MULTICULTURAL TRAINING, EXPERIENCE, AND COMPETENCE IN COUNSELING CENTER AND HOSPITAL SETTINGS

Jeffrey Scott Lawley
University of Southern Mississippi

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MULTICULTURAL TRAINING, EXPERIENCE, AND COMPETENCE IN COUNSELING CENTER AND HOSPITAL SETTINGS

by

Jeffrey Scott Lawley

A Dissertation
Submitted to the Graduate Studies Office of The University of Southern Mississippi in Partial Fulfillment of the Requirements for the Degree of Doctor of Philosophy

Approved:

December 2007
The University of Southern Mississippi

MULTICULTURAL TRAINING, EXPERIENCE, AND COMPETENCE IN
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Abstract of a Dissertation
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Since the first operationalization of multicultural competencies, training programs and professional organizations have worked to improve training on diversity issues. The construct of *multicultural competence* is important in attempts to evaluate the quality of this training. Attempts to survey practicing doctoral-level psychologists have been limited. This study investigated the relationship between *individual multicultural competence* and a new construct of *institutional multicultural competence* suggested by recent guidelines on multicultural practice (American Psychological Association, 2003).

Psychologists were surveyed online in two disparate environments, University Counseling Centers (UCCs) and Veterans Administration Medical Centers (VAMCs). Individual multicultural competence was measured using the Multicultural Counseling Knowledge and Awareness Scale (MCKAS). Institutional multicultural competence was measured using the Diversity Mission Evaluation Questionnaire (DMEQ). Three correlational comparisons and two hierarchical linear regression analyses were used to explore these relationships and factors that predicted MCKAS and DMEQ total scores. A significant positive relationship was found between MCKAS scores and DMEQ scores. There was a positive relationship between total MCKAS scores and total DMEQ scores.
at UCCs, but not at VAMCs. There was not a significant difference in the strength of correlation between the two work environments. Regression results revealed that gender, multicultural training, and work environment were significant predictors of MCKAS total score, while experience with ethnic minority clients was not a significant predictor. Regression analysis revealed that experience with ethnic minority clients was a significant but small predictor of DMEQ scores, while gender, multicultural training, and work environment were not. The results suggest the importance of factors APA identified as critical to good multicultural practice across work environments. The suggested interaction between work environment and individual competence supports the need for a new standard definition of multicultural competence that extends beyond the individual. Further research is necessary to better identify factors important to institutional competence. Finally, results suggest that it is difficult for psychologists to create change in institutional competence without at least tacit cooperation from their work environment. It is thus vital for psychologists to be more actively aware of their work environment to meet the needs of their community.
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CHAPTER I

INTRODUCTION

For at least the past 150 years, race has been a significant cultural and political issue in the United States. Since the 1960's, there has been concern in the field of psychology that people of color are less able or willing to receive services at all levels of care. This concern was supported by empirical studies of service access for African-Americans that began to appear in the mid-1980's (see Neighbors, Jackson, Campbell, & Williams, 1989; Wilkinson & Spurlock, 1986). Published support for underutilization of services soon grew to include Hispanic (Applewhite, Wong, & Daley, 1991), Asian, and Native American groups (O'Sullivan, Peterson, Cox, & Kirkeby, 1989). Other researchers (e.g., Baker, 2001) suggested that distrust of the mental health system in general and of clinicians specifically has contributed significantly to underutilization of these services.

As this research process continued, national educational and professional organizations such as the American Psychological Association (APA) and the American Counseling Association (ACA) began to look closely at factors related to this atmosphere of distrust and underutilization. Committees were commissioned by these groups to determine ways in which graduate training programs could combat these problems. These committees examined constructs such as multicultural competence, which roughly approximates a practitioner's ability to deal with issues related to diversity (Sue, Bernier, Durran, Feinberg, Pederson, & Smith, et al., 1982). However, these committees also suggested widely varying definitions for competency in multicultural counseling. Other researchers found that many training programs did not stress the importance of client
diversity at all, either in lecture classes or practical experiences (Hills & Strozier, 1992; Suarez-Balcazar, Durlak, & Smith, 1994). Thus, the profession had by around 1990 identified and documented a significant need for more focus on multicultural aspects of counselor training. Researchers expressed the growing need for this training as a possible solution to the problems created by diversity in psychological practice (Arredondo, Toporek, Brown, & Jones, 1996; Bimrose & Bayne, 1995; Paniagua, 1998).

Various authors (Paniagua, 1998; Stanhope, Solomon, Pernell-Arnold, Sands, & Bourjolly, 2005) have suggested the use of the term diverse to refer to clients of cultural or ethnic minority status. The reasoning behind the use of this term is the connotation of inferiority that the term minority can arouse in clients (Paniagua, 1998). In the present study, the term diverse clients was used to refer to the following groups: African-Americans, Latino/Latina and Hispanic-Americans, Asians, Asian-Americans and Pacific Islanders, and Native Americans. It also refers to other issues related to diversity, including socioeconomic status, religion and spirituality, sexuality, ability, and gender.

The literature on graduate training in the area of multicultural counseling has been extensive and varied. A number of terms are used in the literature to describe this aspect of graduate training and its effects on clinical work. These include multicultural education, diversity education, diversity training, and multicultural/diversity programs. For the purposes of this study, all specific coursework or other training programs (e.g., continuing education) related to training in counseling with diverse populations is referred to as multicultural training. Different types of training (e.g., experiential training, training in theory) are differentiated as necessary.
Finally, to reduce confusion, the term *psychologist* is used to denote an individual involved in clinical practice who has doctoral-level training in applied psychology. Many researchers have used the terms *counselor* and *psychologist* interchangeably, because their studies focused on graduate students or individuals with varying levels of training. Although doctoral-level psychologists were the focus of this study, research conducted with individuals identified as counselors (e.g., Das, 1995) is included and identified as such in the review of the literature.

At least half of all diverse clients do not return for a second session of counseling. This figure is significantly higher than the failure-to-return rate of Caucasian clients (O'Sullivan, Peterson, Cox, & Kirkeby, 1989; Wilkinson & Spurlock, 1986). Although socioeconomic status, transportation difficulties, and distrust of the “system” and the counselors within it have been linked to this discrepancy, other factors specific to psychologist training also have begun to emerge (Baker, 2001; Baker & Bell, 1999; Whaley, 1997). Many diverse clients surveyed in these studies reported that they did not feel understood by their counselor. This perceived lack of empathy was one of the most important factors in their decision not to continue counseling. Hanna (2002) also noted that as a general rule, clients of all backgrounds reported that a feeling of “not being understood” was a significant factor in their decision to end treatment prematurely. These studies led professional organizations to determine that multicultural training could help prepare counselors who are more trusted and better able to understand the issues brought to treatment by diverse groups (Das, 1995).

Problems have been identified regarding the availability and comfort of counseling services for diverse individuals. These include practitioner characteristics that
affect the comfort of these clients. Ridley, Li, and Hill (1998) integrated studies of
heuristics to demonstrate ways in which counselors’ internal biases can affect their work
with diverse clients. It is likely that all practicing psychologists carry some biases and
stereotypes into the therapy room. Tversky and Kahneman (1973) noted that people only
could access information that is available to them. Specific presentations of people also
may cause people (in this case, psychologists) to revert to their stereotypes in predicting
behavior (Kahneman & Tversky, 1973). For example, Leupnitz, Randolph, and Gutsch
(1982) found differences in graduate trainees’ diagnostic decisions based on a client’s
race and socioeconomic status. Other researchers have observed this phenomenon in
psychologists’ diagnostic attributions (McLaughlin, 2002; Mwaba & Pederson, 1990;
Trierweiler et al., 2000), clinical judgments (Lee, Barak, Uhlemann, & Patsula, 1995;
Rosenthal & Berven, 1999), and hypothesis testing (Strohmer, Shivy, & Chido, 1990).
Unfortunately, psychologists may be unaware of their biases, which are currently an
important focus in multicultural training.

Psychologists need not be aware of these biases for them to negatively affect their
work (Ridley et al., 1998). Psychologists who are doing what they perceive as highly
appropriate may create detachment from the client, or even harm the client. Bias can
negatively affect treatment selection and the treatment process. Psychologists should be
aware of the ways in which clients’ needs or values can conflict with established or
empirically supported treatments. For example, a psychologist who attempts to make a
psychiatric referral for a Native American client may be making a treatment error, as
medication would not be an acceptable treatment for many members of this group
(Paniagua, 1998).
Two major steps need to occur in order to train psychologists who are better able to work with diverse clients. First, psychologists need to have knowledge and skills for making the therapeutic environment safer, as perceived by clients. This knowledge could include an awareness of external needs, such as the general treatment needs of different groups. Second, psychologists have to be aware of their biases in order to reduce their impact in treatment. This is one example of the internal needs that must be addressed through multicultural training. To formulate appropriate multicultural training for graduate students in psychology, program faculty need to focus on both external and internal needs. Training guidelines defining appropriate multicultural training need to be oriented towards both of these areas to be effective. Appropriate measures also need to be developed to determine the effectiveness of this type of training. In 1992, Sue, Arredondo, and McDavis proposed specific extended guidelines incorporating these internal dimensions. These guidelines have been integrated into the training requirements of both ACA and APA as a requirement for program accreditation. Similar guidelines have been required by many states for licensure for a number of years (Arredondo et al., 1996; Das, 1995).

Since the development of these competencies, two major avenues have been followed in their implementation. First, researchers have attempted to determine whether their multicultural training programs have been effective, with varying results (e.g., Carlson, Brack, Laygo, Cohen, & Kirkscey, 1998; Constantine, Ladany, Inman, & Ponterotto, 1996; Kiselica, Maben, & Locke, 1999; Parker, Moore, & Neimeyer, 1998; Steward, Morales, Bartell, Miller, & Weeks, 1998). Second, measures were developed for assessing psychologists' multicultural competence, a construct that includes
psychologists’ practical knowledge and self-awareness (e.g., the Multicultural Counseling and Awareness scale [MCAS]; Ponterotto, Rieger, Barrett, & Sparks, 1994). Both internal and external needs are reflected in the scale structure of these measures. Factors that have been commonly related to higher scores on instruments such as the MCAS have been the completion of multicultural training (e.g., a graduate course in multicultural psychology) and practical experience with diverse clients (Bellini, 2002).

Analysis of earlier studies suggested two possible research weaknesses. First, many of these studies are qualitative, with different measures and limited participant pools, and are difficult to compare to each other (Kiselica et al., 1999). Another difficulty is related to disparities in the curricula of different programs. Because different programs may cover widely varying topics, qualitative measures cannot be used to determine the utility of training. The availability of multicultural competence measures allows researchers to circumvent this problem, by identifying and measuring general factors important in the development of multicultural competence. The abilities of a larger group can be measured independent of the difficulties inherent in comparing qualitatively different programs.

Analyses of the measures of multicultural competence (e.g., the MCAS) have resulted in mixed reviews, with more recent studies suggesting revisions to these measures and the underlying construct of multicultural competence. Ducker and Tori (2001) recommended the incorporation of a diversity mission into what APA (2003) considers to be ethical multicultural practice. An institution’s diversity mission is comprised of policies and practices that are designed to improve service delivery to clients of all racial and ethnic groups. The accepted definition of multicultural
competence is being revised to include ideas such as diversity mission (APA, 2003). It also has been suggested that work environment can have a significant impact on psychologists’ multicultural practice (Toporek & Reza, 2001). Researchers have not yet quantitatively studied this idea in practice.

The present study was designed to investigate the importance of multicultural training, multicultural experience, and work environment in the assessment of multicultural competence and diversity mission for psychologists practicing at Veterans Administration Medical Centers (VAMCs) and University Counseling Centers (UCCs). It also was designed to investigate the relationship between multicultural competence and diversity mission. Multicultural competence was assessed using the Multicultural Counseling Knowledge and Awareness Scale (MCKAS) (Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002). Diversity mission was assessed using the Diversity Mission Evaluation Questionnaire (Tori & Ducker, 2004).

A critical review of the contemporary literature on the development, assessment, and evolution of multicultural training guidelines is undertaken in this chapter. Early work in this area demonstrated the need for multicultural counseling competencies in psychology training (Sue et al., 1982). These have developed over time to include a broader definition of good multicultural practice (APA, 2002), including more factors than in the original Sue et al. model. In addition, a review of some of the more important measures of multicultural competence (e.g., the MCKAS) is undertaken to illustrate their relationship to the construct of multicultural competence. The development of the diversity mission variable (Ducker & Tori, 2001) is discussed, and this variable is linked to the most recent APA guidelines for multicultural training and practice (APA, 2002).
The importance of integrating this variable into surveys of professional multicultural competence is illustrated. This review concludes with a summary and critique of the most relevant recent literature and the research hypotheses that were examined in this study.

Review of Related Literature

*Development and Application of Program Requirements in Multicultural Training*

Researchers have identified two significant difficulties that interfere with the treatment of diverse clients. One is the underrepresentation of these clients in various treatment environments (O'Sullivan, Peterson, Cox, & Kirkeby, 1989). Second is the issue of counselors’ awareness of their biases and how these can affect different groups (Ridley et al., 1998). Training programs are unable to overcome factors such as clients’ socioeconomic difficulties. However, training programs can take steps to improve psychologists’ ability to help clients feel understood, safe and comfortable. As psychologists’ contributions to this underrepresentation were identified, ACA and APA began to create guidelines for multicultural training that could help programs train better professionals. The Association for Multicultural Counseling and Development developed a list of multicultural competencies in 1991-92 (Sue, Arredondo, & McDavis, 1992), using the suggestions made by Sue et al. (1982). These competencies were further revised and clarified 3 years later. The practical needs of diverse clients, knowledge about cultural rules within different groups, and individual skills working with diverse clients were all labeled as important parts of counselor training programs (Arredondo et al., 1996).

Subsequently, APA and the Council for Accreditation of Counseling and Related Educational Programs (CACREP) adopted requirements for accreditation of training
programs. However, these requirements have differed in their implementation. The original CACREP guidelines on multicultural training were adopted in 1994, and guidelines for APA-accredited programs in psychology were adopted in 1996. The most recent CACREP standards include a section on training in “Social and Cultural Diversity” (ACA, 2001) in an attempt to remedy training deficits identified by researchers. These standards are now a requirement for CACREP-accredited master’s and doctoral-level programs in counseling and counselor education in the United States. These standards closely reflect the outline of Sue et al. (1992) and others. The standards address the areas of awareness and knowledge of both the self and diverse groups, as well as skills necessary to work with these groups. CACREP also notes ways in which accredited programs are required to meet training needs:

Studies that provide an understanding of the cultural context of relationships, issues and trends in a multicultural and diverse society related to such factors as culture, ethnicity, nationality, age, gender, sexual orientation, mental and physical characteristics, education, family values, religious and spiritual values, socioeconomic status and unique characteristics of individuals, couples, families, ethnic groups, and communities including all of the following:

a. Multicultural and pluralistic trends, including characteristics and concerns between and within diverse groups nationally and internationally;

b. Attitudes, beliefs, understandings, and acculturative experiences, including specific experiential learning activities;
c. Individual, couple, family, group, and community strategies for working with diverse populations and ethnic groups;

d. Counselors’ roles in social justice, advocacy and conflict resolution, cultural self-awareness, the nature of biases, prejudices, processes of intentional and unintentional oppression and discrimination, and other culturally supported behaviors that are detrimental to the growth of the human spirit, mind, or body;

e. Theories of multicultural counseling, theories of identity development, and multicultural competencies; and


The first APA accreditation guidelines for doctoral training programs in psychology are less detailed. Accreditation requirements for coursework in diversity were addressed in this manner:

Domain D: Cultural and Individual Differences and Diversity

The program recognizes the importance of cultural and individual differences and diversity in the training of psychologists....

2. The program has and implements a thoughtful and coherent plan to provide students with relevant knowledge and experiences about the role of cultural and individual diversity in psychological phenomena as they relate to the science and practice of professional psychology. The avenues by which these goals are achieved are to be developed by the program. (APA, 1996)
Although this guideline acknowledges the importance of diversity issues, it does not suggest particular areas of training or development that are required for professional psychologists. This guideline has not changed in the most recent APA accreditation requirements (APA, 2005b). However, in 2002, the APA did publish “Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists.” It should be noted that “the term "guidelines" refers to pronouncements, statements or declarations that suggest or recommend specific professional behavior, endeavors or conduct for psychologists” (APA, 2003, p. 378). Although these guidelines are not mandatory, they denote specific actions that professional psychologists should take in their practice with diverse clients.

The APA guidelines encompass many areas of practice, including therapy, teaching, research processes, and institutional issues (APA, 2003). The adoption of this comprehensive framework of multicultural practice guidelines was a significant event for professional psychologists (Arredondo & Perez, 2006). The guidelines in all areas include statements related to the awareness of bias, sensitivity to individuals from different cultures, appropriate knowledge and application of skills, the importance of organizational change and the importance of stressing diversity issues in psychology training programs. As such, APA guidelines now reflect the two significant issues of addressing bias (internal needs) and client comfort (external needs) in training programs and professional practice.

The APA guidelines are doubly important for the purposes of this study. First, they create a framework for refining the definition of multicultural competence. Good multicultural training will take into account these guidelines, and a multiculturally
competent psychologist will have completed at least a minimum of training in this area. Any study that purports to look at multicultural competence must be framed within these guidelines. Second, many of the instruments (e.g., the MCKAS) that have been designed to measure multicultural competence have been based on the competency model suggested by Sue et al. (1982). These measures reflect only a portion of the APA practice guidelines, which are in turn based on this model. Thus, the idea of multicultural competence, the measures that have been developed to look at it, and APA multicultural practice guidelines are interrelated. This literature review looks at the original attempts to implement multicultural training, and the ways in which the effectiveness of multicultural training has been assessed. Then, it looks at the continued evolution of the structure of multicultural competence, and ways in which other factors (e.g., diversity mission) can be integrated into a more complete research model that incorporates a broader portion of new guidelines.

The creation and adoption of multicultural training guidelines have involved a lengthy and difficult process. There is some indication that current guidelines reflect the current state of the research in multicultural competence as it relates to bias (Ridley et al., 1998), training (Constantine et al., 1996), and organizational change (Toporek & Reza, 2001). There also seems to be an indication that programs are abiding by these guidelines and including multicultural training.

Early Research and the Evolution of Graduate Multicultural Training

Application of guidelines to training programs. Existing guidelines for multicultural training have been updated as research and professional activities have uncovered necessary changes. One example was adding “ethical and legal considerations” (ACA,
2001) in the most recent CACREP guidelines. This was added due to changes in the APA and ACA ethics codes to include more consideration of diversity issues. An empirically based example is the identification of weaknesses, such as ethnocentrism, in professional training programs (Arthur, 1998). Das (1995) discussed the effects of these competencies on multicultural training and reported on the adoption of earlier versions of these guidelines into existing training curricula. He noted that, despite training, counselors did not seem to be aware of the significance of culture in the way clients reacted to their environment.

Even before APA accreditation requirements were adopted, a significant portion of APA and CACREP-accredited programs had coursework in multicultural training. However, this training was not generally a requirement. A survey of 56 community psychology graduate training directors found that only 48% of programs required coursework in multicultural psychology. Only 13 of the 56 (23%) believed that their programs were successful in implementing adequate multicultural training (Suarez-Balcazar, Durlak, & Smith, 1994). Hills and Strozier (1992) found that 88% of APA-approved counseling psychology programs had at least one multicultural course, but that only 29 of 49 (59%) of programs required this course. In addition, the effectiveness of these courses was significantly questioned at the time. Klein (1994) found no significant differences in the scores on a measure of cross-cultural sensitivity after students completed a course on multiculturalism. It was unclear whether the course content or the lack of validity of the measure was more important in this finding. APA accreditation requirements went into effect in 1996 (APA, 1996). At this time, 134 of 178 (80%)
surveyed graduate students in APA-accredited counseling psychology programs reported that multicultural training was required (Constantine et al., 1996).

Assessment of multicultural training. It has been 11 years since APA accreditation requirements for multicultural training went into effect. All accredited programs have had at least one site review in the intervening period, as the longest accreditation interval is 7 years (APA, 2005a). Most training programs in psychology should now have some form of multicultural training. Although programs have had time to apply these guidelines and integrate multicultural training into their programs, the effectiveness of multicultural training remains unclear. Validated measures for the construct of multicultural competence have not been in broad use, precluding them from inclusion in early studies. Rather, researchers initially attempted to determine the quality of multicultural training through feedback from students and faculty. These reports began to appear at approximately the same time that standards for multicultural training were adopted by professional organizations (Constantine et al., 1996).

There has been a broad range of research performed on multicultural training in various environments. Researchers have supported the utility of multicultural training for secondary school children (Cockrell, Placier, Cockrell, & Middleton, 1999) and undergraduate college students (Robinson & Bradley, 1997; Simoni, Sexton-Radek, Yescavage, Richard, & Lundquist, 1999; Swank, Asada, & Lott, 2001). Other researchers have surveyed faculty or other training staff (e.g., internship training directors) in order to determine their belief about the effectiveness of their multicultural training (e.g., Sevig & Etzkorn, 2001).
However, few investigations have looked at practicing doctoral-level psychologists, surveying their beliefs or multicultural competence once they begin what is generally an autonomous clinical practice. Researchers have given less attention to practicing psychologists than to rehabilitation counselors (e.g., Bellini, 2002; Byington, Fischer, Walker, & Freedman, 1997), school counselors (e.g., Yeh & Arora, 2003), or physicians (e.g., Skelton, Kai, & Loudon, 2001). The research that has been done with professional psychologists has not been promising. Hansen et al. (2006) found that psychologists did not often perform as well as they could in the application of practice activities for diverse clients. Respondents reported that they did not often try to integrate relevant multicultural resources into treatment, that they did not refer as often as they should, and that they did not involve themselves in multicultural professional development. In addition, respondents reported infrequent consultation and rarely sought feedback on their own multicultural competence. Thus, psychologists may not be following the most recent guidelines for professional practice. However, one qualitative study does suggest that existing competencies are helpful in framing psychologists’ professional activities with diverse clients (Holcomb-McCoy, 2000).

Studies of graduate training. When attempting to assess the effectiveness of multicultural training, most researchers have focused on surveys of faculty and graduate students in graduate training or internship programs (e.g., Tomlinson-Clarke, 2000). These studies represent much of the qualitative work that was criticized for its limited generalizability (Kiselica et al., 1999). Although these studies have given us useful information, qualitative self-reports may be especially vulnerable to social desirability
concerns. There also is no way to know how much change occurred, or why such change occurred, over the course of the training programs.

This early research generally focused on graduate students’ beliefs about the quality of their multicultural training. Constantine (2001b) found that multicultural training predicted higher observer ratings of multicultural competence for counselor trainees. Another survey of graduate counseling students found that participation in multicultural training predicted higher observer ratings of culturally sensitive counselors (Steward, Wright, Jackson, & Jo, 1998). Flannery (1999) examined the opinions of students who took part in community-based learning programs. Students identified ethnic consciousness, personal identity development, and awareness of the need for social change as three main areas of their growth. Constantine, Juby, and Liang (2001) surveyed a sample of students whose reactions indicated that course sections on racial identity development and knowledge about racism and biases were particularly helpful. Constantine (2001a) found that higher scores on a self-construal measure were related to higher observer scoring of a multicultural case conceptualization.

Practical experience with diverse clients has been described as an important part of multicultural training. A survey of graduate students (Steward & Morales et al., 1998) suggested that these students believed completion of a course by itself did not indicate a greater acceptance of diverse groups or multicultural issues, and that experiential activities may be helpful. Tomlinson-Clarke (2000) found that students did not believe that coursework was enough to make them feel competent, and that these students desired additional training experiences to help with self-knowledge. Sevig and Etzkorn (2001) discussed a possible combination of training and experience in regards to an internship.
training seminar that combined didactic instruction with an experiential component. Trainee reactions to this training format tended to be positive. Carlson et al. (1998) found that a combination of coursework and experience with diverse clients each led to a self-perception of increased multicultural awareness. These studies suggest that contact experience with those of different backgrounds also is an important variable. Other researchers in secondary school settings have supported these results (Cockrell et al., 1999). Different racial and ethnic groups have reported different ideas about the importance of multicultural training. A survey of 740 students in APA-accredited clinical psychology programs found that students from diverse groups believed multicultural training to be more relevant than did their Caucasian counterparts. Twenty-seven percent of respondents in this study were members of a diverse group (Bernal et al., 1999). Jackson (1999) noted that observed resistance to multicultural training varied based on the background of the students being surveyed. She noted that the resistance of ethnic minority students was qualitatively different from that of Caucasian students.

The evolution of multicultural training. Traditionally, multicultural training has included work in prevailing theory (e.g., Helms’ Racial Identity Development theory; Thompson & Carter, 1997) as well as practical knowledge (Constantine et al., 1996; Das, 1995; Hills & Strozier, 1992; Klein, 1994). Recently, researchers have suggested that some parts of the traditional multicultural course may not be important in determining the competence of a psychologist with diverse clients. For example, studies involving measures of multicultural competence have expressed the idea that prevailing theory is less important in the measurement of competence (Kocarek, Talbot, Batka, & Anderson,
Sue (1997) also noted that despite our efforts, programs are still teaching more tolerance than diversity, and may be missing some of the subject areas that would help train more successful counselors. The idea of what constitutes multicultural training continues to change based on new information. More recent proposals (e.g., Arthur & Achenbach, 2002) advocate a more immersive experience which aims to increase practical knowledge and self-awareness, rather than focusing primarily on scholarly ideas. This reflects what professional psychologists report is most influential in their work with diverse clients (Hansen et al., 2006).

In response to concerns about "traditional" multicultural courses, some factors related to the structure of training programs that could improve standard multicultural training have been suggested. Rogers, Hoffman, and Wade (1998) listed positive training factors in 10 programs that were respected for the quality of their multicultural training. These positive factors included greater faculty and student involvement in relevant research, appropriate multicultural training across more than one course, and multiple faculty members involved in cultural-related research. McCreary and Walker (2001) discussed the steps in development of their multicultural prepracticum course. Differing lists of 12 (Hansen, Pepitone-Arreola-Rockwell, & Greene, 2000) and 5 (Holcomb-McCoy, 2000) criteria for adequate multicultural training in psychology programs have been suggested. However, both of these lists contain categories that can all be related back to the original three factors of skills, knowledge, and awareness identified by Sue et al. (1982).

More specific curriculum items have been proposed as ways to improve existing multicultural training. A survey of 703 members of APA Division 2 (Teaching of
Psychology) revealed that many faculty members stress diversity across different courses, increasing students’ exposure to the importance of diversity in different areas (Simoni et al., 1999). Locke and Kiselica (1999) discussed the utility of teaching students about racism, and presented ways to make these discussions more productive. This was described as one way to help counselors in training improve their own self-awareness. Tyler and Guth (1999) discussed the integration of different types of media into multicultural training, suggesting a mixture of classwork and experiential work to create a more effective class environment. Jackson (1999) suggested that various topics in multicultural psychology should be addressed in different ways for students of diverse backgrounds. Arthur (1998) noted that a focus on skills, specific area knowledge, and self-awareness could be helpful in future curriculum design. Sue (1997) noted the need for inclusion of political and economic factors in coursework when assessing different models of multicultural training. Lark and Paul (1998) suggested a form of multicultural mentorship that is similar to clinical supervision but with a more specific focus on multicultural issues.

All of these suggestions, coming at the end what might be called the “first round” of research in multicultural training, have presented different ways of improving it. What these suggestions do not do is propose how to measure the effectiveness of multicultural training; nor do they specifically offer psychologists a construct that can be measured. This is one of the main difficulties in assessing the effectiveness of multicultural training. If every class is different, then what is being assessed when researchers survey trainees who have completed it? Is there a way to move from qualitative studies that are difficult to compare to measured outcomes that may be of more use? Although there are
guidelines and suggestions of themes to be covered in multicultural training, it is unlikely that there will ever be a "standard" of multicultural training across even a few programs. However, researchers have closely studied one measurable outcome of multicultural training: **multicultural competence**.

*The Construct of Multicultural Competence and Attempts to Measure it*

Sue et al. first described the construct of *multicultural counseling competence* in 1982. This construct involved three interrelated components: awareness of self and one’s biases toward others, knowledge about different cultural backgrounds, and specific skills related to counseling diverse clients. This three-factor construct was developed into a list of multicultural training guidelines (Sue et al., 1992) that were later adopted by professional organizations. Although this construct has been updated over the years (APA, 2003; Arredondo et al., 1996), most discussions of competence, and the measures developed to assess it, have been framed in terms of these three factors. Only recently has this three-factor model been questioned (Kocarek et al., 2001). This questioning began to occur at the same time that other factors were identified as being of interest in the structure of multicultural competence (APA, 2003).

Although this theoretical work has been the basis for the current training guidelines suggested by both CACREP and the APA, it also has spawned a family of instruments that attempt to measure multicultural competence. These include the Cross-Cultural Counseling Inventory – Revised (CCCI-R; LaFramboise, Coleman, & Hernandez, 1991), the Survey of Graduate Students’ Experiences with Diversity (GSEDS; Talbot, 1992), the Multicultural Awareness and Knowledge Skills Survey (MAKSS; D’Andrea, Daniels, & Heck, 1991), the Multicultural Counseling Inventory.
(MCI; Sodowsky, Taffe, Gutkin, & Wise, 1994) and the Multicultural Counseling and Awareness Scale (MCAS; Ponterotto et al., 1994). The MCAS was revised and is now called the Multicultural Counseling Knowledge and Awareness Scale (MCKAS; Ponterotto et al., 2002). Each of these measures was validated through factor analysis. Some of these measures have been cross-validated with each other (e.g., Ponterotto et al.). Although each measure has a specific model that identifies between one and four underlying factors of multicultural competence, all of them can be related to the initial Sue et al. (1982) construction of multicultural competence. However, this has left some confusion as to the actual factor structure of the multicultural competence construct.

The CCCI-R. The CCCI-R (LaFramboise et al., 1991) is a 20-item measure completed by a supervisor or observer. There have been a few studies performed using a self-report version of this instrument (e.g., Constantine & Ladany, 2000), but it has not been as popular as more recent self-report instruments. The CCCI-R measures one factor, cross-cultural counseling competence, which is comprised of items in three scales: cultural counseling skills, sociopolitical awareness, and cultural sensitivity. It has very good internal consistency (α = .95; LaFramboise et al., 1991), but there have been questions about its construct validity due to the fact that the subscales have not been factor-analyzed (Ponterotto & Alexander, 1996). A study by Constantine and Ladany (2000) suggested that its score is affected by social desirability, through a comparison with the Marlowe-Crowne Social Desirability Scale (SDS; Crowne & Marlowe, 1960). It was not used often after measures such as the MCI and MCAS were developed in the early 1990's.
The GSEDS. The GSEDS (Talbot, 1992; Talbot & Kocarek, 1997) is a 52-item measure, longer than similar surveys, in which each item is assigned a score. Different sections have different scoring possibilities (e.g., 1-4 or 1-7), which can lead to some confusion on the part of the test-taker. There also is a section for qualitative comments at the end. It was designed for graduate students in counseling programs, to measure beliefs about individuals from a different background than the test-taker. There are three validated scales. The first two, Knowledge and Skills, are similar in construct to such scales on the MCI and MCKAS. The Knowledge scale reflects knowledge about diverse clients, and the Skills scale reflects trainees’ perceived abilities with diverse clients. The Comfort scale surveys reported feelings of comfort when working with people of different backgrounds. Some revision has been performed on the items and structure of the measure based on feedback and a pilot study (Kocarek et al., 2001). All three scales have shown good internal consistency in two studies. Kocarek et al. found alpha coefficients of .70 for Knowledge, .84 for Skills, and .86 for Comfort. Talbot (1992) found alpha coefficients of .89 for Knowledge, .81 for Skills, and .92 for Comfort. The discrepancy in the two samples on the Knowledge scale suggests some concern about that scale. This may be related to scale items that are related to specific scholars in the field of multicultural psychology. Courses given in 2001 may cover different material than courses in 1992, when the instrument was written. This same issue was addressed in revision of the MCAS by removing items of this nature (Ponterotto et al., 2002).

There are some unique design philosophies that were followed in the development of the GSEDS. Unlike other measures of competence, the GSEDS was developed to measure “how much [individuals] have integrated aspects of diversity into their
professional lives” (Kocarek et al., p. 489). Also, individuals taking the GSEDs do not have to predict their reaction to novel ideas or situations (Kocarek et al., 2001). This is somewhat different from the approach of other developers, who were working purely to measure the Sue et al. (1982) theoretical model. The GSEDs does not look just at the basic theoretical construct, but at how individuals feel in a diverse environment. In light of new guidelines from APA (2003) regarding the inclusion of diversity issues into psychological practice outside the therapy room, this is an important addendum to studies of multicultural competence. However, issues with the Knowledge scale and the possible confusion related to scoring prevent its use in the present study.

The MAKSS. The MAKSS (D’Andrea et al., 1991) is a 60-item measure, significantly longer than similar surveys, that has been used to evaluate multicultural training. Respondents rate each item on a scale of 1 to 4. Factor analysis of MAKSS scores has suggested three distinct subscales: Awareness, Knowledge, and Skills. No total score is completed for the measure. Internal consistency for subscale scores was reported as .75, .90, and .96, respectively (D’Andrea et al., 1991). The MAKSS subscales roughly reflect the three factors detailed in Sue et al. (1982). Unlike the other scales discussed in this review, factor analysis was not done on the whole instrument, but on each subscale separately, bringing some concern about its validity (Pope-Davis & Dings, 1995). There has been some concern about the reliability of the Knowledge and Awareness subscales; the Awareness scale might be better broken down into two or more factors (D’Andrea et al., 1991; Kocarek et al., 2001). Correlations between MCKAS and MAKSS scores are relatively low (Kocarek et al., 2001). Finally, like the MCI, MAKSS scores are positively
correlated with SDS scores (Constantine & Ladany, 2000). This measure has been used less than contemporary measures (e.g., MCI, MCAS), probably due to these concerns.

*The MCI.* The MCI (Sodowsky et al., 1994) is a 40-item self-report inventory that has been used successfully across different professional fields (e.g., Blair & Coyle, 2005; Cumming-McCann & Accordino, 2005; Green et al., 2005). Confirmatory factor analysis of MCI scores resulted in the identification of four factors (Sodowsky et al., 1994). The first, Multicultural Counseling Skill, reflects respondents' abilities in therapy with diverse individuals. Multicultural Awareness is related to cultural understanding and sensitivity, and Multicultural Counseling Knowledge is intended to measure awareness of practical information and research. Multicultural Counseling Relationship is thought to measure the ability to interact with diverse clients. In a more recent analysis of subscale scores, Sodowsky, Kuo-Jackson, Richardson, and Corey reported internal consistencies of .80, .78, .77, and .68, respectively (1998). Although the first three subscales have good levels of consistency for such a measure, the consistency of the Relationship subscale is of concern. The Relationship subscale was believed to give information on a unique aspect of multicultural competence (Green et al., 2005; Sodowsky et al., 1998). However, scores on other instruments have been positively correlated with MCI Relationship scores. This raises questions about such a perceived advantage (Ponterotto et al., 2002). A recent analysis of multicultural competence measures has suggested that social desirability as measured by the SDS (Crowne & Marlowe, 1960) significantly affects MCI scores (Constantine & Ladany, 2000). Although Sodowsky et al. (1998) suggested that this is due to the interaction between social desirability and MCI Relationship scores, although this could not be shown definitively. The MCI is probably the most commonly used
instrument in surveys of multicultural competence despite the effects of social
desirability and the problematic internal consistency of one of its subscales.

The MCKAS. The MCKAS (Ponterotto et al., 2002) is the revised version of the
MCAS. Like similar measures, the MCAS was developed based on a three-factor model
of multicultural competency. The MCAS also is the only measure of multicultural
competence that has undergone a significant revision to account for questions about its
factor structure. The original version of the MCAS included 45 items on three scales:
Knowledge/Skills, Awareness, and Social Desirability (Ponterotto & Rieger et al., 1996).
However, subsequent exploratory and confirmatory factor analyses (Kocarek et al., 2001;
Ponterotto et al., 2002) have validated a two-factor structure. As described by Ponterotto
et al. (2002), the MCAS was revised based on feedback from other studies. Because there
was limited evidence of the influence of social desirability (Constantine & Ladany, 2000;
Ponterotto et al., 2002), the original items related to social desirability were removed. In
addition, several items relating to specific scholars in diversity issues (e.g., Helms) were
removed because of their subjective nature and the poor factor loadings of their scores.

The revised MCKAS is a 32-item measure on which each item is answered using
a 1 to 7 scale (Ponterotto et al., 2002). Factor analysis revealed a 20-item Knowledge
subscale and a 12-item Awareness subscale. Ten of the Awareness items are reverse-
scored. Ponterotto et al. (2002) performed a new validation study with the revised
instrument, and found further evidence for a two-factor structure. An evaluation of the
internal consistency of the MCKAS revealed alpha coefficients of .89 for the whole scale,
.91 for the Knowledge subscale and .80 for the Awareness subscale (Constantine &
Ladany, 2000; Ponterotto et al., 2002). This is an improvement over the original MCAS.
This new two-factor model showed improved validity; the Knowledge and Awareness scales correlated significantly with similar scales on the MCI (Ponterotto et al., 2002). In addition, there is a significant negative correlation between the Awareness subscale and the SDS (Crowne & Marlowe, 1960), and no correlation with the Knowledge subscale (Constantine & Ladany, 2000). This is true despite the correlation with the Relationship subscale of the MCI, which has been linked to SDS scores (Constantine & Ladany, 2000). Social desirability has proven troublesome for other competency measures, particularly the MCI. This suggests that the MCKAS factor structure may be the “cleanest” of the currently available measures. It is possible that the MCKAS is contaminated by another construct about which researchers are not yet aware.

Measure-based Research in Multicultural Competence

Kiselica et al. (1999) studied the effects of multicultural training on counselor biases, summing up the research that had been done up to that time. Whereas past results suggested that training did help to reduce biases, difficulty was noted in making use of qualitative information from previous research. Because of the noted dependence on qualitative models in research, researchers seeking a more objective instrument have welcomed the emergence of measures such as the MCI and MCKAS. These two measures have been the most widely used instruments for measuring multicultural competence. Some sample studies are highlighted here. The MCI has been used in more studies than has the MCKAS, generally because the MCI’s factor structure has been a better fit with research questions. For example, Green et al. (2005) were particularly interested in the Relationship subscale of the MCI. The MCKAS has fewer issues with social desirability (Constantine & Ladany, 2000) and has been revised to account for...
problems with its factor structure (Ponterotto et al., 2002). This has not been done for the MCI, despite some issues that have been identified with its construction (Constantine & Ladany, 2000; Sodowsky et al., 1998). This suggested that the MCKAS was more appropriate for the present study.

The MCI. Some researchers have used the MCI to study the competence of professionals, such as rehabilitation counselors (Bellini, 2002) and social workers (Green et al., 2005). MCI scores also have been compared to scores on measures of racial identity development, generally showing a positive relationship between this construct and multicultural competence. Bellini (2002) found that race, multicultural experience, and multicultural training were found to explain a significant portion of the variance in MCI total scores for vocational rehabilitation counselors. Cumming-McCann and Accordinno (2005) used the MCI to study the relationship between cultural competence and the racial identity development of 115 rehabilitation counselors. They found that racial attitudes had a medium effect beyond demographic variables on the variance in self-reported MCI total and subscale scores. In their study of social workers, Green et al. (2005) found that a self-report measure such as the MCI is appropriate for use with professional populations. Blair and Coyle (2005) found that entry-level Certified Therapeutic Recreation Specialists had an adequate level of multicultural competency. Wheaton and Granello (1998) found that training had a positive effect on the multicultural competency of practicing rehabilitation counselors. Training was found to increase MCI scores. Finally, Pope-Davis, Reynolds, Dings, and Nielson (1995) found that counseling psychology graduate students rated themselves significantly higher on the
MCI than did clinical psychology graduate students, suggesting some differences in training between the two types of programs.

The MCKAS. There have been fewer studies done with the MCKAS. Most studies with the MCKAS have been performed using the revised version. Constantine (2002) found that multicultural training accounted for a significant portion of the variance (10%) in total MCKAS scores among school counseling trainees. Racist attitudes accounted for an additional significant portion (37%) of this variance. When surveying marriage and family therapists, Constantine et al. (2001) found that racist attitudes again accounted for a significant portion of the variance in MCKAS total scores. Constantine and Ladany (2000) noted that the factor structure of the MCAS is adequate enough that the results of earlier research are still valid. Manese, Wu, and Nepomuceno (2001) used the MCAS to study the effectiveness of multicultural training at a counseling center internship program. They found that Knowledge scale scores increased significantly over the course of the training period, but Total and Awareness scale scores did not. This study also suggested that the MCAS is usable as an outcome measure.

Other measurable constructs. The theory of racial identity development (Thompson & Carter, 1997) has had a central place in attempts to study multicultural competence. Some researchers have studied the relationship between multicultural competence and racial identity development (Thompson & Carter). White racial identity development has been linked to a reduction in racist attitudes using two different measures of this competence (Constantine, 2002; Cumming-McCann & Accordin, 2005; Kiselica et al., 1999; Ottavi, Pop-Davis, & Dings, 1995; Parker et al., 1998). However, not all researchers have agreed with the utility of this theory in the development of multicultural competence. Exposure
to the idea of racial identity development does not necessarily lead to trainees’ acceptance and integration of it (Steward & Morales et al., 1998). As previously noted, questions about specific scholarly theories such as racial identity development have been removed from at least one measure of multicultural competence, the MCKAS, because of the questionable utility of static theories in multicultural training (Ponterotto et al., 2002). The factor structure of the most commonly used racial identity development scale, the White Racial Attitude Scale (Helms & Carter, 1990), also has been called into question (Swanson, Tokar, & Davis, 1994).

Racial identity development does not exist in the construct of multicultural competence first suggested by Sue et al. (1982), although researchers have found a correlation between the two (e.g., Constantine, 2002). Racial identity development is not included in APA practice guidelines (2003) or validated measures of the construct of multicultural competence. Recently, researchers have suggested that the relationship between racial identity development and competencies may not be as clear as initially thought (Middleton et al., 2005). Internal bias, a focus in studies of racial identity development (e.g., Cumming-McCann & Accordino, 2005), already is assessed on many measures of multicultural competence. This could account for the correlation that has been observed between multicultural competence and racial identity development, such as that found by Cumming-McCann and Accordino. Although discussion of racial identity development may be extremely useful in the classroom (e.g., Evans & Foster, 2000), the use of a racial identity development measure is probably redundant for a study looking at the multicultural competence of a particular group of professionals. Given
recent research on the relationship between racial identity development and multicultural competence, it could even be a confound.

There are some concerns about the use of self-report measures in survey research of this type (Constantine & Ladany, 2000; Ponterotto et al., 1994). The construct of multicultural competence that these instruments assess is still somewhat abstract (Helms, 1994), despite the outcomes of the factor analyses that have been done on them. Self-report measures only assess individual beliefs in relation to therapeutic skills, but recent researchers (e.g., Toporek & Reza, 2001), have suggested that this is not enough. This is particularly relevant in light of the new, broader practice guidelines from APA (2003). This need to expand beyond individual competence and beliefs is partially addressed via the inclusion of diversity mission into this area of research. Finally, individuals who fill out these instruments may be thinking only of specific ethnic or cultural groups, not the greater community of diverse individuals.

Emerging Issues in the Measurement of Multicultural Competence

The use of quantitative assessments has improved the ability of researchers to understand the utility of multicultural training. These measures also have helped researchers to understand how multicultural competence varies based on variables such as training, experience, and other individual variables. However, the samples used in existing research are often limited to graduate students or master’s-level clinicians and do not reflect the target population of APA (2003) guidelines, namely doctoral-level psychologists. Research has not looked at variables outside of the individual, such as work environment, a more recent focus of APA guidelines (Resnick, 2006).
Recent researchers (e.g., Bellini, 2002) have been successful in measuring multicultural competence in relation to training and experience with participants such as vocational rehabilitation counselors. These studies are good analogs for possible studies of other groups, such as professional psychologists. The increased utility of this research is likely due to improvements in researchers’ understanding of the construct of multicultural competence and improvement of the measures used to assess it. However, studies of multicultural competence must continue to reflect changing guidelines and beliefs about what makes a competent psychologist. Recently, the definition of multicultural counseling competence has undergone perhaps its most significant change with the development of APA’s most recent guidelines for multicultural practice (APA, 2003).

Knowledge about diverse clients, skills in working with diverse clients, and awareness of one’s own biases are still of primary importance. However, psychologists are now directed to account for these areas in research design, education, and organizational development in addition to their practice with clients. This suggests that the construct of multicultural competence needs to be expanded to account for these areas as well. Surveys of psychologists’ individual beliefs continue to be important. However, psychologists’ perceptions about the importance of diversity at the organizations where they work are now equally important. Researchers in multicultural training have an idea how to train psychologists who are more aware of their internal biases. For the therapeutic environment to be perceived as safer by diverse clients, the environment has to be changed as well. However, the environment is related to more than an individual psychologist’s beliefs and actions, and is often controlled more by the organization than
the individual. The definition of multicultural competence needs to be expanded to allow for this.

The “Diversity Mission” Variable – Institutional Multicultural Competence

There is some support for this expansion in the existing literature. The type of work environment can have a significant impact on the quality and importance of multicultural training. Constantine and Gloria (1999) found that counseling center internship sites place significantly more importance on multicultural training and diversity issues than do hospitals or community mental health agencies. This study has not been replicated, either in training sites or within professional settings. Other researchers (Magyar-Moe et al., 2005) have suggested that, even among counseling centers, the importance of diversity training can vary widely. This is not a new idea. As far back as 1986, Wilkinson and Spurlock focused as much on the atmosphere of mental health treatment as on psychologists’ intrapersonal qualities. The importance of the counseling environment has always been acknowledged, but was lost in the process of developing the “original” idea of multicultural competence.

APA’s most recent guidelines (2003) indicate that organizational-level rules need to be in place to make treatment more accessible for all individuals. This is especially important given the increasing number of diverse individuals in the national population and workforce. Guideline 6 states, “Psychologists are encouraged to use organizational change processes to support culturally informed organizational (policy) development and practices” (APA, 2003, p. 392). These organizational policies are a vital component of culturally competent psychology practice. Psychologists have discussed the importance of integrating organizational guidelines into existing training and practice in various
settings (Arredondo & Perez, 2006; Fouad, 2006; Resnick, 2006; Stanhope et al., 2005).

A focus on institutional development also could help to alleviate the weaknesses found by Hansen et al. (2006) in their study of multicultural competence in the practice of professional psychologists. A focus on organization can help increase the comfort of the environment in ways that individual psychologists may not be able to implement on their own. Work environment policies designed to increase culture-specific consultation, for example, are one way that organizations could work to increase the quality of culturally competent practice.

A focus on the importance of multicultural competence within the organization can encourage further individual development of practitioners working at that organization as well. Continued development of multicultural competence cannot occur in a vacuum. This is supported by the observed relationship between multicultural competence and experiential factors (e.g., Bellini, 2002). Although multicultural training has become more important in training programs, this is not necessarily the case for organizations. In order for multicultural competence to continue to improve after graduate training, continuing education and evaluation must be a focus of the professional world as well. This suggests an important new construct that has been presented by Tori and Ducker (2004) – the diversity mission within a work environment or training site.

Many training and work placements in the mental health field have what could be called a diversity mission. This could include a statement condemning discrimination, or specific policies that are designed to increase the quality of service for underserved populations. It also could include policies requiring a certain amount of ongoing training.
related to diversity issues. It also is reflected in the belief of psychologists that diversity issues are important to the work environment. Ducker and Tori first suggested the idea of a measurable diversity mission in 2001. They designed a measure – the Diversity Mission Evaluation Questionnaire (DMEQ) – to determine “attitudes, beliefs, and experiences related to multicultural matters” (Ducker & Tori, 2001, p. 425) within a training program. This measure is unique in that it asks for perceived attitudes and beliefs of the site itself, rather than for the attitudes and beliefs of the individual. It represents an attempt to operationalize and measure something that could be called institutional multicultural competence. This is defined as the desire of an institution to work towards better access and treatment for diverse clients, as well as its desire to continually improve the multicultural competence of the psychologists who work there. This desire would be reflected in the institution’s policies and measured by report of the individuals who work at the institution. This allows researchers to look at more than individual multicultural competence, the standard construct of an individual psychologist’s knowledge, skills and awareness that has been the focus of measures designed up to this time. The ability to measure multicultural competence of an institution fits well the evolutionary direction of competence and practice guidelines (APA, 2003).

As suggested by reviews of internship training sites (e.g., Constantine & Gloria, 1999), psychologists will learn and function differently based on ideas that the work environment considers to be important. The importance of diversity can differ based on the type of agency in question. A measure of diversity mission can help determine the dynamic between individual multicultural competence and organizational policies. An assessment of this relationship is the first step in assessing the utility of a broader
definition of multicultural competence. The importance of institutions in facilitating ethical multicultural practice has been noted before (Toporek & Reza, 2001).

*The diversity mission evaluation questionnaire.* The DMEQ (Ducker & Tori, 2001; Tori & Ducker, 2004) is a 24-item measure that looks at the importance of a site's diversity mission. Responses are on a scale from 1 to 4. Seven items are reverse-scored. The DMEQ was designed to assess the importance of diversity issues within a particular institution, and was originally conceived to measure the ability of a graduate training program to become more multiculturally oriented. The wording was designed to match the needs of the organization while still measuring specific factors. It has been the subject of two studies (Ducker & Tori, 2001; Tori & Ducker, 2004) that were designed to assess its reliability and validity, as well as to assess its ability to measure changes in an institution over time. A confirmatory factor analysis was utilized to more strictly define its subscales and to remove items that did not fit with the construct (Tori & Ducker, 2004).

The revised version of the DMEQ contains two different factors related to the integration of diversity issues into a work or study environment. The first factor, Open Positive Environment, looks at the perceived overall success of efforts related to the integration of diversity issues into an institution's policies. It also reflects open discussion of diversity issues at the institution. This 16-item factor is a combination of two originally theorized factors, Overall Success and Open Discussion. The second factor, Freely Undertaken, contains 8 items and is thought to measure the degree to which diversity-related tasks are pursued at the institution (Tori & Ducker, 2004). Both of these factors are deemed vital in determining the importance of diversity issues to a particular
institution (Ducker & Tori, 2001). In addition to the factor analysis, validity was determined via comparison between the measurement results and expected responses, as described in Cohen and Swerdlik (1999). In this case, significant negative correlations were found between DMEQ scores and reported experiences of racist or prejudicial attitudes (Tori & Ducker, 2004). Prejudicial attitudes have been shown to be important factors related to individual multicultural competence (Constantine et al., 2001; Kiselica et al., 1999) and are important in institutional settings as well (APA, 2003). Internal consistency is very good with alpha coefficients of .86 (Open Positive Environment), .80 (Freely Undertaken), and .87 (Overall). Ponterotto et al. (1996) state that internal consistencies above .80 for a more abstract psychological construct are excellent.

The Present Study

Work done by researchers in recent years has led to significant changes in the definition of multicultural competence (APA, 2003), as well as significant changes in how it is measured (e.g., Ponterotto et al., 2002). Intrapersonal awareness and knowledge about diverse groups remain important goals in the training of psychologists. However, aspects of competence beyond individual abilities are now recognized as important and need to be assessed as well. Guidelines for multicultural practice have expanded to areas such as education, research, and organizational change. The literature on multicultural competence is starting to reflect a definition that moves beyond the individual and includes aspects of the work environment (Pope-Davis, Coleman, Liu, & Toporek, 2003; Roberts, Borden, Christiansen, & Lopez, 2005; Toporek & Reza, 2001).

Research in the area of multicultural competence needs to account for this change. It is more difficult now than it was 5 years ago to determine exactly what factors make up
multicultural competence. The recent APA guidelines (2003) for multicultural practice suggest a broad range of factors that make up this construct. While APA guidelines were being developed, literature began to appear on the topics of institutional diversity (Toporek & Reza, 2001), and the importance of diversity in research (Liu, Sheu, & Williams, 2004), reflecting a general acceptance of these changes in the field.

Individual and institutional multicultural competencies are now both an important part of ethical practice with diverse clients. Combining a measure of multicultural competence with a measure of diversity mission is the best way, at present, to get a good picture of both and of the possible relationship between the two. The most appropriate available measures of these two constructs are the MCKAS and the DMEQ. The MCKAS is appropriate because it appears to be least affected by social desirability, an important factor in self-report measures, and its revision suggests a sound factor structure. The DMEQ is appropriate because it was designed and validated to measure an institution's diversity mission. Although the MCI has been used in a significant amount of research, its structure does present some concerns for its use in this study.

This study was intended to expand on existing research in three ways. First, a diversity mission, hypothesized to reflect institutional multicultural competence, was assessed in addition to individual multicultural competence to determine whether or not a measurable relationship exists. Second, following Constantine and Gloria (1999), work environment was added to the regression analysis to determine if it accounted for a significant part of the variance in DMEQ and MCKAS total scores. Constantine and Gloria suggested significant differences in the importance of diversity training between
different worksites. The DMEQ was used here to assess a similar question in a more objective manner.

Third, this study surveyed practicing doctoral-level psychologists. Given the lack of research on the multicultural competence of psychologists, it was worthwhile to make them the target population for this study. Because psychologists are responsible for implementing all six APA guidelines involving multicultural practice, evaluation of this population is of significant interest. One suggestion for improvement is that aspects of good multicultural practice (e.g., supervision, seeking feedback, or consulting) could be better managed at the institutional level rather than at the individual level (Hansen et al., 2006). Given this information, it would be useful to know about the relationship between individual and institutional multicultural competence of psychologists at different types of work environments.

Researchers (e.g., Bellini, 2002) have identified other variables that may impact multicultural competence. These include racial/ethnic background (Jackson, 1999), practical experience with diverse clients, training, and gender (Bellini, 2002; Cockrell et al., 1999). These variables are likely to affect measures of diversity mission as well. Thus, the design of this study attempted to control for these variables, both theoretically and in the layout of the analyses.

In regards to race, respondents to recent surveys of practicing professionals have been overwhelmingly of European-American descent. Psychologists who responded to Hansen et al. (2006) were 92.7% Caucasian. Respondents to Bellini’s 2002 survey of master’s-level clinicians were 84.5% Caucasian. Respondents to Green et al.’s 2005 study of social workers were 85.1% Caucasian. Given these response rates, current APA
demographics (APA, 2000), and the possible confound of race, it is prudent to survey only psychologists of European-American descent in this study.

In regards to gender, APA membership in 2000 was nearly even – 51.4% men and 48.6% women (APA, 2000). Bellini reported that 63.4% of his respondents were female, compared to 56% of the Hansen et al. (2006) sample. This study should expect a similar response rate. Gender can account for significant differences in both multicultural competence and diversity mission scores (Bellini, 2002; Green et al., 2005; Tori & Ducker, 2004). Therefore, it was important to control statistically for gender in this study.

In regards to experience, Bellini (2002) both found that practical experience with diverse clients accounted for a significant part of the variance (11%) in total MCI scores. This was determined by asking for a percentage of multicultural caseload of the participants. Therefore, experience must be controlled before the impact of work environment can be assessed. In this study, multicultural experience was assessed as a percentage of a psychologist’s practice that has been with individuals from a diverse group.

In regards to training, Bellini (2002) found that multicultural training explained a significant portion of the variance (9%) in MCI total scores beyond demographic variables and multicultural experience. Previous studies of multicultural competence among practicing professionals (e.g., Bellini; Cumming-McCann & Accordino, 2005) have viewed multicultural training in terms of a) whether or not a graduate course was part of training, b) involvement in research related to multicultural issues, and c) number of continuing education programs attended. While a good start, it is possible that these few categories are too limiting to get a broad view of psychologists’ multicultural
experience. APA’s 2003 multicultural guidelines suggest different important aspects of multicultural practice, and suggest that aspects related to training, research, and practice should be assessed as well. A survey of many different training activities related to good multicultural practice may give a better picture of multicultural training than earlier research measures. A series of questions based on factors identified by Rogers, Hoffman, and Wade (1998) was used in this study an attempt to gain a more complete picture of psychological practice.

Type of training program could also be important in reported level of multicultural competence and how individuals may report the stress on multicultural issues within their work environment. Multicultural training has reportedly been effectively infused into both counseling psychology (Constantine et al., 1996) and clinical psychology (Bernal & Castro, 1994) for some time. However, Quintana and Bernal (1995) found that counseling psychology programs had more pervasive multicultural training in their programs, and the area of counseling psychology has been more closely associated with a stress on the importance of multicultural training (Smith, Constantine, Dunn, Dinehart, & Montoya, 2006). Most research on the effectiveness of multicultural training has come out of counseling psychology programs (Smith et al.). Therefore, it may be of significant interest to determine the type of training that each respondent received. Although most research has focused on counseling or clinical graduate programs (e.g. Constantine, 2002), licensed psychologists in these environments could be from many kinds of programs, such as school, Psy.D., or combined programs. Expanding this study beyond the two types of traditionally surveyed programs will yield
more information about individuals who are practicing, and could also highlight the importance of studying multicultural training in these programs as well.

The present study has given psychologists the first clear picture of the state of multicultural competence in practicing doctoral-level clinicians. The principal investigator studied the relationship between individual multicultural competence and diversity mission across all respondents, and within each of two sites, University Counseling Centers (UCCs) and Veterans Administration Medical Centers (VAMCs). Controlling for gender, the investigator used a regression analysis to examine the relationship between multicultural experience, multicultural training, work environment, and MCKAS and DMEQ total scores. These additional variables were then controlled for in additional levels of a hierarchical regression analysis. Work environment was operationally defined as a UCC or VAMC setting.

UCCs and VAMCs were good choices for study of this issue in a number of ways. Both environments tend to be heavily involved in the training of new psychologists and other counselors. Both offer services to a significant population of diverse individuals. VAMCs serve a diverse population that somewhat reflects the US population. The Veterans Administration estimates the veteran population is 80% Caucasian and 10% African-American. Hispanic Americans (5.4%) and Asian Americans (less than 1%) are underrepresented (U. S. Department of Veterans Affairs, 2004). There is no aggregate information detailing the number of individuals who access services in UCCs. Many UCCs have been involved in significant steps to increase the quality and quantity of services that they offer to diverse clients due to the increasing numbers of diverse clients in university settings as well as retention initiatives that have been instigated at many
institutions of higher learning (Resnick, 2006). In addition, scores for VAMC and UCC internship programs on a measure of the importance of multicultural training were not significantly different, reducing the possibility that other site factors could affect the outcome (Constantine & Gloria, 1999).

It is hoped that psychologists interested in multicultural training and multicultural competence will benefit from the knowledge that was gained in this study. Information on competence and diversity mission gives psychologists important information about the power that a work environment has in creating an appropriate treatment environment for diverse clients.
CHAPTER II
METHODOLOGY

The present study was designed to examine the relationship between multicultural experience, multicultural training, work environment, and two types of multicultural competence, while controlling for gender. The principal investigator recruited doctoral level psychologists of European-American descent, licensed or license-eligible within 2 years, who were employed in one of two areas: University Counseling Centers (UCCs) and Veterans Administration Medical Centers (VAMCs). Two types of multicultural competence were examined. Individual multicultural competence was measured with the Multicultural Counseling Knowledge and Awareness Scale (MCKAS; Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002). Diversity mission, or institutional multicultural competence, was measured using the Diversity Mission Evaluation Questionnaire (DMEQ; Tori & Ducker, 2004). The relationships in this study were investigated using three correlational comparisons and two hierarchical linear regression analyses.

Participants

A total of 198 people completed the online survey. Twenty of these surveys were incomplete or were completed by individuals who did not meet the requirements (e.g., not doctoral level clinicians or did not work in one of the two settings as their primary work environment). These surveys were not used in the data analysis, yielding 178 completed responses. The demographic information of all respondents, including racial/ethnic background, degree type, work environment, and gender, is detailed in Table 1.
Table 1

Respondent Demographics for all Completed Surveys.

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Completed Surveys (n= 178)</th>
<th>Utilized Surveys (n = 150)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>125 (70.2%)</td>
<td>104 (69.3%)</td>
</tr>
<tr>
<td>Male</td>
<td>53 (29.8%)</td>
<td>46 (30.7%)</td>
</tr>
<tr>
<td><strong>Work Environment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>University Counseling Center</td>
<td>99 (55.6%)</td>
<td>78 (52%)</td>
</tr>
<tr>
<td>Veterans Administration Medical Center</td>
<td>79 (44.4%)</td>
<td>72 (48%)</td>
</tr>
<tr>
<td><strong>Terminal Degree</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counseling Psychology Ph.D.</td>
<td>74 (41.6%)</td>
<td>58 (38.7%)</td>
</tr>
<tr>
<td>Clinical Psychology Ph.D.</td>
<td>62 (34.8%)</td>
<td>55 (36.7%)</td>
</tr>
<tr>
<td>Clinical Psychology Psy.D.</td>
<td>36 (20.1%)</td>
<td>32 (21.3%)</td>
</tr>
<tr>
<td>Combined Ph.D.</td>
<td>3 (1.7%)</td>
<td>3 (2.0%)</td>
</tr>
<tr>
<td>Neuropsychology Ph.D.</td>
<td>1 (0.6%)</td>
<td>1 (0.7%)</td>
</tr>
<tr>
<td>Cognitive Psychology Ph.D.</td>
<td>1 (0.6%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Counseling Psychology Psy.D.</td>
<td>1 (0.6%)</td>
<td>1 (0.7%)</td>
</tr>
<tr>
<td><strong>Racial/Ethnic Background</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>150 (84.2%)</td>
<td></td>
</tr>
<tr>
<td>African-American</td>
<td>11 (6.2%)</td>
<td></td>
</tr>
</tbody>
</table>
Table 1 continued

<table>
<thead>
<tr>
<th>Demographic Category</th>
<th>Count (Percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian-American or Pacific Islander</td>
<td>7 (3.9%)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>4 (2.2%)</td>
</tr>
<tr>
<td>Native American</td>
<td>1 (0.6%)</td>
</tr>
<tr>
<td>Other (all of multicultural backgrounds)</td>
<td>5 (2.8%)</td>
</tr>
</tbody>
</table>

The demographic information for the group surveys that were used in the statistical analysis, including gender, work environment, and degree type, is included in Table 2. At least 50 respondents were to be employed at each work environment. These numbers were necessary for 75% or better power for moderate effects with a four-factor regression model according to the Sample Power software program (Borenstein, Rothstein, & Cohen, 2003).

It was expected that participants would be evenly distributed by gender, reflecting current APA membership and response rates to recent research (APA, 2000; Hansen et al., 2006). Some studies using measures of multicultural competence have noted female response rates as high as 87.5% (Kocarek, Talbot, Batka, & Anderson, 2001). However, it was thought that response rates from professional work environments, rather than graduate programs, would be different because of response rates in recent research (Hansen et al., 2006). This was not the case, as more than twice as many women (69.3%) as men (30.7%) participated in the present study.
Table 2

*Respondent Demographics for all Analyzed Surveys of European-American Psychologists (n = 150).*

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Analyzed Surveys</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>104 (69.3%)</td>
</tr>
<tr>
<td>Male</td>
<td>46 (30.7%)</td>
</tr>
<tr>
<td><strong>Work Environment</strong></td>
<td></td>
</tr>
<tr>
<td>University Counseling Center</td>
<td>78 (52%)</td>
</tr>
<tr>
<td>Veterans Administration Medical Center</td>
<td>72 (48%)</td>
</tr>
<tr>
<td><strong>Terminal Degree</strong></td>
<td></td>
</tr>
<tr>
<td>Counseling Psychology Ph.D.</td>
<td>58 (38.7%)</td>
</tr>
<tr>
<td>Clinical Psychology Ph.D.</td>
<td>55 (36.7%)</td>
</tr>
<tr>
<td>Clinical Psychology Psy.D.</td>
<td>32 (21.3%)</td>
</tr>
<tr>
<td>Combined Ph.D.</td>
<td>3 (2.0%)</td>
</tr>
<tr>
<td>Neuropsychology Ph.D.</td>
<td>1 (0.7%)</td>
</tr>
<tr>
<td>Cognitive Psychology Ph.D.</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Counseling Psychology Psy.D.</td>
<td>1 (0.7%)</td>
</tr>
</tbody>
</table>
Practicing doctoral level psychologists at this time tend to be overwhelmingly European-American (APA, 2000). The European-American response rate of 84.2% in the present study is consistent with results from recent studies (e.g., Hansen et al., 2006). Given this state of affairs, it was practical and most useful to focus on European-American psychologists in this study.

Instruments

The Multicultural Counseling Knowledge and Awareness Scale (MCKAS)

The MCKAS (Appendix A; Ponterotto et al., 2002) was derived from the Multicultural Counseling and Awareness Scale (MCAS; Ponterotto et al., 1996). This measure was initially developed through card sorts, item selection, focus group discussions, assessment of content validity, and factor and item analysis. The original MCAS included 45 items on three scales: Knowledge/Skills, Awareness, and Social Desirability. Scores on the MCAS have been validated more often to a two-factor structure, rather than Sue et al.'s (1982) three-factor theory (Constantine & Ladany, 2000; Kocarek et al., 2001; Ponterotto et al., 2002). As described in Ponterotto et al. (2002), the MCAS was revised based on feedback and other studies performed by various researchers (e.g., Kocarek et al., 2001). There was limited evidence of the influence of social desirability, leading to removal of these items (Ponterotto et al., 2002). Several other items from the Knowledge/Skills scale were removed after being deemed too subjective (Ponterotto et al., 2002).

The revised instrument, the MCKAS, is a 32-item measure in which each item is answered on a scale from 1 (not at all true) to 7 (totally true). Total score ranges from 32 to 224. There are 20 items that load onto one factor (i.e., Knowledge), and 12 items that
load onto a second factor (i.e., Awareness). Both exploratory and confirmatory factor analyses have supported this factor structure (Ponterotto et al., 2002). Ten of the Awareness items are reverse-scored, and all 20 of the Knowledge items are positively scored. Awareness scale scores range from 12 to 84; Knowledge scale scores range from 20 to 140. Ponterotto et al. (2002) performed a new validation study with the revised instrument. A study of internal consistency revealed alpha coefficients of .91 for Knowledge scores and .80 for Awareness scores (Ponterotto et al., 2002), and .89 for the total score (Constantine & Ladany, 2000). The two-factor model presented by the MCKAS showed improved validity as well when correlated with MCI scores. Scores on the MCKAS Knowledge subscale correlated significantly with the MCI’s Knowledge, Skill, and Awareness subscales, and the MCKAS Awareness subscale scores correlated significantly with scores on the MCI Relationship subscale (Ponterotto, 2002). In addition, the MCKAS is minimally affected by social desirability (Constantine & Ladany, 2000). Total MCKAS scores were used in performed analyses.

The Diversity Mission Evaluation Questionnaire (DMEQ)

The DMEQ (Appendix B; Ducker & Tori, 2001; Tori & Ducker, 2004) is a 24-item measure in which participants rate each item between 1 (strongly disagree) and 4 (strongly agree). Seven of the items are reverse-scored. The total score ranges from 24 to 96. Items were designed such that inserting the names of different work environments should not affect the meaning of any items. The DMEQ was designed to assess importance of diversity issues within a particular institution, and was originally conceived to measure faculty success in integrating a more comprehensive diversity mission into an advanced graduate program. It has been the subject of two studies.
(Ducker & Tori, 2001; Tori & Ducker, 2004) that were designed to assess the reliability and validity of DMEQ scores, as well as to assess the inventory’s ability to measure institutional changes over time. The DMEQ also has been revised in order to more strictly define its constructs; two items were removed that did not perform well in the item analysis (Tori & Ducker, 2004). Women tend to score somewhat higher on the DMEQ than men (Tori & Ducker, 2004), making it important to control for gender in research using this instrument.

The revised DMEQ (Tori & Ducker, 2004) measures two distinct factors related to the integration of multicultural ideals into a work or study environment. The first factor, Open Positive Environment, pertains to active efforts to integrate diversity issues into institutional policy and open discussion of diversity issues at the institution. This 16-item factor represents a combination of two initially theorized factors, Overall Success and Open Discussion (Ducker & Tori, 2001). The second factor, Freely Undertaken, contains 8 items and is intended to measure the degree to which diversity-related tasks are pursued at the institution (Tori & Ducker, 2004). Both of these factors are viewed as being important in helping to determine how important diversity issues are to a particular institution (Ducker & Tori, 2001). Factor analysis has suggested a good fit between the scale and the theoretical model. Validity was confirmed by a negative correlation between DMEQ scores and self-perception of prejudicial attitudes in the institution (Tori & Ducker, 2004). The internal consistency of factor and total scores is excellent, with coefficients of .86 (Open Positive Environment), .80 (Freely Undertaken), and .87 (Overall). Finally, scores on this measure have been shown to be stable over a 3-year
period (Tori & Ducker, 2004-). For the purposes of the present study, total scores were
used in performed analyses.

**Demographic Questions**

Demographic questions (Appendix C) of interest included respondents': a) geographical location, b) age, c) race, d) percentage of client load which has consisted of ethnic minority clients (multicultural experience), e) type of work environment; f) type of degree program completed, g) licensure or license eligibility, g) number of additional courses focused on multicultural psychology, h) number of continuing education programs related to diversity issues respondents have taken in the past five years, and i) gender. Multicultural experience, multicultural training, and work environment were analyzed in relation to scores on the MCKAS and DMEQ.

In addition, respondents were asked a series of yes/no items that were based on factors identified by various authors as appropriate guidelines for the assessment of multicultural training (e.g., Rogers, Hoffman, & Wade, 1998). These items included whether or not the respondent a) had a 3-hour graduate course focused on multicultural issues, b) had an additional 3-hour course focusing on multicultural issues beyond the initial one, c) had an undergraduate course focused on diversity issues, d) believed that multicultural psychology was integrated into their graduate program overall, e) believed that multicultural issues were significantly and appropriately covered in practicum supervision, f) believed that multicultural issues were significantly and appropriately addressed in predoctoral internship supervision, g) had been involved in research related to multicultural issues, h) believed that the faculty in their training program were appropriately diverse, i) believed that the faculty/staff at their predoctoral internship were
appropriately diverse, and j) taken any continuing education programs related to multicultural issues in psychological practice. Positive answers to these items were included as the multicultural training variable in the regression analysis.

Procedures and Data Collection

The principal investigator contacted staff at UCCs and VAMCs via email addresses obtained online at the websites of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and the Association of Counseling Center Training Agencies (ACCTA), and at university websites. The study was conducted using an online hosting service (http://www.psychdata.com). Respondents were asked to complete the 4-page survey in a quiet place. The first page contained instructions, informed consent, and disclaimers, as well as contact information for the investigator (Appendix D). The second and third pages contained the MCKAS and the DMEQ. The fourth page contained the demographic survey, on which participants were able to add their name to an email list if they wished to be informed of the results of the study. The three survey pages were given to individuals in random order. Respondents were entered in a lottery to win one of five $40 gift cards to a Darden, Inc. restaurant (Red Lobster, Olive Garden, Smokey Bones, Bahama Breeze). The approval form from The University of Southern Mississippi’s Institutional Review Board is included as Appendix E.

Participants were not identified for the purposes of this study, and email addresses were kept separately from survey responses. The nature of the data collection ensured that no identifiable information was collected, with the exceptions of volunteered email addresses. Data remained on the Psychdata servers until one month after the survey closing date, where it was encrypted and physically protected. One copy was kept on the
principal investigator's computer, as well as two backup copies. Only the principal investigator was able to access the original survey data.

Limitations

The generalizability of results for this study to practicing psychologists is much greater than those of previous studies including graduate students. However, the present study was still limited to doctoral-level psychologists, who comprise a minority of practicing clinicians in many work environments. Although previous research (Constantine & Ladany, 2000) has suggested that MCKAS scores are not significantly affected by social desirability, this may be different for a sample group of psychologists as opposed to a sample group of graduate students. In addition, the impact of social desirability on DMEQ scores is not known. Krosnick (1999) suggested that increased anonymity can reduce the effects of social desirability, and this has hopefully minimized the effects of social desirability for both measures in the present study. This anonymity could work against the investigator as well, as there was no way to verify the training level of respondents or the accuracy of their responses. Although the measures were selected in part because of their brief length and were presented in random order, fatigue could still be a factor. Requests for participants did not divulge the nature of the survey, but individuals who completed the survey may have been able to determine its purpose.

Another possible factor that could impact responses was racist attitudes of the respondents. However, the poor psychometric performance of scales such as the New Racism Scale in recent studies (e.g., Constantine, 2002), as well as concerns about fatigue, kept one from being included in this study. In addition, the DMEQ has been shown to have a significant negative correlation with observing, hearing about, and
experiencing racist attitudes (Tori & Ducker, 2004). DMEQ results can therefore offer indirect information about the existence of racist attitudes in each work environment.

Research Questions

1. Was there a significant positive relationship between individual competence and institutional diversity mission, as measured by the MCKAS and DMEQ, respectively, across both work environments?

2. Was there a significant positive relationship between individual competence and institutional diversity mission, as measured by the MCKAS and DMEQ, respectively, within each work environment?

3. Was there a significant difference in the strength of the relationship between individual competence and institutional diversity mission between the work environments?

4. Controlling for psychologists’ gender, did multicultural experience account for significant variability in the total scores on the MCKAS?

5. Controlling for psychologists’ gender, did multicultural experience account for significant variability in the total scores the DMEQ?

6. Controlling for psychologists’ gender, did multicultural training account for significant variability above that accounted for by multicultural experience in total scores on the MCKAS?

7. Controlling for psychologists’ gender, did multicultural training account for significant variability above that accounted for by multicultural experience in total scores on the DMEQ?
8. Controlling for psychologists’ gender, did work environment account for significant variability above that accounted for by multicultural experience and multicultural training in total scores on the MCKAS?

9. Controlling for psychologists’ gender, did work environment account for significant variability above that accounted for by multicultural experience and multicultural training in total scores on the DMEQ?

Hypotheses

1. There would be a significant positive relationship between individual competence and institutional diversity mission, as measured by the MCKAS and DMEQ, respectively, across both work environments.

2. There would be a significant positive relationship between individual competence and institutional diversity mission, as measured by the MCKAS and DMEQ, respectively, within each work environment.

3. There would not be a significant difference in the strength of the relationship between individual competence and institutional diversity mission, as measured by the MCKAS and DMEQ, respectively, between the two types of work environment.

4. Controlling for psychologists’ gender, multicultural experience would account for significant variability in total scores on the MCKAS.

5. Controlling for psychologists’ gender, multicultural experience would account for significant variability in total scores on the DMEQ.

6. Controlling for psychologists’ gender, multicultural training would account for significant variability above that accounted for by multicultural experience in total scores on the MCKAS.
7. Controlling for psychologists' gender, multicultural training would account for significant variability above that accounted for by multicultural experience in total scores on the DMEQ.

8. Controlling for psychologists' gender, work environment would account for significant variability above that accounted for by multicultural experience and multicultural training in total scores on the MCKAS.

9. Controlling for psychologists' gender, work environment would account for significant variability above that accounted for by multicultural experience and multicultural training in total scores on the DMEQ.

Planned Analyses

Internal consistency of the total scores and subscale scores on the DMEQ and MCKAS were tested using a Cronbach's alpha coefficient. Internal consistency was also determined for each work environment. Consistency by work environment was of interest because this was possibly the first time the MCKAS was used to survey practicing psychologists, and this was the first time the DMEQ was administered (in a published study) to a population outside of a training program. It also was necessary to determine internal consistency within each work environment as these scores were being compared to each other in a correlational analysis and as the final level of both regression models.

Two hierarchical linear regression analyses were used to separately examine the impact of gender, multicultural experience, multicultural training, and work environment on DMEQ and MCKAS total scores.

One hierarchical linear regression analysis was used to determine the degree to which DMEQ scores could be predicted from more than two independent variables. In
the first step, gender was entered. In the second step, multicultural experience, defined as percentage of caseload of ethnic minority clients, was entered. In the third step, multicultural training in relation to the ten listed questions was added. In the fourth step, work environment was entered. This allowed the assessment of various experiential variables after controlling for gender.

Two correlational analyses were performed to determine the relationship between DMEQ scores and MCKAS scores. First, the relationship between scores was analyzed for all participants using a Pearson correlation coefficient. The relationship between scores also was analyzed separately using Pearson coefficients for psychologists at UCCs and psychologists at VAMCs. These results were compared using a Fisher's z transformation to determine whether there was an environment-related difference in the strength of relationship between MCKAS and DMEQ scores. Statistical significance (α) was set at .05 for all analyses.
CHAPTER III

RESULTS

Descriptive Analyses

For the current investigation, Cronbach’s alpha scores were used to determine the internal consistency of total scores and scale scores for each measure. For the MCKAS, alpha scores were as follows: .90 (overall), .90 (Knowledge subscale), and .82 (Awareness subscale). For the DMEQ, alpha scores were .92 (overall), .93 (Open Positive Environment [OPE] subscale), and .76 (Freely Undertaken [FU] subscale). In the UCC setting, MCKAS reliability was .90 (overall), .88 (Knowledge), and .84 (Awareness). In the VAMC setting, MCKAS reliability was .90 (overall), .89 (Knowledge), and .76 (Awareness). DMEQ reliability in the UCC setting was .89 (overall), .90 (OPE), and .75 (FU). DMEQ reliability in the VA setting was .93 (overall), .94 (OPE), and .76 (FU). As a result, all total and scale scores were included in the subsequent analysis.

Reliability for the 10 items used to assess multicultural training was .61. When each of the items was analyzed, it was found that item 10 (“Have you taken continuing education programs specifically related to multicultural issues in psychological practice?”) significantly lowered the internal consistency of responses. Removing this item gave the remaining 9 items an internal consistency of .67, and removing other items did not further raise the alpha.

Table 3 contains the means, standard deviations, and ranges for scores on the MCKAS and DMEQ, and the number of “yes” answers to the final 9 items on multicultural training. It also contains the mean, standard deviation, and range of

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percentage of ethnic minority clients that respondents had seen in their postgraduate careers. Table 4 contains the percentage of respondents who answered yes or no to each of the original 10 training items.

Table 3

*Descriptive Statistics for the Sample (n=150).*

<table>
<thead>
<tr>
<th>Measure</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Minimum</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MCKAS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>183.3</td>
<td>18.6</td>
<td>125</td>
<td>219</td>
</tr>
<tr>
<td>Knowledge</td>
<td>109.8</td>
<td>14.3</td>
<td>58</td>
<td>135</td>
</tr>
<tr>
<td>Awareness</td>
<td>73.6</td>
<td>7.4</td>
<td>50</td>
<td>84</td>
</tr>
<tr>
<td><strong>DMEQ</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>76.3</td>
<td>10.1</td>
<td>48</td>
<td>96</td>
</tr>
<tr>
<td>Open Positive Environment</td>
<td>50.2</td>
<td>7.8</td>
<td>28</td>
<td>64</td>
</tr>
<tr>
<td>Freely Undertaken</td>
<td>26.1</td>
<td>3.6</td>
<td>12</td>
<td>32</td>
</tr>
<tr>
<td>Multicultural Training Items</td>
<td>4.2</td>
<td>2.2</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Percentage of Ethnic Minority Clients</td>
<td>28.8</td>
<td>21.2</td>
<td>0</td>
<td>90</td>
</tr>
</tbody>
</table>

*Note:* Possible MCKAS total score ranges from 32 to 224. Possible DMEQ total score ranges from 24 to 96. Multicultural training scores indicate mean number of “yes” answers to all 10 questions.
Table 4

Response Frequency (Percentage) for the Original 10 Multicultural Training Items
(n = 150).

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – Three hour graduate course focused on multicultural issues</td>
<td>95 (63%)</td>
<td>55 (37%)</td>
</tr>
<tr>
<td>2 – Additional 3-hour course focusing on multicultural issues beyond the initial one</td>
<td>41 (27%)</td>
<td>109 (73%)</td>
</tr>
<tr>
<td>3 – An undergraduate course focused on diversity issues</td>
<td>30 (20%)</td>
<td>120 (80%)</td>
</tr>
<tr>
<td>4 – Believed that multicultural psychology was integrated into their graduate program</td>
<td>96 (64%)</td>
<td>54 (36%)</td>
</tr>
<tr>
<td>5 – Believed that multicultural issues were significantly and appropriately covered in practicum supervision</td>
<td>83 (55%)</td>
<td>67 (45%)</td>
</tr>
<tr>
<td>6 – Believed that multicultural issues were significantly and appropriately covered in internship supervision</td>
<td>115 (77%)</td>
<td>35 (23%)</td>
</tr>
<tr>
<td>7 – Involved in research related to multicultural issues</td>
<td>57 (38%)</td>
<td>93 (62%)</td>
</tr>
<tr>
<td>8 – Believed that the faculty in their training program were appropriately diverse</td>
<td>75 (50%)</td>
<td>75 (50%)</td>
</tr>
<tr>
<td>9 – Believed that the faculty/staff at their predoctoral internship were appropriately diverse</td>
<td>80 (53%)</td>
<td>70 (47%)</td>
</tr>
<tr>
<td>10 – Taken continuing education related to multicultural issues</td>
<td>111 (74%)</td>
<td>39 (26%)</td>
</tr>
</tbody>
</table>

Note: Item 10 was not used in the statistical analysis.
Planned Analyses

The results of the analyses of the hypotheses in this study are as follows:

Hypothesis 1: There will be a significant positive relationship between individual competence and institutional diversity mission, as measured by the MCKAS and DMEQ, respectively, across both work environments.

The results of a correlational analysis provided support for this hypothesis. The correlation of MCKAS scores and DMEQ scores was significant, \( r = .27, p < .001 \).

Hypothesis 2: There will be a significant positive relationship between individual competence and institutional diversity mission, as measured by the MCKAS and DMEQ, respectively, within each work environment.

The results of two correlational analyses provided mixed support for this hypothesis. Within the UCC setting, the correlation of MCKAS and DMEQ scores was significant, \( r = .31, p = .003 \). Within the VAMC setting, the correlation of these scores was not significant, \( r = .14, p = .129 \).

Hypothesis 3: There will not be a significant difference in the strength of the relationship between individual competence and individual diversity mission, as measured by the MCKAS and DMEQ, respectively, between the two types of work environment.

The results of a Fisher’s z-test for comparing standardized correlations of MCKAS scores and DMEQ scores across environments provided support for this hypothesis. There was no significant difference in the strength of the relationship between the UCC \( (r = .32) \) and VAMC \( (r = .14) \) work environments, \( Z = 1.08, p > .05 \).
Hypothesis 4: Controlling for psychologists' gender, multicultural experience will account for significant variability in total scores on the MCKAS.

The results of a hierarchical multiple regression analysis did not support this hypothesis. Multicultural experience, as measured by percentage of ethnic minority clients seen, did not demonstrate incremental validity beyond gender when predicting MCKAS total scores (See Table 5). Multicultural experience accounted for only an additional 0.1% of the variance in MCKAS total scores.

Hypothesis 5: Controlling for psychologists' gender, multicultural experience would account for significant variability in total scores on the DMEQ.

The results of a hierarchical multiple regression analysis supported this hypothesis. Multicultural experience, as measured by percentage of ethnic minority clients seen, demonstrated incremental validity beyond gender when predicting DMEQ scores (See table 6). Multicultural experience accounted for an additional 4% of the variance in DMEQ total scores.

Hypothesis 6: Controlling for psychologists’ gender, multicultural training will account for significant variability above that accounted for by multicultural experience in total scores on the MCKAS.

The results of a hierarchical multiple regression analysis supported this hypothesis. Multicultural training demonstrated incremental validity beyond gender and multicultural experience when predicting MCKAS total scores (See Table 5). Multicultural training accounted for an additional 3% of the variance in MCKAS total scores.
Table 5

Hierarchical Multiple Regression Analysis for Gender, Multicultural Experience, Multicultural Training, and Work Environment Predicting Total Scores on the MCKAS (n = 150).

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SEB</th>
<th>β</th>
<th>R²</th>
<th>ΔR²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td>.08</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>11.35</td>
<td>3.2</td>
<td>.28**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 2</td>
<td>.08</td>
<td>.001</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multicultural Experience</td>
<td>-.03</td>
<td>.07</td>
<td>-.04</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 3</td>
<td>.12</td>
<td>.03*</td>
<td></td>
<td>.03*</td>
<td></td>
</tr>
<tr>
<td>Multicultural Training</td>
<td>1.56</td>
<td>.66</td>
<td>.19*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 4</td>
<td>.24</td>
<td>.12**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Environment</td>
<td>-14.5</td>
<td>3.1</td>
<td>-.39**</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Hypothesis 7: Controlling for psychologists’ gender, multicultural training will account for significant variability above that accounted for by multicultural experience in total scores on the DMEQ.

The results of a hierarchical multiple regression analysis did not support this hypothesis. Multicultural training did not demonstrate incremental validity beyond gender and multicultural experience when predicting DMEQ total scores (See Table 6).
Table 6

Hierarchical Multiple Regression Analysis for Gender, Multicultural Experience, Multicultural Training, and Work Environment Predicting Total Scores on the DMEQ

(N = 150).

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SEB</th>
<th>β</th>
<th>R²</th>
<th>ΔR²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>-.26</td>
<td>1.8</td>
<td>-.01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multicultural Experience</td>
<td>-.09</td>
<td>.04</td>
<td>-.20*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multicultural Training</td>
<td>.711</td>
<td>.37</td>
<td>.16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 4</td>
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<td></td>
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<tr>
<td>Work Environment</td>
<td>-3.1</td>
<td>1.8</td>
<td>-.15</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Multicultural training accounted for an additional 2% of the variance in DMEQ total scores.

Hypothesis 8: Controlling for psychologists' gender, work environment will account for significant variability above that accounted for by multicultural experience and multicultural training in total scores on the MCKAS.
The results of a hierarchical multiple regression analysis supported this hypothesis. Work environment demonstrated incremental validity beyond gender, multicultural training, and multicultural experience when predicting MCKAS total scores (see Table 5). Work environment accounted for an additional 11% of the variance in MCKAS total scores.

Hypothesis 9: Controlling for psychologists’ gender, work environment will account for significant variability above that accounted for by multicultural experience and multicultural training in total scores on the DMEQ.

The results of a hierarchical multiple regression analysis did not support this hypothesis. Work environment did not demonstrate incremental validity beyond gender, multicultural training, and multicultural experience when predicting DMEQ total scores (see Table 6). Work environment accounted for an additional 2% of the variance in DMEQ total scores.

Additional Analyses

Additional analyses were conducted in order to examine the differences between measure scores in each work environment. MCKAS total scores were compared between UCCs ($M = 190.2$, $SD = 16.1$) and VAMCs ($M = 175.9$, $SD = 18.2$). There was a significant effect for work environment, $t(148) = 5.10$, $p < .001$, with UCC scores being higher. DMEQ total scores were also compared between UCCs ($M = 78.44$, $SD = 8.8$) and VAMCs ($M = 74.0$, $SD = 10.9$). There was again a significant effect for work environment, $t(148) = 2.75$, $p = .007$, with UCC scores being higher.
CHAPTER IV
DISCUSSION

This study was designed to look at the relationship between individual multicultural competence and institutional multicultural competence among European-American psychologists in University Counseling Centers and Veterans Administration Medical Centers. It also was designed to look at the hypothesized impact of work environment on competence. As this was one of, if not the first use of these measures of competence in a study of practicing professional psychologists, it was important to make sure that the scores on the instruments were reliable with this group, as opposed to the graduate students (e.g., Constantine, 2002) and different types of clinicians (e.g., Bellini, 2002; Green et al., 2005) who participated in previous studies. Ponterotto (1996) recommended that .70 be used as an appropriate alpha for use with psychological measures, and the high alpha coefficients (.75 or better) for total scores on the DMEQ and MCKAS support the utility of these measures in this study. Similarly high alpha coefficients were produced for each work environment. This suggests a reduced likelihood that possible site or individual factors inherent in the choice of worksite by a psychologist would affect the utility of the instruments.

The low reliability (.67) for the items on multicultural training suggests the need for some caution in interpreting these results. However, this outcome also shows the need for the development of a psychometrically sound measure of multicultural training for use in future research. This would represent a significant change from the nonstandardized lists of questions used in previous studies (e.g., Bellini, 2002; Cummings-McCann & Accordiono, 2005). The development of such a measure would
also positively impact attempts to move toward positive identification of the most useful aspects of multicultural training and would aid in the development of helpful standards for diversity education for clinicians.

Three correlational analyses were performed in this study. As hypothesized, a significant but small positive relationship was found between total scores on the DMEQ and MCKAS for all participants. There was also a significant but small positive relationship between the MCKAS scores and the DMEQ scores of psychologists who worked at UCCs. Contrary to the expected findings, there was a positive but not significant relationship between MCKAS scores and DMEQ scores of psychologists who worked at VAMCs. A further analysis of the correlations at each site confirmed the expectation that there was not a significant difference in the strength of the relationship between MCKAS and DMEQ scores between the two work environments. However, the observed significant difference in total scores between work environments on both measures suggests that differences in both individual and institutional competence do exist at some level.

Two separate hierarchical linear regression analyses were performed in this study. The first regression analysis was designed to examine the relationship between training and experience factors in relation to individual multicultural competence, while controlling for gender. Factors included participants’ multicultural experience as measured by percentage of ethnic minority clients, their experiences of multicultural training as measured by answers to 9 questions about their training programs, their work environment, and total scores on the MCKAS. Results revealed that while controlling for gender, multicultural experience did not account for significant variability in MCKAS
scores. However, results did indicate that multicultural training accounted for significant variability in MCKAS scores above that accounted for by gender and multicultural experience. In addition, work environment accounted for significant variability in MCKAS scores beyond that accounted for by gender, multicultural training, and multicultural experience.

The second regression analysis was designed to examine the relationship between training and experience factors in relation to institutional multicultural competence, while controlling for gender. Factors of interest were participants' multicultural experience as measured by percentage of ethnic minority clients, their experiences of multicultural training as measured by answers to 9 questions about their training programs, their work environment, and total scores on the DMEQ. Unlike previous validation studies (e.g., Tori & Ducker, 2004), gender did not itself account for a significant amount of the variance in DMEQ scores. The results indicated that the respondents' reports of multicultural experience accounted for a statistically significant but small portion of the variance in DMEQ scores above that accounted for by gender. However, results suggest that neither the participants' multicultural training nor work environment accounted for a significant portion of the variance in DMEQ scores beyond that accounted for by gender and multicultural experience.

**Discussion of Findings**

Constantine and Gloria (1999) reported no significant difference in attitudes toward diversity between internship training directors at VAMC and UCC internship sites. The present study replicates this finding, although it is interesting that there was a significant correlation between MCKAS and DMEQ total scores among UCC
respondents and no such relationship among VAMC participants. Environmental factors could account for this difference. Many colleges and universities have taken significant steps toward recruiting and retaining students from ethnic and cultural minority populations in the past 20 years (Resnick, 2006). Diversity issues have thus been part of the administrative language of many institutions of higher learning. At the same time, VAMCs do serve clients of varying backgrounds (U. S. Department of Veterans Affairs, 2004), and the utilization of services by diverse individuals should only rise as the U.S. population continues to change. Thus, they also have a significant interest in multicultural competence as an institution. Institutional awareness of this point is especially important in light of the result that number of diverse clients may have a significant impact on a work environment’s institutional competence, while the training of individuals in that environment does not.

There were two items of interest related to gender in this study. First, the proportion of female respondents (125 out of the original completed responses, or 70%) was greater than many other surveys of master’s level clinicians (e.g., 63% in Bellini, 2002; 79% in Green et al., 2005; 44% in Cummings-McCann & Accordino, 2005) and psychologists (e.g., 56% in Hansen et al., 2006). This is important as gender was responsible for a significant part of the variance in MCKAS total scores. This underscores the need to be aware of and work with the changing face of psychology as training and professional practice guidelines continue to evolve, despite the concerns of some authors (e.g., Morris, 2007) about changes in the leadership of psychology.

Second, it is notable that despite findings in validation studies of the DMEQ (Ducker & Tori, 2001; Tori & Ducker, 2004), gender did not have a significant impact on
the regression model in the present study. This could be due to the fact that this was the first time the DMEQ was administered to a non-student population. There may be a difference in response style between male and female students that does not exist between male and female psychologists. Whatever the reason, it is striking that gender was significant in one model but not another.

With the exceptions noted, the regression models used in this study gave results that were consistent with expected outcomes. Multicultural experience was the only factor that accounted for a significant portion of the variance in DMEQ scores, and the whole model accounted for only 8%. The factors used to create the present model were found to be important in previous studies of individual multicultural competence, and are based on the competence model of skills, knowledge, and awareness first developed by Sue et al. in 1982. The small amount of variance accounted for by this model suggests that these individual factors are not of primary importance in the study of institutional multicultural competence, and that they do not relate very closely to the two factors identified by Tori and Ducker (2004) as important to work environment.

One assumption in the design of this study was that the factors important to individual multicultural competence had an analogue in institutional multicultural competence. That is, a work environment could itself have "knowledge" and "awareness" reflected in its policies and practices. The present findings suggest a minimal meaningful relationship between the two, and the small total variance accounted for suggests that these two factors, which account for a large portion of individual competence in this and other studies, are not helpful in the development of institutional competence. Researchers need to look at other possible factors, such as the extent of environment-wide programs.
related to multicultural development. If researchers wish to improve measurement and development of institutional multicultural competence, than a new framework for study will need to be developed.

Work environment, a significant contributor to MCKAS scores, was not a significant predictor of DMEQ scores. This could say a lot about the impact that the workplace could have on individual psychologists and vice versa. Results indicate an overall positive correlation between institutional and individual competence. However, there was a stronger effect for work environment on the individual than the institutional measures. This suggests that work environment has more of an effect on the individual than the individual has on the work environment. This implied relative strength of the work environment makes sense given the often self-perceived difficulty of one individual to create institutional change. In other words, this result indicates that in the partnership of psychologist and work environment one party (environment) has a lot more power than the other. This is important to note when attempting to create a framework for improving multicultural competence, and suggests that APA's (2002) Guideline 6, related to organizational change, may be the most critical to efforts for improvement in multicultural practice.

For MCKAS scores, the model accounted for 25% of the total variance, somewhat less than in similar studies (e.g., Bellini, 2002). However, the difference between this and prior studies is partially made up by the lesser impact of multicultural experience on the MCKAS scores. In addition, in other studies racial background of the participants has accounted for a significant portion of variance of the total model. Given the extremely low response rate of nonmajority clinicians in this and other studies (7-15%), it seemed
prudent to survey only European-American psychologists in this study to remove race as a possible confound to the hypotheses. The differences in student reactions to multicultural training across cultural and ethnic backgrounds observed by Bernal et al. (1999) and Jackson (1999) also supported this methodology, as this suggests that different factors may need to be taken into account when assessing multicultural training across cultures. In comparison to other studies, multicultural training had about the same impact on individual multicultural competence, indicating that a more thorough assessment of multicultural training (e.g., the 9 questions asked of respondents) is practical.

It is notable that work environment alone accounted for 11% of the variance in MCKAS total scores, more than any other single factor in this model. Given the absence of a significant difference for MCKAS/DMEQ correlations between the two environments and the lack of standard scores for each measure, the meaning of this amount of variance is unclear. This applies to the other regression outcomes as well, but there are some interpretations that are suggested in part by the significant difference of MCKAS scores between work environments. One possibility is that the two work environments may differ in ways that significantly affect multicultural competence. The stress on recruitment and retention of diverse individuals in universities (Resnick, 2006) is one example. Since VAMCs are not actively recruiting any particular group of individuals, the atmosphere toward diversity may be different. It is likely, however, that the difficulties encountered in mental health settings for clients of nonmajority background (Baker, 2001) also exist in VAMCs. It also is possible that the difficulty these clients encounter in their attempts to obtain psychological treatment is related to
differences in multicultural competence between the two types of work environment. The variance accounted for by work environment may then indicate a need for VAMCs to expend more effort in staff training to work with diverse clients.

Differences between the outcomes of the identically designed regression models of the MCKAS and DMEQ analysis raise important questions. Multicultural experience, as measured by percentage of ethnic minority clients, counted for a significant portion of DMEQ total scores but not MCKAS total scores. It does make sense that this percentage would be related to institutional competence to some extent. If psychologists in a certain work environment are seeing a more diverse clientele, it would make sense that the site would need to change to account for the needs of these diverse clients. That is, a work environment with a higher percentage of diverse clients would likely receive better scores in a measure of institutional multicultural competence. On the other hand, the percentage of diverse clients seen does not necessarily translate into individual competence. A psychologist could hold beliefs and follow practices that reflect a higher MCKAS total score while working in an environment that either does not provide a significant number of diverse clients or put forth the effort to meet the needs of these clients.

On the surface, this finding may conflict with the results of earlier studies suggesting that experiential training is important for increasing multicultural competence (e.g., Sevig & Etzkorn, 2001; Tomlinson-Clarke, 2000; Carlson et al., 1998). However, there are some reasons why this may be consistent with earlier research. First, respondents in the present study were asked to report about the percentage of diverse clients that had seen after their doctoral training was completed, thus missing out on the possible effects of experience during their training program that was surveyed in previous
studies. It is possible that the observed power of the work environment could have a
greater impact on professional psychologists than the training program may have on
students, although training programs continue to have their own issues as well (Zlotow &
Romero, 2007). Finally, there are numerous work environments where the clientele is
overwhelmingly from the majority but the staff is strongly committed to diversity issues.
Designed activities in this environment, such as a weekly inservice, may in theory take
the place of experiential activities for these psychologists.

Limitations

This survey was performed online to gain as broad a pool of respondents as
possible. However, self-selection is a potential confound in any survey-based research
project. It is likely that participants especially interested in training were more likely to
respond. The measures used are relatively transparent, and participants could have
attempted to create a particular response pattern. While the MCKAS was selected in part
to reduce the impact of social desirability, there is no study of social desirability with the
DMEQ. However, respondents may not have been as pressured to present their work
environment, as opposed to their own beliefs, in a more positive light. In addition, bias is
a difficult issue for many people (not just psychologists) to discuss and process. There
may be a propensity to answer items in a self-protective manner. As noted, Krosnick
(1999) reported that greater anonymity (e.g., an online survey) is likely to reduce the
effects of social desirability.

It should also be noted that psychologists are a minority of those who are
performing clinical work in these environments. The present findings mesh well with
those from recent similar studies (Bellini, 2002; Cummings-McCann & Accordo, 2005;
Green et al., 2005), but the current results do not necessarily reflect the impressions of all clinicians who work in these environments. This study is an assessment of competence and environment as perceived by psychologists, with their particular style of multicultural training. For example, although similar material is covered in CACREP-accredited and APA-accredited programs, it is possible that training styles may lead counselors and psychologists to respond in a varied manner (ACA, 2001; APA, 2005b).

This survey also was limited to two types of sites. These two sites were selected because they were not significantly different in a broad survey of diversity issues in an earlier study (Constantine & Gloria, 1999). This may have limited the ability of the model to find differences in the relationship between scores across sites. It also may have limited the strength of the relationships between individual and institutional competence. It is possible that a selection of different work environments would lead to different results with similar regression models. For example, the percentage of ethnic minority clients could be more significant in other environments. If this were to have a significant impact on the factors surveyed in this study, these two sites would not illustrate this difference. It also is likely that a different selection of work environments may result in greater differences in the correlations of MCKAS and DMEQ scores across environments.

Some researchers also have noted specific concerns about measures of individual multicultural competence (e.g., Helms, 1994). Despite numerous studies and factor analyses, experts continue to debate the information that tools like the MCKAS actually give to researchers. This has become a little less cloudy with revisions and factor analyses of the MCKAS that now suggest a possible two-factor structure rather than the
original three-factor model (Kocarek et al., 2001; Ponterotto et al., 2002). But without author-endorsed cutoffs for these measures, the meaning of a difference in scores between individual or collective groups remains unclear. While the DMEQ is a brand new instrument that surveys factors of a different population (institutions rather than individuals), this remains a concern. It is likely to receive attention as the measure gains more use. However, the fact that the theoretical model (Tori & Ducker, 2004) was theorized based on a factor analysis of the DMEQ, rather than the measure being developed from a pre-existing theoretical factors, may help reduce this concern. The problem of a lack of author-endorsed cutoffs remains.

While the reliability of the two established measures used in the study was .75 or above for all total and subscales, the internal consistency of scores on the 9-item multicultural training questionnaire is a major limitation of the current study. The Cronbach’s alpha coefficient of .67 may have been impacted by the selection of items and the forced-choice response nature of the items. However, this finding does suggest that with further item development and psychometric analyses based on previously theorized models, these questions could be developed into a consistent and valid measure for determining the quality of multicultural training for psychologists. This also could have impacted the relatively small amount of variance accounted for by multicultural training in this survey. Finally, it is likely that item 10 (“Have you taken continuing education programs specifically related to multicultural issues in psychological practice?”) affected the internal consistency of responses because unlike the other items it addressed postdoctoral training.
While there was one statistically significant finding in the regression analysis of DMEQ scores, this significant finding was of a small amount and the total variance accounted for by the model was relatively low. As noted, this suggests that a model used for analysis of individual multicultural competence may not fit with a measure of institutional multicultural competence. These results will likely have little practical meaning until a more thorough examination of factors important to DMEQ scores is performed.

One final limitation can be addressed. There is a possibility that psychologists who were more interested in diversity issues and multicultural competence would self-select work environments that would be more institutionally competent. If true, this could artificially inflate the correlations between institutional and individual competence, or could indicate (in the case of this study) a significant relationship between work environment and individual competence where none actually exists. While this is a valid question, it should be noted that an item reflecting self-selection of a work environment in this manner was on the original version of the DMEQ but was one of the items removed due to poor factor loading ("The diversity mission had a significant impact on my decision to come here," Tori & Ducker, 2004, p. 651). Self-selection does not have a significant impact on DMEQ scores, suggesting that this may not be a significant issue for this study.

Implications

The results of this study suggest a positive relationship between four of the factors that APA (2003) identified as critical to good multicultural practice across work environments. Individual multicultural competence is reflected in Guidelines 1, 2 (both

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addressing Cultural Awareness and Knowledge), and 5 (Practice), while work environment is reflected in Guideline 6 (Organizational Change). In other words, this is a first step in gathering quantitative evidence supporting APA’s current model of multicultural competence. It also suggests that researchers need to look at the interactions among these four guidelines and those on Education (3) and Research (4) as well. The work of Liu, Sheu, and Williams (2004) could be helpful in framing the connection to research, and the continued development of a sound multicultural training instrument would aid in creating a better connection to education. In this case, there is support for the idea that psychologists’ individual multicultural competence will be directly affected by their place of employment (Guideline 6). This reinforces previous suggestions that it is critical for psychologists to monitor their work environment and advocate for institutional multicultural competence in the form of organizational change (e.g., Resnick, 2006).

The suggested interaction between work environment and individual competence also supports the need for a broader standardized definition of multicultural competence that extends beyond the individual. Since the development of the idea of multicultural competence in the late 1970’s, experts (e.g., Kiselica et al., 1999; McCreary & Walker, 2001; Thompson & Carter, 1997; Rogers, Hoffman, & Wade, 1998) have described multicultural competence as a construct that is primarily improved through education and development of the individual. Work environment was mostly ignored, or viewed as an obstacle to adequate multicultural growth. However, this traditional picture appears to be incomplete. Both individual and institutional development is necessary for an adequate level of multicultural competence. APA’s (2003) guidelines suggest this in theory but until now research support for this has been lacking.
The difference in the strength of relationships of the MCKAS and DMEQ scores between the two work environments was not significant but may be higher in a replication of this study with two work environments that were not selected for their similarity in an earlier study. This does not reflect any possible strengths or weaknesses of different environments, even though DMEQ scores may differ across environments. If this study were replicated with different environments and these results were compared across institutions, researchers could possibly identify strengths and weaknesses of these environments in regards to institutional competence. For example, community mental health centers may have difficulty with institutional development due to limitations in resources and staff availability, even though they may see a proportionally higher number of diverse clients.

As noted, it seems that other as yet unidentified factors may have a greater impact on institutional competence, as measured by DMEQ scores, than the factors used to study individual competence here. If background, training, and experience do not clearly fit into a study of institutional competence, researchers will need to study this phenomenon from a different perspective. A good starting point may be a further examination of the Open Positive Environment and Freely Undertaken factors on the DMEQ (Tori & Ducker, 2004). The identification of features of a work environment that relate more directly to these two factors could greatly assist in the operationalization of ways to improve institutional competence. The question becomes how researchers can identify specific strategies that institutions can implement to create more positive and less restrictive environments. This has been done to some extent in the design of multicultural courses in training programs, although these remain nonstandardized. It is also likely that
factors other than those identified in the DMEQ are important in the development of institutional competence.

Finally, factors other than gender, experience, training, and work environment are important in determining competence. Work environment was added in this study in an attempt to gain a better understanding of individual competence, but this clearly does not tell the whole story. Because individual and institutional competence appear to be interrelated, perhaps some of the as yet unidentified factors important in institutional competence will have analogues in individual competence.

Suggestions for Future Research

Despite the difficulties associated with self-report measure of competence (e.g., Helms, 1994), a combination of these instruments appears to be the best currently available method for assessing whether psychologists are following APA guidelines for good multicultural practice. The MCKAS and DMEQ appear to be appropriate measures for studying work environments and individual competence in relation to diversity issues. These tools can be used in conjunction with demographic-style surveys of work environment (e.g., Constantine & Gloria, 1999) and the individual (e.g., Hansen, et al., 2006). A combination of such surveys would enable researchers to obtain a more complete picture of the interaction between institutional and individual competence. In addition, researchers need to develop methods of studying other interactions of different aspects of the APA guidelines, including education and research practices. It is possible that these two guidelines may present some of the features that investigators wish to incorporate into a more complete picture of institutional competence.
While these measures have been revised and updated with improved factor analyses, this work has generally been performed with graduate students (Ponterotto et al., 2002; Tori & Ducker, 2004). In order to confirm the structure of these instruments, it will be important to perform a factor analysis with a group of professional psychologists. Differences in training could make a difference with these measures. While it is likely that factor outcomes would be similar to past studies, it is time for researchers to move beyond samples composed of students and make further attempts to assess the competence of psychologists working in the field. In addition, future research involving institutional multicultural competence may need to look closely at the relationships between the individual factors of Knowledge and Awareness and the institutional factors of Freely Undertaken and Open Positive Environment.

As research on individual multicultural competence has continued, researchers have used progressively more complex assessments of multicultural training and background when surveying practicing professionals. For example, Bellini (2002) looked at the number of continuing education courses that respondents had completed. The present study used a 9-item questionnaire containing important training factors that had been previously identified. In order to improve the measurement of the impact of training, researchers should develop a psychometrically sound measure of multicultural training for use in future studies. The items used here could represent an appropriate pilot for further development. In addition, current measures such as the MCKAS and DMEQ should be refined and updated as research on multicultural development continues. Ways to incorporate education and research as reflected in APA’s (2002) practice guidelines may be helpful in this regard. It also would be helpful for researchers to develop scale
scores for these instruments to facilitate an understanding of the practical meaning of score differences.

Due to the partial mismatch between the regression model and institutional multicultural competence, further research is necessary to identify aspects of the work environment that can affect the factors identified by Tori and Ducker (2004). Once this is accomplished, researchers can design studies that will aid in creating a better picture of institutional multicultural competence. This could include such factors as policies regarding continuing education, research, the caseload of individual clinicians, and the amount of resources that the work environment places into diversity-related activities. However, it will be important not to fall into the trap of assuming that aspects of practice important in individual competence will carry over to institutional competence.

The suggestion of a significant power differential between work environment and the individual psychologist is perhaps the most important aspect of this study, as there is a belief among those who administer accreditation guidelines that the onus for change lies in individuals (Zlotow & Romero, 2007). These results suggest that it is extremely difficult for psychologists to instigate change without at least tacit agreement from their work environment. This is important for both professional work environments and for training programs, where students may perceive even less power over their surroundings.

Finally, researchers are encouraged to replicate the present study in other common work environments, such as hospitals, community mental health centers, and private practice. As noted, the results of these studies could identify needs and culturally relevant growth areas of varied work environments. In order to follow APA’s guidelines for multicultural practice and to maintain ethically based best practices, it is vital for
psychologists to be aware of their work environment and its strengths and weaknesses. In this way, psychologists can embrace this developing definition of multicultural competence and meet the needs of their clients and community.
APPENDIX A.

Items on the Multicultural Counseling Knowledge and Awareness Scale (MCKAS).

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

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

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

2. I check up on my minority/cultural counseling skills by monitoring my functioning –
   via consultation, supervision, and continuing education

3. I am aware some research indicates that minority clients receive “less preferred” forms
   of counseling treatment than majority clients.

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

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

6. I am familiar with the “culturally deficient” and “culturally deprived” depictions of
   minority mental health and understand how these labels serve to foster and perpetuate
   discrimination.

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

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

9. I am aware some research indicates that minority clients are more likely to be
   diagnosed with mental illness than are majority clients.
10. I think that clients should perceive the nuclear family as the ideal social unit.

11. I think that being highly competitive and achievement oriented are traits that all clients should work towards.

12. I am aware of differential interpretations of nonverbal communication (e.g., personal space, eye contact, handshakes) within various racial/ethnic groups.

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

14. I realize that counselor-client incongruities in problem conceptualization and counseling goals may reduce counselor credibility.

15. I am aware that some racial/ethnic minorities see the profession of psychology functioning to maintain and promote the status and power of the White Establishment.

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

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

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

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

20. I believe that my clients should view the patriarchal structure as ideal.

21. I am aware of both the initial barriers and benefits related to the cross-cultural counseling relationship.
22. I am comfortable with differences that exist between me and my clients in terms of race and beliefs.

23. I am aware of institutional barriers which may inhibit minorities from using mental health services.

24. I think that my clients should exhibit some degree of psychological mindedness and sophistication.

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

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

27. I am aware of the value assumptions inherent in major schools of counseling and understand how these assumptions may conflict with values of culturally diverse clients.

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

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

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

31. I am sensitive to circumstances (personal biases, language dominance, stage of ethnic identity development) which may dictate referral of the minority client to a member of his/her own racial/ethnic group.

32. I am aware that some minorities believe counselors lead minority students into non-academic programs regardless of student potential, preferences, or ambitions.
APPENDIX B.

Items on the Diversity Mission Evaluation Questionnaire

Note: Each item is scored from 1 (strongly disagree) to 4 (strongly agree).

Instructions: Please select the number that reflects how much you agree or disagree with each statement. 1 corresponds to “strongly disagree,” while 4 corresponds to “strongly agree.”

Diversity Mission: Many training and work settings in the mental health field have what could be called a Diversity Mission. This could include a statement condemning discrimination in addition to a workplace commitment to increase awareness of diverse populations or to help underserved populations. It could include training requirements related to diversity issues. When completing these questions, please think of your workplace's focus on diversity and its Diversity Mission, if any.

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

1 Strongly disagree 2 somewhat agree 3 4 Strongly agree

1. When diversity issues arise in classes or meetings, they are usually addressed effectively.

2. Overall, on a day-to-day basis, there is too much pressure to be "politically correct" at my workplace.

3. I value my workplace's attention to social responsibility as stated in the Diversity Mission.

4. There is just too much sensitivity regarding diversity issues at my workplace.

5. Interactions among members of diverse groups are generally positive at my workplace.

6. The Diversity Mission is inappropriate for my institution.

7. Overall, my workplace does a good job of translating the Diversity Mission into practice.

8. There is a lot of interaction between people from diverse race/ethnic groups at my workplace.
9. Political correctness pressures silence many people at my workplace.

10. The Diversity Mission should guide how my workplace operates.

11. Overall, people at my workplace are sincere in their efforts to be sensitive to issues of diversity.

12. My workplace alienates people in its efforts to put the Diversity Mission into practice.

13. Diversity material is adequately incorporated into curricula.

14. The Diversity Mission is really only taken seriously by people of color, gays and lesbians, and other "minorities."

15. Issues related to race and ethnicity are discussed openly and honestly at my workplace.

16. Issues related to gender are discussed openly and honestly at my workplace.

17. Issues related to sexual orientation are discussed openly and honestly at my workplace.

18. Issues related to religious diversity and spirituality are discussed openly and honestly at my workplace.

19. Issues related to disabilities are discussed openly and honestly at my workplace.

20. I am proud of my workplace's Diversity Mission.

21. Differences are respected at my workplace.

22. Compared with other places where I have worked or attended school, my workplace is a supportive place for diversity.

23. My workplace lowers its standards in order to increase diversity.

24. Overall, my workplace makes sincere efforts to reflect the Diversity Mission in its practices.
APPENDIX C.

When answering these questions, think of “multicultural psychology” as covering topics including race, ethnicity, culture, religion, and sexuality in good psychological practice.

1. As part of your training in psychology, did you have:
   a. A 3-hour **graduate** course specifically focused on multicultural issues in psychology?
      Yes/no
   b. Additional 3-hour **graduate** courses specifically focusing on multicultural issues in psychology **beyond** the initial one?
      Yes/no
   c. An **undergraduate** class specifically focused on multicultural issues?
      Yes/no
   d. Were issues in multicultural psychology significantly integrated into courses **other than** the basic three-hour course in multicultural psychology?
      Yes/no
   e. During your **practicum experiences before internship**, do you believe that multicultural issues were significantly and appropriately addressed in supervision?
      Yes/no
   f. During your **internship**, do you believe that multicultural issues were significantly and appropriately addressed in supervision?
      Yes/no

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g. Have you ever been involved in research projects dealing primarily with issues in multicultural psychology?
   Yes/no

h. Do you believe that the faculty in your training program were appropriately diverse?
   Yes/no

i. Do you believe that the faculty/staff at your internship site were appropriately diverse?
   Yes/no

j. Have you taken continuing education programs specifically related to multicultural issues in psychological practice?
   Yes/no

2. How many additional courses primarily focused on multicultural psychology did you take as part of your graduate training?

3. As part of your ongoing training, how many continuing education programs primarily focused on multicultural issues in psychology have you participated in over the last 5 years?
4. Over the course of your postgraduate career, approximately what percentage of your caseload has consisted of ethnic minority clients?

_______ %

5. Which of the following is your primary worksite?

   University Counseling Center
   Veterans Administration Hospital
   Other

6. Which of the following is your highest degree?

   Counseling Ph.D.
   Clinical Ph.D.
   Counselor Education Ph.D.
   School Psychology Ph.D.
   Combined Ph.D. program
   Psy.D.
   Ed.D.

7. Are you licensed in your state, or are you eligible for licensure within the next 24 months?

   Yes
   No
8. What is your racial or ethnic identity?

   Caucasian
   African-American
   Hispanic
   Asian/Asian American or Pacific Islander
   Native American
   Other

9. In what state do you currently practice?

   

10. What is your current age?

   

11. What is your gender?

   Male
   Female
   Transgender

12. If you wish to be entered in the drawing for one of five $40 gift certificates to the
    Olive Garden, Red Lobster, Smokey Bones, or Bahama Breeze restaurants, please
    leave your email address here. Your email will be kept private and will not be shared
    with anyone except the principal investigator.

   

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APPENDIX D.

Instructions and informed consent

Department of Psychology
University of Southern Mississippi

Authorization to participate in a research project

**Purpose:** This study involves research in the area of clinician experience.

**Description of Study:** This study consists of a survey that should take no more than about 30 minutes to complete. It is permissible for you to have this survey read to you by another individual if you require this, in which case this survey should not take more than 40 minutes.

**Benefits:** There are no direct benefits to you for your participation in this study. However, the results of this study are intended to benefit the fields of counseling and clinical psychology training. Except where prohibited by law, completion of this survey entitles you to entry to win one of five $40 gift certificates to Darden restaurants, including the Olive Garden, Red Lobster, Smokey Bones, and Bahama Breeze.

**Risks:** This survey may bring up issues that concern you. If so, it is suggested that you talk with a clinical or peer supervisor.

**Confidentiality:** The data from this survey are being kept on physically and electronically secure servers, and will be deleted from these servers upon completion of the study. One copy will remain on the researcher’s computer, as well as one secure backup. Although it is impossible to create complete security in an electronic environment, every effort has
been made to keep your answers secure, including secure digital transmission of your answers to the researcher. No personally identifiable information will be collected, unless you wish to supply your email address to obtain results of this research or future research. All collected information is strictly confidential, and your email address will not be disclosed through any third party.

**Participant’s Assurance:** Participation in this study is completely voluntary, and participants may withdraw at any time without penalty, prejudice, or loss of benefits. If you have any questions about this study at the present time or after taking the survey, you may contact Jeff Lawley at jefflawley@yahoo.com or (601) 266-5103, or Dr. William G. Wagner at william.wagner@usm.edu or (601) 266-4544.

This project has been reviewed by the Human Subjects Protection Review Committee, which ensures that research projects involving human subjects follow federal regulations. Any questions or concerns about rights as a research subject should be directed to the chair of the Institutional Review Board, The University of Southern Mississippi, 118 College Drive, Box 5147, Hattiesburg, MS 39406, or at (601) 266-6820.

**Please Note:** By clicking the submit button below, I signify my understanding of this disclosure statement, and agree to allow my answers to be used for research.
APPENDIX E.

University of Southern Mississippi Institutional Review Board Approval Form

The project has been reviewed by The University of Southern Mississippi Human Subjects Protection Review Committee in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services (45 CFR Part 46), and university guidelines to ensure adherence to the following criteria:

- The risks to subjects are minimized.
- The risks to subjects are reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered regarding risks to subjects must be reported immediately, but not later than 10 days following the event. This should be reported to the IRB Office via the "Adverse Effect Report Form".
- If approved, the maximum period of approval is limited to twelve months. Projects that exceed this period must submit an application for renewal or continuation.

PROTOCOL NUMBER: 27022206
PROJECT TITLE: Multicultural Training, Experience, and Competence in Counseling Center and Hospital Settings
PROPOSED PROJECT DATES: 01/01/07 to 08/31/07
PROJECT TYPE: Dissertation or Thesis
PRINCIPAL INVESTIGATORS: Jeffrey S. Lawley
COLLEGE/DIVISION: College of Education & Psychology
DEPARTMENT: Psychology
FUNDING AGENCY: N/A
HSPRC COMMITTEE ACTION: Expedited Review Approval
PERIOD OF APPROVAL: 03/06/07 to 03/05/08

Lawrence A. Hosman, Ph.D. Date
HSPRC Chair
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