

UNIVERSITY OF CALGARY

The Multicultural Counselling Competencies of Canadian Counsellors

by

Tania Januszkowski

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE

DEGREE OF

MASTER OF SCIENCE

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

CALGARY, ALBERTA

JANUARY, 2000

© Tania Januszkowski 2000



National Library
of Canada

Acquisitions and
Bibliographic Services

395 Wellington Street
Ottawa ON K1A 0N4
Canada

Bibliothèque nationale
du Canada

Acquisitions et
services bibliographiques

395, rue Wellington
Ottawa ON K1A 0N4
Canada

Your file *Votre référence*

Our file *Notre référence*

The author has granted a non-exclusive licence allowing the National Library of Canada to reproduce, loan, distribute or sell copies of this thesis in microform, paper or electronic formats.

The author retains ownership of the copyright in this thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without the author's permission.

L'auteur a accordé une licence non exclusive permettant à la Bibliothèque nationale du Canada de reproduire, prêter, distribuer ou vendre des copies de cette thèse sous la forme de microfiche/film, de reproduction sur papier ou sur format électronique.

L'auteur conserve la propriété du droit d'auteur qui protège cette thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

0-612-49625-2

Canada

ABSTRACT

Changing client populations has prompted much research on the multicultural counselling competencies of counsellors. However, recent literature suggests that counsellors are not adequately prepared to work with diverse populations. This study explores 181 Canadian counsellors' perceived multicultural competencies, based on an exploration of four domains of multicultural counselling competence: self-awareness, skills, knowledge, and the counselling relationship. All participants completed a demographic questionnaire and the Multicultural Counselling Inventory (MCI). Results indicate that participants self-report the greatest competence in the domain of skills, followed respectively by knowledge, awareness, and the counselling relationship. Further results categorized participants into two groups of either high or low multiculturally competent counsellors. Results reveal that high multiculturally competent counsellors have a significantly greater percentage caseload of multicultural clients, and have taken significantly more multicultural courses. Further analysis indicates that experience working with multicultural clients and attending professional development seminars were the strongest predictors of higher levels of multicultural competencies, followed by case consultation. The findings emphasize the importance of multicultural counselling competence in Canada and the need for future research and professional training.

ACKNOWLEDGEMENTS

This project was completed with the help and support of many individuals. I would like to thank my supervisor, Dr. Nancy Arthur, for her insight and knowledge in the field of multiculturalism and her patience with my pacing in finishing this project. I would also like to thank Norman Giesbrecht and Dr. Tak Fung for their expertise in statistics and assistance with the data analysis. In addition, I would like to thank my thesis committee members, Dr. Jean Pettifor and Dr. Kim Zapf for their review of my research. A special thanks to my family, Konrad, Joansie, Colleen, Jackson, and Cori, who endured the obstacles of this project and respected the times “ I couldn’t talk about it.” Thank-you to Jodi, who also generously offered her time in the mailing of the questionnaires. I would like to extend thanks to all of my friends, especially Marla who paved the way, April, Stacy, The Bird, Michele, and Ken who not only encouraged me to ‘focus’, but to take time off to enjoy life throughout. Last but not least, I would like to thank my husband, Derek, whose encouragement, love, and laughter helped guide me through the bumps in the road!

DEDICATION

This thesis is dedicated to the three generations of influence in my life. My grandparents, Mary and Cliff Griffin whose unconditional love inspires me to believe I can do anything. My parents, Konrad and Joan Januszkowski, who demonstrate that with hard work and ambition anything is possible. And Derek, who has shown me that anything can be conquered when we manage it together.

TABLE OF CONTENTS

Approval Page.....	ii
Abstract.....	iii
Acknowledgements.....	iv
Dedication.....	v
Table of Contents.....	vi
List of Tables.....	x
CHAPTER 1: INTRODUCTION.....	1
Statement of the Problem.....	1
Purpose of the Research.....	3
Research Questions.....	3
Summary.....	4
CHAPTER 2: REVIEW OF THE LITERATURE.....	5
Introduction.....	5
Demand for Multicultural Counselling Competence.....	5
Definitions.....	7
Etic-Emic Debate.....	8
Etic Approach.....	9
Emic Approach.....	10
Stereotypes and Biases in the Field of Multicultural Counselling.....	13
Ethical Implications.....	15
Multicultural Counselling Competencies.....	19

Four Domains of Multicultural Counselling Competency	21
Awareness	21
Skills	23
Knowledge	25
Multicultural Counselling Relationship	27
Summary of four domains	28
Factors Potentially Affecting Multicultural Counselling	
Competency	29
Multicultural Training	30
Growth of Multicultural Training	30
Impact of Multicultural Coursework	32
Concern for Multicultural Training	34
Summary	35
CHAPTER 3: METHODOLOGY	36
Procedures	36
Instrumentation	38
Demographic Questionnaire	38
Multicultural Counselling Inventory	39
Study 1	39
Awareness scale	40
Skills scale	41

Knowledge scale.....	41
Relationship scale.....	41
Study 2.....	42
Other Relevant Studies.....	43
MCI Values for this Study.....	44
Data Analysis.....	45
Summary.....	45
CHAPTER 4: RESULTS.....	46
Descriptive Results of Participants.....	46
Descriptive Statistics.....	48
Correlations of MCI Scales.....	49
Characteristics of Low versus High Multiculturally Competent Counsellors.....	50
Predicting Multicultural Counselling Competency.....	53
Summary.....	54
CHAPTER 5: DISCUSSION.....	56
Main Findings.....	56
Discussion of Main Findings.....	57
Four Domains of Multicultural Counselling Competency.....	57
Characteristics of Low and High Multiculturally Competent Counsellors.....	58
Predictors of Multicultural Counselling Competence.....	60

Demographic variables.....	61
Implications.....	62
Recommendations for Counselling.....	63
Ethical Considerations.....	63
Recommendations for Training.....	65
Strengths and Limitations.....	66
Future Research.....	68
Summary.....	69
REFERENCES.....	72
APPENDIXES.....	87
A. Letter of Invitation.....	87
B. Revised Cover Letter.....	88
C. Demographic Questionnaire.....	89
D. Multicultural Counselling Inventory (MCI).....	92

LIST OF TABLES

<u>TABLE</u>	<u>PAGE</u>
1. Level of Education and Training of Participants	47
2. Multicultural Training and Experience Outside Post-Secondary Program	48
3. Descriptive Statistics for MCI Scales	49
4. Correlations Among MCI Scales	50
5. Group Clusters and Associated Variables	51
6. Demographic Characteristics of High and Low Competent Counsellors	53
7. Logistic Regression	54

CHAPTER 1: INTRODUCTION

Statement of the Problem

Over the past three decades, the term 'multiculturalism' has become one of the more explored topics in the counselling profession (Sue, Arredondo, & McDavis, 1992). In fact, following the forces of psychodynamic, behavioral, and humanistic movements, multiculturalism has been referred to as psychology's fourth force (Pedersen, 1991). Much of this is driven by the realization that we are a multiracial, multicultural, and multilingual society (Sue, 1990; Sue et al., 1992).

In the past, counsellors' practices in Western society have operated primarily within a monocultural and monolingual perspective reflected in what has been referred to as the encapsulated counsellor (Wrenn, 1962). Research indicates a history of cultural malpractice in the counselling profession (Hall, 1997). For example, the mental health profession has been criticized for overpathologizing and underpathologizing the issues of clients from non-dominant groups. This misdiagnosis may stem from an ethnocentric approach to counselling that breeds stereotypes and biases in the helping profession. The recognition of these serious implications has led many researchers and practitioners to advocate for not only the rights of their clients, but also for more training and new opportunities to address concerns about working with a multicultural clientele. In response, the need for professional development in the field of multicultural counselling has gained more recognition.

Presently, there are a series of debates surrounding how researchers and professionals approach multiculturalism. Research that examines the multicultural counselling competencies of mental health professionals has emerged recently in the

literature (e.g., Allison, Echemendia, Crawford & Robinson, 1996; D'Andrea, Daniels, & Heck, 1991; Patterson, 1996). In addition, many instruments have been developed that assess and measure counsellors' multicultural competencies (e.g., Multicultural Counselling Awareness Scale (MCAS; Pope-Davis & Dings, 1995), Cross-Cultural Counselling Inventory Revised (CCCI-R; LaFromboise, Coleman, & Hernandez, 1991), and the Multicultural Awareness/ Knowledge/ Skills Survey (MAKSS; D'Andrea, Daniels, & Heck, 1991). Unfortunately, findings indicate that professionals are not feeling equipped to manage the diversity of their caseloads, and describe themselves as unprepared to deal with multicultural clients (e.g., Bernal & Castro, 1994; Das, 1995; Pope-Davis & Ottavi, 1994; Ridley, Mendoza & Kanitz, 1994). An overall concern for the services provided to multicultural clients seems to have emerged.

Four domains of multicultural counselling competence have been identified: awareness; skills; knowledge; and the counselling relationship (Arredondo, (1994); Sue et al., 1992). The domain of awareness refers to the understanding that counsellors have regarding their own assumptions and biases about human behavior. The topic of self-awareness is one that is viewed as a priority in the field of counselling and a prerequisite for other domains of multicultural counselling competencies. Skills refer to actively developing and practicing appropriate intervention strategies and skills in working with culturally diverse clients. Knowledge refers to the theoretical knowledge and foundation of other cultures that justify counsellors' interventions and strategies. The counselling relationship is also an important dimension of multicultural counselling competence because it incorporates counsellor and client interactions such as comfort level,

worldviews, and stereotypes. These four domains have been identified as an integral way to explore counsellors' multicultural competencies.

Although a rationale for multicultural counselling has been documented, the challenge exists for professionals to become trained and prepared for working with diverse and changing populations. The call for training must be supported by further investigations that explore counsellors' multicultural competencies (Pope-Davis & Coleman, 1997).

Purpose of the Research

This project was aimed at investigating multicultural counselling competencies measured through an investigation of Canadian counsellors' perceived self-awareness, skills, knowledge, and counselling relationships. The published information available to date on counsellors' multicultural competencies is based primarily on American samples. The current study has the advantage of being one of the first Canadian studies to examine counsellors' multicultural competencies.

Data collected from this study investigates the relationship between multicultural counselling competencies and demographic and professional practice variables. This study also attempts to identify variables that may be useful in predicting multicultural competencies in counsellors.

Research Questions

The following questions were developed for this study:

- 1) How do Canadian counsellors rate their multicultural counselling competencies on the dimensions of self-awareness, knowledge, skills, and the multicultural counselling relationship?

- 2) **What demographic, professional practice, and educational factors are associated with higher levels of self-reported multicultural counselling competencies?**
- 3) **Which factors may be useful in predicting multicultural counselling competencies?**

Summary

The multicultural nature of our population makes it imperative that the counselling profession further examine the current status of multicultural counselling. Further training and a sense of direction for the field needs to be provided (Pope-Davis & Coleman, 1997) to the mental health profession. Through an investigation of Canadian counsellors' self-reported multicultural counselling competencies and an exploration of contributing variables, this study is aimed at contributing to the field of multicultural counselling in Canada.

CHAPTER 2: REVIEW OF THE LITERATURE

Introduction

The following literature is divided into three parts. The first part will begin with a brief introduction of the importance of addressing the multicultural competencies of Canadian counsellors. Definitions and a brief introduction to the current debates in the field of multicultural counselling are provided. In addition, examples of stereotypes and biases that exist within the counselling profession are acknowledged and details of ethical implications and guidelines are discussed. The second section will provide a description of multicultural counselling competencies and an overview of the research provided in the field. Included in this section is a brief overview of the instruments used in assessing multicultural counselling competencies and a description of the four domains typically researched (awareness, skills, knowledge, and the counselling relationship). This section will conclude with an introduction to factors that may potentially affect counsellors' levels of multicultural competency. The third section will provide an overview of the multicultural training of counsellors. Included in this section is information pertaining to the growth of multicultural training, the impact of multicultural coursework, and the concern for multicultural training. A chapter summary will conclude this review of the literature.

Demand for Multicultural Counselling Competence

Canada is a multicultural nation with a population of ethnic minorities growing at a steady and increasing rate. Results from the 1991 census of Canada describe that in addition to the Aboriginal people and the founding British and French groups, there are a

large variety of ethnic groups representing Canada's population (Esses & Gardner, 1996). Germans, Italians, Dutch, Ukrainians, Chinese, and Indo-Pakistani people are only a few of the groups building the ethnic composition of Canada. Increasing the ethnic diversity are the changing immigrant patterns over the last few decades (Kelly, 1995; Renaud & Badets, 1993). Although currently close to 10% of the adult population are visible minorities, it is estimated that by the year 2016, visible minorities will likely comprise close to 20% of the adult population and 25% of children (Kelly, 1995; Statistics Canada, 1995b). In addition, the growth rate of specific groups is expected to change, leading to an even greater increase in diversification (Esses & Gardner, 1996). These population statistics demonstrate that those working in mental health professions, whether clinical, counselling, research, or teaching roles, will encounter diversity in their clientele (Hall, 1997).

Cultural diversity presents strong implications and complex issues for mental health professionals, specifically for the field of psychology. Counsellors are concerned about both the preparation and the delivery of service as the population changes and evolves (Robinson, 1996). Counsellors need to be properly trained and prepared for professional practice with people whose cultural backgrounds are different from their own (Arthur, 1998). Attending to individual and group differences in multicultural teaching, research and practice is imperative for psychology to understand the experiences of diverse populations (Hall, 1997). Many concerns have emerged that address counsellors-in-training, and the competencies of professionals currently practicing.

Researchers have identified several important reasons to address multiculturalism specifically in Canada. For example, there is a growing concern and awareness regarding the poor treatment of Native people, escalating tensions between French and English Canada, and prejudice and stereotyping toward the growing ethnic minorities (Cannon, 1995; Gwyn, 1995). According to government policies in Canada, the ideal of multiculturalism is the survival and tolerance of ethnic minority groups and their cultures, with an absence of prejudice toward ethnic minorities (Esses & Gardner, 1996; Wienfield, 1994). Under Canada's multicultural policy, diverse ethnic groups are not expected to assimilate to Canadian practices, but are encouraged to share in the Canadian experience while maintaining their unique cultural backgrounds (Berry, 1984). Although Canada seems to have a template of how to be a multicultural nation, it is often difficult to implement these guidelines into everyday living and professional practices such as counselling.

Definitions

Despite the confusion that may surround the exact definition of multicultural counselling, the increased awareness and sensitivity to the issue is one that is welcomed in the field of psychology (Sue et al., 1992). Growing out of the political turmoil in the 1960s, over the last few decades the term multicultural counselling has taken on a plethora of meanings (Das, 1995; Pedersen, 1991). Interpretations of the term range from the distinction of different ethnic or minority groups to including groups of different ages, cultures, disability, ethnicity, physique, race, values, socioeconomic status, gender, religion and sexual orientation (Wienrach & Thomas, 1996). Other words such as culturally sensitive, diversity-sensitive, and cross-cultural counselling have also been

used interchangeably with the concept of multicultural counselling. For the purpose of this project, the term multicultural counselling can be broadly defined as any counselling relationship in which the counsellors and the client may belong to different cultural groups, hold different assumptions about social reality, and may subscribe to different world views (Das, 1995).

In addition, the definition of culture refers to the widely shared ideals, beliefs, values, customs, rituals, formation and uses of categories, assumptions about life, and goal-directed activities that become unconsciously or subconsciously accepted as 'right' and 'correct' by people who identify themselves as members of a society (Leong & Kim, 1991). Examples of a society may include a country (e.g., India), a more delimited segment of society (e.g., middle socioeconomic status in the United States), or may be an ethnic group within a large country (e.g., Polish Canadians, or Palestinian Arabs living in Israel). The term, ethnicity implies membership in a particular group or culture.

Throughout this paper the term Canadian counsellors will be used. Since the participants involved in this study are all registered members of the Canadian Guidance and Counselling Association, the term Canadian counsellors will be used to represent this population of participants.

Etic-Emic Debate

Since the rise of multiculturalism in society, there has been a great deal of confusion and debate over what is considered discriminatory treatment in counselling. For years, the professions of counselling and psychotherapy have operated from certain universal assumptions such as: (a) we are all human beings regardless of race, ethnicity, culture, and gender, (b) theories of counselling and psychotherapy are culture-free and

are applicable to everyone, (c) the therapeutic skills and strategies used in “good counselling” work for everyone, and (d) we should all be treated the same (Pope-Davis & Coleman, 1997). However, this monocultural perspective has been challenged by non-dominant groups who emphasize the importance of recognizing worldviews, different cultural values, and different life experiences (Pope-Davis & Coleman, 1997).

The controversy of how to approach the concept of multiculturalism in counselling is defined in the literature as the etic-emic controversy. This debate has both strong implications for the field of counselling because it demonstrates discrepancies in the formulation of a multicultural training philosophy. Therefore, the theoretical frameworks for conceptualizing cultural variables in multicultural counselling and training are guided by the approach one takes as a counsellor to understanding multiculturalism.

Etic Approach

The universal or etic approach to culture holds that all people are basically the same. Human beings and intragroup (within-group) differences are greater than intergroup (between-group) differences. The etic approach closely resembles the humanist vision of all people living in harmony, with group differences being of little or no relevance (Carter & Qureshi, 1995). The main assumption underlying the etic approach is that there is a human bond that supersedes all experience and that emphasis should be placed on the commonalities that all people share (Freeman, 1990; Sue & Zane, 1987; Vontress, 1979). On this basis, we are first and foremost human beings, and only secondarily does our experience and identity derive from other reference group variables such as gender or ethnicity.

Therefore, the etic approach is also based on the assumption that counselling theories can be developed to target the universal aspects of human existence which will transcend all cultural variations (Pedersen, 1991). Etic theorists either create new multicultural counselling theories and techniques that are universally applicable across cultures or they extract the universal aspects from traditional counselling theories and techniques and create modified versions of these for use in multicultural counselling (Ridley et al., 1994).

One major criticism of the etic approach is that it fails to realistically reflect cultural differences in definitions of psychosocial adaptation, pathology, and development. According to Ridley et al., (1994), counselling theories derived from a culture-specific perspective may be more relevant, effective, and affirming to clients as members of the cultural groups reflected in such theories. Another strong argument against the etic position is that the universality of theories is often assumed. Therefore, etic theorists are challenged to provide empirical proof of the validity of their assumptions, before defining their theories as truly universal.

Emic Approach

In contrast, the emic approach suggests that there are fundamental differences between different cultures and that clients should be viewed as culturally-specific. This position emphasizes that cultural differences are the basis for processes and techniques in counselling (Ibrahim, 1991; Pedersen, 1981; Sue, 1981, 1989). Traditional psychology has been attacked for not taking into consideration the contexts of cultural socialization, ethnicity, worldview, racial identity, and ethnic identity (Sodowosky, Kuo-Jackson, & Loya, 1997). Counsellors have also been accused by minority groups of being

“handmaidens of the status quo,” “transmitters of society’s values,” and “instruments of oppression” (Pope-Davis & Coleman, 1997).

In response, advocates of the emic approach believe that clients should be viewed as individuals in the context of their culture. From an emic standpoint, training goals and outcome criteria are culture-specific, embedded in a cultural context, and not expected to be universally applicable or transferable to counselling members of other cultural groups. The emic approach to multicultural training is promoted as more relevant and familiar to clients and is expected to better facilitate communication and produce outcomes that support adaptation within the client’s culture than an purely etic approach (Ridley et al., 1994).

According to Nwachuku and Ivey (1991), culture-specific counselling asks questions such as “How does a particular culture view the helping relationship?”, and “How does a particular culture solve problems traditionally?” (p.107). The goal of culture-specific counselling is to decrease negative stereotyping and, in turn, generate a more complex understanding of other cultures. Ridley et al. (1994), added that an emic approach may also reduce the likelihood of counsellors imposing culturecentric etic values on clients and that counsellors trained in the emic tradition may be less prone to unintentionally perpetuating the cultural oppression associated with the use of traditional counselling approaches. Hays (1996) stated that the emic approach to counselling not only underscores the importance of counsellors’ awareness, but increases the knowledge of the culture of each minority client.

However, Fukuyama (1990) and Lloyd (1987) noted that in practice, a focus on cultural differences may result in counsellors not seeing clients as a unique individual but

seeing them solely as culturally determined. They also noted that a culture-specific or emic focus may result in stereotyping and the use of separate standards for members of particular groups. Others criticize a strict emic approach by arguing that there are too many cultural groups, each with a wide range of within-group variations for counsellors to be effectively trained (Ridley et al., 1994). For example, for the over 110 estimated non-dominant groups in the United States alone, the task of understanding the cultural characteristics and implementing helping strategies specific to these cultural groups would be overwhelming and nearly impossible. Finally, the emic position has also been criticized as the multicultural “cookbook” approach to training and understanding multiculturalism. Specifically, some theorists view this cookbook filled with recipes for each cultural group outlining the group’s normative characteristics and intervention strategies deemed effective for use with a particular cultural population, often difficult to distinguish from stereotypes (e.g., Lloyd, 1987).

In summary, there is evidence that supports not only a culturally-specific approach to counselling, but also a universal emphasis on the human population that spans across all cultures. What is important to recognize within this debate is the discrepancy in not only how to approach multicultural counselling, but the very definition of it. Counsellors without proper training and a clear conceptualization of cultural influences place their clients at risk. Confusion may then grow in counsellors when determining how to assess and meet the needs of their clients. In addition, stereotypes and biases in counsellors may emerge.

Stereotypes and Biases in the Field of Multicultural Counselling

A strong foundation of literature has been developed that address the stereotypes embedded within the mental health profession. Examples of these stereotypes emerge when counsellors become what Pedersen (1995) describes as unintentional racists. Pedersen suggests that counsellors who presume that they are free of racism seriously underestimate the impact of their own socialization. As a result, racism emerges as an unintentional action by well-meaning, caring professionals.

Ethnocentrism is defined as “a psychological phenomenon characterized by the belief in the superiority of a set of values and a worldview that evolves from one’s own cultural, ethnic, or racial group. Obviously, the groups that one identifies with significantly influence the way one makes sense of life experiences and establish the norms for appropriate and inappropriate behaviors” (Daniels & D’Andrea, 1996, p.157). However, counsellors are likely to exhibit ethnocentrism when their theoretical orientations are based in culturally specific values and when assessment and intervention strategies do not incorporate culturally relevant information regarding clients’ worldviews (Arthur, 1997). Serious consequences result when client behaviors are viewed by an ethnocentric counsellor who may fall into patterns of overpathologizing and underpathologizing clients (Pedersen, 1995).

The overpathologizing bias is defined as rating ethnic clients as being more disturbed or mentally unstable than they actually are (Sue, 1996). In reviews of the literature Sue (1996) describes that evidence for the overpathologizing bias exists in studies that address the validity of assessment of African American clients (e.g., Adebimpe, 1981). For example, in the analysis of the records of 76 bipolar patients from

different ethnic groups, results indicate that more than two-thirds of the clients had been previously diagnosed with schizophrenia (Mukherjee, Shukla, Woodle, Rosen, & Olarte, 1983). These data also reveal that Latinos and African Americans were previously misdiagnosed with schizophrenia significantly more often than were White Americans (Sue, 1996). Obviously, an overpathologizing bias can emerge as a negative consequence of failing to consider behaviors as culturally defined.

Lopez (1989) has indicated that an underpathologizing bias also occurs (rating ethnic clients as being less disturbed than they actually are). Lopez found that when instances of overpathologizing and underpathologizing are combined, substantial misdiagnosis of ethnic clients is found. These examples illustrate that clients from non-dominant groups are more likely to be assessed or diagnosed inaccurately (Dana, 1998).

In addition, evidence has accumulated that suggests assessments of individuals from culturally diverse populations are problematic (Jones & Thorne, 1987; Rogler, Malgady, & Rodriguez, 1989). Investigators have provided examples of how cultural biases can affect therapists' interpretations of the psychological functioning of Chinese Canadians (Wong & Piran, 1995), African Americans (Adebimpe, 1981; Cayleff, 1986; Mukherjee et al., 1983), American Indians (LaFromboise, 1988), Asian Americans (Li-Repac, 1980; Sue & Sue, 1987, 1991), and Latinos (Good & Good, 1986, Lopez, 1989). Because clinicians may not understand the cultural backgrounds or potential cultural response sets of ethnic minority clients, the validity of the clinical evaluations is open to questioning (Sue, 1996).

Ethical Implications

Many researchers in the field of counselling address the serious ethical implications of counsellors who are working with members of non-dominant groups, but not trained properly. According to Sadowosky (1996), “the need to develop competencies in multicultural counselling is an issue of a pluralistic philosophy of life.” Professionals without proper and adequate training in working with clients from diverse cultural backgrounds are unethical, potentially harmful to clients, and bordering on the violation of their human rights (Sue et al., 1992). Without specialized training, counsellors are offering services for which they are not prepared (Ponterotto, 1996). In response, several ethical guidelines and professional standards have been developed that address working with culturally diverse clients.

In 1981 the American Psychological Association (APA) published guidelines making it imperative for counsellors to have some form of training on cultural differences. The emphasis on multicultural ethical guidelines has expanded since 1981 and now includes many specific principles to help prevent counsellors from knowingly participating in, or condoning any unfair discriminatory practices (Sadowsky, 1996). For example, the APA (1992; 1993) now requires that all accredited training programs include multicultural courses, and that counsellors should expect the coursework or workshops which they attend will at minimum educate them on basic multicultural competencies in order to work with a diverse clientele. Accredited academic programs are encouraged to demonstrate efforts to include diversity among faculty, students, curriculum, training, and field experiences to increase multicultural counselling competence (APA, 1991; Pope-Davis & Coleman, 1997).

In cases where preparatory training does not exist, the APA (1992) places the responsibility on individual counsellors to take steps to ensure the competence of their work with diversity clients. When using assessments and interventions, the APA (1992) also states that psychologists must identify situations in which particular interventions or techniques may not be applicable or may require adjustment based on the cultural needs of the client (Sodowosky, 1996). Counsellors must have a basic respect for client's rights and dignity. This includes being aware of cultural, individual, and role differences. In addition, counsellors must also be aware of and try to eliminate any effects of their biases based on factors such as age, race, ethnicity, religion, language, socioeconomic status, or sexual preference (APA, 1992; Sodowosky, 1996).

The Canadian Psychological Association (CPA) has also developed principles and guidelines to encourage non-discriminatory practice among psychologists (CPA, 1996). Based on the Canadian Code of Ethics for Psychologists (CPA, 1991), four general principles have been established as follows: the Respect for the Dignity of Persons; Responsible Caring; Integrity in Relationships; and Responsibility to Society. Respect for the Dignity of Persons advocates that each person should be treated primarily as a person or an end in him/herself, not as an object or a means to an end. This principle requires professionals in practice, teaching, and research to appreciate that we are all human beings and that we must continually monitor how we demonstrate respect when working with diverse populations, without imposing the dominant culture worldview on those who are different. In general, this principle emphasizes the importance of respect for others, regardless of any individual or cultural differences.

The second principle, **Responsible Caring** demonstrates a concern for the welfare of all individuals, with an additional responsibility to attend to the needs of persons in vulnerable positions by ensuring equal access to psychological services. In particular, an emphasis is placed on professionals to be competent in their professional activities when caring for the welfare of those that are dependent or suffer from oppression and discrimination in society. **Responsible Caring** recognizes the impact of power differences and advocates to empower vulnerable persons to have equal opportunities in mainstream society.

Integrity in Relationships focuses on the interactions between professionals and diverse populations. This principle requires that professionals interact openly, with honesty, objectivity and accuracy. **Integrity in Relationships** acknowledges that the personal or cultural characteristics, values and beliefs of professionals influence their activities. However, the responsibility of each professional is to ensure that any potential conflict situation is managed by avoiding deception, bias or inaccuracy.

An overall concern for the welfare of all human beings in society is demonstrated by the fourth principle, **Responsibility to Society**. This principle requires professionals to follow and maintain high standards in serving the interests of society by choosing their own means of challenging social injustice. Based on the belief that professionals have a collective responsibility, this principle maintains that each professional has the freedom to choose the most appropriate and beneficial way to make use of their time and knowledge to advocate for the welfare of society and contribute to social change.

In addition to these four principles the CPA has established twenty-one guidelines for ethical practice with diverse populations (CPA, 1996). Examples include each

professional: be aware of one's own cultural, moral, and social beliefs, and be sensitive to how they may enhance one's interactions with others or may interfere with promoting the welfare of others; study group or cultural norms in order to recognize individual differences within the larger context; be knowledgeable about community resources available to diverse populations; respect, listen and learn from clients who are different from oneself in order to understand what is in their best interests; use inclusive and respectful language; ensure that consent is truly informed, keeping in mind diversity issues and cultural differences; constantly reevaluate your competence, attitudes, and effectiveness in working with diverse populations; consult with others who may be more familiar with diversity in order to provide competent services; and choose ways to contribute to the making of society which is respectful and caring of all citizens.

In summary, the ethical implications of working with diverse populations seems to be taken very seriously by psychological organizations and many guidelines have been developed through ethical codes of conduct that address the importance of multicultural counselling competence. Due to the risks that stereotypes and biases pose in counselling (evident through mislabeling, misdiagnosis, and mistreatment of clients who are culturally different), researchers have become increasingly aware of the strong need for more research in the field of multicultural counselling. Specifically, research has begun to not only address the therapeutic needs of multicultural clients, but also counsellors' multicultural training and practice. Many studies have been completed that investigate the current level of multicultural competencies in mental health professionals.

Multicultural Counselling Competencies

Researchers have investigated conceptual and theoretical trends in multicultural counselling by evaluating and categorizing the needs of different cultural groups. From this research stems guidelines offered to counsellors who work with multicultural issues (Sue, Bernier, Durran, Feinberg, Pedersen, Smith, & Vasquez-Nuttall, 1982). In combination with this progress, there has been an increasing evaluation of counsellors' competencies (Allison, Echemendia & Crawford, 1996; Herman, 1993; Pope-Davis & Ottavi, 1994; Ponterotto, 1996; Richardson & Molinaro, 1996; Sadowsky, Taffe, Gutkin & Wise, 1994), accountability (Coleman, 1996; Vasquez, 1996; Weinrach & Thomas 1996), and training/education (Bernal & Castro, 1994; D'Andrea, Daniels & Heck, 1991; Das, 1995; Patterson, 1996; Ridley et al., 1994; Sue, 1991).

There are two main literature sources that form the foundation for multicultural counselling competencies. The first was developed in 1982 by authors Sue, Bernier, Durran, Feinberg, Pedersen, Smith and Vasquez-Nuttall, who comprised the Education and Training Committee of the American Psychological Association's Division of Counselling Psychology, commonly referred to as Division 17. This group of multicultural counselling psychologists published a major position paper advocating the need for the development of multicultural counselling competencies and outlining a conceptual framework for their development. The authors of this publication challenged the universal notion of counselling practice and identified culture specific attitudes, knowledge, and skills in working with a culturally diverse population.

Although this paper was acknowledged as making a major contribution to the counselling field, it failed to generate major changes in training programs and counsellor

practices. The most frequent explanations given were (a) the multicultural competencies were not specific enough; (b) instruments to measure them had not been developed; and (c) help was needed to translate these competencies into the areas of education and training, assessment, and supervision (Pope-Davis & Coleman, 1997).

In response, a theoretical expansion of this position paper was developed in 1992 by Sue, Arredondo, and McDavis, who comprised the Professional Standards Committee of the Association for Multicultural Counselling and Development. Attempts to identify specific multicultural counselling competencies resulted in the categorization of three main dimensions: (a) beliefs and attitudes or personal awareness, (b) skills, and (c) knowledge (Sue et al., 1982; Sue et al., 1992). The evaluation of the counselling relationship has also been applied to the exploration of counsellors' multicultural competencies (Locke, 1992; Patterson, 1996).

In addition, many instruments have also been developed that attempt to measure the multicultural competencies of mental health professionals. Examples of these instruments include: the Multicultural Counselling Inventory (MCI); the Cross-Cultural Competency Inventory- Revised (CCCI-R; LaFromboise, Coleman, & Hernandez, 1991); the Multicultural Awareness-Knowledge-Skills Survey (MAKSS; D'Andrea, Daniels, & Heck, 1991); and the Multicultural Awareness Scale (MCAS; Ponterotto et al., 1996). With the updated publication of the revised competencies, the 1992 American Psychological Association Guidelines for Providers of Psychological Services to Ethnic, Linguistic and Culturally Diverse Populations, and with the development of numerous multicultural competency inventories, tremendous progress has been made in overcoming the first two barriers.

Four Domains of Multicultural Counselling Competence

In reviewing the published papers by Sue et al. (1981; 1992), culturally competent counsellors can be described as skilled across three dimensions: awareness, skills, and knowledge. In addition, Sadowosky et al. (1996) have added the fourth dimension of a culturally competent counsellor, the counselling relationship. An examination of these four dimensions follows.

Awareness

According to Sue et al. (1992), culturally competent counsellors are those who are actively in the process of becoming aware of their assumptions about human behavior, values, biases, preconceived notions, and personal limitations. Specifically, these counsellors can examine and value their own cultural heritage while understanding how they are a product of cultural conditioning; are aware of their cultural attitudes, values and worldviews; can recognize the limits of their expertise and how their values may be reflected in their work with ethnic minorities through discrimination, oppression and stereotypes; and be comfortable and respectful of differences that may exist between themselves and their clients regarding race, ethnicity, culture, and beliefs.

According to Espin (1987), interpersonal awareness is the first step toward cultural awareness which can be accomplished through continuous reflective self-evaluation. In addition, if counsellors are aware of the influences of their race or ethnicity on their own personality and interpersonal styles, they will be more inclined to recognize how ethnicity influences client behaviors, interactions, values, and life goals. Cayleff (1986) also recommended that counsellors be aware of the influence of their own

sociocultural characteristics (such as gender or social economic status) on their perceptions of, responses to, and labeling of client problems.

In a recent study, Pope-Davis and Ottavi (1994) assessed the influence of White racial identity attitudes on racism. A total of 234 White undergraduates participated in this study. The students completed the White Racial Identity Attitude Scale (Helms & Carter, 1990) and the New Racism Scale (Jacobson, 1985). The results found White racial identity attitudes to be predictive of racism and noted that significant gender and age differences existed regarding White identity attitudes. Findings from this study stressed the role of counsellors in addressing their own racial awareness when working with multicultural clients (Pope-Davis & Ottavi, 1994).

Vacc, Wittmer, and DeVaney (1988) have proposed five types of attitude awareness that counsellors should consider. These are as follows: 1) professionals' attitudes about self; 2) professionals' attitudes about diverse populations; 3) diverse populations' attitudes about helping professions; 4) society's attitudes about diverse populations; and 5) diverse population members' attitudes about themselves. Cayleff (1986), and Casas, Ponterotto, Guitierrez (1986) noted that effective counsellors are aware of the negative impact of racial and sexual stereotyping and discrimination. Through this awareness counsellors can respect and guard clients' rights and dignity.

Counsellors' awareness of their ethnic identity has been studied and determined to be important in counselling preparation and competencies. Sadowosky et al. (1994) emphasized the importance of counsellors seeking education and consultation in understanding their social impact on others based on their own cultural identity and communication styles. Brooks and Kahn (1990) evaluated a graduate course in gender

and cultural issues by pre-posttesting 57 graduate students enrolled in the course. Scores from the posttest showed fewer stereotyped sex-role behaviors and behavioral intentions of those students who completed the course. Follow-up telephone interviews conducted six months after the posttest revealed meaningful and positive changes in the students' level of social and cultural awareness because of the course. Most of the respondents showed that the course had effectively sensitized them to gender-fair and culture-fair counselling issues (Brooks & Kahn, 1990).

Multicultural courses, seminars and workshops are integrating to the need for personal insight and awareness by developing programs and tools for counsellors termed as exposure-oriented awareness (Sue, Akutsu, & Higashi, 1987). Examples include the Pedersen's Triad Model (1988), and the Intercultural Sensitizer (Leong & Kim, 1991). According to Pedersen (1988), exposure may be one of the most important goals of a first multicultural course to begin the process of enabling counsellors to look at their own culture from an outsider's perspective. Ivey (1987) viewed this increased awareness as an important catalyst to lifelong multicultural learning.

Skills

Ivey's (1977) taxonomy of interpersonal effectiveness set the stage for counsellors' skill development by defining culturally competent counsellors as effective communicators in more than one cultural context. This model provided a framework for applying cultural knowledge in counsellor communications and interventions.

Sue et al. (1992) stated that culturally skilled counsellors are in the process of actively developing and practicing appropriate, relevant, and sensitive intervention strategies and skills in working with culturally different clients. Research reveals that

counselling effectiveness is improved when counsellors use modalities and define goals consistent with the life experiences and cultural values of clients (Sue et al., 1992).

In addition, competent counsellors are knowledgeable about how mental health providers prevent people of different cultural backgrounds from accessing their services. For example, counsellors should be aware of culturally biased assessment instruments, and their lack of knowledge about clients' familial and community characteristics (Sue et al., 1992). To provide more culturally relevant interventions, Sue et al. (1992) stated that counsellors should be skilled in understanding both the verbal and nonverbal messages they send and receive accurately and appropriately during therapy. Furthermore, culturally effective counsellors can engage in a variety of activities, such as intervening at the institutional level for clients; using nontraditional assessment methods; differentiated use of structured and nonstructured therapy; seeking consultation with religious and spiritual leaders; taking responsibility for interacting in clients' preferred language; and empowering and educating clients about their goals, expectations, and legal rights in counselling interventions (Sodowosky et al., 1994).

McRae and Johnson (1991) stated that "... there is a need to design training strategies that move counsellor trainees from knowing that cultural differences exist to helping them know how to conduct counselling sessions with clients from diverse cultures" (p.133). Counsellors' abilities to match interventions with the expectations of clients is imperative when dealing with multicultural clients (Lefly, 1987). Pedersen (1987) emphasized that the more strategies counsellors possess, the more choices they have for dealing with clients and their environments, and the more flexibility counsellors have when responding with increasingly complex strategies.

In summary, the dimension of multicultural skills describes counsellors' ability to develop skills that allow them to function as culturally competent. Counsellors must not only be aware and knowledgeable about cultural variables, but also aware of themselves as cultural beings and have a strong understanding of their own life philosophy.

Counsellors must be able to read and create relational contexts that are therapeutically appropriate, culturally relevant, and tailored to meet the needs of each client (Sodowosky et al., 1994). Applying cultural knowledge effectively in multicultural relationships must form the skill base for competence in multicultural counselling (McRae & Johnson, 1991).

Knowledge

According to Sodowosky (1996), having intercultural sensitivity and being trained in culture-specific techniques will not qualify one as a counsellor unless there is theoretical knowledge to justify the counsellors' intercultural sensitivity and cultural techniques. Culturally competent counsellors, according to Sue et al. (1992), should be aware of their negative stereotypes and emotional reactions toward other racial and ethnic groups. Such counsellors should not only have specific knowledge of their worldviews and life experiences, but the cultural heritage and specific knowledge of the cultural groups with whom they are working. In addition, they should have an understanding of the sociopolitical influences that affect the lives of racial and ethnic minorities due to issues such as immigration, poverty, and racism. According to Sue et al. (1992), it is crucial that counsellors actively attempt to understand the worldviews of their clients with respect and admiration.

Experts in the field have stressed that counsellors need to have what is termed as multicultural pedagogical competencies to be culturally effective. Leong and Kim (1991) stated that "... increasing counsellors' cultural sensitivity without providing some tentative culture-specific information about interventions would invite frustrated paralysis by the counsellors (e.g., 'I know I need to be sensitive to my clients' cultural background but what am I supposed to do?')" (p.113).

Sodowsky et al. (1994) list several ways to of becoming skilled in multicultural counselling knowledge. For example counsellors should: keep current with the literature and research on client preferences; have information about sociocultural factors of different minority groups; be innovative and culturally relevant in their conceptualizations of client issues and treatment strategies; be abreast of current issues; make informed referrals and consultations; assess clients' acculturation adaptation; apply the sociopolitical history of clients when needed; be able to consider heterogeneity of a minority group; and continuously self-monitor and self-correct this process. Knowledge of cultural variables including racial identity, ethnicity, acculturation, worldviews, sociocultural influences, value differences, and their respective influences on clients are factors that competent counsellors address in their conceptualization of client problems, intervention strategies, and goals (Sodowsky & Taffe, 1991; Sue & Zane, 1987).

For Canadian counsellors, included in this knowledge base are: an understanding of Canada and the sociopolitical systems effects on diverse groups; culturally-specific knowledge about diverse populations being served; and knowledge of the institutional barriers diverse groups face when seeking out mental health services. Knowledge of sociocultural characteristics that distinguish between and within cultural groups

contributes to the use of culturally relevant and effective strategies (Casas et al., 1986; Sadowosky, Lai & Plake, 1991; Sadowosky & Plake, 1992). This knowledge base also includes the normative behaviors of specific populations, sociopolitical functioning within that population, preferred modes of interaction, and a thorough knowledge of professional ethics within diverse populations (Vacc, Wittmer, & DeVaney, 1988).

Current research indicates that counsellors who integrate cultural knowledge into the context of their counselling sessions with multicultural clients appear to affect clients' counselling experiences. Sadowosky et al., (1991) investigated whether applying cultural knowledge to counselling content would affect research participants' perception of counsellors' expertness, trustworthiness, and possibly attractiveness. The study provided preliminary support for theoretical literature that has encouraged counsellors to be knowledgeable of client values, worldviews, acculturation process, and family and community systems.

Multicultural Counselling Relationship

Research has found that the process of cross-cultural adjustment of a person from a non-dominant group relies heavily upon acceptance and support from those within the dominant culture. In many of these cases, counsellors can serve as a representative of the dominant culture, with the warmth and acceptance of the counsellors being critical to the client's adjustment and overall attitude to the counselling process (Pedersen, 1987).

According to McRae and Johnson (1991), it is important for counsellors to examine the dynamics of the counsellor-client relationship. This includes "examining the therapeutic relationship between counsellors and clients with similar and different cultural values, racial identity attitudes, and issues of power, control, and oppression"

(p.135). Based on the recognition of the importance of the therapeutic relationship, the recent addition to the three previous dimensions described is one that refers to the counsellors' interactional process with clients (Sodowsky et al., 1994) and labeled relationship.

Sodowsky et al., (1994) detail that culturally competent counsellors: are able to feel comfortable working with minority clients; are able to identify countertransference and defensive reactions; are aware of but do not implement stereotypes in the conceptualization of client cases; accept diverse worldviews and styles of communication while fostering positive ethnic identity in minority clients; incorporates mainstream psychology theory and practice in ways that are tailored to meet client needs; and are aware of client mistrust because of racial differences. In the client-counsellor relationship, culturally competent counsellors model multicultural attitudes and behaviors by communicating respect, displaying empathy, tolerating ambiguity, showing personalized perceptions, and demonstrating reciprocal concern (Pedersen, 1987b as cited in Sodowsky, 1996). Although relatively new to the domains of multicultural counselling competencies, the counselling relationship is a domain that has become increasingly emphasized.

Summary of four domains. These four dimensions of multicultural counselling competencies have been determined as not mutually exclusive. In fact, the permeable boundaries around each dimension can make it confusing when trying to understand, categorize, or predict counsellors' multicultural competencies. For instance, awareness indirectly affects both skills and knowledge but can also be separate from both because it implies insightful understanding as well as an emotional component (whereas knowledge

and skills are more declarative in nature). It is often also difficult to distinguish which dimension(s) takes priority or needs to be trained first when determining what constitutes an effective multicultural training program for counsellors. For example, trainees need to be involved in self-knowledge and have an understanding of the cultural experiences of multicultural and diverse populations. Also, as counsellors come to understand their own ethnic identity, they develop a multicultural perspective.

In conclusion, despite the overlap amongst these four dimensions, they have been distinguished as separate dimensions. Not only have researchers developed instruments to test counsellors' competencies across these four domains, but have been useful in revising training programs tailored to cover these four important areas.

Factors Potentially Affecting Multicultural Counselling Competency

Since the rise of multiculturalism, many personal characteristics have been investigated that may effect the level of counsellors' multicultural competence. Examples of these factors include gender, age, and ethnic orientation.

Several studies have explored the influence of personal characteristics and multicultural counselling competence (Allison et al., 1996; Ottavi, Pope-Davis & Dings, 1994; Pope-Davis & Ottavi, 1994; Sadowsky, Kuo-Jackson, Richardson, & Tiongson, 1998). For example, Ottavi, Pope-Davis, and Dings (1994) investigated the self-reported multicultural competencies of 128 White counselling graduate students and found that the demographic variables of gender and age did not account for any significant amount of variance for any of the four MCI scales. A more recent study by Sadowsky et al., (1998) explored the relationship between ethnicity and multicultural counselling competence and determined that Hispanics had significantly self-reported higher scores than Whites. This

study found that overall, persons from non-dominant groups scored differently than Whites on the MCI.

One common theme that does emerge in the review of the literature is the importance of multicultural training. For example, although Pope-Davis et al., (1994) did not find any significance for gender or age, this study revealed that educational and clinical experience variables accounted for a significant amount of variance. In addition, the study by Sadowsky et al., (1998) maintains that multicultural counselling competence increased with training. The next section of this chapter will provide an overview of the area of multicultural training.

Multicultural Training

As our country's demographics change, the demand increases for educators and counsellors to be culturally flexible. Not only should counsellors be aware of their own cultural backgrounds, but also the possible negative effects on clients when counsellors are not able to effectively deal with multicultural issues. During the past two decades, attention has been focused on the importance of training counsellors for a multicultural environment (D'Andrea et al., 1991). It is evident that training students for multicultural competence is no longer an option of counselling psychology programs but a requirement (Atkinson, 1994). Awareness of these concerns has initiated development in the field of multicultural training.

Growth of Multicultural Training

Recent surveys document the rapid growth of multicultural training in counselling curricula (Hollis & Wantz, 1990; 1994; Ponterotto, Casas, Suzuki, & Alexander, 1995). In fact, the "multicultural counselling" course was projected to be the fastest growing

new course offered in the 1991 to 1993 period (Hollis & Wantz, 1990) and its growth rate continued during the 1993 to 1995 period (Hollis & Wantz, 1994). Whereas in the late 1970s and early 1980s only a small percentage of counselling programs required such a course, recent surveys indicate that multicultural courses are required in many programs.

Many graduate training programs now attempt to integrate diversity issues into their curricula (Wohlford, 1992). A recent survey found that 87% of counselling education programs now offer a multicultural course, with 59% of those programs requiring their graduates to complete such a course (Hills & Strozier, 1992). More recently, Dinsmore and England (1996) conducted an exploratory study to decide the status of multicultural training in counselling programs accredited by the Council for Accreditation of Counselling and Related Educational Programs (CACREP). Of the 69 responding programs, 91% (n=63) offered at least one multicultural counselling course, 17% (n=12) offered more than one course, and sixty programs (88%) required at least one course.

One study that investigated minority training over a ten year period found that APA-accredited clinical programs in the United States have strengthened some aspects of the key components of minority training (Bernal & Castro, 1994). For example, the number of programs offering minority-related courses has increased by 20%, and 17% more programs require minority-related courses for the doctorate. These findings suggest that minority content is being integrated into most programs. The use of ethnic minority resources for instructional purposes from campuses and from the community also has increased, and more programs have faculty seeking continuing education on minority topics (Bernal & Castro, 1994).

In conclusion, there seems to be an increase in the content and number of multicultural courses that are being offered in counselling training programs. The emphasis placed on the importance of coursework stems from the awareness that multicultural training is an important and imperative part of multicultural competencies in counsellors. The next section will discuss the impact of multicultural coursework further.

Impact of Multicultural Coursework

Research that evaluates the effectiveness of multicultural training in counselling programs is beginning to appear in the literature (Bluestone, Stokes & Kuba, 1996; Brown, Parham & Yonker, 1996). D'Andrea et al., (1991) studied the relationship between graduate students' reported level of multicultural awareness, knowledge, and skills before and after participating in a single comprehensive multicultural course. A total of 90 participants represented graduate students from a culturally diverse university setting in the western United States to a predominantly Caucasian university setting in the southeast. The results of the study revealed that participants perceived themselves as more aware, knowledgeable, and skillful in multicultural counselling at the conclusion of the training in comparison to their pretest self-report ratings (D'Andrea et al., 1991).

A more recent study by Heppner and O'Brien (1994) investigated Masters and Doctoral-level students' perceptions of the helpful and hindering aspects of a beginning level multicultural counselling course. The study used a qualitative design to examine how students experienced the impact of a multicultural course. Participants were 20 masters and doctoral level students enrolled in an elective beginning level course in multicultural counselling from American Psychological Association (APA) approved

programs. Again, students noted that the primary change in their thinking or feeling about multicultural issues was in awareness.

Bernal and Castro (1994) note that although substantial progress has been made in the delivery of multicultural coursework, single-course offerings will not provide adequate counsellor education to meet the needs of diverse populations. Recently, experts in the field have considered a combination of the integrated and separate course designs to be the most effective method for training counsellors to work with multicultural groups (Atkinson & Hackett, 1995). The combination design suggests that multicultural awareness, knowledge, and skill components be included in a separate class on multiculturalism and be integrated into all counselling education courses. Atkinson and Hackett (1995) stated that until these components related to multicultural counselling are integrated into all counselling courses, counsellor education programs are encouraged to use the separate course design to meet the guidelines for teaching students the necessary multicultural competencies. In the same study conducted by Dinsmore and England (1996), 64% ($n=44$) of the programs had tried to integrate multicultural content in all required courses.

As indicated in the literature, counsellor education programs are inundated with many frameworks and program designs in which to carry out their multicultural training programs. The Dinsmore and England (1996) study suggested that the two most popular designs are (a) the combination of a required course in multicultural counselling with integration of multicultural objectives in all required coursework, used by 47% ($n=32$) of the programs; and (b) the requirement of a single course without integration, used by 27% ($n=19$) of the programs.

To train counsellors in the necessary fundamentals and characteristics, counselling education programs have developed numerous theoretically-based instructional methods for teaching multicultural counselling. Several of these instructional methods have focused on developing awareness and knowledge through actual role-playing and practice exercises (Johnson, 1987; Lefley, 1986; Parker, Valley, & Geary, 1986). Some have even structured experiential exercises to deal with self-awareness and knowledge, observation, and discussion of multicultural counselling situation exercises (Johnson, 1987).

In summary, there is substantial evidence that promotes the benefits of multicultural training. The literature also indicates that personal awareness is one of the most fundamental parts of counsellor training. However, there is also substantial evidence that identifies the need for further training of counsellors.

Concern for Multicultural Training

Although research indicates that coursework in multicultural counselling is included in roughly 90% of counselling education programs, there is still a serious concern that graduates from these programs are not prepared to deal with the diversity of multicultural issues. Specifically, the quality and depth of training in the majority of the programs is not deemed sufficient to meet the growing mental health needs of Canada's diverse population (Das, 1995). Studies of American graduate students entering counselling professions suggest that they do not feel equipped to manage the diversity of their caseloads (Allison, Crawford, Echemendia, Robinson, & Knepp, 1994; Pope-Davis & Ottavi, 1994; Zayas, Torres, Malcolm, & DesRosiers, 1996). In addition, there seems

to be a lack of data regarding the status of professional education programs in Canada (Arthur, 1998).

Counsellor educators struggle with how to effectively provide multicultural counsellor training to students (Dinsmore & England, 1996) to effectively prepare them for the realities of counselling diverse populations (Allison et al., 1996; Weinrach & Thomas, 1996). Overall, it can be concluded that this awareness of multicultural issues is only a starting point. In order to deal effectively with the complexity of multiculturalism, researchers need to identify what aspects of their training programs are effectively increasing counsellors' multicultural competencies.

Summary

Based on the information provided, it can be concluded that although much progress has been made in the field of multicultural counselling, many counsellors are left unprepared for the challenge of counselling culturally diverse clients. The purpose of this study was to examine Canadian counsellors' perceived current multicultural competencies, measured through the investigation of counsellors' knowledge, skills, self-awareness, and counselling relationships. This research serves as a foundation for considering future practices in counsellor training and education.

CHAPTER 3: METHODOLOGY

The research described in this thesis is an exploratory study designed to examine counsellors' perceived multicultural competencies within four specific areas identified as knowledge, skills, awareness, and counselling relationship. Based on research completed in the United States and the need for more information regarding professional practice in Canada, this study inquires about the status of Canadian counsellors' self-reported multicultural competencies. This chapter will describe participants, specific research procedures, and the instrumentation used for this study.

Procedures

The sample of participants involved in this study was gathered through a larger research project on multicultural counselling administered by my graduate program supervisor. The participants involved in this study were all registered members of the Canadian Guidance and Counselling Association (CGCA). From a total population of approximately 1600 CGCA members, a random sample of every third member was selected and a total number of 550 potential participants were drawn. In agreement with CGCA, the random sample was drawn from their registered member list. All materials for participants were packaged at the University of Calgary and sent directly to the offices at the CGCA to be mailed out. All packages and follow-up letters were then mailed directly from the administrative office of the CGCA. This was purposeful to ensure the anonymity of each participant.

A letter of invitation (see Appendix A) indicated that each participant was invited to answer the questionnaires on a voluntary basis. The completion of the questionnaires was viewed as informed consent. All materials were translated into French to encourage

participation from the Francophone members. In addition to the cover letter, the demographic questionnaire, and the MCI, all packages included a stamped and addressed envelope for participants to mail the information directly to the University of Calgary for analysis. As each package was received at the University, a number code was attached to each participant's responses for organizing data collection. Unfortunately, once the questionnaires and follow up letters were mailed, there was a national postal strike across Canada. After a two month waiting period this entire process was repeated with a revised cover letter (see Appendix B) and the same mailing list was utilized by CGCA.

A total of 205 packages were mailed by participants to the University of Calgary. With a total of only 6 Francophone responses in combination with financial restrictions, these questionnaires were not translated into English and not used for the study. However, 9% of participants completed the English questionnaires and represent the province of Quebec. Ten questionnaires with incomplete data were also returned. Eight of these questionnaires having no responses, one without the MCI questionnaire completed, and one without the demographic component filled out. Eight other packages were returned with letters explaining why the questionnaires were not filled out. Two returned packages were not completed because the participants reported they did not work with culturally diverse clients, four more packages were not filled out because the participants were not practicing clinicians, and two other respondents work only with administration. In total, 18 questionnaires were sent back with no responses. Combined with the six Francophone responses, a total of 24 questionnaires were not used for the analysis of data.

The final sample consists of 181 participants. Sixty-two males and 119 females completed questionnaires for this study, with a mean age of 46.5 years (SD= 8.9 years). Participants ranged in which province they live in. Sixteen percent of participants live in British Columbia, 25% Alberta, 4% Saskatchewan, 5% Manitoba, 21% Ontario, 9% Quebec, 8% Nova Scotia, 2% Newfoundland, 4% New Brunswick, and 3% Prince Edward Island. Three percent of participants did not indicate what province they live in.

Instrumentation

An eight page package was developed to explore the practice of counselling professionals in Canada. This package included a letter of invitation (Appendix A), which described the aim and rationale for the research project. This letter also described the details of being a participant in the study, included the time commitment, consent to participate, and ensured anonymity of each participant. Participants were asked to complete two questionnaires, a Demographic Questionnaire (see Appendix C), and the Multicultural Counselling Inventory (see Appendix D).

Demographic Questionnaire

Adapted from the Multicultural Counselling Awareness Scale: Form B (Ponterotto, Sanchez, & Magids, 1990), the demographic questionnaire gathered information about the following variables: age, sex, ethnicity, importance of ethnicity, highest post-secondary education completed, year highest post-secondary education was completed, years of professional practice as a counsellors, province in which each participant is currently practicing as a counsellors, primary and secondary work setting, coursework on multicultural issues in post-secondary education program, workshops or seminars attended on multicultural issues outside of post-secondary issues, number of

clients from a variety of populations, and percentage of caseload in the previous year dealing with culturally diverse clients.

Multicultural Counselling Inventory

The Multicultural Counselling Inventory (MCI) is a self-report measure of multicultural competencies and behaviors (Sodowsky, 1996). Several studies have been conducted to complete the development of this questionnaire and to examine the validity, reliability and usefulness of this instrument.

Study 1

Originally, this instrument was developed “in order to operationalize some of the proposed constructs of multicultural counselling competencies” (Sodowsky et al., 1994, p.139). Following an extensive review of the literature on multicultural counselling competencies, training, and ethics, the qualities of multiculturally skilled counsellors were determined. A detailed list was then generated and presented (Sodowsky et al., 1994). In addition to this list, several qualities reflecting general skills were determined and a large pool of 87 items was generated. These items were then administered to a large (n=604) sample of psychology graduate students and members of three professional counselling associations from the same mid-western state.

Participants were asked to “indicate how accurately each statement describes you when working in a multicultural counselling situation” by using a 4-point rating scale ranging from very inaccurate to very accurate or by checking a “do not know” option. Several open-ended questions were included in which participants were asked to describe their multicultural counselling strengths and weaknesses, as well as their reaction to the

questionnaire. The items were behaviorally stated and were randomly arranged throughout the scale.

After the elimination of only one item on the basis of more than 20% of the participants responded with “do not know,” pair-wise item correlations were examined using factor analysis. A four-factor solution was chosen on the basis of a scree plot of the eigenvalues and factor interpretability. Following a Varimax rotation, items that failed to load on a given factor at .33 or higher, or that failed to meet criteria (Sodowsky et al., 1994), were dropped. The remaining items were examined to arrive at the following names for the four dimensions: Multicultural Awareness, Multicultural Counselling Skills, Multicultural Counselling Knowledge, and Multicultural Counselling Relationship.

The MCI consists of 40 self-report statements rated on a 4-point Likert scale (4 = very accurate, 3 = somewhat accurate, 2 = somewhat inaccurate, 1 = very inaccurate). The items on the scale are worded that a score of 1 indicates low multicultural competence and a score of 4 indicates high multicultural competence. Scores are obtained by summing the 40 responses that comprise the four scales. The “do not know” category was also dropped and is no longer included in the MCI.

Awareness scale. The Awareness scale is made up of ten items (Pope-Davis & Dings, 1995; Pope-Davis & Ottavi, 1994). These items reflect “proactive multicultural sensitivity and responsiveness, extensive multicultural interactions and life experiences, broad-based cultural understanding, advocacy within institutions, enjoyment of multiculturalism, and an increase in minority caseload” (Sodowsky et al., 1994, p.142). For example, these questions examine whether counsellors seek consultation, attend

multicultural workshops or training sessions, and are advocates against systemic barriers and discrimination.

Skills scale. The Skills scale includes items “referring to success with retention of minority clients, recognition of and recovery from cultural mistakes, use of nontraditional methods of assessment, counsellors self-monitoring, and tailoring structured versus unstructured therapy to the needs of minority clients” (Sodowsky et al., 1994, p.141). This scale also includes items referring to general counselling skills (Pope-Davis and Dings, 1995). In total, there are 11 items and sample items examine whether counsellors are able to recognize and quickly recover from cultural mistakes or misunderstandings, are skilled at helping the client be specific in defining and clarifying problems, and making verbal and nonverbal responses congruent. This scale also examines whether counsellors are using a variety of counselling techniques, skills, and assessments.

Knowledge scale. As described by the authors, the Knowledge scale refers to “culturally relevant case conceptualization and treatment strategies, cultural information, and multicultural counselling research” (Sodowsky et al., 1994, p.142). This scale consists of 11 items and sample items examine whether counsellors include the facts of age, gender roles, and socioeconomic status in their understanding of non-dominant cultures. Other examples of these items investigate the use of innovative concepts and treatment methods in order to understand the clients from non-dominant groups.

Relationship scale. The Relationship scale refers to aspects of the “counsellors’ interactional process with the minority client.” Counsellors’ trustworthiness, comfort level, stereotypes of the minority client, and worldview are all aspects of what is considered the interactional process (Pope-Davis & Dings, 1995). Based on eight items,

examples of these items investigate difficulty or discomfort in communicating with clients with a different physical appearance, color, dress, socioeconomic status, or who use a different perceptual, reasoning, or decision-making style. Seven of the eight items are reversed to reduce the effects of a response set (Pope-Davis & Dings, 1995).

The internal consistency reliabilities (Cronbach's alphas) were .83 for Multicultural Skills, .83 for Multicultural Awareness, .65 for Multicultural Counselling Relationship., and .79 for Multicultural Counselling Knowledge. A value of .88 was determined for the full MCI scale. The factor correlation matrix indicated moderate correlations among the factors, with correlations ranging from .18 to .41 (Sodowsky et al., 1994).

Study 2

The second study performed on the MCI was an attempt to develop validity support for the factor structure of the MCI. In other words, this study was designed to determine whether the MCI had four factors, and whether these factors could be generalized to other samples (Sodowsky et al., 1994). Four hundred forty-five MCI surveys were sent to a random sample of counsellors affiliated with university counselling centers throughout the United States, resulting in a response rate of 73% (n=320). Following a series of factor analyses, a study of the relationship of the factor loadings of the second sample with the factor loadings of the first sample was completed. Results indicate a moderately strong relationship between the factor structures obtained from the two studies, as indicated by coefficients of factor congruence. This suggested a reasonable robust degree of generalizability of the MCI factors across populations.

The relationship between the factor structures from Study 1 and Study 2 indicated coefficients of factor congruence (Pearson product-moment correlations) of .87 for Multicultural Counselling Skills, .80 for Multicultural Awareness, .78 for Multicultural Counselling Relationship, and .75 for Multicultural Counselling Knowledge. The internal consistency reliabilities (Cronbach's alphas) for Study 2 were .81 for Multicultural Skills, .80 for Multicultural Awareness, .67 for Multicultural Counselling Relationship, .80 for Multicultural Counselling Knowledge, and .86 for the full scale. The factor matrix indicated moderate correlations among the factors, with correlations ranging from .16 to .31.

Other Relevant Studies

Pope-Davis and his colleagues have also actively researched the usefulness in administering the Multicultural Counselling Inventory to examine self-reported multicultural competencies (Pope-Davis & Coleman, 1997). With samples obtained from national surveys, the MCI has been administered to psychology graduate students (Ottavi, Pope-Davis, & Dings, 1994; Pope-Davis, Reynolds, Dings, & Nielson, 1995), counsellors affiliated with university counselling centers (Pope-Davis & Ottavi, 1994), and occupational therapists (Pope-Davis, Prieto, Whitaker, & Pope-Davis, 1993).

The coefficient alpha reliabilities obtained in confirmatory studies conducted by Pope-Davis studies are similar to those reported by Sodowsky et al., (1994). Results range from a low of .65 for the Relationship scale (Pope-Davis et al., 1993) to a high of .82 for the Skills scale (Pope-Davis et al., 1995). Therefore, these studies provide further validation of the reliability of the MCI scales. In addition to providing construct validity

support for the MCI, these studies suggest possible scale relationships with factors external to the MCI (Sodowsky, 1996).

As indicated, initial scale intercorrelations reported by Sodowsky et al., (1994) suggest that the MCI scales are relatively independent. However, in the Pope-Davis studies the interscale correlations among the four MCI scales are somewhat higher than those reported by Sodowsky et al., (1994) with the exception of the Relationship scale. Looking across the Pope-Davis studies, the intercorrelations of Awareness with Skills (range .37 to .50) and Knowledge (range .36 to .68) are moderately higher, as is the intercorrelation between Skills and Knowledge (range .46 to .65). These findings suggest that the four factors of the MCI are measuring different, but related constructs.

MCI Values for this Study

For this study, the Cronbach alpha values among the participants for the scales were .79 for the overall MCI scale, .81 for the Skills scale, .76 for the Awareness scale, .74 for the Knowledge scale, and .66 for the Relationship scale. These reliabilities coefficients closely approximate the reliabilities reported by Sodowsky et al., (1994).

All of the items except one in the original relationship scale were reverse-coded. Item 3 (“ I am confident that my conceptualization of client problems does not consist of stereotypes and value-orientated biases”) was the only item that was not reverse-coded. A scale reliability analysis of the original Relationship scale indicated an alpha value of .55 which was primarily due to a item-scale loading of -.19 for the only positive-scored item in the scale. Because of the poor loading of this item and the fact that it was the only positive-scored item in the scale, it was dropped and the Relationship scale’s alpha value improved to .66 .

Data Analysis

The descriptive statistics were first examined through data analysis for this project. Next, the relationship between the four scales of the MCI was examined through a correlational analysis. Following, the SPSS Quick Cluster routine was used to develop two categories of high competence and low competence counsellors based on the four MCI scales. A multivariate analysis of variance (MANOVA) was then conducted on the four scales to test for significant differences across the two groups developed by the Quick Cluster routine. Another MANOVA was then performed on several independent demographic variables associated with the two cultural competency categories. Finally, a Logistic Regression analysis was conducted to determine how effectively counsellors characteristics predicted multicultural counselling competency and to identify which characteristics were the strongest predictors. The results of these analyses are presented in the next chapter.

Summary

This study sampled 181 registered members of the Canadian Guidance and Counselling Association. The participants from this study not only range in age, education, and training, but also in multicultural training and experience outside of their post-secondary programs. Each participant filled out a questionnaire package that included signing a cover letter, demographic questionnaire, and the MCI which can be broken down into four scales (awareness, skills, knowledge, and relationship). The data analysis and results for this study are detailed in the next chapter.

CHAPTER 4: RESULTS

Chapter 4 presents the description of participants, and their responses to both the MCI and Demographic questionnaires. The results of the data analysis are organized into seven tables that display the findings for this study. For comparison purposes, a distinction is drawn between low competence and high competence counsellors. First, descriptive results are presented, followed by the results of inferential analyses.

Descriptive Results of Participants

As indicated, a total of 181 participants were used for this study. For the purpose of analysis, information on participants' education and training was gathered. As Table 1 indicates, the majority of participants have completed a graduate degree (n=153; 84%). Sixteen percent of participants have completed an undergraduate degree or have taken undergraduate courses but not completed degree requirements. However, only 34% of the participants have completed one or more courses in multicultural issues during their post-secondary program. Twenty-six percent of the participants have never completed a course addressing multicultural issues and the remaining 40% have covered multicultural issues only in other courses.

Since the literature indicates an increase in multicultural coursework and training in the early 1990's (Bernal & Castro, 1994; Hollis & Wantz, 1990; 1994), the year that participants completed their multicultural training was examined. According to Table 1, approximately half of the sample completed their post-secondary training prior to 1990 while the other half completed training post 1990.

Table 1

Level of Education and Training of Participants

	<u>Total</u>	<u>Percentage</u>
	<u>N</u>	<u>%</u>
Highest level of post-secondary education completed:		
Undergraduate or college courses but no diploma or degree	3	2
College diploma or undergraduate degree completed	25	14
Graduate degree completed	153	84
Year highest post-secondary education was completed:		
Prior to 1990	89	53
1990 or later	80	47
Multicultural coursework during post-secondary program:		
Never completed a course	45	26
Never completed a course but covered in other courses	71	40
Completed one course	31	18
Completed two or more courses	29	16

Table 2 indicates that 68% of the participants have received no supervised training in the delivery of counselling to minority clients. Seventy-three percent of participants working with minority clients have no in-service or current case consultation. However, 64% of the participants have attended workshops or seminars that address multicultural issues that are not required or mandatory as part of their training. Approximately half of the participants (55%) have been practicing as counsellors for ten years or more, leaving 45% of the participants practicing as counsellors for less than ten years.

Table 2

Multicultural Training and Experience Outside of Post-Secondary Program

	<u>Total</u>	<u>Percentage</u>
	<u>N</u>	<u>%</u>
Workshops or Seminars		
Not Attended	64	36
Attended	113	64
Supervised training in the delivery of counselling to minority clients		
No supervision	122	68
Some supervision	58	32
Current case consultation		
Yes	49	27
No	129	73
Number of years practicing as a professional counsellors		
Under 10 years	79	45
Ten years or more	98	55

Descriptive Statistics

Table 3 presents the means and standard deviations for the overall MCI scale and the Skills, Awareness, Knowledge and Relationship scales among these participants. Amongst the four scales, Skills received the highest mean with Knowledge, Awareness and Relationship following respectively.

Table 3

Descriptive Statistics for MCI Scales

	Range	Mean	Std. Dev.
MCI	39 – 156	116.2	10.1
Skills	11 – 44	38.3	4.1
Awareness	10 – 40	27.0	5.1
Knowledge	11 – 44	35.2	4.2
Relationship	7 – 28	15.7	3.4

Correlations of MCI Scales

Table 4 presents the correlations among the Multicultural Competency scales. An examination of Table 4 reveals that the Skills scale is positively and highly related to the overall MCI scale. As might be expected, the Skills and Knowledge scales are moderately, significantly, and positively related. Awareness is also significantly and positively related to Skills and Knowledge although the correlation is not as strong as the relationship between Skills and Knowledge. These intercorrelations approximate the MCI scale correlations found during instrument development (Sodowsky et al., 1994) and suggest that the scales are measuring related but different constructs (Ottavi et al., 1994).

The Relationship scale is not significantly related to the overall MCI scale and is negatively related to other scales. This suggests that perhaps the relationship scale is measuring a factor other than multicultural counselling competency, or a unique dimension of multicultural counselling competency. The relationship scale is significantly related to the Skills and Awareness scales but the relationship is low and in

a negative direction. Again, this relationship is counter-intuitive and suggests that the relationship scale is measuring a different construct. As a result, any association with the Relationship scale should be interpreted with caution.

Table 4

Correlations among MCI scales

	MCI	Skills	Awareness	Knowledge
Skills	.69 ***			
Awareness	.69 ***	.23 **		
Knowledge	.78 ***	.57 ***	.33 ***	
Relationship	.14	-.20 **	-.15 *	-.09

Note: * $p < .05$ ** $p < .01$ *** $p < .001$

Characteristics of Low versus High Multiculturally Competent Counsellors

The SPSS Quick Cluster routine was used to develop categories of low competence and high competence multicultural counsellors. Multicultural awareness, knowledge, skills and relational abilities are identified as the key components in effective multicultural counselling. The SPSS Quick Cluster program examined the individual counsellors' data and categorized the participants into two categories based on the similarity of their scores on these four variables. Analysis of Variance F-values of the Skills, Knowledge, Awareness, and Relationship mean scores indicated they were significantly different across the two groups Hotelling's Trace = 1.91; $F(4,172)=81.9$; $p < .001$).

Table 5

Group Clusters and Associated Variables

	High Competence (N=87)		Low Competence (N=90)		Univariate F-value
Cluster Definition	Mean	Std.Dev	Mean	Std.Dev.	
Skills	40.5	2.7	36.2	4.2	64.0 ***
Awareness	30.6	3.4	23.6	4.0	154.7 ***
Knowledge	37.5	3.4	33.0	3.6	73.2 ***
Relationship	14.7	3.0	16.7	3.4	17.6 ***
Variables Associated with Clusters	(N=78)		(N=78)		
Age	46.2	8.3	47.2	9.5	.5
Level of education	3.0	0.7	2.9	0.6	.9
Years since graduation	11.7	8.0	12.0	9.0	.0
Professional experience (years)	0.5	0.5	0.5	0.5	.3
Multicultural coursework	1.5	1.1	1.0	0.9	8.9**
Multicultural clients	30.6	29.4	17.7	22.4	9.5**

(as % of total caseload)

Note: * $p < .05$ ** $p < .01$ *** $p < .001$

The Univariate F-values in Table 5 reveal that high competence counsellors have significantly higher mean scores on the Skills, Awareness and Knowledge scales but a significantly lower mean score on the Relationship scale. The largest difference between groups was in multicultural Awareness ($F(1,176)=154.7$; $p < .001$).

A Multivariate Analysis of Variance (MANOVA) was conducted on age, level of education, professional experience, multicultural casework, and caseload variables associated with the cultural competency categories. The MANOVA revealed an overall significant difference in these variables across groups (Hotelling's Trace = .11 ; $F(6,149)=2.1$; $p<.05$). An examination of the univariate F-values revealed that high competence counsellors had significantly higher percentage caseload of multicultural clients (31% versus 18%; $F(1,155)=9.5$; $p<.01$) and had taken significantly more courses in multicultural Awareness (1.5 versus 1.0 ; $F(1,155)=8.9$; $p<.01$). There were no significant differences in age, level of education, years since graduation, and number of years of professional experience between the two groups of counsellors.

Table 6 presents the demographic characteristics of each group. Because some respondents occasionally left a demographic item blank, the numbers (n) vary across the table. An examination of the table suggests that gender, ethnicity, and training are similar across both groups. However, competent counsellors appear to have taken more multicultural seminars (73% versus 55%), have had more supervision (39% versus 26%) and have more case consultation (38% versus 17%).

Table 6

Demographic Characteristics of High and Low Competence Counsellors

	N	High	Low
Gender			
Females	117	70%	62%
Males	60	30%	38%
Ethnicity			
Anglo	119	71%	68%
Non-anglo	53	29%	32%
Setting			
Private	165	57%	47%
School system	166	39%	40%
Other	165	49%	46%
Training			
Multicultural seminar	110	73%	55%
Supervision	176	39%	26%
Consultation	175	38%	17%

Predicting Multicultural Counselling Competency

A Backward Stepwise Logistic Regression was conducted to determine how counsellor characteristics could be used to predict multicultural counselling competency and identify which counsellor characteristics were the strongest predictors. The following independent variables were entered into the Logistic Regression analysis: age,

gender, attendance of multicultural seminars, number of multicultural courses completed, caseload of minority clients, ethnicity, the year of graduation from post-secondary training, the number of years practicing as a professional, supervision, consultation, and ethnic importance. Using these variables, the Logistic Regression was able to correctly classify 66% of the high competence counsellors and 70% of the low competence counsellors (Chi-square=30.8 ; $p < .01$). Overall, the Logistic Regression was able to correctly classify 68% of all counsellors. Table 7 presents the beta and Wald values for the independent variables that were the strong predictors of counsellors' competencies. An examination of the beta and Wald values indicate that the strongest predictors were seminars and caseload. Based on the level of significance for consultation (0.077) it was included as a strong predictor of counsellors' multicultural competence.

Table 7

Logistic Regression

	Beta	Std. Error	R	Wald	Sig. Wald
Multicultural training					
Seminars	.91	.38	.14	5.6	.018
Caseload	.02	.01	.14	5.8	.016
Consultation	.77	.43	.07	3.1	.077

Summary

These results indicate that Canadian counsellors report the greatest level of multicultural counselling competence in the domain of skills, followed respectively by

knowledge, awareness, and the counselling relationship. Results categorized participants into two groups of either high or low multiculturally competent counsellors. Of these two categories, analysis indicates that high multiculturally competent counsellors have a significantly greater percentage caseload of multicultural clients, and have taken significantly more multicultural courses. Further analysis indicates that experience working with multicultural clients and attending professional development seminars were the strongest predictors of higher levels of multicultural counselling competencies. Case consultation was also included as a strong predictor of counsellors' multicultural competence. The next chapter will offer a discussion of these results.

CHAPTER 5: DISCUSSION

The purpose of this research was to explore Canadian counsellors' perceived multicultural competencies. Specifically, this study was aimed at researching four identified domains of multicultural counselling competence: Awareness, Skills, Knowledge, and the counselling Relationship. This project also examined specific factors that may be useful in predicting multicultural counselling competencies.

This chapter will summarize and discuss the research results, with an attempt to integrate results with existing literature in the area. The discussion will be organized around the research questions stated in Chapter 2. Levels of perceived multicultural competence will be discussed, based on a detailed summary of the specified four areas of multicultural counselling competence. In addition, variables and characteristics of counsellors that influence and predict multicultural counselling competence will be summarized. Implications of the findings for counselling practice and training will also be discussed, and recommendations for practice and training. The strengths and limitations for this study, and suggestions for future research will be outlined.

Main Findings

There are two findings from this study that contribute to our understanding of the perceived multicultural counselling competencies of Canadian counsellors: (1) Participants perceive themselves most competent in the domain of Skills, followed by Knowledge, Awareness and Relationship respectively; (2) experience working with multicultural clients and attending professional development seminars were the strongest predictors of higher levels of multicultural competencies, followed by case consultation.

Discussion of Main Findings

Four Domains of Multicultural Counselling Competency

Results from this study indicate that Canadian participants perceive themselves most competent in the domain of Skills, followed respectively by the domains of Knowledge, Awareness and Relationship. Based on the definition of a culturally skilled counsellor, it can be interpreted that participants are in the process of actively developing and practicing appropriate, relevant, and sensitive intervention strategies and skills in working with culturally diverse clients (Sue et al., 1992). The mean scores of the other scales suggest that participants have gained knowledge of not only their worldviews and life experiences, but the cultural heritage of the cultural groups with whom they are working (Sodowsky, 1996; Sue et al., 1992). Results also indicate that participants are in the process of actively becoming aware of their own assumptions about human behavior, values, biases, preconceived notions, and personal limitations (Sue et al., 1992).

Although the results of this study are able to present the findings for each specific domain of multicultural counselling, it is important to discuss the results of the correlations among the Multicultural Competency scales. The MCI intercorrelational findings indicate that the four factors are measuring different, but related constructs (Ottavi et al., 1994). This should not be surprising in that one's awareness of personal assumptions, values, and biases are generally believed to arise from exposure to different perspectives in these realms, which implies some level of understanding other worldviews. Further, the belief that an individual has awareness and knowledge of other cultures may lead a person to believe, whether rightly or wrongly, that he or she has some skill in working with others from different cultural backgrounds. Therefore, the results of

the correlational analysis portray a process of becoming multiculturally competent that involves incorporating a focus on all three of these dimensions. These results support the suggestion that these competency domains have permeable boundaries (Sodowsky et al., 1994; 1996).

According to Sodowsky and Taffe (1991), being multiculturally competent in counselling requires the ability to integrate awareness, knowledge, and skills while maintaining a positive counselling relationship with the client (Pope- Davis & Ottavi, 1994). Results from this study indicate that Canadian counsellors report higher levels of competency in the areas of Awareness, Skills, and Knowledge, but lower levels in the area of the counselling relationship. As outlined in the results, the Relationship scale is not significantly related to the overall MCI scale and negatively related to the other three scales. This suggests that the Relationship scale may be measuring a factor other than multicultural counselling competency. With existing literature that emphasizes the importance of the counselling relationship, any association with the Relationship scale should be interpreted with caution. As the relationship scale is a relatively new addition to the domains of multicultural competency, future research is recommended.

Characteristics of Low and High Multiculturally Competent Counsellors

The analysis of the data gathered from this research categorized participants into two groups identifying counsellors at either a low or high level of multicultural competence. Through an examination of the variables associated with these two groups, it can be concluded that counsellors labeled as highly multiculturally competent have a significantly higher percentage caseload of multicultural clients and have taken significantly more courses in multicultural training.

The largest between group difference was in multicultural awareness, with the high level of multiculturally competent counsellors having significantly higher scores on the Awareness scale. This is not surprising based on the emphasis that the multicultural literature has placed on the concept of awareness. For example, Ivey (1987) describes increased awareness as an important catalyst to lifelong multicultural learning, while Espin (1987) emphasizes the importance of interpersonal and cultural awareness. Espin also states that interpersonal awareness is usually accomplished through continuous self-reflection and self-evaluation. Counsellors who seek education and consultation regarding multicultural issues recognize not only the importance of self-awareness, but show motivation to understand their social impact on others (Sodowsky et al., 1994). The demographic characteristics of the two groups indicate that 73% of high multicultural competence counsellors seek out additional education and training through multicultural seminars and workshops, as well as receive more supervision and consultation. Although surprisingly, less than 50% of the high competence counsellors are currently receiving supervision or consultation with their multicultural clients, this may be a result of limited resources, unavailable training, or financial concerns.

The data analysis explored many variables that the literature indicates may influence multicultural competencies in counsellors. For example, this study examined the variables of age, level of education, years since graduation, number of years practicing as a professional counsellors, whether or not counsellors received any multicultural coursework during their training, and the percentage of their client caseload that is multicultural clients. Although 84% of the total participants in this study had completed a graduate degree, the level of education was not a significant factor in

determining the level of competence in counsellors. The education variable, as utilized in this study is not a variable that may be able to predict multicultural competence.

There are several possible reasons for this finding. First, the research indicates that although many training programs now require a course in multicultural counselling, there is not a stable and consistent training program that has demonstrated how to prepare counsellors to feel equipped to work with multicultural clients (Allison et al., 1994; 1996; Wienrach & Thomas, 1996). Since multicultural coursework that is included in counsellors education programs has been found to be a variable associated with high competence counsellors, it appears that coursework is important but is not deemed sufficient. It is also noted that a higher percentage of high competence counsellors are seeking additional training through seminars and workshops.

Predictors of Multicultural Counselling Competence

The findings of this study suggest that attending seminars or workshops, and an actively diverse caseload are the strongest predictors of multicultural counselling competence. In addition, those counsellors who seek consultation with these multicultural cases may also increase the predictability of multicultural counselling competence. Results indicate that 38% of high competence counsellors actively seek out consultation regarding clients from non-dominant groups, while only 17% of counsellors from low level of multicultural counselling competence engage in case-consultation. Although the percentage of high competence counsellors is relatively low, this may be an indication of the lack of available resources and supports to counsellors.

These results demonstrate that some counsellors are actively seeking out new resources that address their need to become more multiculturally competent. Based on

their higher scores on the Awareness scale, it may be stated that their increased awareness motivates them to seek out additional training. As a result, their knowledge base about the cultural heritage of members from non-dominant groups increases and many more multicultural counselling skills, strategies, and interventions are developed.

Demographic variables. Although the literature does not distinguish gender or age as reliable factors in predicting or influencing multicultural counselling competence, these variables may have a significant impact on counsellors ideologies. For example, researchers such as Fassinger and Richie (1997) describe that gender is a crucial determinant of people's life experiences, roles, behavior, opportunities, and orientation to the world around them. As a result, it constitutes a primary organizing principle used by people in their interpretation of daily experiences and in their construction of attitudes and worldviews. As such, gender serves as a pervasive cultural force that powerfully affects one's attitudes, the bases of knowledge to which one is exposed and has access, and the interpersonal modes and skills one develops in response to others in the environment. Variables such as age and ethnic orientation may also have an influence on counsellors ideologies. In training for multicultural competency, it is crucial to examine the effects of sexism, ageism, racism and other forms of discrimination through understanding the impact it will inevitably have on therapeutic competencies (Fassinger & Richie, 1997).

In examining the results from this study, there are no significant differences in age, gender, or ethnicity between higher and lower levels of multiculturally competent counsellors. However, these variables may be important for counsellors to examine within themselves as an integral part of understanding themselves and their own beliefs

and values that they bring to the therapeutic environment. Other variables, such as educational background and professional practice seem to contribute substantially to the level of multicultural competence in counsellors. Eighty-four percent of the participants in this study have completed graduate degrees, with thirty-four percent of participants completing one or more courses in multicultural counselling. Forty percent of participants never completed a course in multiculturalism but covered it in other courses and 26% never completed a course. Results from this study indicate that taking more courses in multiculturalism increases multicultural awareness and was a predictor in a higher level of multicultural counselling competency.

In addition, certain professional practice variables may also be associated with higher levels of multicultural counselling competence. For example, those counsellors categorized as having a higher level of multicultural competence also attended multicultural seminars, have had more supervision, and received more case consultation. As detailed, the strongest predictors of multicultural competence are the attendance of seminars, an active multicultural clientele for a caseload and the use of consultation.

Implications

As detailed, the overriding goals of this study were to investigate the current multicultural counselling competencies of Canadian counsellors. There are a number of important implications arising from the results of this study: 1) Multicultural counselling competency is a multidimensional construct; 2) Canadian counsellors have varying levels of perceived multicultural competence; and 3) Certain variables may be useful in predicting multicultural counselling competence in counsellors. Findings from this study

also underscore the importance of adequate training and education for counsellors who work with culturally diverse clientele.

Recommendations for Counselling

The results from this study raise many questions about how we can create the types of experiences for counsellors that will support the development of multicultural counselling competencies. This study accentuates the need for counsellors to be proactive in taking steps to improve their competencies for working with members from non-dominant groups. Counsellors need opportunities for professional development to examine issues related to cultural encapsulation. Counsellors also need to take advantage of opportunities to gain knowledge and information about culturally diverse populations and to develop strategies for overcoming value conflicts in counselling relationships.

Counsellors must find ways to be attentive of the ways in which culture shapes their own values and beliefs through increased self-monitoring and personal awareness. In addition, the results of this study suggest that professional activities after graduation are influential for the development of multicultural counselling competencies. Therefore, counsellors are encouraged to attend professional seminars and access supervision or consultation regarding culturally diverse clients.

Ethical Considerations

As indicated in previous chapters, ethical guidelines are in place that emphasize the importance of increasing multicultural counselling competencies. Although there may be personal or systemic barriers that make it difficult for counsellors to access resources to consultation, supervision, or additional training, (Bernal & Padilla, 1982; Dinsmore & England, 1996; Hills & Strozier, 1992) counsellors are encouraged to

actively find ways to increase their level of multicultural competency and practice in a non-discriminatory form (CPA, 1996; Pedersen, 1995).

Counsellors may choose to work towards increasing their level of multicultural counselling competence by increasing their exposure to members of non-dominant groups through increasing their multicultural clientele. Those counsellors who choose to only increase their multicultural caseload need to recognize the potential risk for clients and the ethical implications of not accessing proper supervision or case consultation. In addition, counsellors need to be informed and aware of harmful assessment or interventions in working with diverse clientele. It is imperative that counsellors understand clearly and follow the ethical guidelines put forth by their field. Integral in this is the awareness that counsellors need to advocate for the rights of clients and acknowledge their own vulnerabilities and biases.

Not only should counsellors be advocating for the rights of their clients, but also for their own right to ongoing training in the field of multiculturalism. For example, when looking for additional training in workshops or seminars, counsellors should be proactive in seeking out programs that explore and expand upon self-awareness, skills, knowledge and the counselling relationship. Since the amount of multicultural content in counselling curriculum has occurred primarily in the 1990s, there is a concern that professionals who graduated sooner may be practicing without available knowledge of multicultural counselling. This demonstrates the importance of professional development opportunities for counsellors who work with diverse populations (Arthur, 1998; Reynolds, 1995).

Continuing efforts to enhance counsellors' ability to competently serve diverse populations can take multiple forms. The leadership and support of counselling agency administrators and professional associations are needed to promote individual and organizational development (Sue et al., 1998) in the field of multicultural training. This includes developing practices and resources that support access to consultation and supervision. In addition, professional organizations can develop network directories of counsellors with particular competence in providing services to specific client groups. These networks can serve not only as referral lists for clients, but also as resources for practicing professionals to access consultation and peer supervision (Allison et al., 1996; Arredondo et al., 1996).

Recommendations for Training

Although training programs have been responsive in taking steps to improve counsellors' abilities to service diverse populations, there is still much work to be done to ensure and monitor adequate education. Recent curriculum changes have incorporated content to increase multicultural awareness and knowledge, however graduates report needing further assistance to apply these domains to culturally-sensitive interventions (Allison et al., 1994; 1996; Weinrach & Thomas, 1996). Although offering a single course in multicultural counselling is a step forward, it is unreasonable to expect that standards for professional competence can be attained without systematic integration of multicultural content into core areas of counsellor education. Perhaps the next step is for more programs to work towards combining a single course and integrated program designs (Arthur, 1998, Hartung, 1996; Leong & Kim, 1991; Reynolds, 1995). This would ensure the exposure to key concepts such as counselling theory, research and

practice while exposing students to more multicultural content (Dinsmore & England, 1996; Reynolds, 1995).

As the development of intervention skills and strategies are most likely to be incorporated through direct contact with diverse clientele, students need real life experience with multicultural case management through supervised practicum and fieldwork. Recent developments in counsellor supervision (e.g., Brown & Landrum-Brown, 1995) suggest that cultural influences should be considered as an integral feature of the dynamics within all counselling relationships.

Graduate training should support students' access to multiple types of educational experiences. Examples include training cases, supervision, coursework, work with culturally diverse faculty mentors, and workshops. In order to foster competence, directors and professors of counselling training programs should also evaluate their own level of therapeutic competence. Graduate training programs should also begin to examine the importance of specific qualities and qualifications for supervisors and instructors in preparing students to become competent service providers (Allison et al., 1996; Arredondo et al., 1996).

Strengths and Limitations

Keeping in mind this is an exploratory study, there are many strengths associated with this research. First, this study is beneficial in adding information to a bare field of research on Canadian counsellors' multicultural competencies. Specifically, this study offers information about the current status of multicultural counselling competencies across Canada, insight into which factors may be associated with developing higher levels of multicultural counselling competence, and identifies which variables may be

useful in predicting these competencies. This research also has the advantage of offering recommendations for future training, education, and other forms of increasing multicultural counselling competency. With emphasis placed on ethical considerations in the field of counselling, this study addresses the ethical implications and concerns integrated in working with a multicultural clientele.

There are certain limitations of the current study that need to be recognized. First, the sample size may be limiting for generalizing results. With a sample size of 181 of 550 potential participants, generalizing results should be done with caution. Since all participants were chosen as registered members of the CGCA, generalizing results to all Canadian counsellors should also be done with caution. The major limitations of this investigation relate to using a self-report measure, indicating that results of multicultural counselling competence are perceived by all participants. The participants may have assessed behavior that they anticipated engaging in rather than the actual behavior or may have selected responses they believed to be socially acceptable (Ottavi et al., 1994; Pope-Davis & Ottavi, 1994). Therefore, counsellors' self-reported results may be different from other measures including client results. Participants may also have interpreted the items on the MCI differently than was intended.

Despite these limitations, based on a demand for more information regarding multicultural counselling competence, this research may be viewed as a starting point for future research to further examine the needs of Canadian counsellors in the field of multiculturalism.

Future Research

It may be realistic to assume that students trained in mainstream psychology and education practices feel unprepared and uncertain when introduced to cultural constructs and scenarios in counselling practice. However, researchers need to be aware of what aids students in becoming and feeling more competent in the field of multicultural counselling. Therefore, trainers would find it informative to study the relationships between students' feelings of inadequacy while in multicultural training and their perceived multicultural competencies. Further research should expand the evaluation of counsellor competencies to include client perspectives. Since counsellors' impressions of counselling effectiveness may be different from clients', the factors that lead to competencies could be compared between counsellors and clients. It is important in future research to recognize that not only clients, but also counsellors may be culturally diverse.

Although this study has suggested key factors in the practice of counsellors that lent to higher or lower levels of multicultural competencies, future research should work towards establishing existing standards from which to evaluate counsellors' progress in developing the recommended multicultural counselling competencies (Sue et al., 1998). Also, future research may replicate and expand upon demographic variables that are associated with multicultural counselling competence. Additional research is needed to understand how personal characteristics, educational/training, and professional practices support multicultural counselling competencies.

In exploring these variables in counsellors, a close examination of training programs and resources available to practicing counsellors is imperative. Training

programs across Canada should be evaluated and monitored. Provincial differences in training, practice, and multicultural issues may be a potential area to investigate. Future research needs to demonstrate how counsellor education can promote the transfer of multicultural counselling competencies in the areas of self-awareness, knowledge, and skills to effective practices with clients. An exploration of Western views, theories, and philosophy of counselling may also be further examined and compared to other societies' forms of helping within the mental health arena. Comparative research may be useful to ensure that Western societies' practices of counseling are not an encapsulated process. In addition, further research of ethical considerations when working with diverse populations should be targeted. It is obvious that more in-depth research must be completed on the multicultural competencies of Canadian counsellors and the various models of multicultural training in order to discover what is helpful to both counsellors and clients.

Summary

The purpose of this research was to explore the perceived multicultural competencies of Canadian counsellors. The principle findings of this investigation indicate that participants are in the process of actively developing and practicing appropriate and relevant intervention strategies in working with members of non-dominant groups. In addition, some Canadian counsellors have gained knowledge about their own worldviews, and insight into cultural groups with which they are working. Importantly, counsellors are also becoming aware of their own assumptions and biases regarding human behavior. Based on the definition of a multiculturally competent

counsellor, it can be concluded that many Canadian counsellors are working towards becoming more multiculturally competent.

However, the results of this study also indicate there is a need for counsellors to become more knowledgeable about different cultural groups and increasingly sophisticated in their skills and awareness when working with a multicultural clientele. With the risk of becoming an encapsulated counsellor or potentially harmful to clients, serious ethical implications arise from not addressing the limitations counsellors' perceive in being multiculturally competent. As the literature indicates, several challenges remain in the field of counselling to provide adequate training, programs, and resources that ensure and enhance high levels of multicultural counselling competence for students and practicing professionals.

According to Sue et al. (1992), "Multiculturalism is inclusive of all persons and groups....Continuing to deny its broad influence and importance is to deny social reality." With the changing complexion of our society, it is imperative that the counselling profession further investigates the status of multicultural counselling. This study illustrates the importance of examining in more detail not only the current status of counsellors' multicultural competencies across Canada, but particularly the variables that contribute to an increase in multicultural counselling competence. Since there is a demand for increased knowledge in the field of multicultural counselling competency, this project has the advantage of offering information to researchers and professional organizations. Recommendations for professional development, training/education, and other forms of increasing multicultural counselling competency have also been outlined

in this discussion. Future research can have the common goal to discover ways to support the development of multicultural counselling competencies.

REFERENCES

- Adebimpe, V. (1981). Overview: White norms and psychiatric diagnosis of black patients. American Journal of Psychiatry, 138, 279-285.
- Alden, L., Mothershill, K., Steffy, R., Mcilwrith, R., Steinberg, R., Cmcullen, L., and Tasca, G. (1997). Priorities for professional training in the 90's: Perspectives of directors of psychology training programs. Canadian Psychology, 37, 223-228.
- Allison, K. W., Crawford, I., Echemendia, R., Robinson, L., and Knepp, D. (1994). Human diversity and professional competence. American Psychologist, 49, 792-796.
- Allison, K., Echemendia, R., Crawford, I., & Robinson, W. (1996). Predicting cultural competence: Implications for practice and training. Professional Psychology: Research and Practice, 27, 386-393.
- American Psychological Association. (1981). Education and training committee of division 17. Washington, DC: Author.
- American Psychological Association. (1992). Ethical principles of psychologists. American Psychologist, 47, 1597-1611.
- American Psychological Association. (1993). Guidelines for psychological practice with ethnic, linguistic and culturally diverse populations. American Psychologist, 48, 45-48.
- Arredondo, P. (1994). Multicultural training: A response. The Counselling Psychologist, 22, 308-314.

Arredondo, P., Toropek, R., Brown, S.P., Jones, J., Locke, D.C., Sanchez, J., & Stadler, H. (1996). Operationalization of the multicultural counselling competencies. Journal of Multicultural Counselling and Development, 24, 42-78.

Arthur, N. (1997). Counselling issues with international students. Canadian Journal of Counselling, 31,4.

Arthur, N. (1998). Counsellors education for diversity: Where do we go from here? Canadian Journal of Counselling, 32,1, 88-103.

Atkinson, D.R. & Hackett, G. (1995). Counselling diverse populations. Dubuque, IA: Wm. C. Brown Communications.

Atkinson, D.R., Poston, W.C., Furlong, M.J., and Mercado, P. (1989). Ethnic group preferences for counsellors characteristics. Journal of Counselling Psychology, 36, 68-72.

Atkinson, D.R. (1994). Multicultural training: A call for standards. The Counselling Psychologist, 22, 300-307.

Bernal, M.E., and Castro F.G. (1994). Are clinical psychologists prepared for service and research with ethnic minorities? American Psychologist, 49, 797-805.

Bernal, M.E., and Padilla, A.M. (1982). Status of minority curricula and training in clinical psychology. American Psychologist, 37, 780-787.

Berry, J.W. (1984). Multicultural policy in Canada: A social psychological analysis. Canadian Journal of Behavioural Science, 16, 353-370.

Bluestone, H.H., Stokes, A., and Kuba, S. A. (1996). Toward an integrated program design: evaluating the status of diversity training in a graduate school curriculum. Professional Psychology: Research and Practice, 27, 394-400.

Brooks, G.C. & Kahn, K.B. (1990). Evaluation of a course in gender and cultural issues. Counsellors Education and Supervision, 30, 66-76.

Brown, M.T., & Landrum-Brown, J. (1995). Counsellors supervision: Cross-cultural perspectives. In J.G. Ponterotto, J.M. Casas, L.A. Suzuki, & C.M. Alexander (Eds.), Handbook of multicultural counselling (pp. 263-286). Thousand Oaks, CA: Sage

Brown, S.P., Parham, T.A., and Yonker, R. (1996). Influence of cross-cultural training course on racial identity attitudes of white women and men: Preliminary perspectives. Journal of Counselling and Development, 74, 510-516.

Canadian Psychological Association (1991). A Canadian Code of Ethics for Psychologists. Ottawa: Author.

Canadian Psychological Association. (1996). Guidelines for non-discriminatory practice. Adopted by the Canadian Psychological Association, November, 1996.

Cannon, M. (1995). The invisible empire: Racism in Canada. Toronto: Random House of Canada.

Carter, R.T., & Qureshi, A. (1995). A typology of philosophical assumptions in multicultural counselling and training. In Ponteroto, J.G, Casas, J.M., Suzuki, L.A., and Alexander, C.M. (Eds.), Handbook of multicultural counselling (pp.239-262). London: Sage Publications.

Casas, J.M., Ponterotto, J.G., & Guitierrez, J.M. (1986). An ethical indictment of counselling research and training: The cross-cultural perspective. Journal of Counselling and Development, 64, 347-349.

Cayleff, S.E. (1986). Ethical issues in counselling gender, race, and culturally distinct groups. Journal of Counselling and Development, 64, 345-352.

Cheatham, H.E. (1994). Multicultural training: Reexamination, operationalization, integration. A response. The Counselling Psychologist, 22, 290-295.

Coleman, H. L.K. (1996). Portfolio assessment of multicultural counselling competency. The Counselling Psychologist, 24, 2, 216-229.

Dana, R.H. (1998). Understanding cultural identity and intervention in assessment. Thousand Oaks, CA: Sage Publications.

D'Andrea, M., Daniels, J, & Heck, R. (1991). Evaluating the impact of multicultural counselling training. Journal of Counselling and Development, 70, 143-150.

Daniels, J, & D'Andrea, M. (1996). MCT theory and ethnocentrism in counselling. In D.W. Sue, A.Ivey, & P.Pedersen, (Eds.), A theory of multicultural counselling and therapy (pp. 155-174). Pacific Grove, CA: Brooks/Cole.

Das, A.K. (1995). Rethinking multicultural counselling: Implications for counsellors education. Journal of Counselling and Development, 74, 45-52.

Dinsmore, J. & England, J. (1996). A study of multicultural training at CACREP-accredited counsellors education programs. Counsellors Education and Supervision, 36, 58-76.

Dolan, C.A. (1995). A study of the mismatch between Native students' counselling needs and available services. Canadian Journal of Counselling, 29, 234-243.

Espin, O. (1987). Latino lesbian women. Lesbian psychologist. Chicago: University of Illinois Press.

Esses, V.M., & Gardner, R.C. (1996). Multiculturalism in Canada: Context and current status. Canadian Journal of Behavioral Science, special issue.

Fassinger, R.E., & Richie, B.S. (1997). Sex matters: Gender and sexual orientation in training for multicultural counselling competency (pp.83-110). In Pope-Davis & Coleman (1997). Multicultural Counselling Competencies: Assessment, Education and Training, and Supervision. Thousand Oaks, CA: Sage.

Freeman, S.C. (1990). Universal/Individual approach to counselling diverse populations. Michigan Journal of Counselling and Development, 20, 1, 8-10.

Fukuyama, M.A. (1990). Taking a universal approach to multicultural counselling. Counsellors Education and Supervision, 30, 1, 6-17.

Fukuyama, M.A. (1994). Multicultural training: If not now, when? If not you, who? The Counselling Psychologist, 22, 296-299.

Good, B.J., & Good, M.D. (1986). The cultural context of diagnosis and therapy: A view from medical anthropology. In M.R. Miranda & H.H.L. Kitano (Eds.), Mental health research & practice in minority communities: Development of culturally sensitive programs (pp. 1-27). Rockville, MD: National Institute of Mental Health.

Gwyn, R. (1995). Nationalism without walls: The unbearable lightness of being Canadian. Toronto: McClelland and Stewart.

Hall, C.C. (1997). Cultural malpractice: The growing obsolescence of psychology with the changing U.S. population. American Psychologist, 52, 642-651.

Hartung, P. (1996). Transforming counselling courses: From monocultural to multicultural. Counsellors Education and Supervision, 36, 6-13.

Hays, P.A. (1995). Multicultural applications of cognitive-behavior therapy. Journal of Professional Psychology: Research and Practice, 26, 309-315.

Hays, P.A. (1996). Addressing the complexities of culture and gender in counselling. Journal of Counselling and Development, 74, 332-338.

Helms, J.E., & Carter, R.T. (1990). Development of the White racial identity inventory. In Helms (Eds.), Black and White racial identity: Theory, research, and practice (pp. 67-80). Westport, CT: Greenwood Press.

Heppner, M.J., & O'Brien, K.M. (1994). Multicultural counsellors training: Students' perceptions of helpful and hindering events. Counsellor Education and Supervision, 34, 4-18.

Herman, K.C. (1993). Reassessing predictors of therapist competence. Journal of Counselling and Development, 72, 25-34.

Hills, H., & Strozier, A. (1992). Multicultural training in APA-approved counselling psychology programs: A survey. Professional Psychology: Research and Practice, 23, 43-51.

Hollis, J.W., & Wantz, R.A. (1990). Counsellors preparation 1990-92: Programs, personnel, trends (7th ed.). Muncie, IN: Accelerated Development, Inc. In. Pope-Davis, D.B., & Coleman, H.L.K. (1997). Multicultural Counselling Competencies: Assessment, Education and Training, and Supervision. Thousand Oaks, CA: Sage.

Hollis, J.W., & Wantz, R.A. (1994). Counsellors preparation 1993-95: Volume 2. Status, trends, and implications (8th ed.). Muncie, IN: Accelerated Development, Inc. In. Pope-Davis, D.B., & Coleman, H.L.K. (1997). Multicultural Counselling Competencies: Assessment, Education and Training, and Supervision. Thousand Oaks, CA: Sage.

Ibrahim, F.A. (1991). Contribution of cultural worldview to generic counselling and development. Journal of Counselling and Development, 70, 13-19.

Ivey, A.E. (1977). Cultural expertise: Toward systematic outcomes in criteria in counselling and psychological education. Personnel and Guidance Journal, 55, 296-302.

Ivey, A.E. (1987). Reaction: Cultural intentionality: The core of effective helping. Counsellors Education and Supervision, 26, (3), 168-172.

Jacobson, C.K. (1985). Resistance to affirmative action: Self-interest or racism. Journal of Conflict Resolution, 29, 306-329.

Johnson, S.D. (1987). Knowing that versus knowing how: Toward achieving expertise through multicultural training for counselling. The Counselling Psychologist, 15, 320-331.

Jones, E.E., & Thorne, A. (1987). Rediscovery of the subject: Intercultural approaches to clinical assessment. Journal of Consulting and Clinical Psychology, 55, 488-495.

Kelly, K. (1995). Visible minorities: A diverse group. Canadian Social Trends, 37, 2-8.

LaFromboise, T.D. (1988). American Indian mental health policy. American Psychologist, 43, 388-397.

LaFromboise, T., Coleman, H., & Hernandez, A. (1991). Development and factor structure of the cross-cultural counselling inventory-revised. Professional Psychology: Research and Practice, 22, 380-388.

Lefly, H.P. (1986). Evaluating the effects of cross-cultural training: Some research results. In H.P. Lefly & P.B. Pedersen (Eds.), Cross-cultural training for mental health professionals (pp. 265-307). Springfield, IL: Charles C. Thomas.

Lefly, H.P. (1987). Mental-health training across cultures. In P. Pedersen (Ed.), Handbook of cross-cultural counselling and psychotherapy (pp. 259-266). New York: Praeger.

Leong, F.T.L., and Kim, H..W. (1991). Going beyond cultural sensitivity on the road to multiculturalism: Using the intercultural sensitizer as a counsellors training tool. Journal of Counselling and Development, 70, 112-118.

Li-Repac, C. (1980). Cultural influences on clinical perception: A comparison between Caucasian and Chinese-American therapists. Journal of Cross-Cultural Psychology, 11, 327-342.

Lloyd, A.P. (1987). Multicultural counselling: Does it belong in a counselling education program? Counsellors Education and Supervision, 26, 164-167.

Locke, D.C. (1992). Increasing Multicultural Understanding: A Comprehensive Model. London: Sage Publications.

Lopez, S.R. (1989). Patient variable biases in clinical judgement: Conceptual overview and methodological considerations. Psychological Bulletin, 106, 184-204.

Malgady, R.G. (1996). The question of cultural bias in assessment and diagnosis of ethnic minority clients: Let's reject the null hypothesis. Professional Psychology: Research and Practice, 27, 73-77.

McCrae, M., & Johnson, S. (1991). Toward training for competence in multicultural counsellors education. Journal of Counselling and Development, 70, 131-135.

Mukherjee, S., Shukla, S., Woodle, J., Rosen, A.M., & Olarte, S. (1983).

Misdiagnosis of schizophrenia in bipolar patients: A multiethnic comparison. American Journal of Psychiatry, 140, 1571-1574.

Nwachuku, V.T., & Ivey, A.E. (1991). Culture-specific counselling: An alternative training model. Journal of Counselling and Development, 70, 1, 106-111.

Ottavi, T., Pope-Davis, D.B., and Dings, J.G. (1994). Relationship between white racial identity attitudes and self-reported multicultural counselling Competencies. Journal of Counselling Psychology, 41, 149-154.

Parker, W.M., Valley, M.M., & Geary, C.A. (1986). Acquiring cultural knowledge for counsellors in training: A multifaceted approach. Counsellors Education and Supervision, 26, 61-71.

Patterson, C.H. (1985). The therapeutic relationship: Foundations for an eclectic psychotherapy. Monterey, CA: Brooks/Cole.

Patterson, C.H. (1996). Multicultural counselling: From diversity to university. Journal of Counselling and Development, 74, 227-231.

Pedersen, P.B. (1985). Handbook of cross-cultural counselling and therapy. Westport, CT: Greenwood Press.

Pedersen, P.B. (1987). Ten frequent assumptions of cultural bias in counselling. Journal of Multicultural Counselling and Development, 15, 15-24.

Pedersen, P.B. (1988). A handbook for developing multicultural awareness. Alexandria, VA: American Association for Counselling and Development.

Pedersen, P.B. (1990). The multicultural perspective as a fourth force in counselling. Journal of Mental Health Counselling, 12, 93-95.

Pedersen, P.B. (1991). Multiculturalism as a generic approach to counselling. Journal of Counselling and Development, 70, 6-12.

Pedersen, P.B. (1995). The culture-bound counsellors as an unintentional racist. Canadian Journal of Counselling, 29, 197-205.

Pedersen, P.B. (1996). The importance of both similarities and differences in multicultural counselling. Reaction to C.H. Patterson. Journal of Counselling and Development, 74, 236-137.

Ponterotto, J.G. (1996). Multicultural counselling in the twenty-first century. The Counselling Psychologist, 24,2, 259-268.

Ponterotto, J.G., Casas, J.M., Suzuki, L.A., & Alexander, C.M. (1995). Handbook of multicultural counselling. London: Sage Publications.

Ponterotto, J.G., Rieger, B.P., Barrett, A., & Sparks, R. (1994). Assessing multicultural counselling competence: A review of instrumentation. Journal of Counselling and Development, 72, 316-322.

Ponterotto, J.G., Sanchez, C. & Magids, D.M. (1991, August). Initial development and validation of the Multicultural Awareness Scale (MCAS). Poster presented at the annual meeting of the American Psychological Association, San Francisco.

Pope-Davis, D.B. & Coleman, H.L. (1997). Multicultural counselling competencies: Assessment, education and training, and supervision. Thousand Oaks, CA: Sage.

Pope-Davis, D.B., & Dings, J.G. (1995). An empirical comparison of two-self report multicultural counselling competency inventories. Measurement and Evaluation in Counselling and Development, 27, 93-102.

Pope-Davis, D.B., & Nielson, D. (1996). Assessing multicultural counselling competencies using the multicultural counselling inventory: A review of the research. In G.R. Sadowsky & J.C. Impara (Eds.), Multicultural assessment in counselling and clinical psychology (pp.325-343). Lincoln, NE: Buros Institute of National Measurements.

Pope-Davis, D.B., Prieto, L.R., Whitaker, C.M., & Pope-Davis, S.A. (1993). Exploring multicultural competencies of occupational therapists: Implications for education and training. American Journal of Occupational Therapy, 47, 838-844.

Pope-Davis, D.B., Reynolds, A.L., Dings, J.G., & Nielson, D. (1995). Examining multicultural counselling competencies of graduate students in psychology. Professional Psychology: Research and Practice, 26, 322-329.

Pope-Davis, D.B., & Ottavi, T.M. (1994). Examining the association between self-reported multicultural counselling competencies and demographic variables among counsellors. Journal of Counselling and Development, 72, 651-654.

Renaud, V., & Badets, J. (1993). Ethnic diversity in the 1990s. Canadian Social Trends, 30, 17-22.

Reynolds, A. (1995). Challenges and strategies for teaching multicultural counselling courses. In J. Ponterotto, J. Casas, L. Suzuki, & C. Alexander, (Eds.), Handbook of multicultural counselling (pp. 312-330). London: Sage.

Richardson, T.Q., & Molinaro, K.L. (1996). White counsellors self-awareness: A prerequisite for developing multicultural competence. Journal of Counselling and Development, 74, 238-242.

Ridley, C.R., Mendoza, D.W., & Kanitz, B.E. (1994). Multicultural training: reexamination, operationalization, and integration. The Counselling Psychologist, 22, 227-289.

Robinson, W.L. (1996). Predicting cultural competence: Implications for practice and training. Professional Psychology: Research and Practice, 27, 4, 386-393.

Rogler, L.H., Malgady, R.G., & Rodriguez, O. (1989). Hispanics and mental health: A framework for research. Malabar, FL: Krieger Publishing Company.

Rungta, S.A., Margolis, R.L., & Westwood, M.J. (1993). Training counsellors to work with diverse populations: An integrated approach. Canadian Journal of Counselling, 27, 50-64.

Sodowsky, G.R. (1996). The multicultural counselling inventory: Validity and Applications in multicultural training. In G.R. Sodowsky & J.C. Impara (Eds.), Multicultural assessment in counselling and clinical psychology (pp.283-324). Lincoln, NE: Buros Institute of National Measurements.

Sodowsky, G.R., & Impara, J.C. (1996). Multicultural assessment in counselling and clinical psychology. Lincoln, NE: Buros Institute of National Measurements.

Sodowsky, G.R., Kuo-Jackson, P.Y., & Loya, G.J. (1997). Outcome of training in the philosophy of assessment: Multicultural counselling competencies. In D.B. Pope-Davis & H.L. Coleman (Eds.), Multicultural counselling competencies: Assessment, education and training, and supervision (pp 3-42). Thousand Oaks, CA: Sage.

Sodowsky, G.R., Kuo-Jackson, P.Y., Richardson, M.F., & Tiongson, C. (1998). Correlates of self-reported multicultural competencies: Counsellors multicultural social desirability, race, social inadequacy, locus of control racial ideology, and multicultural training. Journal of Counselling Psychology, 45, 3, 256-264.

Sodowsky, G.R., Lai, E.W.M., & Plake, B.S. (1991). Moderating effects of sociocultural variables on acculturation attitudes of Hispanics and Asian American. Journal of Counselling and Development, 70, 194-204.

Sodowsky, G., & Plake, B.S. (1992). A study of acculturation differences among international people and suggestions for sensitivity to within-group differences. Journal of Counselling and Development, 71, 53-59.

Sodowsky, G., & Taffe, R.C. (1991). Counsellors trainees analyses of multicultural counselling videotapes. Journal of Multicultural Counselling and Development.

Sodowsky, G., Taffe, R.C., Gutkin, T.B., and Wise, S.I. (1994). Development of the multicultural counselling inventory: A self-report measure of multicultural competencies. Journal of Counselling Psychology, 41, 137-148.

SPSS. (1994). SPSS-X user's guide (4th ed.). Author.

Statistics Canada (1995b). Projections of visible minority population groups, Canada, provinces/regions and territories, 1991-2016 (Statistics Canada Catalogue 91-539-XPE), Ottawa.

Sue, D.W. (1981). Counselling the culturally different. New York: Wiley Interscience.

Sue, D.W. (1989). Guidepost, December 10 Ed.

Sue, S. (1996). Measurement, testing, and ethnic bias: Can solutions be found? In G.R. Sadowsky & J. Impara (Eds.), Multicultural assessment in counselling and clinical psychology. Lincoln, NE: Buros Institute of Mental Measurements.

Sue, S., Akutsu, P.D., & Higashi, C. (1987). Training issues on conducting therapy with ethnic-minority group clients. In P. Pedersen (Ed.), Handbook of cross-cultural counselling and therapy (pp.275-280). Westport, CT: Greenwood Press.

Sue, D.W., Arrendondo, P., & McDavis, R.J. (1992). Multicultural counselling competencies and standards: A call to the profession. Journal of Counselling and Development, 70, 477-486.

Sue, D.W., Berneir, J.E., Durran, A., Feinberg, L., Pedersen, P., Smith, E., & Vasquez-Nuttall, E. (1982). Position paper: Cross-cultural counselling competencies. The Counselling Psychologist, 10, 45-52.

Sue, D.W., Carter, R.T., Casas, J.M., Fouad, N.A., Ivey, A.E., Jensen, M., LaFromboise, T., Manese, J.E., Ponterotto, J.G., & Vasquez-Nuttall, E. (1998). Multicultural counselling competencies: Individual and organizational development. Thousand Oaks, Ca: Sage.

Sue, S., & Zane, N. (1987). The role of culture and cultural techniques in psychotherapy: A critique and reformulation. American Psychologist, 42, 37-45.

Sue, D.W., & Sue, S. (1987). Cultural factors in the clinical assessment of Asian Americans: An accurate assumption? Journal of Counselling Psychology, 30, 581-588.

Sue, D.W., & Sue, D. (1990). Counselling the culturally different: Theory and practice. New York: Wiley.

Vacc, N.A., Wittmer, J., & DeVaney, S. (1988). Experiencing and counselling multicultural and diverse populations. (2nd Ed.) Muncie, IN: Accelerated Development, Inc.

Vasquez, M., J., T. (1996). Will virtue ethics improve ethical conduct in multicultural settings and interactions? The Counselling Psychologist, 24,1, 98-104.

Vontress, C.E. (1979). Cross-cultural counselling: An existential approach. Personnel and Guidance Journal, 58, 117-127.

Weinfeld, M. (1994). Ethnic assimilation and the retention of ethnic cultures. In J.W. Berry & Laponce (Eds.), Ethnicity and culture in Canada: The research landscape (pp.238-266). Toronto: University of Toronto Press.

Weinrach, S.G., and Thomas, K.R. (1996). The counselling profession's commitment to diversity sensitive counselling: A critical reassessment. Journal of Counselling and Development, 74, 472-277.

Weitzwan, E.A., and Miles, M.B. (1995). Computer programs for qualitative data analysis: A Software Sourcebook. Thousand Oates, CA: Sage.

Wrenn, C.G. (1962). The culturally encapsulated counsellors. Harvard Educational Review, 32, 444-449.

Wong, O.C., and Piran, N. (1995). Western biases and assumptions as impediments in counselling traditional chinese clients. Canadian Journal of Counselling, 29:2, 107-119.

Zayas, L.H., Torres, L.R., Malcolm, J., and DesRosiers, F.S. (1996). Clinicians' definitions of ethically sensitive therapy. Professional Psychology: Research and Practice, 27, 78-82.

APPENDIX A: Letter of Invitation

Dear Colleague,

My name is Nancy Arthur and I am an Assistant Professor in the Department of Educational Psychology at The University of Calgary. I am writing to request your participation in a study on the Multicultural Practises of Counsellors.

The purpose of this study is to investigate counsellors' experiences working with a multicultural clientele and their identified needs for professional development. As part of the study you are asked to do three things, a) complete a standardized questionnaire on multicultural counselling, b) write responses to two case study scenarios, and, c) offer suggestions regarding professional development activities. Knowing the hectic pace of professional practise, the questionnaires have been developed to be as considerate as possible of your time. All questionnaires can be completed in approximately 45 minutes. Your time and opinions are greatly appreciated.

The questionnaires ask you to reflect upon practises with clients from diverse cultural backgrounds. While case reflection is a common practise, participation in this study may prompt you to consider your work in different ways than you would through the usual course of work.

Data will be gathered in such a way to ensure anonymity. All materials have been mailed directly from your association's office. Your name or any identifying information will not be released during or after the study. Once received, responses will be kept in strictest confidence in locked file cabinets at The University of Calgary. Raw data will be destroyed 2 years after completion of the study. Only group results will be reported in any published studies.

By completing the questionnaires, you are indicating your consent fox participation in the study. If you have any questions, please feel free to contact me at (403) 220-6756, the Office of the Chair, Faculty of Education Joint Ethics Committee at (403) 220-5626, or the office of the Vice-President (Research) at (403) 220-3381.

A stamped and addressed envelope is enclosed for mailing the completed questionnaires. Please mail the completed questionnaires by November 28, 1997.

Thank you again for your participation in this research study.

Sincerely,

Nancy Arthur, Ph.D.
Counselling Psychologist

APPENDIX B: Revised Cover Letter



DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

Dear CCGA member,

In November, 1997, CGCA members were mailed questionnaires for the study, *Multicultural Practices of Counsellors*. Unfortunately, the postal strike interfered with the proposed date for returning the questionnaires. As a result, the survey process is being repeated. I would greatly appreciate your time to complete the enclosed information package by the end of January, 1998.

The mailing of questionnaires has been managed as an anonymous process through the CGCA office. No member names have been released and there is no way of tracking members through returned questionnaires. Therefore, members who have already completed the questionnaires will also receive information in the second mailing. As the information is identical, if you have already returned the questionnaires, please disregard this second request. I want to thank those members who were kind enough to contact me during the postal strike to make alternate arrangements. I would also like to thank the members who contacted me through e-mail and telephone to discuss their counselling interests with a culturally diverse clientele.

Once again, I appreciate your time and cooperation for the research project.

Best wishes for 1998!

Sincerely,



Nancy Arthur, Ph.D.
Assistant Professor

APPENDIX C: Demographic Questionnaire

Demographic Questionnaire

Please indicate your answer to the following questions by placing an **X** next to the item that *best represents* your response. If categories do not represent your answers, please add your response in the space below.

1. Age: _____

2. Sex: M _____ F _____

3. **Ethnicity:**

- Anglo-Saxon Canadian
 French Canadian
 African Canadian
 First Nations Canadian or Metis
 Asian Canadian
 Hispanic Canadian
 Other, please specify

4. Indicate the *importance of your ethnicity* by rating each of the following items:

1= Not important, 2= Somewhat important, 3= Very important.

- | | | | |
|---|---|---|---|
| 1 | 2 | 3 | Speaking my first language at home |
| 1 | 2 | 3 | Speaking my first language in the community |
| 1 | 2 | 3 | Maintaining customs important to my ethnic membership |
| 1 | 2 | 3 | Participating in cultural events and holidays |
| 1 | 2 | 3 | Having friends from my ethnic group |

5. **Highest Post-Secondary Education Completed:**

- Undergraduate or college courses but no diploma/degree
 College diploma completed
 Undergraduate degree completed
 Master's degree completed
 Ph.D. completed

6. **Year Highest Post-Secondary Education was Completed:**

7. Years of Professional Practise as a Counselor:

_____ Years

8. Province in which you currently practice as a counselor:

<input type="checkbox"/> British Columbia	<input type="checkbox"/> Nova Scotia
<input type="checkbox"/> Alberta	<input type="checkbox"/> Newfoundland
<input type="checkbox"/> Saskatchewan	<input type="checkbox"/> New Brunswick
<input type="checkbox"/> Manitoba	<input type="checkbox"/> Prince Edward Island
<input type="checkbox"/> Ontario	<input type="checkbox"/> Yukon Territory
<input type="checkbox"/> Quebec	<input type="checkbox"/> Northwest Territories

9. Indicate with an X your *primary* and, if applicable, your *secondary work setting or professional practice*:

<u>Primary</u>	<u>Secondary</u>
<input type="checkbox"/> Government	<input type="checkbox"/> Government
<input type="checkbox"/> Counseling Administration	<input type="checkbox"/> Counseling Administration
<input type="checkbox"/> Counselor Education	<input type="checkbox"/> Counselor Education
<input type="checkbox"/> Corrections	<input type="checkbox"/> Corrections
<input type="checkbox"/> School (Kindergarten to grade 12)	<input type="checkbox"/> School (Kindergarten - 12)
<input type="checkbox"/> Post-secondary school	<input type="checkbox"/> Post-secondary school
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Employment Agency
<input type="checkbox"/> Industry	<input type="checkbox"/> Industry
<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> Rehabilitation
<input type="checkbox"/> Private Practice	<input type="checkbox"/> Private Practice

10. Course work on multicultural issues in your *post-secondary* education program:

Have *never* completed a multicultural or cross-cultural counseling course;

Have *never* completed a multicultural or cross-cultural counseling course but have had these *topics covered in other courses*;

Have completed *one* multicultural or cross-cultural counseling course;

Have completed *two or more* multicultural or cross-cultural counseling courses

11. Have you attended any *workshops or seminars* on multicultural or cross-cultural counseling *outside* (not part of coursework) *your post-secondary program*?

No;

Yes; if Yes, How many **hours** of training have you received?

12. Have you received *supervised counseling training* (eg., practicum, field placements, internship) in the delivery of counseling or mental health services to racial/ethnic minority clients?

- No;
 Yes, if Yes, about how many racial/ethnic minority clients have you worked with under **direct supervision**? _____.
 (Direct supervision implies regular discussion regarding client issues).
-

13. Are you currently involved with *in-service or case consultation* on multicultural issues in counseling?

- No;
 Yes; if Yes, describe the **nature of current consultation**, i.e., number of hours per month, colleagues at work, at other agencies, face-to-face consultation, telephone consultation, etc.

Hours per month _____
Nature of consultation

14. Consider your experience providing counseling services to clients. About *how many clients* have you worked with from the following populations?

- No counseling experience so cannot answer question
 Anglo-Saxon Canadians
 French Canadian
 First Nations Canadians or Metis
 Asian Canadians
 Hispanic Canadians
 African Canadians or Black Canadians
 Clients with physical disabilities
 Homosexuals or lesbians
 Other _____
-

15. What *percentage of your caseload in the previous year* entailed counseling with culturally diverse clients relative to yourself?

_____ %

APPENDIX D: Multicultural Counseling Inventory (MCI)

Multicultural Counseling Inventory (MCI)

The following statements cover counselor practices in multicultural counseling. Indicate how accurately each statement describes you as a counselor, psychologist, or student in a mental health training program when working in a multicultural counseling situation. Give ratings that you actually believe to be true rather than those that you wish were true.

The scale ranges from 1 (very inaccurate) to 4 (very accurate). The scale indicates the following:

- 1 - very inaccurate
- 2 - somewhat inaccurate
- 3 - somewhat accurate
- 4 - very accurate

When working with minority clients, . . .

- | | | |
|-----|---|---------|
| 1. | I perceive that my race causes the clients to mistrust me. | 1 2 3 4 |
| 2. | I have feelings of overcompensation, oversolicitation, and guilt that I do not have when working with majority clients. | 1 2 3 4 |
| 3. | I am confident that my conceptualization of client problems does not consist of stereotypes and value-oriented biases. | 1 2 3 4 |
| 4. | I find that differences between my worldviews and those of the clients impede the counseling process. | 1 2 3 4 |
| 5. | I have difficulties communicating with clients who use a perceptual, reasoning, or decision-making style that is different from mine. | 1 2 3 4 |
| 6. | I include the facts of age, gender roles, and socioeconomic status in my understanding of different minority cultures. | 1 2 3 4 |
| 7. | I use innovative concepts and treatment methods. | 1 2 3 4 |
| 8. | I manifest an outlook on life that is best described as "world-minded" or pluralistic. | 1 2 3 4 |
| 9. | I examine my own cultural biases. | 1 2 3 4 |
| 10. | I tend to compare client behaviors with those of majority group members. | 1 2 3 4 |

1 - very inaccurate
2 - somewhat inaccurate
3 - somewhat accurate
4 - very accurate

- | | | | | | |
|-----|--|---|---|---|---|
| 11. | I keep in mind research findings about minority clients' preferences in counseling. | 1 | 2 | 3 | 4 |
| 12. | I know what are the changing practices, views, and interests of people at the present time. | 1 | 2 | 3 | 4 |
| 13. | I consider the range of behaviors, values, and individual differences within a minority group. | 1 | 2 | 3 | 4 |
| 14. | I make referrals or seek consultations based on the clients' minority identity development. | 1 | 2 | 3 | 4 |
| 15. | I feel my confidence is shaken by the self-examination of my personal limitations. | 1 | 2 | 3 | 4 |
| 16. | I monitor and correct my defensiveness (e.g., anxiety, denial, anger, fear, minimizing, overconfidence). | 1 | 2 | 3 | 4 |
| 17. | I apply the sociopolitical history of the clients' respective minority groups to understand them better. | 1 | 2 | 3 | 4 |
| 18. | I am successful at seeing 50% of the clients more than once, not including intake. | 1 | 2 | 3 | 4 |
| 19. | I experience discomfort because of the clients' different physical appearance, color, dress, or socioeconomic status. | 1 | 2 | 3 | 4 |
| 20. | I am able to quickly recognize and recover from cultural mistakes or misunderstandings. | 1 | 2 | 3 | 4 |
| 21. | I use several methods of assessment (including free response questions, observations, and varied sources of information and excluding standardized tests). | 1 | 2 | 3 | 4 |
| 22. | I have experience at solving problems in unfamiliar settings. | 1 | 2 | 3 | 4 |
| 23. | I learn about clients' different ways of acculturation to the dominant society to understand the clients better. | 1 | 2 | 3 | 4 |
| 24. | I understand my own philosophical preferences. | 1 | 2 | 3 | 4 |

- 1 - very inaccurate
 2 - somewhat inaccurate
 3 - somewhat accurate
 4 - very accurate

25. I have a working understanding of certain cultures (including African, Canadian, Native Canadian, Hispanic, Asian Canadian, New Third World Immigrants, and international students). 1 2 3 4
26. I am able to distinguish between those who need brief, problem-solving, structured therapy and those who need long-term, process-oriented, unstructured therapy. 1 2 3 4
27. When working with international students or immigrants, I understand the importance of the legalities of visa, passport, green card, and naturalization. 1 2 3 4

Evaluate the degree to which the following multicultural statements can be applied to you.

28. My professional or collegial interactions with minority individuals are extensive. 1 2 3 4
29. In the past year, I have had a 50% increase in my multicultural case load. 1 2 3 4
30. I enjoy multicultural interactions as much as interactions with people of my own culture. 1 2 3 4
31. I am involved in advocacy efforts against institutional barriers in mental health services for minority clients (e.g., lack of bilingual staff, multiculturally skilled counselors, racial and ethnic minority counselors, minority professional leadership, and outpatient counseling facilities). 1 2 3 4
32. I am familiar with nonstandard English. 1 2 3 4
33. My life experiences with minority individuals are extensive (e.g., via ethnically integrated neighborhoods, marriage, and friendship). 1 2 3 4
34. In order to be able to work with minority clients, I frequently seek consultation with multicultural experts and attend multicultural workshops or training sessions. 1 2 3 4

- 1 - very inaccurate**
2 - somewhat inaccurate
3 - somewhat accurate
4 - very accurate

When working with all clients, . . .

- | | | | | | |
|-----|---|---|---|---|---|
| 35. | I am effective at crisis interventions (e.g., suicide attempt, tragedy, broken relationship). | 1 | 2 | 3 | 4 |
| 36. | I use varied counseling techniques and skills. | 1 | 2 | 3 | 4 |
| 37. | I am able to be concise and to the point when reflecting, clarifying, and probing. | 1 | 2 | 3 | 4 |
| 38. | I am comfortable with exploring sexual issues. | 1 | 2 | 3 | 4 |
| 39. | I am skilled at getting a client to be specific in defining and clarifying problems. | 1 | 2 | 3 | 4 |
| 40. | I make my nonverbal and verbal responses congruent. | 1 | 2 | 3 | 4 |