

MULTICULTURAL COUNSELING COMPETENCIES OF SCHOOL COUNSELORS

by

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(Under the Direction of Jay W. Rojewski)

ABSTRACT

Current immigration patterns and increasing birthrates of diverse ethnic and racial groups have led to the cultural influx of people now living in the United States. Current demographic levels of diversity patterns are projected to become even more racially and ethnically diverse over the next decade. This trend, termed diversification, has particularly changed the demographic landscape in Georgia. This study examined the relationship between ethnicity, gender, previous multicultural training of school counselors, and multicultural counselor competency.

Multicultural counselor was measured using the Multicultural Competency Inventory (MCI; Sodowsky, Taffe, Gutkin, & Wise, 1994). Results indicated a significant, albeit moderate, relationship between previous multicultural training and global multicultural counseling competency. Previous multicultural training accounted for 21.5% of the variance in multicultural counselor competency. Further results of four separate correlational analyses indicated a moderate statistically significant relationship between previous multicultural training and multicultural competency skills, multicultural awareness, and multicultural knowledge.

INDEX WORDS: Multicultural competencies, School counselors

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DEDICATION

It was once said that obtaining the Ph.D. is a marathon, not a race. It is of endurance and commitment, not favor. It is of reality, not only dreams. It is with great honor that I dedicate my journey to those that have inspired and kept me.

To my wonderful husband Brian, who witnessed and supported my achievement and encouraged me through his commitment and understanding.

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TABLE OF CONTENTS

	Page
LIST OF TABLES.....	viii
LIST OF FIGURES	ix
CHAPTER	
1 INTRODUCTION	1
Rationale	1
Purpose of Study	7
Research Objectives.....	7
Theoretical Framework	8
Importance of the Study.....	10
2 REVIEW OF LITERATURE	14
Philosophical Underpinnings of Counseling Theories.....	14
School Counseling as a Distinct Profession.....	19
Student Demographics and Emerging Needs.....	22
Multicultural Counselor Competency	23
Theories of Multicultural Counseling Competencies	30
Multicultural Counseling Competency Inventories	39
Empirical Studies of Multicultural Counselor Competency.....	49
3 METHOD	53
Introduction.....	53

Design.....	54
Participants	55
Instrument.....	58
Data Collection Procedures	61
Data Analysis.....	63
4 RESULTS	68
Sample	68
Descriptive Statistics.....	69
Multiple Correlation Analysis.....	71
5 DISCUSSION	78
Summary and Conclusions	78
Multicultural Competencies of School Counselors.....	82
Conclusion	85
Delimitations	86
Implications of Findings	87
Recommendations for Future Research and Practice	88
REFERENCES	90
APPENDICES.....	103
A Cobb County Public School Administrative Research Approval	103
B Institutional Review Board Approval	106
C Letter to Cobb County School District School Counselors	108
D Demographic Questionnaire	110
E Permission for Procedural Use of the MCI	112

F Summarized Items of the Multicultural Competency Inventory114

LIST OF TABLES

	Page
Table 1: Components of Multicultural Counselor Competencies	28
Table 2: Dimensions of Multicultural Competencies	29
Table 3: Intercorrelation Subscale Matrix.....	61
Table 4: Data Analysis Approach	64
Table 5: Categorization of Independent Variables	65
Table 6: Descriptive Statistics	69
Table 7: Correlation Analysis Matrix	71
Table 8: Results of Structure Correlations of Multicultural Competency	74
Table 9. Results of the p-1 Analysis of Independent Variables.....	75
Table 10. Descriptive Data of Subscales	76

LIST OF FIGURES

	Page
Figure 1: Efficacy and Outcome Expectancies	37
Figure 2: Subscales of the Multicultural Competency Inventory	42
Figure 3: Histogram of Education of School Counselors.....	70
Figure 4: Histogram of Previous Training of School Counselors	70
Figure 5: Standardized Residual plot for Global Multicultural Competency	77

CHAPTER 1

INTRODUCTION

Rationale

Current immigration patterns and birthrates of diverse ethnic and racial groups have led to the influx of culturally diverse people now living in the United States. Current demographic patterns are projected to become even more racially and ethnically diverse over the next decade (U.S. Census Bureau, 2005). This trend, termed diversification, has particularly changed the demographic landscape in Georgia.

In the decade 1990-2000, Georgia's population increased 26%, signaling the fastest population growth of the 20th century, and placing Georgia as the fifth fastest growing state in the United States. This growth continued from 2000-2004 with a 2% population increase each year, representing a total of 642,930 people new to Georgia. The racial distribution in Georgia during 2000 - 2004 was 61.8% non-Hispanic White, 28.7% African American/Black, 6.2% Hispanic/Latino, 2.5% Asian/Pacific Islander, and 1.3% Multiracial or other (Governor's Office of Planning and Budget, 2005).

The Georgia Governor's Office of Planning and Budget (2005) has forecast that by 2015, 59% of the population in Georgia will be non-Hispanic White, 28% will be African American/Black, 10% Hispanic, and 3% other minority. If projections are accurate, Georgia will have the largest percentage of African Americans/Blacks in the country, second only to New York state. Projections anticipate a 143.9% increase of Hispanics

between 2000 and 2015. African Americans and other minorities are projected to account for 26.9% of residential population growth in Georgia during this period.

These demographic changes and trends are reflected in Georgia's public schools. The Georgia Professional Standards Commission status report (2005) indicates that half of the 2004 school year increase of students enrolled in Georgia public schools were Hispanic. The enrollment growth rate for the Hispanic student population has averaged 16.8% from 2001 to 2004, in comparison to the average growth of 1.8% for all students during the same period. The cumulative enrollment for Hispanic and multicultural students has more than doubled since fiscal year 2001. While the numbers of Hispanic students continue to increase, White student enrollment decreases, representing 49% of total enrollment in 2005.

As population statistics indicate, certified school counselors are now faced with an increasingly diverse student population in Georgia. Certified school counselors are employed in school settings to address the academic, personal/social, and career development needs of students. School counselors are also available to teachers and parents who require support, skills, and resources relating to student academic performance and social development. Support services may include classroom guidance, individual counseling, or transition and career guidance.

New community dynamics resulting from the rapid influx of culturally diverse people have a direct impact on school counselors. Previous literature (e.g., Holcomb-McCoy & Myers, 1999; Schwallie-Giddis, Anstrom, Sanchez, Sardi, & Granato, 2004; Sue, Arrendondo, & McDavis, 1992) has examined the challenges that diversification poses for counseling and the need for multicultural competency of professional school

counselors. Increasingly, teachers and counselors are challenged with teaching, counseling, and illustrating competence in service delivery for a wide range of culturally and ethnically different students. As counselors face these challenges, Holcomb-McCoy (2004) suggests they may need to “alter their perceptions, learn to effectively counsel and consult with diverse populations, become knowledgeable of other cultures and the manifestations of racism, and assume the role of social change agent” (p. 182).

School counselors are challenged to demonstrate the professional skills and qualifications necessary to meet the needs of a changing student body with a medley of identities and cultural differences. Basic counseling skills (Capuzzi & Gross, 1991) include the ability to communicate effectively, listen attentively, and self-attending or self-awareness skills. More advanced skills include empathy, self-disclosure or personal information, confrontation, action planning, and termination.

Multicultural counseling requires the integration of multicultural and culture-specific knowledge, awareness, and skills into the counseling milieu (Arredondo et al., 1996), with an emphasis on effective therapeutic techniques within appropriate cultural contexts (Pederson, 1997). The American Counseling Association’s Code of Ethics, describes multicultural/diversity competence as “a capacity whereby counselors possess cultural and diversity awareness and knowledge about self and others, and how this awareness and knowledge is applied effectively in practice with clients and client groups” (American Counseling Association, 2005, p. 20). Although conceptually interrelated, the multicultural and traditional counseling competencies of counselors has been delineated (Patterson, 2004; Pederson, 1997).

Fuertes, Bartolomeo, and Matthew (2001) explained that “multicultural competencies indicate higher order, more specified and sophisticated counseling knowledge and skills, which may be developed only after sound training in basic counseling competence” (p. 7). Research by Moore-Thomas (1998) suggests that multicultural and general counselor competency are two distinct, yet moderately overlapping, constructs. “While multicultural counseling competence is focused on specific skills, knowledge, and awareness that promote effective general counseling within a cultural context, effective general counseling centers on the interpersonal relationship” (p. 20).

Over the past two decades, extensive literature (Bemak, 2005; Hobson & Kanitz, 1996; Moore-Thomas, 1998; Ponterotto & Casas, 1991; Toporek, 2001; Wallace, 2000; Weinrach & Thomas, 1998) has been concerned with a lack of multicultural competency of school counselors and a lack of preparation for the emerging diverse cultural student body in counselor education programs. Axelson (1999) addressed the need for school counselors to recognize the various aspects of cultural identification and role requirement.

Recognize cultural diversity, understand the role that culture and ethnicity/race play in the sociopsychological and economic development of ethnic and culturally diverse populations; understand that socioeconomic and political factors significantly impact the psychological, political, and economic development of ethnicity and culturally diverse groups; help clients to understand/maintain/resolve their own sociocultural identification, and understand the interaction of culture, gender and sexual orientation on behavior and needs. (p. 469)

As the necessity of multicultural counselor competence has become more pronounced, researchers have constructed distinct dimensions and domains of competency. Sue et al. (1992) proposed a tripartite framework for cross-cultural competencies that conceptualized the beliefs and attitudes, knowledge, and skills of counselors working with a diverse client base.

The American Counseling Association, Association for Counselor Education and Supervision, Professional Standards Committee of the Association for Multicultural Counseling and Development, and two divisions of the American Psychological Association (APA, 2006) endorsed Sue's proposed list of multicultural counseling competencies and standards for counselors (Sue et al., 1992). The competencies focus on three specific areas; knowledge of culturally different clients, skills necessary to work with these clients, and awareness of personal cultural views. Schwallie-Giddis et al. (2004) identified "three distinct dimensions (beliefs, attitudes, and awareness of personal cultural views, knowledge of culturally different clients, and skills necessary to work with diverse clients) of three domains (awareness of our own worldview, awareness of the other's worldview, and appropriate interventions)" (p. 18).

Additional studies (Granello & Wheaton, 1998; Holcomb-McCoy & Myers, 1999; Pope-Davis & Ottavi, 1994; Sadowsky, Kuo-Jackson, Richardson, & Corey, 1998) have examined four distinct multicultural counselor competency domains, including knowledge, awareness, skills, and relationship on various independent variables. Of the four distinct domains, highest overall counselor competency for all counselors was noted in multicultural skills, while ethnically diverse counselors (Asian, Hispanic and

African Americans) scored higher than White counselors on multicultural knowledge, awareness, and relationship domains.

Pope-Davis and Ottavi (1994) studied self-reported multicultural counseling competency using a number of possible influences, including ethnicity, age, sex, highest degree held, percentage of work completed in multicultural counseling, and minority group contact. Ethnicity was the only demographic variable resulting in significant difference on three of the four competency subscales (multicultural knowledge, awareness, and relationship). Hispanic and Asian Americans were significantly different than White counselors on the knowledge subscale. Hispanic, Asian Americans, and African Americans were also significantly higher than White counselors on awareness and relationship subscales.

Holcomb-McCoy and Myers (1999) sought to determine whether educational level, ethnicity, gender, age, and work setting could explain professional counselors' self-perceived multicultural competence. In this study, ethnicity was the only independent demographic variable that was statistically significant on measures of knowledge, racial identity, skill, and awareness. An analysis of counselors who participated in a multicultural course revealed a statistically significant difference on racial identity and knowledge dimensions between those professional counselors who had taken a multicultural counseling course and those that had.

Bellini (2002) reported that vocational counselors who participated in multicultural competency workshops held significantly higher overall scores on the Multicultural Counseling Inventory (Sodowsky, Taffe, Gutkin, & Wise, 1994) than those that had not. In a subsequent study, Holcomb-McCoy and Myers (1999) examined various

demographic independent variables including gender, years of experience, work setting, and coursework in multicultural counseling. Gender, work setting, and years of experience did not influence counselor multicultural competency. However, multicultural counseling and knowledge between those counselors that had taken a multicultural counseling course reported higher multicultural knowledge and competency than those that had not.

Purpose of Study

This study examined the relationship between gender, ethnicity, level of education, previous multicultural training of school counselors, and multicultural counselor competency. Multicultural competency is defined by the American School Counselor Association (2006) as “cultural and diversity awareness and knowledge about self and others, and how this awareness and knowledge is applied effectively in practice with clients and client groups” (p. 20), and was measured using the Multicultural Competency Inventory (MCI; Sodowsky et al., 1994). The MCI was administered to school counselors to obtain both a global multicultural counseling competence score, as well as four subscale scores including multicultural counseling skills, knowledge, awareness, and relationship.

Research Objectives

1. Describe demographic characteristics of professional school counselors in Cobb County.
2. Describe the multicultural counselor competency of professional school counselors.
3. Determine the relationship between school counselors’ global multicultural competency and gender, level of education, ethnicity and previous multicultural training.

Theoretical Framework

The theory of multicultural counseling and therapy (Sue, Ivey, & Pederson, 1996) is a culture-centered meta-theory of counseling and psychotherapy. The theory provides a theoretical framework for multicultural counseling and is a major paradigmatic shift from traditional Western cultural counseling perspectives to a more integrated and holistic approach. This theory adds a new dimension to traditional counseling orientations, which currently include psychodynamic, cognitive-behavioral, and existential-humanistic therapeutic approaches. “The theory and strategies of multicultural counseling and psychotherapy are based on an eclecticism drawn from psychodynamic approaches, humanistic perspectives, and cognitive and behavioral approaches and theories” (Axelson, 1999, p. 423).

The theory of multicultural counseling and therapy (Sue et al., 1996) embodies a postmodern philosophy of social constructionism, which emphasizes reality as a socially constructed worldview and includes cultural relativism, a sociopolitical position, a social-systems and ecological approach, with a participant-focused methodology. Cultural relativism suggests that every culture must be recognized in reference to itself, not in comparison to a dominant culture. A sociopolitical position recognizes the dynamics of a dominant-subordinate standard imposed on one group from another. The social-systems and ecological approach recognizes that people are conditioned by social, historical, and cultural factors. A participant-focused methodology encourages therapists to acknowledge their worldview in research, theory, and practice.

The theory purports that all learning and identity occurs in a broadly and inclusively defined cultural context. The theory is pluralistic, acknowledging classism, sexism,

ageism, and racism. It requires that therapists explore the various dimensions of the human condition and culture in providing therapeutic intervention. The theory supports an organizational framework with six propositions (Sue et al., 1996).

Proposition 1 proposes that all theories of counseling have culture-specific values, assumptions, and philosophical bases developed within a particular cultural context and are biased when used outside of that context. Proposition 2 acknowledges the level of interrelationships that affect the counselor-client relationship including individual, family, and universal levels of experience, and various contexts including individual, family and cultural milieu. Proposition 3 examines cultural identity development, recognizing that the current level of cultural/racial identity for the counselor and client influences how the counselor and client define the problem, goals, and therapeutic process. Proposition 4 addresses the need for culturally consistent treatment goals and modalities. Modalities and therapeutic approaches must be flexible to meet individual client needs. Proposition 5 incorporates prevention and system intervention into the therapeutic milieu, which can include the individual or the larger social unit in counseling. Proposition 6 includes a concept of *liberation of consciousness* which uses both non-European and Western counseling modalities. The liberation of consciousness includes the expansion of personal, family, group, and organizational consciousness.

The theory also suggests that counselors must have multiperspective thinking, become aware of their own worldview, which includes values, stereotypes, and assumptions about client behavior. "The interplay between counselor's worldviews and their theoretical orientations to counseling and therapy determines the way they interpret their clients' needs and guides the types of approaches they use to achieve

specific client outcomes” (Sue et al., 1996, p. 158). Secondly, counselors must acquire knowledge about the distinct worldviews of culturally different clients. “In fact, reality is a perceptual field that is constructed and deconstructed by individuals depending, in part, on their cultural group memberships” (Constantine, 2002, p. 210). Finally, counselors need to develop culturally appropriate counseling intervention strategies. For Axelson (1999), ingredients of a competent counselor include

- (a) self-awareness and comprehension of one’s own cultural group history and experiences;
- (b) self-awareness and comprehension of one’s own environmental experiences in mainstream culture,
- (c) perceptual sensitivity toward one’s own personal beliefs and values. (p. 468)

Changing community dynamics requires that counselors be skilled facilitators, clinicians, advocates, and policy makers. “In a pluralistic, multicultural society, professional and ethical practice requires counselling [*sic*] psychologists’ active reflection on these questions, continuous self-monitoring and ongoing consultation and development to improve levels of competence in serving a culturally diverse population” (Johannes & Erwin, 2004, p. 329). Counselors face the unique challenges of being effective change agents in an evolving multicultural environment.

Importance of the Study

Ethical standards of school counselors, adopted and submitted by the American School Counselor Association in 2004 indicate that school counselors have a primary obligation to provide each student academic, educational, career, social, and personal support (American School Counselor Association, 2006). The Preamble of Ethical Standards of School Counselors indicates that school counselors must subscribe to the

tenets of professional responsibility with clients, which includes

that each person has the right to be respected, be treated with dignity and have access to a comprehensive school counseling program, receive the information and support needed to move toward self-direction and self-development and affirmation within one's group identities that advocates for and affirms all students from diverse populations. (p. 1)

Supporting a similar tenet of professional responsibility as the ASCA, the 2005 American Counseling Association 2005 Code of Ethics Preamble indicates that association members must recognize diversity and embrace a cross-cultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts. Section C.2.a of the Code of Ethics - Professional Competence (American Counseling Association, 2006), further indicates that counselors should practice "only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Counselors must gain knowledge, personal awareness, sensitivity, and skills pertinent to working with a diverse client population" (p. 9).

Over the years, the focus of school counseling programs moved from college and career entry to social and school adjustment programming. As economic, social and political factors impacted schools, communities, and families, school counseling programs shifted their focus as well. School counselors are now available to teachers and parents to provide support, skills and resources relating to academic performance and social development. Axelson (1999) notes

The provision of equal educational opportunities, or the development of unrecognized potential, continues to be a need unmet for many groups within the population, such as economically and educationally disadvantaged students, persons with physical disabilities, students with learning disabilities, culturally diverse students, preelementary children, urban youth, and women. (p. 213)

Findings of this study may increase interest and awareness of the changing dynamics of student groups in one school district and can have important implications for theory, research, and practice. From a theoretical perspective, literature suggests that traditional counseling approaches have not been effective when used with ethnically diverse populations (Bemak, 2005; Hobson & Kanitz, 1996; Moore-Thomas, 1998; Ponterotto & Casas, 1991; Toporek, 2001; Wallace, 2000; Weinrach & Thomas, 1998). The suggested theory of multicultural counseling and therapy embodies a postmodern philosophy of social constructionism which identifies reality as a socially constructed worldview, emphasizing cultural relativism, sociopolitics, social-systems, and an ecological approach, while using participant-focused methodology.

Professional counseling and psychological entities including the American Counseling Association, the Association for Counselor Education and Supervision, the Professional Standards Committee of the Association for Multicultural Counseling and Development and two divisions of the American Psychological Association have all supported and endorsed Multicultural Counseling Competencies and standards as fundamental guidelines for counselors in a counseling milieu (American Psychological Association, 2006).

The absence of these multicultural competencies in counseling approaches is considered unethical and potentially harmful to client groups (Ibrahim & Arrendondo, 1986; Ponterotto & Casas, 1987; Sue, Bernier, Durran, Feinberg, Pedersen, Smith, et al., 1982). In recent years, graduate programs have continued to develop conceptually different multicultural counseling approaches to counseling and therapy.

Within a social perspective, counseling occurs within a larger societal context with increased visibility of diverse social student groups. Toward a practical application, this study may promote a call to the school counseling profession emphasizing the continued emerging need for multicultural counseling knowledge and skills. Further exploration into the multicultural counselor competency of school counselors may lead to an expansion and enrichment of staff development training programs dedicated to diversity and competency training, continued discourse relating to multicultural competency of school counselors, and the critical reflection of the theoretical counseling practice.

Study findings may serve as an impetus to future integrative multicultural competency approaches to school counseling and intensive clinical training focusing on the dimensions of multicultural school counseling skills, knowledge, awareness, and relationships. This study may add to the body of literature that places multicultural counseling as an integral part of counseling curriculum reform in graduate programs, and may potentially lead to future integrative approaches to school counseling and intensive clinical training. At a minimum, ongoing evaluation of counseling curriculums addressing multicultural competency and consumer outcomes can be considered.

CHAPTER 2

REVIEW OF LITERATURE

This review of literature focuses on the construct of multicultural competency of school counselors. The chapter will highlight seven areas of particular importance, including the philosophical underpinnings of counseling and counseling theories, school counseling as a distinct profession, student demographics and emerging needs, multicultural counselor competency, theories of multicultural counseling competencies, multicultural counseling competency inventories, and empirical studies of multicultural counselor competency.

Philosophical Underpinnings of Counseling Theories

In the late 1800s, during the Progressive Era, counseling developed as a humanitarian effort to assist people and communities affected by the political and socioeconomic ramifications of the Industrial Revolution (Sarkees-Wircenski & Scott, 2003). The vocational guidance movement involved counseling families in educational and vocational areas, legal reform, and child and adult welfare, with particular emphasis on transition, postschool vocational adjustment, and client and occupation match (Blocker, 2000). These counseling programs were initially developed in social agencies and settlement houses.

Frank Parsons was the leader of the guidance movement (Lambie & Williamson, 2004). Parsons joined vocational educators in support of comprehensive high schools that could offer vocational preparation and transition assistance to young men into

suitable vocational settings. “In its early years, guidance was seen as both a program of services and as a philosophy of education” (Blocker, 2000, p. 3).

During this time, counseling in private practice settings initially used a Freudian counseling theoretical model that emphasized a highly pathogenic and intrapsychic psychoanalytic theory. The basic philosophical underpinning of Freud’s psychoanalytic theory suggested that human beings are influenced by irrational forces, instinctual needs and drives, unconscious motivation and dynamic conflict formed in the early years of life (Hilgard & Bower, 1966). In this view, the role of the therapist was to create an environment where the client could explore repressed memories while the counselor constructed an interpretation of the symptomatic behavior. The therapeutic process was counselor-directed, with a sole purpose of strengthening the client’s ego, interpreting global and pervasive material from biological and cultural sources, and encouraging the mediation of these differences for adaptive living (Cottone, 1992).

In the 1920s, John Dewey brought forth a new movement that emphasized the cognitive development of children. Dewey emphasized the hierarchical stages of development and the school’s role in promoting the cognitive, social, and moral development of students (Phillips & Soltis, 2004). The facilitation and nurturing of students became the essential purpose of education (Blocker, 2000), which was in stark contrast to Freud’s emphasis on the function of the brain, underlying repressed memories, and the inherited, acquired characteristics of individuals (Hilgard & Bower, 1966).

Although influential, the needs of an economically and politically challenged society placed Dewey’s hierarchical stages of development as secondary to an immediate need

in workforce development. The Depression in the 1930s further solidified the focus of the counseling field as career and employment guidance. The first theory of guidance and counseling, the only theory originating in education, was the trait and factor theory of career development (Blocker, 2000). The trait and factor theory was influenced by vocational theorist, E.G. Williamson who expanded Frank Parsons' initial guidance tenets during World War I. The theory was introduced in the early 1940s as a counselor-centered approach. The directive, structured, counselor-centered approach enabled counselors to profile each student, giving opinions and direction for career exploration. The counseling process included six steps; analysis, synthesis, diagnosis, prognosis, counseling, and follow-up.

Trait-factor theory subscribes to basic assumptions that each individual has unique traits, including intelligence, aptitude, and self-esteem. These traits are stable, can be identified, measured, and profiled, and will represent an individual's potential. In addition, each occupation has an occupational profile that includes factors that are required for optimal performance on that job. A problem-solving/decision making process is used to identify and match individual traits with corresponding occupational traits (Prediger, 1995). The theory predicts that the more accurate the match between individual traits and occupation profile, the more positively the results of job performance and satisfaction.

In trait-factor theory, vocational guidance or counseling is accomplished by examining the individual, examining occupations, and matching the two. This three-step counseling paradigm soon became the foundation of vocational counseling programs after being introduced in the 1930s. Although the theory identifies individual traits and

factors, it does not take into account continually evolving aptitudes, interests, values, and beliefs which individual may possess about themselves or the world (Kerka, 1998). The primary role for the counselor in using this directive counseling approach was to assess students' individual strengths and weaknesses for the purpose of locating employment and predicting successful job performance and individual satisfaction.

Later in the 1940s, a behavioral approach to counseling was established (Ormrod, 1995). The approach identified learning as being determined by environmental factors. In a therapeutic approach, modification of client behavior was key to the counseling process. "Behaviorism defines human nature as learned responses, acquired by living in the environment, which can be modified or replaced by more adaptive responses—those that bring ever greater reward and satisfaction to the person or that avoid punishing conditions" (Axelson, 1999, p. 359).

During the same period, Carl Rogers, established a non-directive humanist approach to therapy that redirected the counseling focus from highly reductionalist psychoanalytic and behavioral theories to a client-centered, humanistic approach, giving clients the autonomy and responsibility for becoming more intimate with their own beliefs and meaning of life (Baxter & Perry, 1997).

In client-centered therapy, Rogers argued that counselors should assist individuals in a safe environment and facilitate their growth and development through their own self-actualization (Hepworth & Larsen, 1990). Similar to Dewey's emphasis on child development, Rogers promoted the development and empowerment of students. Three core components, including unconditional positive regard, empathy for the client, and congruence are responsible for individual growth and change. Rogers greatly influenced

the development of modern counseling approaches.

By the 1960s humanistic counseling theories emerged with theorists including Maslow, Jourard, and Arbuckle. The majority of counseling theories were now rooted in secular humanism, which viewed the individual as the basic building block and center of the universe. “It is the individual’s affects, cognitions, behaviors, and spirituality that are invariably the focus of the counseling practitioner’s attention, not the typical affects, cognitions, behaviors, and spirituality of some nosological group” (Weinrach & Thomas, 1998, p. 117).

With each decade, counseling theories and approaches have expanded and evolved, from vocational guidance, assessment, and academic planning, to a holistic student-centered focus, to consultation and coordination of services (Lambie & Williamson, 2004). These changes were reflective of individuals, communities, and government needs. Changes were also made as more emphasis was placed on educational services, quality programming and student accountability, prompting changes in counselor roles and responsibilities (Keys, Bemak, & Lockhart, 1998). Lambie and Williamson note,

During the 20th century, the focus was vocational guidance, assessment, and academic placement; during the midpart of the century, providing personal and social counseling services while promoting students’ holistic development was incorporated; and toward the end of the century, special education services, consultation, coordination and accountability duties were integrated. (p. 6)

Shifting and opposing therapeutic and philosophical underpinnings have created debate over the decades. “The profession itself in those years was torn by the directive-

nondirective controversy. For nearly 30 years, the question of whether to be directive or client-centered produced a heated and generally unproductive debate and dialog” (Blocker, 2000, p. 5).

Today, an eclectic approach of therapeutic models and counseling theories are used in the therapeutic process. In an eclectic orientation, counselors may select a guiding theoretical framework from a variety of models of research and theory, but will often choose to allow the needs of the client to determine the specific therapeutic approach (Baxter & Perry, 1997). This eclectic orientation allows different views of human nature and different systems and approaches of therapy to exist.

School Counseling as a Distinct Profession

At the beginning of the 20th century, the school counseling profession began as a vocational guidance movement (Baumen, Siegel, Falco, Szymanski, Davis, & Seabolt, 2003). Jesse B. Davis introduced the first vocational and moral guidance program as a supplement to an English course in 1907 at a public school in Grand Rapids, Michigan. This inclusion became the first systematic guidance program that addressed the career interests of students and would later create a momentum for the development of school counseling as a profession in public schools. The emerging profession was impacted by a movement of progressive education in the early 1900s and again impacted by the political and social dilemmas of the time. Emphasis of guidance programs during this time was focused on occupational selection and placement.

The National Vocational Guidance Association was developed in 1913 and was significant in the establishment and recognition of school counseling as a career profession. Through years of professional alliance with other counselor associations,

the National Vocational Guidance Association eventually became the American Counseling Association (ACA).

In the 1920s and 1930s, counselors used both vocational and mental health approaches in counseling. The George-Reed Act, 1920, the George Ellzey Act, 1934, and the George-Deen Act, 1936, each provided direct financial support to vocational, industrial, trade, and home economics educational guidance programs in the United States (Sarkees-Wircenski & Scott, 1995). In 1946, the George Barden Act was enacted. This Act provided federal funds for the development, financial support, and leadership for guidance and counseling programs in schools. By 1950, the Guidance and Personnel Services Section in the Division of State and Local School Systems was established by the government.

The emergence of professional school counseling occurred inadvertently after the 1957 launch of Sputnik by the Soviet Union (Phillips & Soltis, 2004). The response of the United States government was to pass the National Defense Education Act in 1959. The federal Act authorized funding for the recruitment and development of counseling and training programs in colleges and universities (Gysbers, 2004). The Act also established statewide testing programs in local schools and expanded student career guidance programs for the purpose of identifying and guiding students with high aptitudes in math and science. Emphasis was now placed on the potential for technically advanced high school students preparing for college entry.

By the mid to late 1960s, the emphasis of school counseling was placed on the personal development of students, group process, and human development. Counselors were encouraged to incorporate multiple therapeutic approaches to meet

the various developmental and comprehensive needs of students. Over the years, school counseling programs moved from college and career entry, to social and school adjustment programming (Blocker, 2000).

As economic, social, and political factors impacted schools, communities, and families, school counseling programs shifted their focus as well. As federal and state educational legislation evolved, school counselors faced changes in how accountability was measured. With changing mandates in federal law, school counselors were charged with the responsibility not only to follow the law, but were ethically expected to follow the spirit of its meaning, facilitating the total development of students. Coursework in graduate counseling programs now included study in career development, social and cultural foundations, relationships, human growth and development, and research and evaluation (Baxter & Perry, 1997).

Appropriate course content in counselor guidance programs is directed by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). School counselors today are required to have a master's degree or equivalent in counseling psychology, counseling, or educational psychology from an accredited university. Clinical counseling experience is included in the coursework, supervised by a veteran school counselor with a Masters degree or higher and licensure. State licensure is required for school counselors, although each state has different requirements. Although not required, two national certification options are also available to school counselors, the National Board of Professional Teacher Standards (NBPTS) Certification and the National Board of Certified Counselors Examination (NCSC). Both national certification processes include performance based-assessments, assessments

using simulated cases, and requires the demonstration of content knowledge in areas of theory, human growth, development, and diversity.

Student Demographics and Emerging Needs

Counselors must now prepare themselves for the certainty of a diversified student body (Ponterotto & Casas, 1987). With increasing social-emotional needs of students (incl., homelessness, poverty, substance abuse, and domestic and community violence), coupled with fragmented community services (eg., privatization, restructuring, changes in public policy), school counselors are faced with addressing a wider range and depth of mental health service delivery (Lockhart & Keys, 1998) than in years past.

New community demographics also have a direct impact on school counselors. Previous literature (Holcomb-McCoy & Myers, 1999; Schwallie-Giddis et al., 2004; Sue et al., 1992) has examined the challenge of diversification on school counseling. As the cultural composition of clients has changed, school counselors have had to address differences in the beliefs about counseling intervention, individual expression of symptomology or etiologies, types of acceptable interventions and functions of a counseling milieu (Chiu, 1996). Counselors must now acquire a historical frame of reference and a multicultural view versus the traditional Western counseling philosophy and monocular view of counseling (Morris & Robinson, 1996).

Over the past two decades, extensive literature (Bemak, 2005; Hobson & Kanitz, 1996; Moore-Thomas, 1998; Ponterotto & Casas, 1991; Toporek, 2001; Wallace, 2000; Weinrach & Thomas, 1998) has been dedicated to the concern over the lacking multicultural competency of school counselors. Ponterotto and Casas (1987) have examined the mental health needs of a changing society and have referenced

documented evidence of the widespread ineffectiveness of counselors working with diverse minority groups. With similar sentiment, Bemak identified the one of the greatest flaws of school counseling, “the school counseling profession is one of many culprits in failing to provide relevant, effective services for the more marginalized and disenfranchised student” (p. 404). Pope-Davis and Ottavi (1994) also report that multicultural counseling has been ineffective due to the absence of organized, integrated, culturally appropriate counseling skills.

Multicultural Counselor Competency

Recognized as a nationwide challenge (Yeh & Arora, 2003), school counselors are now charged with service delivery to a diverse student body. School counselors are challenged to demonstrate the professional skills and qualifications necessary to meet the needs of a changing student body with a *mélange* of identities and cultural differences (Goh, 2005). School counselors now need to have a command of a multidimensional system of service integration important for student success (Keys et al., 1998).

The American Counseling Association, 2005 Code of Ethics, describes multicultural/diversity competence as “a capacity whereby counselors possess cultural and diversity awareness and knowledge about self and others, and how this awareness and knowledge is applied effectively in practice with clients and client groups” (American Counseling Association, 2006, p. 20). Researchers have identified similar conceptual definitions of the construct. Sue et al.(1992) has defined multicultural competence as the competency of attitudes, knowledge and skills in working with diverse groups. A similar description of multicultural competency “refers to preparation

and practices that integrate multicultural and culture-specific awareness, knowledge, and skills into counseling interactions” (Arrendondo et al., 1996, p. 43), while Ibrahim and Arredondo (1986) suggest that cultural effective counseling requires the use of a *culturally pluralistic philosophy* (p. 349). Multicultural competence has also been identified as “going beyond the mere possession of multicultural sensitivity to also attain an acceptable level of knowledge, a sufficient shift in attitude, and the production of a repertoire of behaviors consistent with successfully interacting with diverse populations” (Wallace, 2000, p. 1099).

A more comprehensive description of multicultural competency has been suggested by the United States Department of Health and Human Services- Substance Abuse and Mental Health Services Administration (2006), which describes multicultural competency in the context of child and adolescent mental health treatment as the ability to demonstrate skills, knowledge and provide mental health treatment within a cultural context of the client. A redefinition of multicultural counseling suggested by Speight, Myers, Cox, and Highlen (1991) indicates that multicultural counseling is the exploration of “unique and simultaneous influences on cultural specificity, individual uniqueness and human universality” p. 32).

Multicultural counseling requires the integration of multicultural and culture specific knowledge, awareness, and skills into the counseling milieu (Arredondo et al., 1996), with an emphasis on effective therapeutic techniques within appropriate cultural contexts (Pederson, 1996). Engaging in multicultural competent counseling involves the attainment of knowledge, a shift in attitude, and a multicultural repertoire of client interactions (Wallace, 2000).

Counselors need to have a contextual understanding without categorizing or generalizing group similarities or differences, while recognizing the unique individuality of students (Weinrach & Thomas, 1996). Researchers warn of the use of broad overgeneralizations which can proliferate stereotypes of various groups (Johannes & Erwin, 2004; Patterson, 2004). Dimensions of cultural knowledge and counselor competency include a multicultural view, multicultural and ecological literacy, and being ethnically informed (Herring, 1998).

Fuertes et al. (2001) differentiate the difference in general and multicultural competencies. “Multicultural competencies indicate higher order, more specified and sophisticated counseling knowledge and skills, which may be developed only after sound training in basic counseling competence” (p. 7). General competency, in comparison, has been characterized as the provision of an effective therapeutic relationship. Competent counselor qualities include respect for the client, genuineness, empathic understanding, communication of empathy, respect, genuineness to the effect, and structuring (Patterson, 2004).

Additional empirical research addressing the relationship between multicultural counseling competency and general counselor competency provides evidence to suggest that multicultural counselor competency and general counselor competency are two distinct, yet moderately overlapping, constructs. “While multicultural counseling competence is focused on specific skills, knowledge, and awareness that promote effective general counseling within a cultural context, effective general counseling centers on the interpersonal relationship” (Moore-Thomas, 1998, p. 20).

Few researchers continue to promote a more universal system of counseling and suggest that professional counselor competence comes from the inherent qualities of counselor character versus the use of specific multicultural counseling skills (Patterson, 2004; Sue & Zane, 1987). Coleman (1998) suggests that counselors only need to have a more contextually oriented perspective when using counseling skills, not the inclusion of a different set of *multicultural* counseling skills.

Supporters of multicultural competency standards however, have acknowledged the difficulty associated with a shift from traditional counseling approaches to a multicultural competency perspective. “Where there is a new and powerful force, there is a challenge; where there is a challenge, there will be a reaction; and where there is a reaction, some form of decision making that will lead to resistance or accommodation will certainly follow” (Steward, Morales, Bartell, & Miller, 1998, p. 14).

Benchmark counseling literature and scholarly publications relating to the multicultural competency of counselors include a position paper “Multicultural counseling competencies” (Sue et al., 1982), “Multicultural counseling competencies and standards: A call to the profession” (Sue et al., 1992), “Operationalization of the multicultural counseling competencies” (Arrendondo et al., 1996), “Multicultural training, self-construals, and multicultural competence of school counselors” (Constantine, 2001), “Future research directions in the study of counselor multicultural competency” (Fuentes et al., 2001), and “The intersection of race, ethnicity, gender and social class in counseling: Examining selves in cultural contexts” (Constantine, 2002).

Benchmark publications have included the *Handbook of Racial/Ethnic Minority Counseling Research* (Ponterotto & Casas, 1991), *A Theory of Multicultural Counseling*

and Therapy (Sue et al., 1996), and *An Introduction to Multicultural Counseling* (Lee, 1999). During this period, Ethical Standards for School Counselors developed by the American School Counselor Association and the American Psychological Association have supported the emphasis on multicultural ethics and counselor competencies.

To further the call, the American Counseling Association, the Association for Counselor Education and Supervision, the Professional Standards Committee of the Association for Multicultural Counseling and Development and two divisions of the American Psychological Association have all supported and endorsed a list of Multicultural Counseling Competencies and standards as fundamental guidelines for counselors (APA, 2006).

The multicultural counseling competencies include:

1. Culturally skilled counselors have moved from being culturally unaware to being aware and sensitive to their own cultural issues.
2. Culturally skilled counselors are aware of their own values and biases and how they affect minority clients.
3. Culturally skilled counselors have a good understanding of the sociopolitical system's operation in the United States with respect to its treatment of minorities.
4. Culturally skilled counselors are comfortable with differences that exist between the counselor and client in terms of race and beliefs.
5. Culturally skilled counselors are sensitive to circumstances that may dictate referral of the minority client to a member of his/her own race or culture.
6. Culturally skilled counselors must possess specific knowledge and information about the particular group they are working with.

7. Culturally skilled counselors must have a clear and explicit knowledge and understanding of the generic characteristics of counseling and therapy.
8. Culturally skilled counselors must be able to generate a wide variety of verbal and nonverbal responses.
9. Culturally skilled counselors must be able to send and receive both verbal and nonverbal messages accurately and *appropriately*.
10. Culturally skilled counselors have an awareness of institutional barriers in mental health services.
11. Culturally skilled counselors make use of appropriate intervention skills.

Table 1

Components of Multicultural Counselor Competencies

Components of Competency Descriptions

Beliefs/Attitudes

1. culturally aware and sensitive to their own cultural heritage and value, and respecting differences.
2. aware of values and biases, and possible effect of clients.
3. comfortable with differences in race and beliefs
4. sensitive to circumstances that may dictate referral of client to member of own race or culture.

Knowledge

1. sociopolitical system and treatment of minorities in the United States.
2. specific groups
3. generic characteristics of counseling and therapy
4. institutional barriers

Skills

1. variety of verbal and nonverbal responses
2. send and receive verbal and nonverbal messages accurately and appropriately
3. exercise institutional intervention skills on behalf of the client

Note. From "Position paper: Cross-cultural Counseling Competencies" by Sue et al., 1982, *Counseling Psychologist*, 10.

Sue et al. (1982) delineated three components of multicultural counselor competency goals and competencies. The three components include Beliefs/Attitudes, Knowledge and Skills. The Belief and Attitude component challenges counselors to become aware of their worldviews and assumptions of human behavior. The Knowledge component suggests that counselors must understand their clients' worldviews and sociopolitical influences in the lives of their clients. The Skills component encourages that counselors practice appropriate treatment modalities and intervention techniques for culturally diverse clients (Sue et al., 1992).

Table 2

Dimensions of Multicultural Competencies

Dimensions of Multicultural Competency

Skills

ability to match interventions with client expectations, awareness of caution while utilizing assessment instruments with minorities

Cultural Self Awareness and Other Awareness

introspection and reflection; awareness of own sociopolitical characteristics, gender, and social economic status; ability to look at own culture from outsiders' perspective; work with minority clients; participation in workshops

Knowledge

culture specific information on interventions, racial, and cultural variables

Note. From Sadowsky et al. (1994), p. 41.

Multicultural counseling competency has also been conceptualized along four dimensions by Sadowsky et al. (1994). A new fourth dimension of multicultural competency was proposed to include the domain of knowledge.

Holcomb-McCoy (2004) suggests that counselors may need to alter their perceptions, learn to effectively counsel and consult with diverse populations, become

knowledgeable of other cultures and the manifestations of racism, and assume the role of social change agent.

The standards for the Council for the Accreditation of Counseling and Related Education Programs (2001), provide the framework for accreditation for counselor education programs with the inclusion of multicultural counseling theories and multicultural competencies to address social and cultural diversity core curricular educational experiences. In addition, standards for school counselors include curricular experiences and training in the racial, ethnic and cultural issues in school counseling.

Theories of Multicultural Counseling Competencies

Counseling and psychology literature has supported the need for counselors to be skilled facilitators, clinicians, advocates, and policy-makers with a more diverse clientele (Green & Keys, 2001; Margolis & Rungta, 1986). The overwhelming myriad of services and client needs presents a unique challenge for school counselors to meet the demands to school students. With changing demographics of clients in the United States, a culturally pluralistic counseling philosophy can prepare counseling professionals to provide effective counseling services and assessment techniques (Ibrahim & Arrendondo, 1986). In a recent study on multicultural counseling competencies (Zane et al., 2005), researchers identified multicultural competencies which include an understanding of clients' perceptions and worldviews as the core factors in cognitive matching between counselors and clients.

Theory of Multicultural Counseling and Therapy

The theory of multicultural counseling and therapy (Sue et al., 1996) is a culture-centered meta-theory of counseling and psychotherapy. The theory provides a

theoretical counseling framework and is a major paradigmatic shift from a traditional Western cultural counseling perspective to a more integrated, holistic, multicultural approach. The theory adds a new eclectic dimension to traditional counseling orientations, which currently includes psychodynamic, cognitive-behavioral, and existential-humanistic therapeutic approaches. “The theory and strategies of multicultural counseling and psychotherapy are based on an eclecticism drawn from psychodynamic approaches, humanistic perspectives, and cognitive and behavioral approaches and theories” (Axelson, 1999, p. 423).

The theory of multicultural counseling and therapy (Sue et al., 1996) embodies a postmodern philosophy of social constructionism, which emphasizes reality as a socially constructed worldview and includes cultural relativism, a sociopolitical position, a social-systems and ecological approach, with a participant-focused methodology. Cultural relativism suggests that every culture must be recognized in reference to itself, not in comparison to a dominant culture. A sociopolitical position recognizes the dynamics of a dominant-subordinate standard imposed on one group from another. The social-systems and ecological approach recognizes that people are conditioned by social, historical, and cultural factors. A participant-focused methodology encourages therapists to acknowledge their worldview in research, theory, and practice.

The Theory of Multicultural Counseling and Therapy purports that all learning and identity occurs in a broadly and inclusively defined cultural context. The theory is pluralistic, acknowledging the various “-isms” including classism, sexism, ageism, and racism. It requires that therapists explore the various dimensions of the human condition and culture in providing therapeutic intervention. The theory supports an organizational

framework with six propositions (Sue et al., 1996).

Preposition 1

Preposition 1 indicates that all theories of counseling have culture specific values, assumptions, and philosophical base. The specific principles include:

1. Each theory developed within a particular cultural context will be biased when used outside of that context. Each individual must be treated in context of their issue or concern with culturally appropriate solutions.
2. The theory includes a combination of therapeutic views, including humanistic, psychodynamic and behavioral. Clients are seen as active participants in problem-solving.
3. The theory encourages respect for other cultural frameworks, as well as respect of ones own, while rejecting an overemphasis on cultural similarities or differences for clients.

Preposition 2

Preposition 2 indicates the level of interrelationships that affect the counselor and client relationship including individual, family and universal levels of experience, and various contexts including individual, family and cultural milieu. Preposition 2 includes the following principles:

1. Each person has three levels of identity; individual, group and universal. Each counselor must validate these levels of identity in the therapeutic process.
2. Cultural identity for counselor and client is dynamic, ever-changing and shaped over time. A successful counseling relationship includes recognition of commonalities between counselor and client.

3. Each individual identifies with a group that shares a theme or issue. Cultural groups should be defined outside of traditional context, including ethnicity/race, gender, socioeconomics, age, sexual orientation, etc. Recognition of the person-environment interaction is a key component of the theory.
4. Each counselor has a frame of reference that is influenced by cultural backgrounds and worldviews. This frame of reference can impact the theoretical approach and subsequent relationships with clients. Each counselor must recognize the potential for misunderstanding with regards to cultural assumptions.
5. A client's cultural affiliation and its level of importance will change over time. A counselor must interpret the changes and respond to the immediate needs of the client.

Preposition 3

Preposition 3 examines cultural identity development. The current level of cultural/racial identity for the counselor and client influences how the counselor and client define the problem, goals, and therapeutic process. Principles include:

1. Individual cultural identity is developed through a progression of cognitive, behavioral, and emotional stages. Cultural identity development is a continually growing and changing process for therapist and client. Individual and cultural differences are not the same.
2. Individual differences may include race, gender, sexuality and physical abilities, while cultural differences are established as the meaning behind individual difference. Theories of identity that exclude cultural context impacts self-concept.

3. Counselors must engage in therapy that brings awareness of an ever-expanding client cultural identity.
4. Therapy must encourage interconnectedness, including the individual, family and group, as a conception of self-in-relation and must include mutually constructed therapeutic goals and strategies in effort to combat issues of dominance and power. Power differences between groups and subsequent views of self are important to individual development.
5. Cultural identity must be understood historically and systematically through patterns of behavior creating a holistic view. Clients' views are based upon cultural assumptions learned previously. When counselor or client behavior is interpreted outside the cultural context, misinterpretations may occur.
6. Linear and non-linear approaches to therapy are used to address different cultural learned assumptions. The theory recognizes unintentional, overt and intentional racism as a danger in therapy.

Preposition 4

Preposition 4 addresses the need for culturally consistent treatment goals and modalities. Modalities and therapeutic approaches must be flexible to individual client needs. Preposition four includes these principles:

1. Universal or cultural-specific approaches to therapy may be used depending on individual needs. Theories and techniques developed for multicultural counseling must be developed through a respectful cultural frame of reference and can be learned by all therapists.
2. As a highly language-based process, recognition of the power of language in the

therapeutic relationship must be recognized.

3. Similar and dissimilar variables, including cultural affiliation and status, can impact the therapeutic process. Client preference for a culturally different or culturally similar therapist must be considered as primary. Empathy should be used in effort to recognize and acknowledge the feelings of clients.

Preposition 5

Preposition 5 incorporates prevention and system intervention into the therapeutic milieu, which can include the individual or the larger social unit in counseling.

Preposition five includes:

1. Community resources, including extended family, community members, and government officials may be considered to assist in the therapeutic process.
2. Informal methods and settings may be considered in therapy as necessary.
Counseling, as a helping profession, has existed historically in many societies. Stereotypical assumptions about the *counseling* role have created a stigma in certain cultural settings.
3. Multicultural counselors may need to revisit current ethical guidelines, which are culturally narrow in perspective.
4. Counselors need to problem solve with clients in a cultural context, which should include the family, group, or community.
5. A two-directional therapeutic approach should be adopted and include assessments on both ends of an emotional, feeling, and perspective continuum.
6. All populations, majority and minority, can benefit from assessment and diagnosis that includes a multicultural perspective.

Preposition 6

Preposition 6 includes a concept of *liberation of consciousness* which uses both non-European and Western counseling modalities. The liberation of consciousness includes the expansion of personal, family, group and organizational consciousness. Preposition six includes three principles.

1. Each client is considered in relation to his or her entire context (family, group, and organization) when counseled.
2. The therapist is a teacher to the client, teaching about underling cultural dimensions that have impacted the problem.
3. Counselors must be cognizant of Western and non-European counseling modalities and be prepared to adapt techniques to meet clients' cultural needs.

Social Learning Theory

A second theory that may be suggested in the multicultural counseling context includes Bandura's (1997) social learning and social cognitive theory of self-efficacy. Social learning theory proposes that learning occurs through active engagement with other people in everyday situations. Learning occurs through modeling, observing actions, attitudes, emotional reactions, and repetition. These actions serve as a guide for future behaviors. New behaviors are formed through a continuous reciprocal interaction between behavioral, cognitive, and environmental influences. The three components that directly impact learning through observation includes attention, memory, and motivation.

Proponents of social learning theory believe that behaviors can be modeled through words, labels, and images for retention. Individuals will most likely model behavior if the

behavior has functional value, the model is admirable, and if the outcomes of modeled behavior are desirable.

Self-efficacy is defined as the belief of one’s personal capabilities (Bandura, 1997). Social cognitive theory of self-efficacy purports that perceived self-efficacy is a determinant of action, which is determined by ascriptions of the ability and the effort or task relating to the outcome. Two components of the theory are efficacy expectancy, whether one can successfully execute outcomes, and outcome expectancy, a person’s estimate that a behavior will lead to certain outcomes (Bandura, 1993). Self-efficacy is a construct that examines whether a person believes that they are competent in performing a particular task, and the conviction that they can successfully execute certain outcomes.

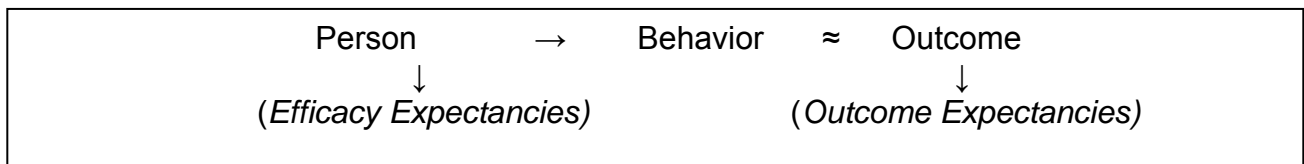


Figure 1. Efficacy and outcome expectancies.

Futhermore, Bandura (2001) suggests,

It is partly on the basis of efficacy beliefs that people choose what challenges to undertake, how much effort to expend in the endeavor, how long to persevere in the face of obstacles and failures, and whether failures are motivating or demoralizing. (p. 10)

Self-efficacy is the mediator between an individual and an individual’s behavior, and this construct is an important element in understanding behavior, motivation and expectancy. “Self-efficacy beliefs govern people’s behaviors, changes in behavior,

motivation, and affect. According to self-efficacy theory, prediction of behavior, affect and coping strategies of an individual can be determined by knowing their self-efficacy expectations” (Thiessen, 1995, p. 4). The continuum of self-efficacy ranges from low to high.“ The stronger the perceived self-efficacy, the higher goals people set for themselves and the firmer their commitment to them. Self-efficacy beliefs shape the outcomes people expect their efforts to produce” (Bandura, 2004, p. 145).

Petrovich (2004) suggested that self-efficacy theory can be applied in counselor competency in the broader context of teaching and learning with a focus on pragmatic, student-centered, counseling interventions. Research (Huff & Johnson, 1998) also suggests, that in effort to empower counseling students and increase self-efficacy, empowerment techniques must be established at the graduate school level. These techniques include respect, validation, ownership, and choice.

Fortune, Lee, and Carazos (2005) argued that student learning opportunities must be maximized towards success. It is suggested that students have the opportunity to model the learning sequence to allow for professional success. Modeling seasoned professionals allows students to examine the therapeutic process and encourages efficacy and motivation. Effective, immediate feedback is necessary also key for continual learning.

Petrovich (2004) indicates that application of self-efficacy theory can be implemented by providing practice opportunities, continuous feedback, skills training, student self-evaluation, experiential learning and practice performance opportunities, offers of peer and adult role models, and encouragement of students to manage their physiological and affective emotional states. Consistent feedback, appraisal, and acknowledgement

from professors and peers serve to influence confidence, encourage requisite ability and resilience. Considering the critical role of counselors as change agents, it is certainly appropriate that self-efficacy is a viable construct in examining school counselor competence.

For counselors and other teaching professionals, the higher the self-efficacy and perception of control and success of counselors and other teaching professionals, the more likely of engagement in teaching or counseling interventions with challenging or diverse student populations (Tucker et al., 2005). Research from Poulou and Norwich (2002) suggests, "It is argued that teachers' perceptions of the control they exercise on their students' future behavior is the most important predictor of any plans of action and any subsequent decisions which they make for these students" (p. 17).

Although self-efficacy theory can be applied to teaching and learning in counseling education, the application of the theory does not provide a substantive theory of multicultural competency and skill development. The theory is void of emphasis on theoretical orientation, value and skills in counselor training. If incorporated in a counseling program, the application of theory can be used as a tool in a more comprehensive theoretical foundation of practice.

Multicultural Counseling Competency Inventories

Several multicultural counseling competency inventories are available to assess the multicultural competency of counselors in a counseling context. These conceptually anchored inventories include the Multicultural Counseling Competence and Training Survey (MCCTS; Holcomb-McCoy & Myers, 1999), the Multicultural Counseling Inventory (MCI; Sadowsky et al., 1994), the Multicultural Counseling Awareness Scale-

Revised: Form B (MCAS; Ponterotto, Sanchez, & Magids, 1991), and the Multicultural Awareness-Knowledge-and-Skills Inventory (MAKSS; D'Andrea, Daniels, & Heck, 1991).

These four multicultural counseling competency inventories have been reviewed in literature with regard to their respective item development, indices of pragmatic utility, reliability, and validity (Kocarek, Talbot, Batka, & Anderson, 2001; Ottavi & Pope-Davis, 1994; Ponterotto & Casas, 1991; Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002; Ponterotto, Rieger, Barrett, & Sparks, 1994). The multifactorial nature of the multicultural competency construct has attributed to the need for several multicultural competency domains. Each measure uses a Likert scale to create continuous parameters within multicultural counseling domains.

The Multicultural Counseling Competence and Training Survey

The Multicultural Counseling Competence and Training Survey (Holcomb-McCoy & Myers, 1999) is a self-report measure that was developed to examine the perceived multicultural competence of counselors. The MCCTS has 32 behaviorally-stated items that address multicultural counseling curriculum, perceptions of multicultural counseling, and a self-assessment of multicultural counseling competence. Twenty-nine demographic items are also included. A factor analysis was completed and indicated 5 domains underlying multicultural competence, including multicultural knowledge, awareness, terminology, racial identity development, and skills (Holcomb-McCoy, 2005). The instrument uses a 4-point Likert-type scale: 1=Not competent, 2=Somewhat competent, 3=Competent, and 4=Extremely competent.

Reliability data are available for the MCCTS. Five factors that underlie the multicultural counseling competence items have produced internal consistency reliability coefficients of .92, .92, .79, .66, and .91, respectively. Internal consistency reliability was assessed resulting in coefficients from .85 to .97 indicating high internal consistency.

In terms of validity, consultation on the content and format of the survey was taken from diverse and veteran school counselors groups with 5, 10 and 11 years of counseling experience. In their opinion, the items were assessed as consistent with counselor's experiences that are relevant to the school environment. Exploratory techniques were used to analyze means and standards deviation for the factor scores and describe distribution, homogeneity of variance, and input errors. A multivariate analyses of variance (MANOVAs) was used to determine statistical significance of mean differences across factors of perceived competence.

The Multicultural Counseling Inventory

The MCI (Sodowsky et al., 1994) is a self-report measure developed to examine multicultural counseling competencies of counselors. The MCI is a 40-item inventory that uses four subscale areas, each purporting to measure different behavioral dimensions of multicultural and general multicultural competencies. The subscales include a composite of multicultural counseling Skills, Knowledge, Awareness, and Relationship. Counseling skills include dimensions of counseling techniques and interventions. Counseling knowledge includes the historical background, cultural heritage and sociocultural influences of diverse groups. Counseling awareness includes attitudes about race, ethnicity and culture, while counseling relationship include elements of interaction, rapport and processing (Bellini, 2002; Sue et al., 1992). The

MCI instrument was designed and conceptually grounded in the competencies listed in a report by the Education and Training Committee of the Division of Counseling Psychology of the American Psychological Association (APA, 2006).

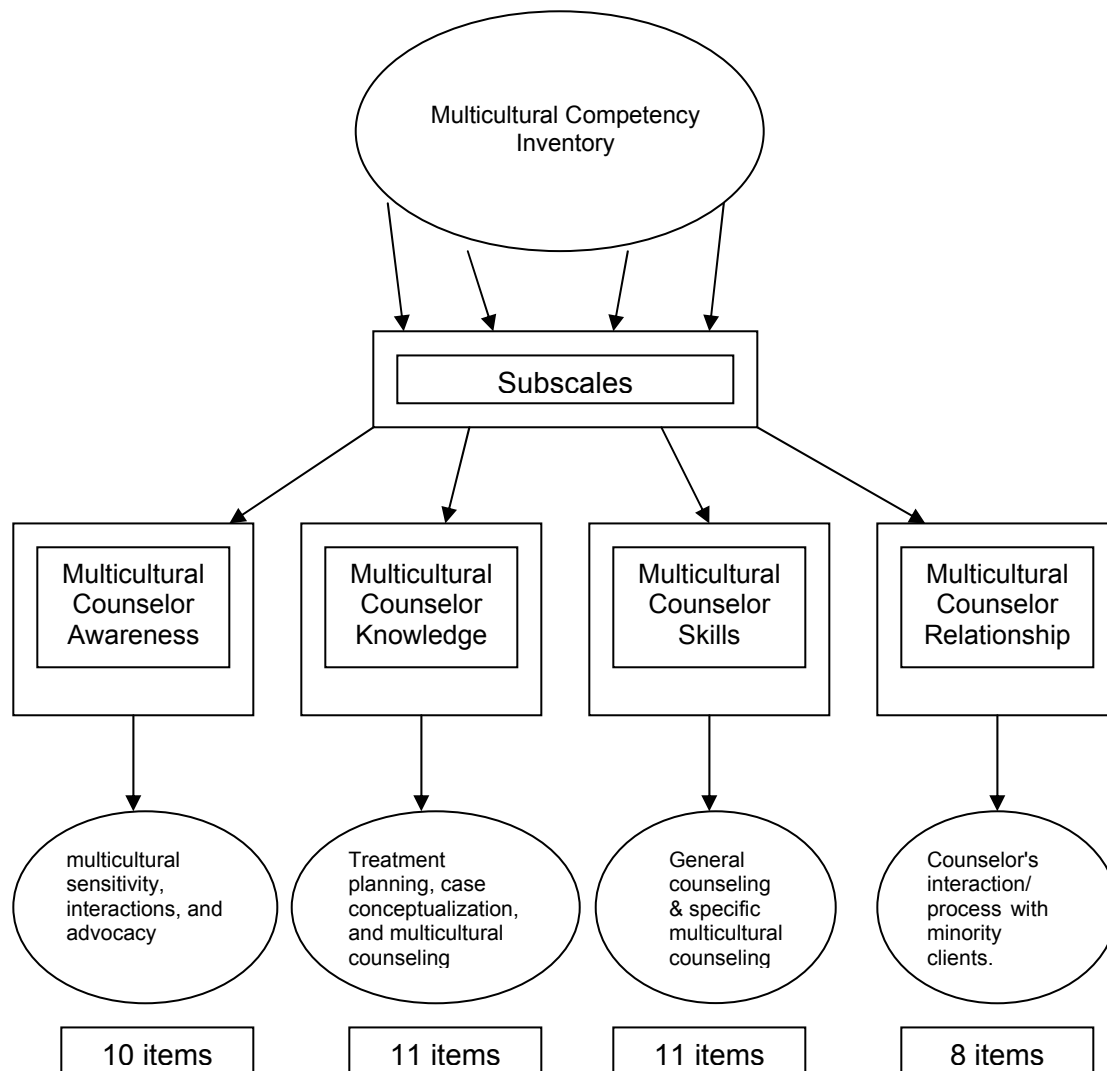


Figure 2. Subscales of the Multicultural Competency Inventory.

The Awareness subscale contains 10 items that measures counselor introspection and reflective evaluation of multicultural issues. The items specifically measure multicultural sensitivity, interactions, and advocacy. The Knowledge subscale contains behaviorally-stated items that measure counseling knowledge, encompassing theoretical knowledge in concepts, identity and worldviews, measuring treatment planning, case conceptualization, and multicultural counseling research. The Skills subscale addresses strategies and skills used in the multicultural counseling therapeutic milieu. The Skills subscale includes 11 items that measure general counseling and specific multicultural counseling skills. The Multicultural Counseling Relationship subscale includes 8 items, seven of which are reverse-scored, measuring the counselor's interaction process with minority clients (Sodowsky et al., 1994).

Counselors rate each statement as a description of how they work within the context of a multicultural counseling intervention. The instrument uses a 4-point Likert-type scale with 1 = Inaccurate, 2 = Somewhat inaccurate, 3 = Somewhat accurate, and 4 = Very accurate. The higher the total score on the subscales, the more multiculturally competent the counselor. The accumulated global score of the measure allows researchers to draw inferences to the multicultural competency of professional counselors.

Reliability data computed for the MCI (Sodowsky et al., 1994), with a sample (N = 604), indicated coefficient alphas of .83 (skills), .83 (awareness), .79 (knowledge) and .71 (relationship), with a total scale coefficient alpha of .90. Low to moderate inter-subscale correlations were calculated and ranged from $r = .23$ to $r = .52$, which indicates adequate reliability subscale uniqueness.

Similarly, Pope-Davis and Ottavi (1994), with a sample of university counselor participants (N = 220), started with an exploratory factor analysis that resulted in four factors corresponding to the four content areas (subscales) of skills, knowledge, awareness, and relationship. Internal consistency reliability was noted in each factor at .83, .79, .83 and .71, respectively, with a total score of .90. As noted, Pope-Davis and Ottavi, were able to find very similar reliability and correlation patterns to the previous study. An exploratory factor analysis was performed using the same item loadings that were obtained in the initial sample. In comparison with the study by Sadowsky et al. (1994), subscale intercorrelations of the four initial subscales showed reasonable internal consistency. Inter-subscale correlations ranged from moderate to low correlations of $r = .27$ to $r = .56$.

Content validity for the MCI was attempted through expert judgment of item content, item clarity and high interrater agreement on the names given to the subscales. Criterion-related validity evidence was demonstrated in a third study using the MCI Sadowsky et al. (1994). Graduate counseling students (N = 42), showed significant self-reported multicultural competency change from the beginning of a semester long multicultural workshop course to the conclusion of the course. In a fourth study of counseling graduate students (N = 38) multicultural training of six hours led to improved recognition of culturally *consistent* and culturally *discrepant* multicultural practices on all four subscales.

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

The MCAS (Ponterotto et al., 1991) is a self-report measure developed to measure multicultural knowledge, skills, and awareness. The MCAS is a 45-item self-assessment

inventory. The instrument uses a 7-point Likert-type scale yielding subscale scores for Knowledge, Skills and Awareness. Counselors were asked to rate responses of statements as they applied to counseling, ranging from 1 = Not at all true to 4 = Somewhat true to 7 = Totally true. Similar to the MCI, the MCAS was also designed and conceptually grounded in Sue's 1982 Competency Report listed in the Education and Training Committee of the Division of Counseling Psychology of the American Psychological Association (APA, 2005). Items were selected for the instrument by sampling 126 graduate students in counseling, employed school counselors, and national experts in the field of multicultural counseling.

Reliability data has been computed for the Multicultural Counseling Awareness Scale-Revised: Form B (MCAS) on two separate occasions in two separate studies (Ottavi & Pope-Davis, 1994; Ponterotto & Casas, 1991). Coefficient alpha in both studies were quite consistent at .93 and .94 for the knowledge/skills factor and .78 and .72 for the awareness factor, respectively.

Content validity for the MCAS was established by a review of items by experts that judged the instrument items for domain appropriateness and clarity. In the initial sample of 126 counselors, an explanatory factor analysis was initiated and four factors models were identified with a two-factor solution (knowledge/skills and awareness). The factors of Knowledge/Skills and Awareness were selected as most appropriate, and produced coefficient alpha reliabilities of .93 for Knowledge/Skills, and .78 for Awareness. A moderate positive correlation between the two subscales explained 37% of the variance shared by the two variables (Ponterotto et al., 1994).

Criterion-related validity was also established. The relationship of the instrument scores to various demographic and training variables were described using a multivariate analysis of variance, followed by univariate analysis and post hoc tests. The MCAS was found useful in differentiating between within-sample groups. Validity measures found nonsignificant correlations between the Marlowe-Crowne Social Desirability scale and each of the MCAS scales with correlations of $r = .22$ within Knowledge/Skills and $r = .00$ with Awareness.

The Multicultural Awareness-Knowledge-and-Skills Inventory (MAKSS)

The MAKSS (D'Andrea et al., 1991) is a self-report, self-administered measure which assesses the effect of instructional strategies on college students' multicultural counseling development. In the MAKSS inventory, 60 survey items are used, with an additional 8 demographic items. The MAKSS uses two 4-point Likert type scales, from 1 = Very limited to 4 = Very aware and 1 = Strongly disagree to 4 = Strongly agree. The inventory was administered to 90 graduate students that took the instrument before and after a multicultural training session. The graduate students were divided into three groups and participated in various training sessions.

The MAKSS (D'Andrea et al., 1991) was developed by examining cultural training programs identified through literature reviews. Three main components of item selection included awareness of cultural identity, knowledge about various ethnic populations, and culturally appropriate communication skills. The 60 items were then divided among the three subscales. The subscales developed by D'Andrea and colleagues were consistent with the selections made by several other instrument developers. There is limited research on the MAKSS inventory. Reliability data has been computed for the

MAKSS with coefficient alphas for the three subscales, being $r = .75$ for Awareness, $r = .90$ for Knowledge, and $r = .96$ for the Skill subscales. There was no coefficient alpha data indicated for the total scale.

Validity and Reliability

In an attempt to validate test use, validity is one of many sources of evidence needed. In studies, researchers validate the interpretation and inferences based upon test scores, not the test itself. Empirical evidence and logical argument are further needed to support the interpretations and inferences (Shepard, 1993). Construct validity indicates the extent to which the instrument includes a representative sample of skills and knowledge in a domain. In each of the instruments presented, content validation procedures were used, including; the definition of each domain, the selection of experts in the counseling field, the matching of selected items to the domains, and the interpretation of collected data. Intercorrelations for each subscale were measured prior to and after training.

Reliability is defined here as a property of the scores obtained from each of the multicultural counseling inventories. The extent of reliability evidence presented by each instrument varies. High reliability indicates that results could generally be replicated if tested again under similar circumstances. High internal consistency indicates correlations among items and consistency across the various parts of each instrument. Coefficients in the upper limit range from 0.00 and +1.00 are preferred. The relevance and magnitude of coefficients in each instrument is indicated.

Each instrument was developed to examine the self-reported multicultural competency of counselors. The instruments were designed for use by counseling

trainees and practicing professional counselors. In terms of practical application and use of the instruments, all of the instruments appear to be easily read and can be taken in a reasonable timeframe. The Multicultural Counseling Inventory (MCI; Sadowsky et al., 1994) is estimated to take 15 - 25 minutes. The Multicultural Counseling Awareness Scale-Revised: Form B (MCAS; Ponterotto et al., 1994) is estimated to take 15-25 minutes to complete. The Multicultural Awareness-Knowledge-and-Skills Inventory (MAKSS; D'Andrea et al., 1991) is estimated to take 20-25 minutes to complete. There was no evidence of estimated time of completion for the Multicultural Counseling Competence and Training Survey (MCCTS; Holcomb-McCoy & Myers, 1999). However with 32 items, quite average to the other measures, I believe that the timeframe would fall within the same range as the other measures.

There is no need for special training to take any of the inventories. There is also no need for additional equipment. The relative ease of the administration of the test and the low financial costs associated with their administration of the test, appear to make these assessment measures viable options for researchers. As with other types of surveys, researchers must understand the limitations of administering and interpreting the results of self-report measures, with the caveat that the inventories are self-reported, self appraisals of behavior or perceptions. Counselor's responses to these surveys could certainly be impacted by their desire to respond in a socially appropriate way. Counselors, as any other helping professionals, may want to appear competent and ethically sound in service delivery.

All instruments appear to have the initial qualifications for further review. However, the Multicultural Counseling Inventory (MCI; Sadowsky et al., 1994) would be best used

in this proposed study. The instrument attempts content validity through the use of expert judgment of item content, item clarity and high interrater agreement on the names given to the subscales. Validity research for the MCI has shown predictive and criterion-related validity evidence. Predictive validity for the instrument was supported after a sample of 164 counseling professionals found significant subscale and total score differences between counselors that did 50% or more of their work in multicultural counseling and those that completed less than 50% of their work in multicultural counseling. In my estimation, the MCI measure presents the most persuasive and relevant validity evidence from a psychometric perspective. Content, predictive, and criterion-related validity was documented.

Empirical Studies of Multicultural Counselor Competency

In a review of literature on multicultural counselor competency studies, evidence of the influence of demographic characteristics has been explored (Bellini, 2002; Constantine, 2001; Constantine & Gushue, 2003; Holcomb-McCoy & Myers, 1999; Ottavi & Pope-Davis, 1994; Sadowsky et al., 1998) using different multicultural competency instruments. These studies specifically include variables of multicultural counselor training (Bellini; Constantine & Gushue; Holcomb-McCoy & Myers; Manese, Wu, & Nepomuceno, 2001; Sadowsky et al., 1994; Yeh & Arora, 2003), ethnicity (Holcomb-McCoy, 1999; Ottavi & Pope-Davis, 1994; Sadowsky et al., 1998), and gender (Constantine, 2002).

In a 1994 study on self-reported multicultural counseling competency, Pope-Davis and Ottavi examined the demographic influence of variables including ethnicity, age, sex, highest degree held, percentage of work completed in multicultural counseling, and

minority group contact. Ethnicity was the only demographic variable with significant difference on three of the four competency subscales (multicultural knowledge, awareness, and relationship). Hispanic and Asian Americans showed significance increase on the Knowledge subscale than White counselors. Hispanic, Asian Americans, and African Americans showed significant increase than White counselors on the Awareness and Relationship subscales.

In a study on multicultural competence and counselor training, Holcomb-McCoy and Myers (1999) conducted a series of multivariate analysis of variance procedures to determine whether educational level, ethnicity, gender, age, or work setting could explain professional counselors' self-perceived multicultural competence. Again, ethnicity was the only independent demographic variable that was statistically significant on the knowledge, racial identity, skill, and awareness subscales. An analysis of counselors that participated in a multicultural course was also conducted. A significant difference was noted on the racial identity and knowledge dimensions between those professional counselors who had taken a multicultural counseling course and those that had not. Results of research by (Sodowsky et al., 1998), indicate that multiethnic counselors were more knowledgeable and multiculturally aware than their white counselor counterparts.

Several empirical studies have examined the impact of multicultural counselor training on counselor competency (Bellini, 2002; Holcomb-McCoy & Myers, 1999; Sodowsky et al., 1994; Yeh & Arora, 2003). Bellini reported that vocational counselors that had participated in multicultural competency workshops produced a higher overall score on the Multicultural Competency Inventory (Sodowsky et al.). Similar results on

the significance of multicultural counseling courses on perceived multicultural competence were found (Holcomb-McCoy & Myers, 1999), as a higher significant difference was found in multicultural counseling and knowledge between those counselors that had taken a multicultural counseling course and those that had not.

In a study by Constantine and Gushue (2003), prior multicultural counseling training was associated with greater case conceptualization, which included being cognizant of and integrating cultural factors in treatment. In a similar study, Yeh and Arora (2003) found that previous exposure to multicultural workshops predicts high universal-diverse orientation, which measures the awareness and acceptance of similarity and differences among individuals.

In a study of multicultural competency training, self-construal, and multicultural competence of school counselors, Constantine (2001), explored whether multicultural training was predictive of school counselors multicultural competency. Results of the study indicated that the number of multicultural competency courses was a significant predictor of multicultural competency of female school counselors further encouraging school counselor efficacy in serving diverse student groups. Similar findings occurred in a study by Bellini (2002), which indicated that female counselors scored significantly higher in multicultural competency on the knowledge skills and awareness subscales.

Using the Multicultural Counseling Awareness Scale (MCAS, Ponterotto et al., 1991), the effect of multicultural training on multicultural competency was examined (Manese et al., 2001). Findings supported previous studies and suggested that scores related to the subscales of knowledge and skills significantly increased in comparison pre-test post-test evaluations. These subscales specifically examined application of knowledge

and skill development.

CHAPTER 3

METHOD

Introduction

This chapter describes the methodology selected to examine the multicultural competency of school counselors in the Cobb County School District. This study specifically examined the relationship between ethnicity, gender, and multicultural counselor training on the multicultural competency of school counselors. Sue et al. (1996) theory of multicultural counseling and therapy provide a framework for understanding multicultural competence and selecting independent (predictor) variables for this study. The theory embodies a postmodern philosophy of social constructionism, which emphasizes reality as a socially constructed worldview and is a major paradigmatic shift from a traditional Western cultural counseling milieu to a more integrated and holistic approach. The theory purports that all learning and identity occurs in a broadly and inclusively defined cultural context. The theory requires that therapists explore the various dimensions of the human condition and culture in providing therapeutic intervention.

Over the past two decades, extensive literature (e.g., Bemak, 2005; Hobson & Kanitz, 1996; Moore-Thomas, 1998; Ponteretto & Casas, 1987, 1991; Toporek, 2001; Wallace, 2000; Weinrach & Thomas, 1998) has addressed concern over the multicultural competency of school counselors and a lack of preparation received in counselor education programs for an emerging culturally diverse student body. As the

concern for multicultural counselor competency has increased, researchers have constructed a more defined delineation of distinct dimensions and domains of competency (Sue et al., 1992).

The American Counseling Association has supported and endorsed a proposed list of multicultural counseling competencies and standards for counselors. Competencies have focused on three specific areas: knowledge of culturally different clients, skills necessary to work with culturally different clients, and awareness of personal cultural views. These specific training prepositions have also been aligned with the multicultural competencies of the Association of Multicultural Counseling and Development Standards Commission and the Division of Counseling Psychology (American Psychological Association, 2006). The Professional Standards Committee of the Association for Multicultural Counseling and Development advocates the need for culturally consistent treatment goals and modalities for clients.

Prior empirical research has indicated that ethnicity, years of experience, and gender influence the multicultural competency of school counselors on multicultural knowledge, awareness, and relationships subscales (Holcomb-McCoy & Myers, 1999; Pope-Davis & Ottavi, 1994). Empirical research has found statistically significant differences between school counselors that have participated in multicultural counselor programs and those who have not (Bellini, 2002; Holcomb-McCoy & Myers, 1999).

Design

A correlational research design was used to examine the relationship of the variables of gender, ethnicity, years of professional counseling experience, and previous multicultural competency training with global multicultural counselor competency.

Correlational research designs (Gall, Gall, & Borg, 2003) allow one to use correlational statistics to analyze the degree, direction (positive or negative), and magnitude of the relationships between variables. The advantage to correlational research is that the relationships among a large number of variables in combination of one another or singly, can be examined at the same or different points in time.

Correlational analysis does not allow for causal inference (Huck, 2000). “A correlation between A and B can mean that A is a determinant of B, that B is a determinant of A, that a third variable X determines both A and B, or that the relationship between A and B is due to some artifact” (Gall et al., 2003, p. 324). Correlational research approaches have been used in previous empirical research studies relating to the multicultural competency of counselors (Bellini, 2002; Granello & Wheaton, 1998). A multiple correlational analysis research design allowed me to examine, in combination, whether gender, ethnicity, level of education, and/or participation in multicultural counselor training, was related to a global measure of multicultural counselor competency.

Multiple regression analysis was not selected as the statistical method of analysis since the focus of this study was to examine of a relationship, not the prediction and explanation of a phenomenon (Pedhazer, 1997). Multiple regression examines the predictability of (x) predictor variables on a (y) criterion variables.

Participants

Cobb County School District (2006) is the second largest school system in Georgia. The district is on the northwestern urban fringe of Atlanta, Georgia. The student population in this district grows by approximately 2,500 students per year, and a rapid

change in student' racial and ethnic distribution has occurred over the past 5 years. Of the 102,034 students enrolled for the 2004-2005 school year, 52.45% of the student body was classified White, 28.4% Black or African American, 11.63% Hispanic or Latino, 3.86% Asian, 3.42% multiracial, and .23% American Indian, Alaska Native, Hawaiian, or other Pacific Islander. The demographics for Cobb County are similar to that of students in the state of Georgia. According to the Georgia Professional Standards Commission (2005), enrollment by race and ethnicity of Georgia students indicate that 49% of Georgia students are White, 38% are Black, 7.7% are Hispanic, 2.7% are Asian and Pacific Islander, 2% are multiracial, and .02% are American Indian and Alaskan Native.

The target population for this study included certified professional school counselors in Georgia. In fiscal year 2005, 3,519 certified elementary, middle and high school counselors were employed in Georgia Public Schools (Georgia Professional Standards Commission, 2005). Demographics of the school counselors separated by educational levels elementary, middle, and high school, indicate that school counselor were on average 45, 45.4, and 46.6 years of age, respectively. Counselors had 15.4, 15.3 and 17.1 average years of experience, respectively. Counselors were predominantly female (90%, 85.9%, and 79.9%), and White (70%, 61.3%, and 65%). Educational levels for counselors with a Master's degree were 61.3%, 64.5%, and 59%, respectively.

The Georgia Department of Education (2006) reports that elementary, middle, and high school counselors in the state of Georgia report an average of 17.4 years of experience. The majority of high school counselors are White (68.2%), with approximately one-third (30.8%) Black. The remaining 1% of counselors are classified

as American Indian, Hispanic, or multiracial. Three-fourths of school counselors (79.5%) are female. Although detailed demographic information for counselors in Cobb County were not available, information on teachers in Cobb County Public Schools suggests possible demographic similarities between school counselors in Cobb County and school counselors in Georgia.

Participants for this study were selected from professionally certified elementary (n = 132), middle (n = 56), and high (n = 77) school counselors employed within the Cobb County School District, with total eligible participants (n = 265). A simple random sample was selected from the approved Cobb County counselor participant list using a computer generated table of random numbers (Creswell, 2003). A simple random sample can yield data that can be generalized to a larger school counselor population whereby research inferences can be made (Gall et al., 2003). Once the study was approved in the district, I used Krejcie and Morgan's (1970) table to determine the sample size needed to be representative of the Cobb County school counselor population.

In determining statistical power analysis (Gall et al., 2003), sample size, level of significance, directionality, and effect size must be considered in an effort to maximize the likelihood of rejecting a false null hypothesis and aid in the interpretation of the practical significance of research conclusions. According to Cohen (1988), using an alpha level of .05, power of .80 is sufficient to guard against the chance of a Type II error.

Instrument

Several multicultural counseling competency inventories were identified including the Multicultural Counseling Competence and Training Survey (MCCTS; Holcomb-McCoy & Myers, 1999), the Multicultural Counseling Inventory (MCI; Sodowsky et al., 1994), the Multicultural Counseling Awareness Scale-Revised: Form B (MCAS; Ponterotto et al., 1994), and the Multicultural Awareness-Knowledge-and-Skills Inventory (MAKSS; D'Andrea et al., 1991). The four measures of multicultural counseling competency, including indices of utility, reliability, and validity are described in Chapter 2.

Two survey instruments, a demographic questionnaire and the Multicultural Counseling Inventory (MCI; Sodowsky et al., 1994), were mailed to school counselors in Cobb County during the scheduled 2006 pre-planning employee period. The demographic questionnaire requested information regarding each respondents' gender, ethnicity, highest degree earned, employment level (elementary, middle or high), and participation in multicultural counseling training (see Appendix D).

Gender was categorized as male and female. Ethnicity, also a categorical variable, used the same standards as federal data on ethnicity (U.S. Census Bureau, 2005), including categories of American Indian or Alaska Native, Black or African American, Asian, White, Native Hawaiian or other Pacific Islander. Level of education was measured by highest degree earned, including a master's, Specialist, or doctoral counseling degree. Participation in multicultural counselor training of school counselors included any post-masters' multicultural counselor training obtained through approved staff development courses, conferences, continued education licensure training or through attendance in post-graduate or doctoral level courses or training.

The MCI is a self-report measure developed to examine the multicultural counseling competencies of counselors. The MCI is a 40-item inventory that measures four multicultural competency domains including multicultural counseling skills, knowledge, awareness, and relationships. In previous studies using the MCI (e.g., Bellini, 2002; Granello & Wheaton, 1998; Green & Keys, 2001; Matrone & Leahy, 2005; Ponterotto, 2002; Pope-Davis & Ottavi, 1994) global composite scores as well as the four distinct subscales have been examined independently as distinct constructs of multicultural competency. Permission for the procedural use and scoring of the Multicultural Competency Inventory is attached (see Appendix E).

The Multicultural Competency Inventory (MCI) operationalizes the construct of multicultural competency, measuring counseling competencies which have been aligned with the multicultural counseling standards, supported and endorsed by the American Psychological Association (APA, 2006). The competencies focus on three specific areas; knowledge of culturally different clients, skills necessary to work with these clients, and awareness of personal cultural views. The specific competencies assessed by the MCI mirror the competencies and characteristics that have been articulated in the standards developed by Sue et al. (1992).

The MCI (Sodowsky et al., 1994) uses a 4-point Likert-type scale with 1= Inaccurate, 2= Somewhat inaccurate, 3= Somewhat accurate, and 4 = Very accurate, and was designed and conceptually grounded in the competencies identified by the Education and Training Committee of the Division of Counseling Psychology, American Psychological Association (1980). Counselors are asked to read and rate each statement as a description of how they work within the context of a multicultural

counseling intervention. The instrument is typically completed in approximately 15-25 minutes.

The Skills subscale contains 11 items that measure the use of culturally appropriate interventions. The Knowledge subscale contains 11 items that measure general counseling knowledge and specific multicultural counseling knowledge including treatment planning, case conceptualization, and multicultural counseling research. The Awareness subscale contains 10 items that measure counselor awareness of multicultural issues, specifically measuring multicultural sensitivity, interactions, and advocacy. The multicultural counseling Relationship subscale includes 8 items, 7 of which are reverse-scored, measuring a counselor's interaction process with minority clients. Summarized items of the Multicultural Competency Inventory is attached (see Appendix F).

Reliability data has been computed for the Multicultural Counseling Inventory (MCI). Reliability is defined here as a property of the scores obtained from each of the multicultural counseling inventories. High reliability indicates that results could generally be replicated if tested again under similar circumstances (Crocker & Algina, 1986). High internal consistency indicates correlations among items and consistency across responses to the various parts of the instrument.

In the initial study (Sodowsky et al., 1994), an exploratory factor analysis was completed with results from 604 counselors, revealing four factors that corresponded to the four content areas (subscales) of skills, knowledge, awareness, and relationship. Internal consistency reliability was noted in each factor at .83, .79, .83, and .71, respectively. Low to moderate inter-subscale correlations were calculated ranging from

$r = .23$ to $r = .52$, which indicates that each subscale measures a distinct aspect of multicultural competency. In this study, low to moderate inter-subscale correlations were also noted, ranging from $r = .17$ to $.51$ (see Table 3).

Table 3

Intercorrelation Subscale Matrix

	Awareness	Skills	Relationship	Knowledge
Awareness	1.00	.44**	.32**	.36**
Skills		1.00	.51**	.42**
Relationship			1.00	.17
Knowledge				1.00

**Correlation is significant at the .01 level (2-tailed).

Ottavi and Pope-Davis (1994) also examined the reliability of the MCI with a national sample of 220 university counselors. They reported very similar reliability and correlation patterns to Sadowsky et al. An exploratory factor analysis was performed using the same item loadings that were obtained in the initial sample. Internal consistency estimates in this follow up study were computed at .81, .80, .80, and .67, respectively. Subscale intercorrelations of the four initial subscales showed reasonable internal consistency, ranging from low to moderate correlations of $r = .27$ to $r = .56$. The results indicate that the Multicultural Counseling Inventory (MCI) has adequate reliability subscale uniqueness. In a review of multicultural counseling competency instrumentation (Ponterotto et al., 1994), a reliability measure indicated a total scale coefficient alpha of .90 and coefficient alphas for the subscales ranging from .71 to .81. Results from this study indicate a total scale coefficient alpha of .70.

Data Collection Procedures

This study was conducted by surveying professionally certified elementary, middle, and high school counselors employed with the Cobb County School District. I contacted

the Supervisor of Counseling Services for Cobb County to request a mailing list of school counselors during the pre-planning period for the 2006-2007 school year.

Prior to the beginning of this study, I obtained permission for the procedural use of the Multicultural Competency Inventory, completed the Institutional Review Board CITI Human Subjects Protection Training; submitted of the Institutional Review Board application; and obtained the Administrative Approval and Principal Approval from Cobb County Public Schools

The University of Georgia Institutional Review Board (IRB) requires all researchers to follow institutional regulations, professional standards, and human-subject protection provisions. I provided IRB with a full description of the MCI survey including an explanation of procedures used. Once the study was approved by IRB, each counselor received a cover letter explaining the purpose of the research and intended use of the results (see Appendix C).

Cobb County Public Schools required a two-step approval process to conduct this research. First, an application for administrative approval was required. Once administrative approval was granted in August 2006, 91 schools (elementary, middle and high) were approved to participate. I was then required to contact each school principal to gain their approval to conduct the study. After a two-week period, 47 school principals submitted an *Agreement to Participate Form* representing 125 eligible school counselors. This group represented a convenience sample of a larger, inaccessible school counselor population.

After district and principal approval, both survey instruments were mailed to school counselors in the district. Each survey was coded to allow for follow-up with non-

respondents. After a two week period, a follow-up letter and second survey was sent to nonrespondents. Using this approach, a total of 80 surveys were returned for a 63% response rate. Counselors were given the opportunity to withdraw from the study at any time without penalty. The identity of participants were held in the strictest confidence. A coding system using an identifier was used for follow-up survey and upon completion, all identifiers were destroyed.

Data Analysis

In consideration of the research objectives proposed for this study, a multiple correlation analysis was selected. The research objectives for this study were:

1. Describe demographic characteristics of professional school counselors in Cobb County.
2. Describe multicultural counselor competency.
3. Determine the relationship between school counselors' global multicultural competency and gender, level of education, ethnicity, and previous multicultural training.

The first research objective examined the demographic variables of gender, level of education, ethnicity, and years of experience for professional school counselors employed in Cobb County Public Schools. Research objective three examined the separate effects of gender, education, ethnicity, and previous multicultural training on global multicultural counselor competencies and global multicultural competency skills, knowledge, awareness and relationship.

In this study, a multiple correlation analysis was used to explore, calculate, and interpret the strength of the relationship between the four independent variables gender,

education, ethnicity, and previous multicultural competency training on global multicultural counselor competency.

Table 4

Data Analysis Approach

Question	Independent variables	Dependent variable	Analysis
1. Describe school counselors.	1. Gender (categorical) 2. Education (categorical) 3. Ethnicity (categorical) 4. Multicultural training (categorical)		Descriptive statistics (mean, standard deviation, sample distribution)
2. Describe counselor competency.		Multicultural counselor competency	Descriptive statistics (mean, standard deviation)
3. Determine the relationship between global multicultural competency and gender, education, ethnicity, and multicultural training.	1. Gender 2. Education 3. Ethnicity 4. Multicultural training	Multicultural counselor competency	Multiple correlation analysis

Independent variables are listed in Table 5 and reflect their measurement. Gender, a dichotomous variable, had a 0-1 scoring option. Ordered categorical variables, level of education and participation in multicultural training, were scored using integer scaling. Ethnicity, an unordered categorical variable, and was categorized as majority (White) or minority.

TABLE 5

Categorization of Independent Variables

Variable	Measurement
Gender	0 = Male; 1 = Female
Level of education	1 = Master's; 2 = Specialist; 3 = EdD; 4 = PhD
Ethnicity	1 = Majority (White); 2 = Minority (Other)
Participation in multicultural counseling training	1 = None, one (limited); 2 = One [Extended]; 3 = Multiple

According to Gall et al. (2003), a multiple correlational method is the most appropriate statistical method to explore the single or combined relationship between three or more independent variables. A multiple correlation analysis allowed me to calculate and interpret the strength of the relationship between variables and determine any contributions that independent variables may have on explaining the variance shared with a dependent variable (Huberty & Petoskey, 1999). The two parts of the analysis process include calculating a parameter value of correlation between variables, and then determining statistical significance.

Once data was collected, the Statistical Package for the Social Sciences (SPSS) software program was used. Multiple correlation has four essential steps (Huberty & Petoskey, 1999). The first step includes examining the results of the correlations presented in a correlation matrix, where a correlation coefficient is computed between each set of variables. The estimation of the relationship is first considered using a Pearson product-moment correlation, r_{xy} . This is a bivariate correlation procedure that establishes the range and magnitude of the relationship between variables. I used the matrix to identify independence, multivariate normality, and homogeneity across

variables. Once confident of these conditions, I then examined any undue influences of extreme values and ordering of variables.

The second step in multiple correlation analysis is to conduct a statistical test of significance of the relationships between variables, in a range of -1.00 to 1.00. An estimation of relationship is based on a multiple correlation coefficient, R , or R^2 , emphasizing the degree of variance explained in the relationship. The multiple correlation analysis recommended by Huberty and Petoskey (1999) is

$$R^2_{adj} = R^2 - \frac{P}{N - p - 1} (1 - R^2)$$

$$= 1 - \frac{N - 1}{N - p - 1} (1 - R^2)$$

(where N indicates the sample size and p indicates the number of x variables). An adjusted R^2 , R^2_{adj} , is used to reduce potential bias in estimating the relationship. Another consideration is whether the obtained value of R^2 is larger than R^2 obtained by chance. In examining an estimated proportion of shared variance above what may occur by chance, an effect size formula index may be used:

$$E = R^2_{adj} - p/(N - 1)$$

The third and fourth steps in multiple correlation analysis are interpreting the relationship between the X and Y variables and identifying the contribution of X variables. A supplemental analysis procedure employed in this study was a 5 four-variable analysis, which entailed the deletion of each variable, in turn, to determine the R^2 value of the remaining 4 variables. The variable with the largest impact is the one, when deleted, that has the largest drop in R^2 .

Since multiple tests were performed, a Bonferroni adjustment procedure was employed to reduce the risk of Type I error (Huck, 2000). This was computed by dividing the Type I error risk by the number of tests conducted. In this study, with an alpha at .05 and the number of computed correlations, $n = 4$, the Bonferroni adjustment α / N , equaled .05/4. Descriptive statistics of demographic data (gender, level of education, ethnicity, and prior participation in multicultural competency training) was also analyzed.

CHAPTER 4

RESULTS

This chapter presents the quantitative data and research findings collected and analyzed in the study of multicultural competency of school counselors. Specifically, the findings examine the relationship between school counselors' multicultural counseling competencies and gender, level of education, ethnicity, and previous multicultural competency training. Research objectives for this study were to:

1. Describe demographic characteristics of professional school counselors in Cobb County, Georgia.
2. Describe multicultural counselor competency.
3. Determine the relationship between school counselors' global multicultural counseling competency and gender, level of education, ethnicity, and previous multicultural training.

Sample

The sample for this study included certified school counselors in the Cobb County, Georgia school district. School counselors were administered two instruments, the Multicultural Competency Inventory (MCI; Sodowsky et al., 1994) and a brief demographic questionnaire (see Appendix D). The MCI is a 40-item inventory divided into four subscales, each purporting to measure different behavioral dimensions of multicultural and general multicultural competencies. The subscales include a composite of multicultural counseling skills, knowledge, awareness, and relationship.

The demographic questionnaire asked each counselor identifying information about the gender, level of education, ethnicity, previous multicultural training, and school level.

Descriptive Statistics

A multiple correlational analysis was used to determine the relationship between school counselors' global multicultural competencies and gender, level of education, ethnicity, and previous multicultural training. According to Huberty and Petoskey (1999), multiple correlation analysis is used to assess the extent of a relationship between a dependent and a collection of independent variables. A multiple correlation analysis is the most appropriate statistical method to use when exploring the single or combined relationship between three or more variables (Gall et al., 2003).

Data was analyzed using the Statistical Package for the Social Sciences (SPSS) version 11.0. Descriptive results were compiled and evaluated. Descriptive statistics note the variability among demographics among counselor respondents. The majority of counselor respondents were female; had a master's or specialist degree; were White; and had experienced some level of previous multicultural training. Table 6 displays the demographic variables for school counselors.

Table 6

Descriptive Statistics

	Minimum	Maximum	Mean	Std. Deviation
Gender ^a	0	1	.93	.27
Education ^b	1	4	1.58	.78
Ethnicity ^c	0	1	.71	.46
Previous Training ^d	1	3	2.66	.64

Note. ^aGender : 0 = Male; 1 = Female; ^bEducation: 1 = Master's, 2 = Specialist, 3 = Ed.D., 4 = Ph.D.; ^cEthnicity: 0 = Majority (White), 1 = Minority (Other); ^dPrevious training: 1= None, one (limited), 2 = One [Extended]; 3 = Multiple, N = 80.

The variability and normality of demographic variables were also graphically displayed with histograms. More variability was noted for education and previous training variables (see Figures 3 and 4).

Figure 3. Histogram of education of school counselors.

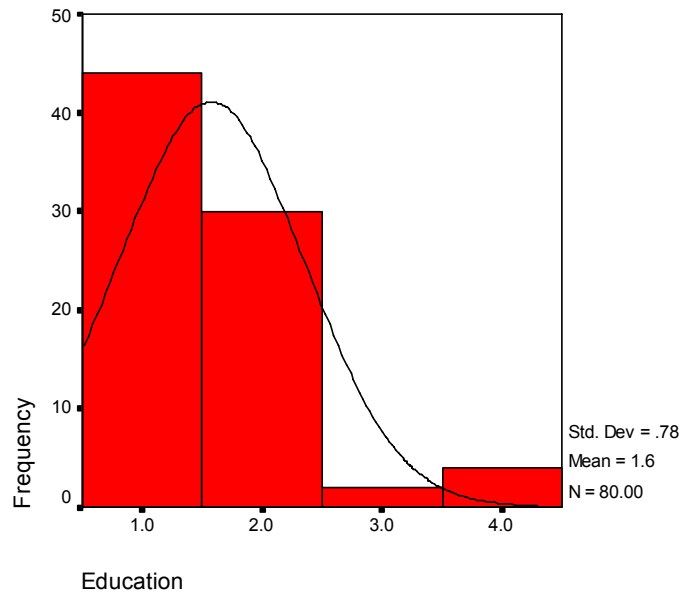
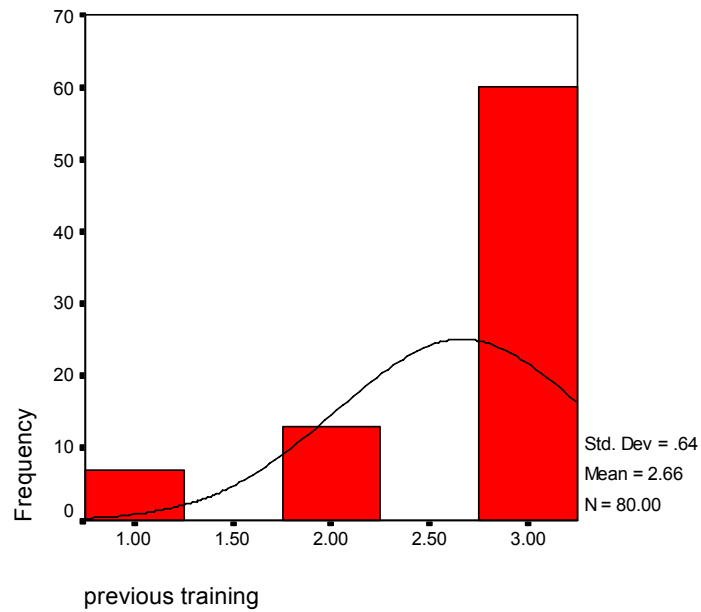


Figure 4. Histogram of previous training of school counselors.



Multiple Correlation Analysis

Multiple correlation analysis has four essential steps (Huberty & Petoskey, 1999). The first step is to examine the results of a correlation matrix to determine the range and magnitude of the relationships between independent and dependent variables. After compiling all survey responses, missing data was imputed using the average closest match mean score method. Research suggests that this imputation strategy provides a more reliable and efficacious basis for missing data imputation while producing a more complete data set (Elliot & Hawthorne, 2005).

An estimation of a relationship was considered using Spearman rho. Spearman rho is the appropriate bivariate correlational technique when variables are rank-ordered. In this study, level of education and previous multicultural competency training were both categorized from interval-level variables.

Strength of Relationship

Correlation coefficients for independent and dependent variables are presented in Table 7. The independent variables were gender, ethnicity, education, and previous multicultural competency training. The dependent variables were subscales measuring multicultural Skills, Knowledge, Awareness, and Relationship.

Table 7

Correlation Analysis Matrix

	Gender	Education	Ethnicity	Training
Awareness	-.08	.27*	-.19	.35**
Skills	.02	.10	.16	.32**
Relationship	.13	-.11	-.11	.25*
Knowledge	.19	.16	.04	.29**
Global	.05	.11	.04	.46**

**Correlation is significant at the .01 level (2-tailed).

* Correlation is significant at the .05 level (2-tailed).

The statistically significant correlation between previous multicultural training and the global competency composite was $r_s = .46$ ($p < .01$), indicating a moderate positive correlation. The degree and direction of this correlation indicates that the more multicultural training counselors receive, the higher their multicultural competency. The r^2 value indicates that 20.8% of the variance in global competency can be explained by counselors' prior training.

Correlation analysis further indicates a moderate positive correlation between previous multicultural training and the Multicultural Awareness and Skills subscales. The correlation between multicultural training and the Awareness composite was $r_s = .35$, $p < .01$. The correlation between multicultural training and the Skills composite was $r_s = .32$, $p < .01$. This correlation indicates that the more multicultural training counselors receive, the higher their multicultural competency Awareness and Skills. The r^2 values indicate that 11.9% and 10.3% of the variance in multicultural Awareness and Skills, respectively, can be explained by counselor's prior training.

Statistical Test of the Strength of the Relationship

The second step in a multicultural correlational analysis includes a statistical test of the strength of the relationship between independent and dependent variables. This estimation of relationship is based on a multiple correlation coefficient, r^2 , between a dependent variable and a linear composite of independent variables. The multiple correlation analysis is summarized by Huberty and Petoskey (1999) as

$$R^2_{\text{adj}} = R^2 - \frac{P}{N - p - 1} (1 - R^2)$$

$$= 1 - \frac{N - 1}{N - p - 1} (1 - R^2)$$

(where N indicates sample size and p indicates the number of independent variables). The use of an adjusted R^2 value is recommended to reduce potential bias in estimating relationships.

To determine the statistical strength of the relationship, a regression analysis was performed that included the four independent variables (gender, ethnicity, education, and previous training) and the dependent variable, global competency composite. A regression analysis measures the extent that variability among multicultural competency scores can be accounted for by the selected independent variables (Huck, 2000). Regression analysis results indicated a correlation between the four independent and single dependent variables, $R = .455$, $R^2 = .207$. The R^2_{adj} value for this analysis equaled .17, $F(4, 79) = 4.89$, $p < .01$. This R^2_{adj} value indicates that 16.5% of the variance in multicultural counselor competency can be explained by the composite of gender, ethnicity, education, and previous multicultural training.

Effect size was calculated to estimate the proportion of shared variance that was explained beyond what would be expected by chance.

$$\begin{aligned}d &= R^2_{adj} - (p/N-1); \\ &.165 - (4/79); \\ &.165 - .050 = .115\end{aligned}$$

Although the strength of the effect in this study is relatively small, .115, the effect value represents a 11.5% better than chance explanation of the variance between multicultural counseling competency and the linear composite of the four independent variables.

Relative Contribution of Independent Variables

The third and fourth steps in multiple correlation analysis are to first interpret the relationship between the dependent variable and the collection of independent variables, and then to determine any relative contribution of the independent variables to the relationship (Huberty & Petoskey, 1999). First, structure r , correlations between the four variables and the linear composite of the variables, are computed. The results of structure correlations (see Table 8) indicate that previous multicultural training is the most important variable in defining the construct of multicultural counselor competency. Results indicate that other variables, gender, ethnicity and education offer very little in terms of defining multicultural competency.

Table 8

Results of Structure Correlations of Multicultural Competency

Component	Structure r	Global competency-component correlation
Gender of counselor	.09	.05
Ethnicity	.07	.04
Education	.21	.11
Previous training	.89	.45

The final procedure in the multiple correlation analysis included 4 separate three-variable analyses. Each variable, when deleted, resulted in an R^2 value for the remaining 3 variables. When deleted, the independent variable which presents the largest decrease in value is the variable with the greatest relative contribution to the construct. Results of this analysis indicated that previous multicultural training produced the largest drop in R^2_{adj} when deleted, indicating the largest impact and greatest

contribution to our understanding of multicultural counseling competency. Table 9 represents that the rank of importance assigned to each independent variable deleted.

Table 9

Results of the p-1 Analysis of Independent Variables

Deleted variable	R^2	R^2_{adj}	Rank of variable
Previous training	.02	-.02	1
Education	.20	.16	2
Ethnicity	.21	.18	3
Gender	.21	.17	4

Although meaningful, correlational results do not imply cause-and-effect relationships. Huck (2000) recommends that researchers explore the coefficient of determination r_s , outliers in the data, normality as an assumption, independence, and criteria for levels of correlations.

To further consider the strength of a correlation coefficient, a coefficient of determination is often used. In this study, the $r_s = .21$. The square of the correlation coefficient of $r_s^2 = .04$. This result represents 4% of the proportion of variability associated between global multicultural competency and demographic variables.

Range of Item Responses

The Multicultural Competency Inventory (MCI; Sodowsky et al., 1994) consists of 40 questions with a range of possible item response scores from 40 to 160. Descriptive statistics for the total four subscales indicate a response pattern and range of scores from 102 to 152, which was slightly higher than expected.

The four separate subscales have a range of possible item response scores from 8 to 44, depending on the total items in the subscale. Descriptive statistics for the four separate subscales (skills, knowledge, awareness, relationship) indicated a response pattern and a range of scores from 17 to 44, with skills and knowledge subscales as the highest reported areas of competency (see Table 10). Similar results in previous studies found skills and knowledge as the highest reported areas of competency (Constantine, 2001; Holcomb-McCoy & Myers, 1999; Ottavi & Pope-Davis, 1994; Manese et al., 2001; Sodowsky et al., 1998; Yeh & Arora, 2003).

Table 10

Descriptive Data of Subscales

	N	Minimum	Maximum	Mean	Std. deviation
Relationship	80	17	32	26.96	3.35
Awareness	80	22	38	29.14	4.10
Knowledge	80	25	44	34.18	3.82
Skills	80	26	44	37.28	4.17

** Missing data was imputed with mean value averages.

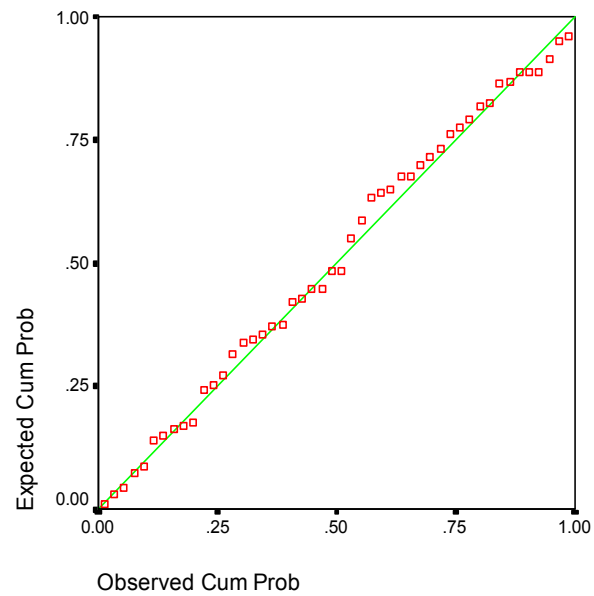
The relative uniqueness and independence of the MCI was researched by Sodowsky et al. (1994) and supports the final condition of independence found in this study. In this analysis, low to moderate inter-subscale correlations were calculated ranging in range from $r = .23$ to $r = .52$, which indicated that each subscale measured a distinct, independent aspect of multicultural competency. The findings of this study also indicate low to moderate inter-subscale correlations, ranging from $r = .17$ to $.51$.

To examine outliers and satisfy the condition of multivariate normality, four separate normality plots were examined for gender, ethnicity, education, and previous

multicultural training and a global multicultural competency standardized residual plot was developed (see Figure 8). For each plot represented, the path of the data points on the continuum indicate a linear relationship, satisfying the condition of normality.

Figure 5

Standardized residual plot for global multicultural competency



CHAPTER 5

DISCUSSION

Summary and Conclusions

The purpose of this study was to examine the relationship between gender, level of education, ethnicity, and previous multicultural training with the multicultural competency of school counselors. With rapid changes to demographic patterns in the United States, and projections for an increasingly racially and ethnically diverse student population, certified school counselors are now faced with the impact of diversification on school counseling (U.S. Census Bureau, 2005). As school counselors must now prepare themselves for the certainty of a diversified student body (Ponterotto & Casas, 1987), literature has examined the impacts of multiculturalism on school counseling competencies (Holcomb-McCoy & Myers, 1999; Schwallie-Giddis et al., 2004; Sue et al., 1992).

Along with diversification, school counselors are now also faced with addressing a wider range and depth of mental health service delivery (Lockhart & Keys, 1998) than in years past. School counselors must address the increasing social-emotional needs of students coupled with fragmented community services. As the cultural composition of clients change, school counselors have to address differences in the beliefs about counseling intervention, individual expression of symptomology or etiologies, types of acceptable interventions, and functions of a counseling milieu (Chiu, 1996).

Challenges that diversification poses for counselors and the need for the multicultural competency of professional school counselors have been addressed in the literature with regard to multicultural counseling skills, awareness, knowledge and relationships (Holcomb-McCoy & Myers, 1999; Schwallie-Giddis et al., 2004; Sue et al., 1992).

Conceptual definitions of the multicultural counselor competency construct have been examined in literature (American Counseling Association, 2006; Arrendondo et al., 1996; Ibrahim & Arredondo, 1986; Speight et al., 1991; United States Department of Health and Human Services- Substance Abuse and Mental Health Services Administration, 2006; Wallace, 2000). The American Counseling Association, 2005 Code of Ethics, describes multicultural/diversity competence as “a capacity whereby counselors possess cultural and diversity awareness and knowledge about self and others, and how this awareness and knowledge is applied effectively in practice with clients and client groups” (p. 20). Sue et al. (1992) has defined multicultural competence as the requisite ability or capacity toward effective attitudes, knowledge, and skills in working with diverse groups.

A similar description of multicultural competency “refers to preparation and practices that integrate multicultural and culture-specific awareness, knowledge, and skills into counseling interactions” (Arrendondo et al., 1996, p. 43). Ibrahim and Arredondo (1986) have suggested that culturally effective counseling requires the use of a culturally pluralistic philosophy. Multicultural competence has also been identified as “going beyond the mere possession of multicultural sensitivity to also attain an acceptable level of knowledge, a sufficient shift in attitude, and the production of a repertoire of

behaviors consistent with successfully interacting with diverse populations” (Wallace, 2000, p. 1099).

A more comprehensive description of multicultural competency has been suggested by the United States Department of Health and Human Services- Substance Abuse and Mental Health Services Administration (2006), which describes multicultural competency in the context of child and adolescent mental health treatment as the ability to demonstrate skills and knowledge and provide mental health treatment within the cultural context of clients. A redefinition of multicultural counseling suggested by Speight et al. (1991) indicates that multicultural counseling is the exploration of “unique and simultaneous influences on cultural specificity, individual uniqueness and human universality” (p. 32).

Increasingly, teachers and counselors are challenged with teaching, counseling, and illustrating competence in service delivery for a wide range of culturally and ethnically different students. As counselors face these challenges, Holcomb-McCoy (2004) suggests they may need to “alter their perceptions, learn to effectively counsel and consult with diverse populations, become knowledgeable of other cultures and the manifestations of racism, and assume the role of social change agent” (p. 182).

Counselors are now also charged with acquiring an historical frame of reference and a multicultural view versus the traditional Western counseling philosophy and monocular view of counseling (Morris & Robinson, 1996).

Counseling and psychology literature has supported the need for counselors to be skilled facilitators, clinicians, advocates, and policy-makers with a more diverse clientele (Green & Keys, 2001; Margolis & Rungta, 1986). Myriad services and client

needs certainly present a unique challenge for school counselors to meet the demands of students. With changing demographics of clients in the United States, a culturally specific and pluralistic counseling philosophy is suggested to prepare counseling professionals to provide effective counseling services and assessment techniques (Ibrahim & Arrendondo, 1986).

Differences between the construct of multicultural counseling competency and general counselor competency has been debated (Coleman, 1998; Fuertes, Bartolomeo & Matthew, 2001; Moore-Thomas, 1998; Patterson, 2004; Pedersen, 1996; Sue & Zane, 1987). Empirical research addressing the relationship between multicultural counseling competency and general counselor competency provides evidence to suggest that multicultural counselor competency and general counselor competency are two distinct, yet moderately overlapping, constructs. “While multicultural counseling competence is focused on specific skills, knowledge, and awareness that promote effective general counseling within a cultural context, effective general counseling centers on the interpersonal relationship” (Moore-Thomas, p. 20).

Fuertes et al. (2001) further differentiate the difference in general and multicultural competencies. “Multicultural competencies indicate higher order, more specified and sophisticated counseling knowledge and skills, which may be developed only after sound training in basic counseling competence” (p. 7). General competency, in comparison, has been characterized as the provision of an effective therapeutic relationship. Competent counselor qualities include respect for the client, empathic understanding, communication of empathy, respect, genuineness to the effect, and structuring (Patterson, 2004).

To address multicultural competency, a substantive theoretical counseling framework has been suggested. The theory of multicultural counseling and therapy (Sue et al., 1996) is a culture-centered metatheory of counseling and psychotherapy. The theory provides a theoretical counseling framework and is a major paradigmatic shift from a traditional Western cultural counseling perspective to a more integrated, holistic, multicultural approach. The theory adds a new eclectic dimension to traditional counseling orientations, which currently includes psychodynamic, cognitive-behavioral, and existential-humanistic therapeutic approaches.

The theory of multicultural counseling and therapy (Sue et al., 1996) embodies a postmodern philosophy of social constructionism, which emphasizes reality as a socially constructed worldview and includes cultural relativism, a sociopolitical position, and social-systems and ecological approach, with a participant-focused methodology.

Multicultural Competencies of School Counselors

Over the past two decades, extensive literature (e.g., Bemak, 2005; Hobson & Kanitz, 1996; Moore-Thomas, 1998; Ponterotto & Casas, 1987, 1991; Toporek, 2001; Wallace, 2000; Weinrach & Thomas, 1998) has addressed concern over the multicultural competency of school counselors and a lack of preparation received in counselor education programs for a culturally diverse student body. Ponterotto and Casas (1987) have examined the mental health needs of a changing society and referenced evidence of the widespread ineffectiveness of counselors working with diverse minority groups. Pope-Davis and Ottavi (1994) also report that multicultural counseling has been ineffective due to the absence of organized, integrated, culturally appropriate counseling skills.

As the concern for multicultural counselor competency has increased, researchers have identified distinct dimensions and domains of the construct (Sue et al., 1992). Sue et al. (1982) delineated three components of multicultural counselor competency including beliefs/attitudes, knowledge, and skills. The beliefs and attitudes component challenges counselors to become aware of their worldviews and assumptions of human behavior. The knowledge component suggests that counselors must understand their clients' worldviews and the sociopolitical influences in the lives of their clients. The skills component encourages counselors to practice appropriate treatment modalities and intervention techniques for culturally diverse clients (Sue et al., 1992).

Professional counseling agencies and associations have endorsed the proposed list of multicultural counseling competencies and standards for counselors. The American Counseling Association and the Professional Standards Committee of the Association for Multicultural Counseling and Development has supported the training prepositions which have been aligned with the multicultural competencies of the Association of Multicultural Counseling and Development Standards Commission and the Division of Counseling Psychology (American Psychological Association, 2006).

The selection of variables for this study was a direct result of reviewing the literature on multicultural counselor competency (Bellini, 2002; Constantine, 2001; Constantine & Gushue, 2003; Holcomb-McCoy & Myers, 1999; Ottavi & Pope-Davis, 1994; Sadowsky et al., 1998). Past studies have specifically included variables of multicultural counselor training (Bellini, 2002; Constantine & Gushue, 2003; Holcomb-McCoy & Myers, 1999; Manese et al., 2001; Sadowsky et al., 1994; Yeh & Arora, 2003), ethnicity (Holcomb-

McCoy, 2004; Ottavi & Pope-Davis, 1994; Sadowsky et al., 1998), and differences in gender on multicultural counselor competencies (Constantine, 2002).

In recent years, several empirical studies have examined the impact of multicultural counselor training on counselor competency (Sadowsky et al., 1994; Yeh & Arora, 2003). Bellini (2002) reported a significant correlation between vocational counselors with previous participation in multicultural competency workshops with multicultural counselor competency (Sadowsky et al.) Similar results showing the influence of multicultural counseling courses on perceived multicultural competence were found by Holcomb-McCoy and Myers (1999). They reported significant differences and a positive correlation in racial identity and knowledge between counselors that had taken a multicultural counseling course and those that had not.

In a study of multicultural competency training, self-construal, and multicultural competence of school counselors, Constantine (2001) explored whether multicultural training was predictive of school counselors' multicultural competency. Results indicated that the number of multicultural competency courses was a significant predictor of multicultural competency of female school counselors further encouraging school counselor efficacy in serving diverse student groups.

Using the Multicultural Counseling Awareness scale (MCAS; Ponterotto et al., 1991), the effect of multicultural training on multicultural competency was examined by Manese et al. (2001). Their findings supported previous studies and suggested that scores related to the subscales of knowledge and skills significantly increased with training in comparison pre-test post-test evaluations. These subscales specifically examined application of multicultural knowledge and skill development.

In a study by Constantine and Gushue (2003), prior multicultural counseling training was associated with greater case conceptualization, including being cognizant of and integrating cultural factors in treatment. In a similar study, Yeh and Arora (2003) found that previous exposure to multicultural workshops predicted high universal-diverse orientation, which measures the awareness and acceptance of similarities and differences among individuals.

Conclusion

Results indicated a significant, albeit moderate, statistical relationship between previous multicultural training and global multicultural counseling competency. Previous multicultural training accounted for 20.8% of the variance in multicultural counselor competency. The degree and direction of this correlation indicates that the more multicultural training counselors receive, the higher their multicultural competency.

Further results of the correlation analysis further indicated a moderate degree of positive correlation between previous multicultural training and the Multicultural Awareness and Skills subscales. Multicultural training accounted for 11.9% and 10.3% of the variance in multicultural awareness and skills, respectively.

Results also revealed a range of item responses that fell above the mean average of scores on the MCI. School counselors in this school district reported higher than average multicultural counseling competency. The descriptive statistics for the four separate subscales (Skills, Knowledge, Awareness, Relationship) further indicated a response pattern and a range of scores from 17 to 44, with Skills and Knowledge subscales as the highest reported areas of competency.

Based on the previous literature review (e.g., Holcomb-McCoy, 2004; Ottavi & Pope-Davis, 1994; Sodowsky et al., 1998), I expected to see a statistical significance noted for global multicultural competency and variables gender and ethnicity. In review of the four separate 3-variable analyses, gender and ethnicity presented minimal decrease in the R^2_{adj} when deleted, indicating the least relative contribution to understanding the construct of multicultural competency.

Delimitations

There are three important delimitations, social desirability, sample composition, and causality, affect the interpretations of research findings, and are addressed.

Social Desirability

Research suggests that multicultural self-rating instruments may be subject to minimal distortions because of the desire of respondents to appear socially, professionally, and ethically responsible. In separate studies by Granello and Wheaton (1998) and Sodowsky et al. (1998), researchers found small, but statistically significant correlations between the Multiculturally Competency Inventory (MCI) and the Marlowe-Crowne (1960) Social Desirability scale, and the MCI and the Multicultural Social Desirability scale (Sodowsky et al., 1998). These studies suggest that counselors may select responses that are perceived as socially and ethically appropriate, which would substantiate a higher level of competence. Although there was no direct evidence that social desirability influenced the selection of responses in this study, I did feel that social desirability should be addressed as a potential factor of influence.

Sample Composition

Descriptive data indicated the characteristics and variability among the

demographics of counselor respondents. The majority of counselor respondents were female, had a Master's or Specialist degree, were White, and had experienced some level of previous multicultural training.

Participants for this study were selected from a convenience sample. Permission from the school district and school principals impacted the accessibility of school counselors in the district. A convenience sample limits this study from being generalized to a larger school counseling population in the state of Georgia.

Causality

A multiple correlational analysis was used in this study to determine the relationships between school counselors' multicultural competencies and gender, level of education, ethnicity, and previous multicultural training. A multiple correlational analysis was selected since the focus of this study was to measure the direction and strength of any relationship between two or more variables. A delimitation to using correlational analysis is that one can not make causal inferences from the results. Although a relationship may be considered statistically significant through a multiple correlation analysis, there may be other variables that could be considered as alternate explanations of the phenomena.

Implications of Findings

Over the years, school counseling programs have evolved alongside economic, social, and political changes. Counselors are now charged with the distinct responsibility of providing support, skills, and resources relating to academic performance and social development to all students. From a theoretical perspective, traditional counseling approaches have not been effective when used with ethnically diverse populations

(Bemak, 2005; Hobson & Kanitz, 1996; Moore-Thomas, 1998; Ponterotto & Casas, 1991; Toporek, 2001; Wallace, 2000; Weinrach & Thomas, 1998). School counselors must now have a command of knowledge and a multidimensional system of service integration important for student success (Keys et al., 1998).

Outcomes of this study may increase interest and awareness of the changing dynamics of student groups in Cobb County and can have important training implications. Toward a practical application, results of this study emphasize the impact of multicultural training particularly on distinct multicultural competency subscales of multicultural Awareness and Skills. Thus, previous multicultural training is a key factor in determining the self-perceived multicultural competency of school counselors. An expansion of multicultural counselor training for school counselors is indicated. Further exploration into the multicultural counselor competency of school counselors in Cobb County may lead to an expansion and enrichment of staff development training programs dedicated to diversity and competency training, continued discourse relating to multicultural competency of school counselors, and the critical reflection of the theoretical counseling practice.

Recommendations for Future Research and Practice

Collectively, research by Bellini (2002), Constantine (2001), Constantine and Gushue (2003), Holcomb-McCoy and Myers (1999), Manese et al. (2001), and Yeh and Arora (2003) found similar levels of significance in support for the results presented in this study, and further support the theoretical framework of multicultural counseling and therapy. As an emphasis to school counseling, results of this study may serve as an impetus to future integrative multicultural competency approaches to school counseling

and intensive clinical training focusing on the dimensions of multicultural school counseling skills, knowledge and awareness.

Recommendations for future research and practice include continued research in the therapeutic outcome criteria related to multicultural competency; the exploration of multicultural training modalities to examine which approaches may be considered most appropriate for school counselors; and expanded research on the content of multicultural competency courses, with particular emphasis on multicultural skills, awareness, knowledge and relationship components. Continued empirical research in these areas will strengthen and advance the understanding of training and competency in relation to consumer outcomes. It may also be beneficial to further research examining client perspectives on school counselor competencies. This perspective could add greater insight to a complex phenomenon.

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APPENDIX A

COBB COUNTY PUBLIC SCHOOL ADMINISTRATIVE RESEARCH APPROVAL



**cobb
county
public
schools**

BOARD OF EDUCATION

Teresa Plenge, Ph.D., *Chairman*
Curt Johnston, *Vice-Chairman*
Lindsey Tippins
Betty Gray
Laura Searcy
Johnny Johnson
Kathleen Johnstone

SUPERINTENDENT

Fred Sanderson

September 18, 2006

Ms. Andrea Hayden-Davis
2091 Oakvale court
Kennesaw, GA 30152

Dear Ms. Hayden-Davis:

Your research project has been approved. Listed below is the school where approval to conduct the research is complete. Please work with the school administrator to schedule administration of instruments or conduct interviews.

Acworth Elementary School
Awtrey Middle School
Barber Middle School
Big Shanty Elementary School
Brumby Primary School
Campbell Middle School
Cheatham Hill Elementary School
Clarkdale Elementary School
Clay Elementary School
Compton Elementary School
Dowell Elementary School
East Cobb Middle School
Fair Oaks Elementary School
Frey Elementary School
Griffin Middle School
Harmony Leland Elementary School
Harrison High School
Hayes Elementary School
Hightower Trail Middle School
Kemp Elementary School
LaBelle Elementary School
Lewis Elementary School
Lost Mountain Middle School
Lovingood Middle School
Mableton Elementary School

McCall Primary School
McClure Middle School
Norton Park Elementary School
Pebblebrook High School
Pine Mountain Middle School
Pitner Elementary School
Powder Springs Elementary School
Powers Ferry Elementary School
Russell Elementary School
Sedalia Park Elementary School
Sky View Elementary School
Smitha Middle School
Sope Creek Elementary School
South Cobb High School
Still Elementary School
Tapp Middle School
Teasley Elementary School
Timber Ridge Elementary School
Varner Elementary School
Vaughan Elementary School
Walton High School
Wheeler High School

A community with a passion for learning!

Post Office Box 1088 • Marietta, Georgia 30061 • Telephone: (770) 426-3300

Should modifications or changes in research procedures become necessary during the research project, changes must be submitted in writing to the Office of Accountability prior to implementation. At the conclusion of your research project, you are expected to submit a copy of your results to this office. Research files are not considered complete until results are received. If you have any questions regarding the process, contact our office at 770-426-3407.

Sincerely,

A handwritten signature in black ink, appearing to read "Judith A. Jones". The signature is written in a cursive style with a large, stylized initial "J".

Dr. Judith A. Jones
Assistant Superintendent
Office of Accountability

APPENDIX B
INSTITUTIONAL REVIEW BOARD APPROVAL



The University of Georgia

Office of The Vice President for Research
DHHS Assurance ID No. : FWA00003901

Institutional Review Board
Human Subjects Office
612 Boyd GSRC
Athens, Georgia 30602-7411
(706) 542-3199
Fax: (706) 542-5638
www.ovpr.uga.edu/hso

APPROVAL FORM

Date Proposal Received: 2006-06-14

Project Number: 2006-10859-0

Name	Title	Dept/Phone	Address	Email
Ms. Andrea Hayden-Davis	PI	Workforce Development, Leadership And Social Foundations	2091 Oakvale Court Kennesaw, GA 30152 678-640-8447	zooed8@cs.com
Dr. Jay W. Rojewski	CO	Occupational Studies 210 Rivers Crossing +4809 542-3132		rojewski@uga.edu

Title of Study: Multicultural Counseling Competency of School Counselors

45 CFR 46 Category: Administrative 2

Parameters:

Waiver of Signed Consent 46.117 (c) (2);
Approved for Institutions with Authorization Letters on File;

Approved : 2006-08-03 Begin date : 2006-08-03 Expiration date : 2011-08-02

NOTE: Any research conducted before the approval date or after the end data collection date shown above is not covered by IRB approval, and cannot be retroactively approved.

Change(s) Required for Approval:

Revised Application;
Revised Consent Document(s);

Number Assigned by Sponsored Programs:

Funding Agency:

Form 310 Provided: No

Your human subjects study has been approved.

Please be aware that it is your responsibility to inform the IRB:

- ... of any adverse events or unanticipated risks to the subjects or others within 24 to 72 hours;
- ... of any significant changes or additions to your study and obtain approval of them before they are put into effect;
- ... that you need to extend the approval period beyond the expiration date shown above;
- ... that you have completed your data collection as approved, within the approval period shown above, so that your file may be closed.

For additional information regarding your responsibilities as an investigator refer to the IRB Guidelines.

Use the attached Researcher Request Form for requesting renewals, changes, or closures.

Keep this original approval form for your records.

Chairperson or Designee,
Institutional Review Board

APPENDIX C

LETTER TO COBB COUNTY SCHOOL DISTRICT SCHOOL COUNSELORS

August 1, 2006

Dear Cobb County School Counselor:

Under the supervision of my Doctoral Chairperson, Dr. Rojewski, University of Georgia, I am conducting a study on the multicultural counseling competency of school counselors.

In order to conduct this study, I am collecting data from school counselors employed in the Cobb County School District. I will invite each school counselor to voluntarily participate in this study. Each participant will be asked to complete a demographic survey and one inventory, and mail their responses back to me within one week using the enclosed self-addressed, stamped envelope.

The questionnaire will take approximately 20 minutes to complete. Each questionnaire will be identified by a code number in effort to follow-up with persons who have not completed the survey. Once the follow-up is complete, my list of identifiers will be destroyed. All information gathered in connection with this study will remain strictly confidential and results will not be released on any individually identifiable form.

It is my hope that you will participate in my study. I am hoping that the data collected will lead to future integrative approaches in school counseling and intensive clinical training in school counseling. If you choose to participate, please complete the survey enclosed in this letter, and mail it back to me using the enclosed envelope.

I will be happy to answer any further questions in regards to the study by telephone at 678-640-8447.

I appreciate your attention in considering participation in this study.

Sincerely,

Andrea M. Hayden-Davis, Doctoral Student
Department of Workforce Development, Leadership and Social Foundations
University of Georgia

APPENDIX D
DEMOGRAPHIC QUESTIONNAIRE

**Multicultural Competency of School Counselors
Demographic Questionnaire**

The information in this demographic questionnaire is confidential and will not be disclosed to anyone outside of this research study.

1. Gender: Male _____ Female _____

2. What is the highest level of education that you have obtained? (please circle)

(1) Master's degree

(2) Specialist in Education (Ed.S.)

(3) Ed.D.

(4) Ph.D.

3. Ethnicity (please circle)

(1) American Indian or Alaska Native

(2) Black or African American

(3) Asian

(4) White

(5) Native Hawaiian or Other Pacific Islander

4. Have you attended multicultural staff development courses, graduate or post graduate courses, licensure or independent classes? Yes _____ No _____

If yes, what was the nature of the training? Limited (1/2 day training) _____ or Extensive (full day or multiple day training) _____

5. Which school level are you employed? Elementary ____ Middle ____ High ____

APPENDIX E
PERMISSION FOR PROCEDURAL USE OF THE MULTICULTURAL COMPETENCY
INVENTORY

Antioch New England **GRADUATE SCHOOL**

Gargi Roysircar-Sodowsky, Ph.D.
Director, Multicultural Center for Research and Practice
Department of Clinical Psychology

40 Avon Street
Keene, NH 03431-3516
(603) 357-3122 ext. 342
FAX (603) 357-0718
E-mail:
g_roysircar-sodowky@antiochne.edu

Thank you for your purchase of the Multicultural Counseling Inventory (MCI). I have enclosed the instrument for your use as outlined in the Agreement for Procedural Use.

For scoring purposes, I employed a Likert scale with values of 1 through 4, with 4 indicating high multicultural competence, and 1 indicating poor multicultural competence. Item numbers 1, 2, 4, 5, 10, 15, and 19 are to be reversed. Listed below are the specific subscales and the items included in each:

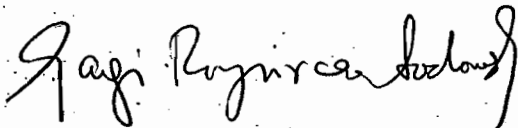
Subscale one, Multicultural Counseling Skills, consists of 11 items: 18, 20, 21, 24, 26, 35, 36, 37, 38, 39, and 40.

Subscale two, Multicultural Awareness, consists of 10 items: 22, 25, 27, 28, 29, 30, 31, 32, 33, and 34.

Subscale three, Multicultural Counseling Relationship, consists of 8 items: 1, 2, 3, 4, 5, 10, 15, and 19.

Subscale four, Multicultural Counseling Knowledge, consists of 11 items: 6, 7, 8, 9, 11, 12, 13, 14, 16, 17, and 23.

Good luck on your research.



5/23/06

Sincerely,

Gargi Roysircar-Sodowsky
Professor

APPENDIX F

SUMMARIZED ITEMS OF THE MULTICULTURAL COMPETENCY INVENTORY (MCI)

Summarized Items of the Multicultural Counseling Inventory

Multicultural Counseling Skills	Multicultural Awareness Knowledge	Multicultural Counseling Relationship	Multicultural Counseling
Possesses general counseling skills and proficiencies	Embraces life experiences and professional interactions of a multicultural nature	Comfortable with minority client's differences	Possesses a pluralistic worldview
Utilizes multiple methods of assessment	Advocates against barriers to mental health services	Confident in facing personal limitations	Examines own cultural biases
Able to differentiate between needs for structured vs. unstructured therapies	Has an awareness of diverse racial, cultural, and ethnic, minority groups	Sensitive to client mistrust	Self-monitors and self-corrects
Understands own philosophical preferences/worldview	Is aware of legalities regarding visa, passport, green card, and naturalization.	Understands countertransference and/or defensive reactions with minority clients	Uses innovative approaches and methods
Able to retain minority clients	Has knowledge of and tolerance for nonstandard English	Sensitive to difficulties based on cognitive style	Familiar with current trends and practices
	Draws on multicultural consultation and training resources	Strives to avoid stereotyped and biased case conceptualization	Understands impact of acculturation
	Problem solves in unfamiliar settings	Understands minority client-majority group comparisons	Utilizes research on minority client preferences
	Has increasing multicultural caseload	Knows how differences in worldviews affect counseling	Sensitive to within-group differences
			Minority identity development considered in referrals or consultation
			Includes demographic variables in cultural understanding
			Integrates sociopolitical history into client conceptualization

Note. From Multicultural Counseling Competencies 2003: Association for Multicultural Counseling and Development (p.20) by Roysrcar, G., Arrendondo, P., Fuentes, J., Ponterroto, J., Toporek, R. New Hampshire: American Counseling Association. Copyright 2003 by Association for Multicultural Counseling and Development. Reprinted with permission from Gargi Roysrcar.