implementing, and supervising educational programs are skilled as teachers and practitioners. They are knowledgeable regarding the ethical, legal, and regulatory aspects of the profession, are skilled in applying that knowledge, and make students and supervisees aware of their responsibilities. Counselors conduct counselor education and training programs in an ethical

manner and serve as role models for professional behavior. Counselor educators should make an effort to infused material related to human diversity into all courses and/or workshops that are designed to promote the development of professional counselors.

i. Diversity in Programs. Counselors are responsive to their institution's and program's recruitment and retention needs for training program administrators, faculty and students with diverse backgrounds and special needs.

Section G: Research and Publication

G.1. Research responsibilities

f. Diversity. Counselors are sensitive to diversity and research issues with special populations. They seek consultation when appropriate.

Appendix 16

Hierarchical Linear Regression and Multiple Linear Regression Models

Proposed Hierarchical Linear Regression Models

Model 1. The demographic control variables, age, race, and gender were entered as the independent variables and multicultural competency was entered as the dependent variable.

Model 2. The predictor variables, years of professional experience, CACREP status, and achievement of the National Counselors Certificate, were added to age, race, and gender as the independent variables and multicultural competency was entered as the dependent variable.

Model 3. The remaining variable, self-efficacy was added to CACREP status, achievement of the National Counselors Certificate, age, race, and gender as the independent variables and multicultural competency was entered as the dependent variable.

Current Study's Multiple Linear Regression Model

Model. The predictor variable, gender and the criterion variable, counselor self-efficacy were entered as the independent variables and multicultural competency was entered as the dependent variable.