

MULTICULTURAL COUNSELING COMPETENCIES AT A HISPANIC-SERVING INSTITUTION

by

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(Under the Direction of Edward Delgado-Romero)

ABSTRACT

Due to the rapidly changing demographics of the United States over the years, the field of psychology has drawn attention to multicultural issues and the importance of training programs needing to provide training experiences that facilitate the development of culturally competent counselors (Ahmed, Wilson, Henriksen, & Jones, 2011). The goal of this study was to look at how one particular graduate program at a Hispanic-Serving Institution in San Antonio, Texas addresses multicultural competence in its students, who are predominately Latinx, to help meet the mental health needs of a traditionally underserved Latinx population. Specifically, the researcher examined (1) whether there was a relationship between participants' ethnicity and levels of multicultural competence; and (2) whether ethnic identity, additional multicultural coursework, and greater exposure to racial/ethnic minorities predicted higher levels of multicultural competence. The sample for this study consisted of 80 participants who were graduates of Our Lady of the Lake University's Masters in Psychology program. Participants included 67 females and 13 males, 51 of whom identified as Latinx, ranging in age from 25 to 66. All participants completed a demographic questionnaire, the Multicultural Counseling Inventory (MCI), and the Multigroup Ethnic Identity Measure (MEIM). The present study found

that there were no differences in regards to ethnicity and multicultural counseling competencies. Results also found that ethnic identity and number of multicultural courses predicted higher levels of multicultural competence as measured by the MCI total score and knowledge subscale, but exposure to working with racial/ethnic minorities was not a predictor. Ethnic identity was found to be a significant predictor of higher levels of multicultural competence when it came to multicultural skills, awareness, and relationship, but number of multicultural courses and exposure working with ethnic minorities was not a predictor in these subscales. Most studies regarding multicultural competence have been conducted using data from a predominately White student population. This study further adds to the literature regarding multicultural competence with a more diverse sample, as more than half of the participants self-identified as Latinx or Hispanic.

INDEX WORDS: Latinx, multicultural competence, culturally sensitive, ethnic identity, Multicultural Counseling Inventory, Multigroup Ethnic Identity Measure, Hispanic-Serving Institution

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INSTITUTION

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DEDICATION

Esto está dedicado con mucho cariño a mis papás, Miguel y Lupita, y a mi hijo, Joseph C. Diaz. A mi hijo: Sé que muchas cosas no fueron fáciles para ti mientras yo acababa esta última etapa de mi escuela. Te doy las gracias por tu paciencia, por quererme, y por acompañarme en este viaje de mi doctorado.

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CHAPTER 1

Introduction

Data from the 2010 Census Bureau shows that 43% of the United States population identifies as a member of one, or more than one, racial minority group. These demographic changes are a result of the influx of immigrants, declining birth rates among Whites, and higher birth rates for certain racial and ethnic minority groups. The 2010 U.S. Census shows that one in eight U.S. residents are immigrants from Latin America and Asia, with 53% of immigrants coming from Latin American countries followed by 28% from Asian countries. More than half of the growth population in the United States has been due to the growth in the Latinx population, which as of 2016 makes up 17.8% (57.5 million) of the total U.S. population. It is projected that by the year 2042, Whites will no longer make up the majority of the population. Due to the rapidly changing demographics of the United States over the years, the field of psychology has drawn attention to multicultural issues and the importance of training programs needing to provide training experiences that facilitate the development of multiculturally competent counselors (Ahmed et al., 2011).

Psychological theories and concepts have been developed predominately from a Euro-American point of view and from generalization of research results that have been conducted with mostly White, middle-class participants (Robinson & Morris, 2000). This inappropriate ethnocentric tendency has led to inaccurate assessment results, misdiagnosis, assignment of more severe diagnoses, and inappropriate treatment of racial and ethnic minorities. Discussions regarding the ethical dilemmas surrounding counselors who were not culturally competent

working with diverse populations eventually led to proposed ethical standards focusing on providing culturally appropriate services and formal training on cultural differences in the Association of Counseling and Development (Ibrahim & Arredondo, 1986). The proposed ethical standards emphasized the importance of multiculturalism in the areas of counselor preparation, practice, assessment, and research in order to meet the needs of traditionally underserved and underrepresented populations. Specifically, Ibrahim and Arredondo (1986) stated that their proposed standards would help the counseling profession prepare culturally effective counseling professionals, provide ethical and effective counseling services to ethnic minorities, use culturally appropriate assessment techniques, and conduct culturally appropriate research.

The American Psychological Association's (APA) inclusion of multiculturalism was initially discussed in its *Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations* (APA, 1990) as well as the *Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists* (APA, 2002). The new multicultural guidelines (APA, 2017) have ten guidelines to incorporate in the areas of practice, research, consultation, and education (including supervision). The Council for Accreditation of Counseling and Related Educational Programs (CACREP) lists social and cultural diversity issues as a requirement for CACREP accredited masters and doctoral level programs, meaning multicultural coursework must be offered as part of the training curriculum, while APA accredited programs must address diversity issues in training (APA, 2002). Also, the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) requires COAMFTE accredited programs prepare students to be culturally aware, competent and systems-oriented therapists, researchers, and educators.

Even with the increased attention to multicultural competence, a content analysis of the 20 years of research on multicultural counseling shows that multicultural counseling competencies are typically discussed rather than investigated in research (Worthington, Soth-McNett, & Moreno, 2007). Similarly, Arredondo and colleagues (2005) found that 47% of the articles they reviewed in the *Journal of Counseling and Development* dealing with multicultural counseling issues were quantitative or qualitative (i.e., empirical). Studies have looked at multicultural competencies in both counseling and clinical psychology graduate students with few studies looking at specific graduate programs, leaving a gap in research when it comes to multicultural counseling competencies in training programs. Research shows that counseling psychology students tend to identify themselves as more culturally competent than clinical psychology students, suggesting that either students in these programs have varying experiences or exposure to working with diverse populations or that the question is being answered differently by the participants (Quintana & Bernal, 1995; Sehgal et al., 2011). These differences could also be attributed to the manner in which counseling and psychology programs treat multicultural issues. Whereas clinical psychology tends to focus on psychopathology, counseling psychology tends to use a strengths-based approach while taking into account an individual's environmental context to understand the cause of that person's problems. Even so, in similar studies, results have shown that students who identified as racial or ethnic minorities were assumed to have higher levels of perceived multicultural competence when compared to White students (Pope-Davis, Reynolds, Dings, & Nielsen, 1995).

Statement of the Problem

Although APA emphasizes multiculturalism in curriculum and training in psychology programs, there is insufficient research evaluating multicultural training or multicultural

competence in individual programs across the country. Such research is needed to examine the different training models and interventions being used by programs, as well as the effectiveness of multicultural training. More importantly, the results from such research will help determine which training interventions are most effective and which efforts help create culturally sensitive mental health professionals (Pope-Davis, Reynolds, Dings, & Nielson, 1995)

Purpose of the Study

The purpose of this study is to examine the perceived multicultural counseling competences of master's level students that have graduated from Our Lady of the Lake's Psychology program located in San Antonio, Texas, many whom identify as Latinx. The gathering of such data will help provide information on strengths of the program as well as areas for continued growth in the area of multicultural training, especially as it relates to Latinx students. Sue, Arredondo, & McDavis (1992) described all individuals to be "racial, ethnic, and cultural beings," (p. 72) and that all forms of counseling are cross-cultural. However, for purposes of this study, multicultural counseling refers to counseling racial and ethnic minority groups (e.g. African Americans, Latinx people).

Our Lady of the Lake University

Our Lady of the Lake University (OLLU) is a small, Catholic, private university located in San Antonio, Texas. As of the Fall 2018 semester, it had a total student population of 3,149, of which 1,730 are graduate students. San Antonio is the second most populous city in Texas with a population of 1.3 million, 63.2% of whom identify as Hispanic/Latinx, 26.6% as White, 6.9% as African American, 3.4% as two or more races, 2.4% as Asian, 0.9% as Native American, and 0.1% as Native Hawaiian or Pacific Islander (U.S. Census Bureau, 2010). OLLU was founded in 1895 by the Congregation of Divine Providence and offers bachelor's degrees in 56 areas of

study, master's degrees in 21 areas of study, and doctorates in Counseling Psychology and Leadership Studies. It is a Hispanic Serving Institution with Latinx students making up 60% of the student body, followed by White (17.1%), Black or African American (13.9%), Asian (0.8%), American Indian or Alaska Native (0.5%), Native Hawaiian or Pacific Islander (0.2%), and two or more races (1.4%).

The Department of Psychology began by offering undergraduate degrees followed by the development of the master's degree program in the 1980's. OLLU offers a Master of Science in Psychology degree with concentrations in Marriage and Family Therapy (MFT) and School Psychology, and a Doctorate of Psychology (Psy.D.) in Counseling Psychology. The MFT concentration consists of 60 semester hours, School Psychology consists of 66 hours, and the Psy.D. program consists of 118 hours. The MFT degree program has been accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) since 2014, which allows graduates to seek employment as Marriage and Family Therapists within the federal government. The doctoral program began admitting students in the fall of 1990 and has been fully accredited by APA since 1995.

At the time of this study there were fifteen faculty members teaching the master's and doctoral level courses. Graduate students who are proficient in Spanish may elect to obtain the Psychological Services to Spanish Speaking Populations (PSSSP) certificate and there is also an Assessment Specialty in Autism certificate. The curriculum for the PSSSP certificate was initially developed in 1997 as three graduate-level courses and three semesters of practicum in a Spanish-speaking setting for students in our master's and doctoral programs in psychology as a subspecialty certificate program (Biever et al., 2002). The goal of the PSSSP program was to produce mental health practitioners who are equally competent to provide services in English

and Spanish. Core courses are taught in Spanish or bilingually and students have the option of taking a language and cultural immersion course taught in a Spanish speaking country. PSSSP students also receive supervision in Spanish of their practicum work with Spanish speaking clients. All students enrolled at the master's level are given the option to take any coursework offered in the PSSSP certification without needing to do the certification. The PSSSP certificate includes 15 additional credit hours of required coursework in Professional/Technical Spanish, Language and Psychosocial Variables in Interviews and Assessments with Latinos, Latino Psychology, Counseling Spanish Speaking Immigrants and Refugees, and Sociocultural Foundations of Counseling Mexicans and Mexican Americans. Cultural competence exercises in the PSSSP coursework include topics such as cultural identity and development, within-group cultural diversity, acculturation, assimilation and adaptation, origin and role of cultural values, psycho-social variables, and techniques that incorporate cultural content. Students learn how to handle situations such as family therapy sessions in which some family members speak Spanish while others prefer English. Additionally, they learn how to give case presentations, translate diagnostic terms and tackle other professional duties in Spanish (Biever, Gomez, Gonzalez, & Patrizio, 2011). Since implementing the PSSSP program, the percentage of Latinx students admitted to the Psy.D program has risen from 18% to 42%. Data collected by APA indicated that Latinx people comprised 10.7% and 7.5% of all incoming psychology masters and doctoral students in 2014. Since 2002 (the first year that students who entered the program after the inception of the PSSSP program graduated), 42% of the Psy.D program graduates have been Latinx. Also, since 2002, 78 of 198 master's degrees in psychology were awarded to Latinx students, representing 39% of the degree recipients.

Both the master's and doctoral program emphasize relational strengths-based models and approaches to mental health services which are described as Relational Strengths-based, Postmodern, and Social Constructionist. Theoretical approaches emphasized in the program include solution-focused therapy, narrative therapy, MRI strategic family therapy, and collaborative therapy. The MFT concentration is designed to meet the academic requirements for licensure as a Marriage and Family Therapist (LMFT) or Licensed Professional Counselor (LPC) in Texas, while the School Psychology concentration meets academic requirements for licensure as a Licensed Specialist in School Psychology (LSSP), or Psychological Associate (LPA). The Psy.D. program emphasizes skills and competencies for the professional practice of psychology. The Psy.D program differs from the traditional Ph.D. program in that there is a larger emphasis on the application of psychology and the delivery of services and less emphasis on traditional research activities. The Psy.D. degree is designed to meet state academic requirements for licensure as a psychologist.

Furthermore, the psychology department has a Cultural Competence Focus section which states the following on its website:

The Program's mission to prepare culturally competent professionals who are skilled in providing psychotherapeutic services to a diverse community and that have a deep and abiding respect for individual and cultural diversity, has long been one of its greatest strengths. A hallmark of our Program is its emphasis on cultural as well as linguistic diversity. Our focus on cultural diversity evolved as a consequence of the University's location in a predominately low-income Mexican American neighborhood, OLLU's status as a Hispanic Serving Institution, and the long-standing commitment by the program's faculty members to infuse this focus at all levels of the

Program.(<http://www.ollusa.edu/s/1190/hybrid/18/default-hybrid-ollu.aspx?sid=1190&gid=1&pgid=7909>)

Full-time master's students in the MFT concentration begin their practicum experience during the summer of their first year at the department's Community Counseling Service (CCS) training clinic. The training clinic offers individual, couple/marital, family counseling, and psychological testing. Up to six students and a faculty supervisor meet weekly as a team to deliver psychotherapy services using live supervision. After the first semester, and with the approval of their supervisors, students may complete a portion of their required practicum hours at approved off-campus sites. Students are required to obtain a minimum of 500 hours of supervised direct delivery of services. Students in the PSSSP certificate are required to spend a minimum of eight hours per week at a bilingual practicum site for three consecutive semesters with supervised supervision. Students in the School Psychology program take a part-time practicum for one semester and a full-time internship for two semesters, which consist of site-based field training in an educational setting or a child service center. Students participate in various professional activities assigned to school psychology practitioners under the direction and supervision of qualified, on-site licensed professionals. The activities focus on skill application and students work directly with children, adolescents, parents and school personnel. Students admitted to the doctoral program with a master's degree are required to complete at least 1,000 direct service hours prior to applying to internship. They begin practicum in the spring semester of their first year and may be placed in off-campus sites in the spring of their second year. Off-campus locations include schools, universities, hospitals, or community agencies in the San Antonio area.

Research Questions and Hypotheses

The study is designed to answer the following research questions: (1) In OLLU graduates, are there differences on multicultural competence ratings by ethnicity? (2) Does ethnic identity, completing additional OLLU multicultural coursework, and greater exposure working with racial/ethnic minorities predict higher levels of multicultural competence? The researcher hypothesizes that (1) participants who identify as racial/ethnic minorities will report higher levels of multicultural competence as measured by the Multicultural Counseling Inventory (multicultural awareness, multicultural knowledge, multicultural skills, and multicultural relationship); (2) a significant positive relationship will exist between ethnic identity, the number of multicultural courses, and exposure working with racial/ethnic minorities and levels of multicultural competence as measured by the Multicultural Counseling Inventory (multicultural awareness, multicultural knowledge, multicultural skills, and multicultural relationship)

CHAPTER 2

Review of the relevant literature

This chapter provides an overview of research on multiculturalism including risk factors and barriers to mental health access by racial and ethnic communities, with a special focus on Latinx communities due San Antonio's largely Mexican American population, as well as multicultural competence and graduate training.

Risk Factors and Barriers

The increasing number of Latinx people living in the United States means that mental health practitioners will be working with greater number of Latinx people seeking mental health services. Evidence suggests that many socioeconomic and cultural variables place Latinx individuals at risk for developing mental health problems (Kouyoumdjian, Zamboanga, & Hansen, 2003). Researchers continue to investigate the effects of these risk factors in an effort to refine culturally appropriate treatments and interventions. Just as important is research regarding disparities in mental health care, which can help guide the service delivery system to better meet the mental health needs of the growing number of Latinx people in the United States (Lopez, Barrio, Kopelowicz, & Vega, 2012). Risk factors for this population include, but are not limited to, poverty, low socioeconomic background, discrimination, and acculturation.

Poverty/Low Socioeconomic Status

Mental health difficulties are highest among individuals from lower socioeconomic backgrounds. The World Health Organization reports that people living in poverty have higher rates of depression and anxiety, with women experiencing depression or anxiety at a much

higher rate than men (2018). Research has been conducted on the association between low socioeconomic status and higher rates of depression, with research that focuses on Latinx people showing a link between the two (Grote, Zuckoff, Swartz, Bledsoe, & Geibel, 2007). Given that many Latinx people tend to live in environments that are economically and psychologically challenging, this population shows to be at a high risk for experiencing chronic stress and suffering from mental health problems (Kouyoumdjian et al., 2003; Isasi, Rastogi, & Molina, 2016). Latinx people tend to be younger, poorer, less educated, and more often unemployed or employed in unskilled or semi-skilled jobs when compared to non-Latinx populations. They may face difficulties in securing stable employment due to discrimination, lack of a higher education, and lack of English proficiency, causing economic hardships.

Another study looked at predictive factors contributing to depression in a predominately Mexican American sample and found that concerns about discrimination, crimes against property, lack of access to health care, and experiencing loss of income were the major variables. Research has looked at the relationship between perceived discrimination and mental health, with results showing that discrimination is closely associated with higher levels of symptoms of anxiety, depression, and PTSD. Myers and colleagues (2015) looked at a sample of 500 low-SES African American and Latinx men and women and found that those who reported greater exposure to traumatic events before reaching adulthood reported poorer mental health outcomes, with depressive symptoms being the most endorsed items. In addition, those who endorsed concerns about discrimination were twice as likely to report depressive symptoms than those individuals who did not (Leung, LaChapelle, Scinta, & Olvera, 2014). Qualitative interviews also showed that Mexican immigrant mothers experienced depression and anxiety as a result of discrimination (Ornelas, Perreira, Beeber, & Maxwell, 2009). A study that looked at

discrimination in Latinx populations in the areas of Chicago, the Bronx, Miami, and San Diego found that although some cities, such as Chicago, have a 28.9% minority population, Latinx people reported higher incidences of discrimination, likely due to living in highly segregated areas and likely having fewer access to high quality services (Arellano-Morales et al., 2015).

Poverty and lower socioeconomic status have also been linked to lower levels of service utilization. Often times, due to the lower socioeconomic status of many Latinx people, the main concern is with meeting immediate needs such as food and shelter, leaving mental health needs to be placed as a last priority. Overall, living in poverty places individuals and families in stressful environments and situations (e.g., homelessness, nutritional deficiencies, medical problems, mental distress), and are more likely to live in areas with less access to mental health services. Latinx people living in rural areas may face difficulties accessing services either because mental health services are not available within a nearby location or access to transportation to reach a location may be limited.

Cho, Kim, and Velez-Ortiz (2014), conducted a study using the National Latinx & Asian Study (NLAAS) data which consisted of data collected between 2002 and 2003, to create the first nationally representative survey of Latinx and Asian adults living in the United States. The Latinx sample (n=2, 554) consisted of Cubans, Puerto Ricans, and Mexicans and the researchers found that 36% of the sample lacked health insurance and only 9% had college degrees. Within-group differences showed that Mexicans lacked health insurance at a higher rate (43.3%) when compared to Cubans or Puerto Ricans. However, Latinxs, on average, have a higher rate of being uninsured when compared to the White population, which was 36% versus 12% in 2014 (Doty, Blumenthal, & Collins, 2014). Many without health insurance often go to community clinics which can be limited in resources as well. Even those with health insurance find themselves

working for low wages, meaning the cost of copayments are not affordable, creating a financial barrier in order to access services (Grote et al., 2007). Also, a study looking at barriers that parents experience in receiving services for their children, Latinx parents consistently rated barriers as more inhibiting than parents who were White or African American. Specifically, Latinx parents rated the distance to the doctor's office, lack of health insurance, and language differences as barriers that prevent them from obtaining services (Young & Rabiner, 2015).

Acculturation/Acculturative Stress

Latinx people living in the United States may also be at risk of experiencing mental health difficulties due to the added challenge of having to navigate between and adopt to different cultures (Tucker, Falcon, Bianchi, Cacho, & Bermudez, 2000). Acculturation refers to the psychosocial changes an individual or group experience when interacting with another culture. Acculturative stress is defined as the reactions and process of this intercultural contact (Sam & Berry, 2010). Acculturation studies with Latinx immigrants have identified immigration status as a source of psychosocial stress (Alvidrez, Azocar, & Miranda, 1996). These stressors include racism, loss of cultural identity, dealing with immigration, and learning the English language, navigating and balancing differing cultural values, and language brokering (Garcia, Gilchrist, Vazquez, Leite, & Raymond, 2011; Grote et al., 2007; Torres, Driscoll, & Voell, 2012).

Acculturation can be a cause of stress between families especially when it occurs at a different rate between parents and their children, an example of intergenerational and cultural conflict. Language brokering is particularly stressful on parents because it often causes a disruption in roles due to the parent having to rely on the child to translate or to have a conversation with an adult on his or her behalf. Lueck and Wilson (2011) found that English

language proficiency for Latinx people from the NLAAS data was related to decreased acculturative stress while Spanish language proficiency showed to be related to increased acculturative stress.

Numerous studies have also been conducted with Latinx college students and mental health problems related to acculturative stress (Crockett et al., 2007). Since most Latinxs tend to keep close ties to their culture and native country, preserving their language and cultural characteristics, it can make it more difficult for them to integrate the values of the new country with their traditional ones and can be a source of stress. Another study that looked at psychological and cultural variables that predicted levels of depression in Central Florida Puerto Ricans (Capielo, Delgado-Romero, & Stewart, 2015) showed that higher levels of acculturative stress, along with maladaptive coping, and infrequent use of adaptive coping was related to higher levels of depression.

Service Utilization

Service utilization rates for mental health services among racial and ethnic minorities are relatively low compared to Whites. In the United States, Latinx people received mental health treatment at a rate three times less than Whites (NAMI, 2017). Research indicates that Latinx people underutilize mental health services and have higher rates of premature termination even when compared to other minority groups. Specifically, Latinx men, those from lower socioeconomic status, and immigrants are less likely to seek out mental health services. Studies have shown that certain factors may explain differences in the use of services between Latinx people and Whites from low socioeconomic backgrounds, which include language fluency, cultural differences, lack of access to health care services within Latinx neighborhoods, lack of recognition of mental health difficulties, a low number of ethnic minority providers, lack of

lack of transportation, and differences in help-seeking behaviors (Bridges et al., 2014; Bush, 2000).

Determining language proficiency when working with Latinx families is also important, especially when working with different generations within a family. Latinx people with limited English proficiency may not be fluent enough to explain their mental health problems or participate in counseling services, nor be as knowledgeable regarding ways to obtain health care (Keyes et al., 2012; Semansky, Altschul, Sommerfeld, Hough, & Willging, 2009). Limited English proficiency applies to individuals who cannot speak, read, write, or fully understand English at a level of effective communication (Biever et al., 2002). Children from immigrant families are usually fluent in English and Spanish, but parents may be monolingual Spanish speakers, and a bilingual therapist would be ideal in order to switch back and forth between languages as necessary (Vaquero & Williams, 2018). Bilingual therapists who work with families and engage in code switching to communicate with children who may prefer English, but caregivers who may be limited in their English proficiency, strengthen the therapeutic relationship and may help support the caregiver-child relationship. Research has also shown that when clients are matched with a therapist who speaks their language, they are less likely to drop out of services prematurely (Vaquero & Williams, 2018).

For Latinx immigrants whose main source of information is that obtained from other members in the community, learning about health resources may be limited, and the stigma related to mental health services and misunderstanding about mental illness within the culture may prevent individuals from seeking services. Gender is another factor that plays a role into Latinx people's service utilization, with men being less likely than women to seek mental health services due to the idea that it is not masculine to seek help for emotional difficulties. Often

times, undocumented immigrants do not seek mental health services despite suffering from mental health problems for fear of being reported to immigration authorities and being deported (Rastogi, Massey-Hastings, & Wieling, 2012).

In a study of low-income women, researchers found that non-US born Latinas and African American women expressed more concern about the stigma related to seeking mental health treatment than those women born in the United States. Another study looking at a sample of women who met the criteria for depression found that stigma-related concerns were negatively correlated with seeking mental health services (Nadeem, Lange, & Miranda, 2009). Rojas-Vilches and colleagues (2011) reported correlations between negative beliefs about psychological problems and less positive attitudes toward going to therapy for treatment among Puerto Rican and Cuban American older adults. The authors noted that individuals who associated mental illness as being untreatable were also concerned with the stigma of receiving services from mental health professionals versus going to clergy or talking to family members. Consequently, racial and ethnic minorities may prefer to seek support from family instead of mental health professionals (Leung et al., 2014; Miranda et al., 2015). However, some recent studies have looked at treatment preferences in a college sample of Mexican American students, and found that those with higher level of education are more open to seeking out mental health treatment whereas those students with less education had a preference for no treatment for psychological concerns (Hirai, Vernon, Popan, & Clum, 2015).

Religious beliefs, reaching out to clergy and the use of prayer are some ways in which religion can affect service utilization. The use of alternative healers such as *curanderos* (folk healers) is another way in which Latinx people seek help from emotional distress rather than seek mental health treatment, both due to the stigma of being labeled “crazy” and because it is

more culturally acceptable to seek out a *curandero* rather than a mental health professional (Hoskins & Padron, 2018). Additionally, Latinx people are more likely to show somatic symptoms for emotional distress and therefore will seek medical treatment. In a sample of African American and Latinx men and women, exposure to trauma, adversity, and depressive symptoms influenced the development of severe somatic symptoms, with women reporting higher severity of somatic symptoms (Loeb et al., 2018).

A national survey of 14,000 college students found that African American, Latinx, and Asian students were less likely to seek mental health services compared to White students. Miranda et al. (2015) recently looked at differences in college students' barriers to treatment (i.e., racial/ethnic minorities versus White students) and discovered that financial concerns (e.g. not being able to afford treatment) and lack of time were the most endorsed barriers. Racial/ethnic minority students also reported lower rates of past mental health treatment when compared to their White counterparts (53% versus 89%, respectively), which is consistent with previous research in this area.

Given the numerous risk factors and barriers that racial and ethnic minorities face, including the large number of Latin American immigrants who may still be going through a period of acculturation, it is imperative that counselor trainees provide culturally competent interventions throughout the course of therapy. Many studies have looked at therapy outcomes with racial and ethnic minorities in order to improve services, given their low service utilization and tendency to terminate services prematurely. A study that conducted two meta-analysis of culturally adapted interventions and cultural competence showed client ratings of therapist multicultural competencies strongly predicted their engagement and outcomes in treatment, so individuals who perceive their counselors to be multicultural competence report higher rates of

satisfaction with their treatment and a positive working alliance (Soto et al., 2018). In another study, racial and ethnic minority college students who perceived their counselors to be culturally competent reported higher client satisfaction and lower levels of depressive symptoms and stress, suggesting that multicultural competence is especially important to diverse cultural populations (Wei et al., 2010). Thus, the cultural competence of the counselor is likely to influence the client's overall experience with counseling and whether the person will seek mental health services in the future (Rogers-Sirin, Melendez, Refano, & Zegarra, 2015).

Multiculturalism and Graduate Training

Since the publication of the multicultural counseling competencies and accompanying accreditation guidelines (CACREP, APA, ACA) graduate programs slowly began to incorporate multiculturalism into their training and curriculum. The Council for Accreditation of Counseling and Related Education Programs (CACREP) requires accredited programs to include multicultural courses in addition to recruiting diverse faculty and students (CACREP, 2016). As the diversification of the United States continues, it is important for psychology programs to prepare its future mental health professionals to be culturally sensitive when working with different racial and ethnic groups. More importantly, because psychology has been primarily based on Eurocentric perspectives, it is imperative that counselors are aware of the reality of discrimination and prejudice that underrepresented groups experience in their daily lives (Daniel, Roysircar, Abeles, & Boyd, 2004).

D.W. Sue et al. (1982) conceptualized three dimensions of cross-cultural counseling competences which include: (a) attitudes and beliefs; (b) knowledge; and (c) skills. Sue, Arredondo, and McDavis (1992) expanded upon the three dimensions of cross-cultural counseling competencies to include the following three characteristics: (a) counselor awareness

of personal values and biases; (b) understanding the worldview of the culturally different client; and (c) development of appropriate intervention strategies and techniques. In addition, Sue and Sue (1999) listed six characteristics of culturally competent counselors: (1) awareness of sociopolitical forces that have impacts on clients, (2) awareness that differences in culture, social class, and language can be barriers to counseling, (3) awareness of the impact of worldviews, (4) awareness of how expertness, trustworthiness, and lack of similarities can influence clients' receptivity of counseling, (5) knowledge and skills about appropriate communication styles among different cultural groups, and (6) awareness of counselors' racial biases.

As multicultural training began to be recognized as an important area for mental health professionals, psychology programs began providing training and coursework on working with people from racial and ethnic minority groups. Criterion II of APA's accreditation guidelines states that accredited academic programs should demonstrate a commitment to cultural and individual differences and diversity, "that includes, but is not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status (p.6). It is believed that requiring students to have experience with cultural diversity through internships, practicum, and classes will help them become more culturally competent and result in creating mental health professionals who are better teachers, researchers, and more effective in working with individuals from different cultural backgrounds (Arthur & Achenbach, 2002).

McRae and Johnson (1991) discussed the importance of having counselors-in-training move from knowing cultural differences exist to knowing how to work with diverse clients, and thereby having the necessary skills to work with the client and their environment. When counselors are culturally self-aware they can recognize differences between cultures and are

mindful of how their own sociocultural characteristics have influenced their personalities and behaviors, thereby recognizing the ways in which such characteristics influence their clients' personalities, behaviors, values, and attitudes. By having knowledge of racial and cultural variables (e.g., ethnicity, acculturation, worldviews), counselors can conceptualize their clients' problems, interventions, and goals from a cultural lens (Sodowsky, Taffe, Gutkin, & Wise, 1994).

Multicultural competence is now recognized as a central component of mental health services and psychology graduate programs offer multicultural courses in hopes of increasing students' cultural self-awareness, knowledge, and skills (Coleman, Moss, & Norton, 2006). Awareness and knowledge of the worldviews of culturally different clients are important in building and creating trust with the therapist (Daniel et al., 2004). It has been suggested that a variety of training strategies are needed in order to provide students with the necessary tools to increase their awareness, knowledge, and skills in working with culturally diverse populations (Coleman, Morris, & Norton, 2006). The most common methods used to teach multicultural competence include didactic instruction (e.g. multicultural courses, continuing education workshops, reading assignments), and supervised training and evaluation in clinical settings. Didactic instruction provides students with information about different cultural groups and helps increase their knowledge about cultural norms and values, while clinical training can help with skill development in working with diverse populations. Over the years, various studies have been conducted looking at the impact that multicultural training has on students versus those who do not receive any diversity training, or participate in at least one multicultural class versus students who do not. The field of counseling psychology calls for social justice and advocacy is another area in which students can take their awareness, beliefs, knowledge, and skills from their

multicultural training and apply them toward transformational change (Jones, Sander, & Booker, 2013).

In addition to a course or seminar, it has been suggested that direct contact with people from different racial and ethnic backgrounds is also necessary in order for positive changes to occur in students' biases or negative beliefs towards a particular racial or ethnic group and that such interactions are also valued most by students in training. Most studies regarding multicultural competence have been conducted using data from a predominately White population, and while results from such studies have resulted in important information gained, it cannot be generalized to all students. More recently, efforts have been made to obtain samples from students of various racial and ethnic backgrounds in order to provide better insight into any training differences. For example, Coleman (2006) conducted a study looking at components of multicultural training that influenced students' level of multicultural counseling competences in a sample of graduate students, which included 59.3% White students, with the remaining percentage consisting of African American/Black (23.7%), Asian (5.1%), Latinx (6.8%), and bi/multiracial (3.4%). Results showed that, based on students' answers, ethnic minority students seemed to benefit more from the didactic component while White students valued interactions with peers from diverse racial and ethnic backgrounds in their classes.

In another study by Dickson, Argus-Calvo, and Tafoya (2010), the researchers looked at the effectiveness of multicultural training with a predominately Latinx student sample. Results from the study indicate that Latinx students found self-reflective assignments (e.g., journal writing, exploring personal biases and racial identity) as the most influential part of their training. Journaling provides an opportunity for students to do deeper self-exploration, describe reactions to reading material, lectures, and other activities, and learn about their stage of identity

development (Jones et al., 2013). Diaz-Lazaro and Cohen (2001) investigated the effects on multicultural counseling competences of both cross-cultural life experiences before multicultural training and that obtained during training in fifteen graduate students, out of which twelve identified as White. Researchers found that students who were actively involved themselves in cultural events and in a meaningful discussion about cultural values with someone of a different culture helped with the skills and knowledge domain, as measure by the Multicultural Awareness, Knowledge, and Skills Survey, and was described by students as being one of the most helpful aspects of the multicultural training course.

Researchers have also studied the impact that multicultural training has on prejudicial attitudes. Results from these studies show that students report positive changes in their biases against culturally different people as a result of such training (Dickson, Jepsen, & Barbee, 2008). A study by Castillo and colleagues (2007) looked at the effects of multicultural training on students' racial implicit prejudice and compared students enrolled in a multicultural course versus a group of students enrolled in a required counseling foundations course. Neither of the group of students had received any previous multicultural training and were first-year master's students in a counselor education program at a predominately White university, with the majority of students identifying as White. Students completed the Multicultural Counseling Inventory and Race Implicit Association Test at the beginning and end of the semester. Results from students' posttest scores showed that students who were in the multicultural class showed reduced racial prejudice and an increase in cultural self-awareness. Unfortunately, few programs assess their diversity training so it remains unclear to what extent such trainings have an impact on creating culturally competent counselors. Supervision, along with classroom discussions, are one way in which students can be encouraged to reflect on their own biases, values, and prejudices when

dealing with diversity issues (Dickson et al., 2008). For example, Lee and Khawaja (2013) found that discussing issues related to multiculturalism in supervision and therapy with culturally diverse clients impacted students' perceived level of multicultural knowledge and skills.

Researchers have studied the importance of self-awareness through reflection on students' multicultural training experiences and have found that providing students the opportunity to reflect on multicultural interactions is positively correlated with higher scores on the Multicultural Counseling Inventory (Roysircar, Gard, Hubbell, & Ortega, 2005). Helping students explore their identity during training has been suggested as a way to increase students' awareness about their racial and ethnic identity and how this influences their clinical work. Other methods for students to increase self-awareness include self-report standardized measures, journaling, and process notes along with regular feedback from clients, supervisors, faculty, and other colleagues. Reports from clients indicate that if the therapist has cultural knowledge (i.e. knowledge of family relationships and expectations, racism and discrimination, acculturation, cultural beliefs about counseling), clients view them as being more effective (Daniel et al., 2004). This information is valuable in order to know which training opportunities contribute to the development of multicultural counseling competences, helps clinicians grow from the feedback received, and encourages programs to evaluate their training practices in order to properly identify which practices are most influential in this on-going process.

In a national sample of master's-level counseling students regarding their multicultural training experiences and their multicultural counseling competencies, Dickson and Jepsen (2007) found that African American and Latinx students reported higher levels of multicultural awareness than did White students, which is consistent with previous research. Their national sample consisted of 516 counselors out of which 82% self-identified as White, 6.3% as African

American, and 5.4% as Latinx. It is likely that these differences are attributed to the different life experiences that ethnic minority students face on a much more regular basis compared to White students, and consequently, White students may be less aware of certain multicultural issues. This suggests that students from various backgrounds will experience their multicultural training differently as a result of their unique life experiences; therefore, training programs should provide a variety of activities in order to promote multicultural awareness, knowledge, and skills for all students. Dickson and Jepsen (2007) found that students who reported practicum experiences that allowed for significant exposure working with culturally diverse clients had higher scores of multicultural awareness as measured by the Multicultural Counseling Inventory. These findings highlight the importance of working with racially diverse clients in order for students to become aware of any multicultural issues brought up during counseling. Barden and Greene (2015) stressed the importance of having counselor trainees work with individuals from culturally diverse backgrounds to increase their skills and awareness, and suggested cultural immersion programs so that students can experience a different culture, have their worldviews challenged, and further develop self-awareness. Working with people from diverse backgrounds also increases counselor's confidence and self-perceived multicultural competence in working with these populations. Dickson and Jepsen's (2007) study also found that providing multicultural coursework and having a multicultural training environment, appear to be important training elements that can lead to higher counselor trainees' increased levels of multicultural knowledge, awareness, and skills.

Multicultural Environment

Another important aspect of multicultural training is the learning environment that the program provides for its students, which should promote and be respectful of diversity.

Culturally sensitive programs are more likely to include faculty and students from different cultural backgrounds, thus allowing students to engage in meaningful multicultural interactions and dialogue with others and promote a positive attitude towards multiculturalism (Dickson et al., 2008) If training programs value multiculturalism, it should be made obvious to students throughout all aspects of their training. It has been suggested that a multicultural training environment may be evidenced by the integration of multiculturalism throughout the curriculum and supervision, multicultural practica, multicultural research by faculty members, and an environment in which both students and faculty feel valued and respected (Pope-Davis, Liu, Nevitt, & Toporek, 2000). In doing so, it is likely counselors-in-training self-perceived multicultural competencies and ability to work effectively in a multicultural environment may be enhanced (Dickson & Jepsen, 2007).

Multicultural Assessment Instruments

A variety of instruments have been developed to measure multicultural competence that include self-reports as well as program evaluation tools. Some of the most widely used include the Multicultural Counseling Inventory (MCI; Sadowsky, Taffe, Gutkin, & Wise, 1994), the Multicultural Awareness-Knowledge-and-Skills Survey (MAKSS; D'Andrea, Daniels, & Heck, 1991), and the Multicultural Counseling Knowledge and Awareness Scale (MCKAS; Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002).

The MCI is a 40-item self-report measure designed to evaluate a counselor's multicultural awareness, skills, knowledge, and relationship with diverse clients, with responses ranging from 1 (very inaccurate) to 4 (very accurate) on a 4-point Likert scale. Ponterotto and colleagues (1994) noted that the MCI has acceptable internal consistency and demonstrates adequate construct and criterion-related validity. The MAKSS is a 33-item instrument intended

to evaluate students' perceptions of the impact of specific instructional strategies on their multicultural counseling development. Scale validation studies have indicated that the scale demonstrates adequate criterion-related validity, internal consistency, and some degree of construct validity (Hays, 2008). The MCKAS has 32 items (20 Knowledge Items and 12 Awareness items) and is used to measure awareness and knowledge of multicultural issues in counseling. The instrument has demonstrated adequate criterion-related validity and strong internal consistency (Ponterotto et al., 1994).

Two program evaluation tools include the Multicultural Competency Checklist (MCC; Ponterotto, Alexander, & Grieger, 1995) and the Multicultural Environment Inventory (MEI; Pope-Davis et al., 2000) which were developed to assess the effectiveness of multicultural competency training. The Multicultural Competency Checklist consists of 22 items that allows respondents to assess whether specific multicultural issues are addressed within their training program. These categories include: counseling practice and supervision, minority representation, research considerations, curriculum issues, physical environment, and student and faculty competency evaluation. The Multicultural Environment Inventory consists of 27 items, rated on a Likert scale (1=not at all, 5= a lot), that measure an individual's perception about the extent to which their graduate training program addresses multicultural issues in areas such as curriculum and supervision, climate, recruitment, and research. Findings have demonstrated good construct validity and internal consistency (Ponterotto et al., 2002).

Although researchers have made significant strides in the assessment of multicultural competence, scholars have consistently noted limitations of current instruments used to measure multicultural competence (Hays, 2008; Sehgal et al., 2011; Constantine & Ladany, 2000; Pope-Davis & Dings, 1994). The literature has indicated that minimal psychometric data is available

for current multicultural competence assessment tools. Consequently, researchers have indicated the need for additional factor analytic and validation studies (Hays, 2008; Ponterotto et al., 1994). Another limitation is that research findings have indicated differences between self-report scores and independent observer ratings of multicultural competence as well as differences between self-reported attitudes and actual behaviors related to multicultural competence, suggesting that multicultural competence instruments may actually be measuring multicultural self-efficacy (Cartwright, Daniels, & Zhang, 2008; Constantine & Ladany, 2000). Another serious limitation is that counselors-in-training may select socially desirable responses.

Despite these limitations, self-report measures can still be extremely useful and can be helpful for supervisors providing feedback during supervision sessions, assessing the effectiveness of classes or workshops, and establishing a baseline for counseling students as they progress through their training (Pope-Davis & Dings, 1994). Finally, the most widely used instruments have internal consistency coefficients over time and with different populations. Specifically, the results of the reliability generalizability analyses indicate that the MCI, MAKSS and MCKAS may be used across many populations (i.e., practitioners, students) and settings, such as practicum and internship (Dunn, Smith, & Montoya, 2006).

Ethnic Identity

Ethnic identity includes “feelings of ethnic belonging and pride, a secure sense of group membership, and positive attitudes toward one’s ethnic group” (Phinney & Alipuria, 1996). Ethnic identity has been associated with aspects of positive adjustment including self-esteem (Kiang, Gonzales-Backen, Fuligni, Yip, & Witkow, 2006), subjective well-being (Yap, Settles, & Pratt-Hyatt, 2011), and reduced depressive symptoms (Settles, Navarrete, Pagano, Abdou & Sidanius, 2010). D.W. Sue and Sue (1999) have suggested that understanding one’s demographic

background could be instrumental in improving multicultural counseling competencies. Therefore, the higher status of racial/ethnic identity development that counselors have, the higher level of multicultural counseling competencies they are equipped with (Chao, 2013). There are identity and/or acculturation measures for different ethnic groups such as African Americans (e.g., Black Racial Identity Attitude scale, Helms & Parham, 1990), Asian Americans (e.g., Suinn-Lew Asian Self-Identity Acculturation scale, Suinn, Rickard-Figueroa, Lew, & Vigil, 1987), and Whites (e.g., White Racial Identity scale, Helms & Carter, 1990), to name a few. One of the limitations of using group-specific measures of ethnic identity is that variation in scale content across groups prevents researchers from making cross-group comparisons. In an effort to address this problem, Phinney (1992) developed the Multigroup Ethnic Identity Measure (MEIM) that could be used with various racial/ethnic groups and has since been used to study both between-groups and within-group differences. The MEIM was designed to assess general aspects of ethnic identity that were presumed to be relevant across all ethnic groups, which includes exploration of one's ethnicity, a sense of belonging to one's ethnic origin group, and involvement in the cultural practices of one's ethnic group. It was administered to 417 high school students and 136 college students from ethnically diverse schools and reliability, assessed by Cronbach's alpha, was .86 for high school students and .90 for the college sample.

A study by Chao (2013) looked at school counselors' multicultural counseling competencies using the MEIM and found that racial/ethnic identity significantly interacted with multicultural training to affect counselors' multicultural knowledge but not multicultural awareness. The same study found that gender-role attitudes significantly interacted with multicultural training to affect counselors' multicultural knowledge but not multicultural awareness. The researcher suggested that further training could enhance counselors' level of

racial/ethnic identity and expose them to various interactions with different cultures. In the same study, Chao's results showed differences in self-perceived multicultural competencies between White and racial/ethnic minority students, but only when White students had less training. Chao suggested that perhaps this meant school counselors may bring their own racial/ethnic identity into counseling, and that White school counselors with low levels of racial/ethnic identity have less sensitivity to express emotion and affect toward the victims of racism.

CHAPTER 3

Methods and Procedures

The study utilized quantitative methods to explore the relationship between students' ethnicity and ethnic identity, multicultural coursework, and exposure working with racial/ethnic minorities as it relates to multicultural competence. Specifically, the researcher examined (1) the relationship between students' ethnicity on levels of multicultural competence; (2) whether ethnic identity, additional multicultural coursework, and greater exposure to racial/ethnic minorities predicted higher levels of multicultural competence. This chapter will provide information on the sample, instrumentation, data analysis, and data collection procedures that were used in this study.

Data Analysis

An *a priori* power analysis was conducted to determine the minimum requisite sample size. The power analysis concluded that a total of 76 participants were necessary to conduct the proposed study with sufficient power and to detect a medium effect size. (Cohen's $d = .15$, $\alpha = .05$).

Participant Information

For inclusion in this study, participants had to identify as graduates of OLLU's Master's in Psychology program in San Antonio, Texas.

Instrumentation

Demographic Questionnaire. All participants completed a self-report measure with inquiries of age, race/ethnicity, gender, graduation status (i.e., year of graduation), number of

multicultural courses taken, whether they completed the Psychological Services for Spanish Speaking Populations certificate, and frequency of racial/ethnic minorities served. Multicultural courses in this study were operationalized as courses dedicated to the exploration of race and ethnicity.

Multicultural Counseling Inventory. The Multicultural Counseling Inventory (MCI; Sodowsky, Taffe, Gutkin, & Wise, 1994) is a 40-item, 4-point Likert scale (1=very inaccurate to 4=very accurate) self-report instrument that measures 4 variables correlated to the achievement of multicultural competence. These variables are *Multicultural Counseling Skills* (11 items), *Multicultural Awareness* (10 items), *Multicultural Counseling Relationship* (8 items), and *Multicultural Counseling Knowledge* (11 items).

The *Multicultural Counseling Skills* subscale includes items related to an individual's "success with retention of minority clients, recognition of and recovery from cultural mistakes, use of nontraditional methods of assessment, counselor self-monitoring, and tailoring structured versus unstructured therapy to the needs of minority clients." (Sodowsky et al., 1994) Sample items from this scale include: "When working with all clients, I am able to be concise when reflecting, clarifying, and probing" and "When working with minority clients, I monitor and correct my defensiveness." The mean coefficient alpha for the Skills subscale is .80 (Pope-Davis & Dings, 1994; Pope-Davis et al., 1994; Sodowsky et al., 1994, 1998).

The *Multicultural Awareness* subscale investigates proactive multicultural sensitivity and responsiveness, extensive multicultural interactions and life experiences, broad-based cultural understanding, advocacy within institutions, enjoyment of multiculturalism, and an increase in minority caseload (Sodowsky et al., 1994). Each item is preceded by the following statement "Evaluate the degree to which the following multicultural statements can be applied to you:"

Sample items include: “When working with international students or immigrants, I understand the importance of the legalities of visa, passport, green card and naturalization” and “When working with minority clients, I have experience solving problems in unfamiliar settings.” The mean coefficient alpha for this Awareness subscale is .78 (Pope-Davis & Dings, 1994; Pope-Davis et al., 1994; Sadowsky et al., 1994, 1998).

The *Multicultural Counseling Relationship* subscale refers to the counselor’s interactional process with the minority client, such as the counselor’s trustworthiness, comfort level, stereotypes of the minority client, and worldview (Sadowsky et al., 1994). Each item on this subscale is preceded by the statement: “When working with minority clients...”. Examples of statements from this scale include: “When working with minority clients, I am confident that my conceptualization of individual problems does not consist of stereotypes and biases” and “When working with minority clients, I perceive that my race causes the clients to mistrust me.” The mean coefficient alpha for this Relationship subscale is .68 (Pope-Davis & Dings, 1994; Pope-Davis et al., 1994; Sadowsky et al., 1994, 1998).

The *Multicultural Counseling Knowledge* subscale refers to culturally relevant case conceptualization and treatment strategies, cultural information, and multicultural counseling research (Sadowsky et al., 1994). Sample items from this scale are: “When working with minority clients, I keep in mind research findings about minority clients’ preference in counseling” and “When working with minority clients, I apply the sociopolitical history of the clients’ respective groups to understand them better.” The mean coefficient alpha for this Knowledge subscale is .77 (Pope-Davis & Dings, 1994; Pope-Davis et al., 1994; Sadowsky et al., 1994, 1998).

Multigroup Ethnic Identity Measure The MEIM (Phinney, 1992) is a 12-item scale designed to measure racial/ ethnic identify awareness using a 4-point Likert scale ranging from 1 (strongly disagree) to 4 (strongly agree). Total MEIM scores can range from 12 to 70, with higher scores indicating greater levels of identify awareness and commitment with an individual's ethnic group. A sample item is "I have a clear sense of my ethnic background and what it means to me." The MEIM has a coefficient alpha of .90 among college students. Three additional items on the MEIM ask respondents to identify their own ethnicity and the ethnicity of their parents. These items are used for purposes of describing the sample and are not included in the total score.

Procedures

Recruitment

The researcher recruited participants through social media (i.e. Facebook, LinkedIn), social media alumni groups, psychology listservs (i.e. National Latinx Psychological Association), recruitment flyers dropped off with practicum supervisors at Our Lady of the Lake's Community Counseling Clinic, and contacted faculty and staff from Our Lady of the Lake University Masters in Psychology program via email with the recruitment flyer attached to see if they could forward to any graduates of the program. Emails and social media posts included a link to the survey via Survey Monkey.

Data Collection

Participants received a description of the study, an informed consent, a demographic questionnaire, the Multicultural Counseling Inventory, and the Multigroup Ethnic Identity Measure. Participants had the opportunity to enter a drawing to receive one of eight \$25 Visa gift

cards as an incentive for participation. Once all data was collected, the data was compiled into an SPSS file for analysis.

Research Question and Null Hypotheses

Research Question 1

What is the relationship between participants' ethnicity on multicultural competence as measured by the Multicultural Counseling Inventory (multicultural skills, multicultural awareness, multicultural relationship, and multicultural knowledge)?

Null Hypothesis: There will be no relationship between participants' ethnicity and multicultural competence as measured by the Multicultural Counseling Inventory (multicultural skills, multicultural awareness, multicultural relationship, and multicultural knowledge).

Data Analysis: A one-way ANOVA was conducted to investigate the relationship of participants' race/ethnicity on multicultural competence as measured by the Multicultural Counseling Inventory (multicultural skills, multicultural awareness, multicultural relationship, and multicultural knowledge). Ethnicity is identified as the independent variable. Additionally, the scores obtained via the Multicultural Counseling Inventory (e.g. the total score and the four subscale) served as the dependent variables.

Research Question 2

Does ethnic identity, number of multicultural courses taken, and exposure to working with racial/ethnic minorities associate with higher levels of multicultural competence as measured by the Multicultural Counseling Inventory (i.e., MCI total score and its four subscales)?

Null hypothesis 2.1: Ethnic identity, the number of multicultural courses taken, and exposure to working with ethnic minorities will not have a statistically significant impact on the levels of multicultural competence as measured by the Multicultural Counseling Inventory total score.

Null hypothesis 2.2: Ethnic identity, the number of multicultural courses taken, and exposure to working with racial/ethnic minorities will not have a statistically significant impact on the levels of multicultural competence as measured by the Multicultural Counseling Skills subscale.

Null hypothesis 2.3: Ethnic identity, the number of multicultural courses taken, and exposure to working with racial/ethnic minorities will not have a statistically significant impact on the levels of multicultural competence as measured by the Multicultural Counseling Awareness subscale.

Null hypothesis 2.4: Ethnic identity, the number of multicultural courses taken, and exposure to working with racial/ethnic minorities will not have a statistically significant impact on the levels of multicultural competence as measured by the Multicultural Counseling Relationship subscale.

Null hypothesis 2.5: Ethnic identity, the number of multicultural courses taken, and exposure to working with racial/ethnic minorities will not have a statistically significant impact on the levels of multicultural competence as measured by the Multicultural Counseling Knowledge subscale.

Data Analysis: Multiple regression analyses were conducted to investigate the impact of ethnic identity, the number of multicultural courses, and exposure to working with racial/ethnic minorities on the levels of multicultural competence. Ethnic identity (i.e., MEIM total score), number of courses, and exposure working with racial/ethnic minorities served as the predictor variables, while scores obtained from the Multicultural Counseling Inventory (i.e., total score, and the four subscale scores) served as criterion variables.

CHAPTER 4

Results

The present study examined 1) the relationship between ethnicity and multicultural competence and 2) the impact of ethnic identity, the number of multicultural courses, and exposure working with ethnic minorities has on levels of multicultural competence as measured by the Multicultural Counseling Inventory and its four subscales (multicultural skills, multicultural awareness, multicultural relationship, and multicultural knowledge). This chapter will provide information about the results of the analyses conducted for this study. Analyses of the demographic data are presented first, so that a description of the sample can be illustrated. Next, a preliminary statistical analysis is presented. Lastly, the results of the research questions and hypotheses tested are presented.

Demographic Data

Participants were recruited through social media (i.e. Facebook, LinkedIn), social media alumni groups, psychology listservs (i.e. National Latinx Psychological Association), dropping off recruitment flyers with practicum supervisors at Our Lady of the Lake's Community Counseling Clinic, and by contacting faculty and staff from Our Lady of the Lake University Masters in Psychology program via email with the recruitment flyer attached to see if they could forward to any graduates of the program. Out of 104 participants who took the survey, 80 completed the entire survey (78%). The sample consisted of 67 females and 13 males. Participants listed the following as their country of origin: France ($n=1$, 1.3%), Mexico ($n=7$, 8.8%), Nigeria ($n=1$, 1.3%), Panama ($n=1$, 1.3%), United States ($n=70$, 87.6%). Age of

participants ranged from 25 to 66 ($M=38.16$, $SD=9.33$). In terms of ethnicity, participants self-identified as the following: Hispanic/Latinx/Mexican ($n = 50$, 62.5%), White/Caucasian ($n = 23$, 28.8%), Native American ($n = 1$, 1.2%), Mixed/Biracial ($n = 2$, 2.5%), Black/African American ($n = 4$, 5.0%). Participants indicated that they had lived in the United States ranging from 19 years to 66 years ($M=36.95$, $SD=10.29$).

There were 26 participants (32.5%) who completed the Psychological Services for Psychological Services (PSSSP) certification and 54 participants (67.5%) who chose not to do the certification. The number of multicultural courses taken ranged from 1 to 5 courses ($M=1.81$, $SD=1.103$). Participants were asked what percentage of the total psychology related services provided per week were conducted in Spanish. Forty-nine participants (61.3%) indicated that 0-25% of their services were provided in Spanish. Twelve participants (15%) indicated 25-50% of their services provided were in Spanish. Fourteen participants (17.5%) indicated 50-75% of their services were in Spanish. Five participants (6.3%) indicated 75-100% of their services were in Spanish. In terms of type of license, the participants listed their licensing status as the following: Licensed Marriage & Family Therapist (LMFT, $n = 2$, 2.5%), Licensed Professional Counselor (LPC, $n = 43$, 43.8%), Licensed Specialist in School Psychologist (LSSSP, $n = 3$, 3.8%), Licensed Psychologist ($n = 4$, 5%), provisionally licensed ($n = 10$, 12.5%), multiple licenses ($n = 6$, 7.5%), not currently licensed ($n = 12$, 15%). Forty-seven participants listed their degree type as Marriage & Family Therapy (58.8%). Thirty participants listed Counseling Psychology (37.5%) as their degree type, and three participants (3.8%) listed their degree type as School Psychology. Year of graduation ranged from 1991 to 2018 ($M = 2009$, $SD= 5.7$). Years providing services since licensure ranged from 0 to 28 years ($M = 7.21$, $SD =5.39$). Due to the varying responses by participants in terms of how many racial/ethnic minorities they served

versus giving an actual number count, the data was transformed into a categorical variable. As such, in terms of frequency of ethnic minorities served, participants reported the following: few ($n = 15$, 18.8%), some ($n = 26$, 32.5%), many ($n = 34$, 42.5%), and 5 participants (6.3%) did not answer.

Table 1. Demographic Characteristics of Total Sample

Variable		N (%)
Gender	Female	67
	Male	13
Ethnicity	Hispanic/Latinx/Mexican	50 (62.5)
	White/Caucasian	23 (28.8)
	Native American	1 (1.2)
	Mixed/Biracial	2 (2.5)
	Black/African American	4 (5.0)
Country of origin	United States	70 (87.6)
	Mexico	7 (8.8)
	Panama	1 (1.3)
	Nigeria	1 (1.3)
	France	1 (1.3)
PSSSP certificate	Yes	26 (32.5)
	No	54 (67.5)
Percent of services in Spanish	0-25%	49 (61.3)
	25-50%	12 (15.0)
	50-75%	14 (17.5)
	75-100%	5 (6.3)
Type of license	LMFT	2 (2.5)
	LPC	43 (53.8)
	LSSP	3 (3.8)
	Licensed Psychologist	4 (5.0)
	Provisional license	10 (12.5)
	Multiple licenses	6 (7.5)
	Not licensed	12 (15)
Degree Type	Marriage & Family Therapy	47 (58.8)
	Counseling Psychology	30 (37.5)
	School Psychology	3 (3.8)

Ethnic minorities served	Few	15 (18.8)
	Some	26 (32.5)
	Many	34 (42.5)
	Missing	5 (6.3)
	Mean	SD
Age	38.16	9.33
Years lived in the U.S.	36.95	10.29
Number of multicultural courses	1.81	1.10
Graduation Year	2009	5.70
Years Providing Services Since Licensure	7.21	5.39

Preliminary Statistical Analysis

An assessment of scale reliabilities was completed using Cronbach's alpha to determine the reliability of scales within this population. The table below also provides information on means and standard deviations of each scale used in this study.

Table 2. Descriptive Statistics of Multigroup Ethnic Identity Measure (MEIM) and Multicultural Counseling Inventory (MCI)

	<i>M</i>	<i>SD</i>	Cronbach α
MEIM Total Score	37.95	5.98	.89
MCI Skills	3.53	.37	.82
MCI Awareness	3.28	.41	.76
MCI Relationship	1.89	.34	.64
MCI Knowledge	3.29	.39	.81
MCI Total Score	3.07	.26	.89

Ethnic identity was measured using the Multiethnic Identity Measure (MEIM; Phinney, 1992). Participants received an overall score for the scale, and scores included a possible range of 12-48. For the total score and for each factor, higher scores indicate greater identification with one's ethnic group. Mean score for the overall sample was 37.95, *SD*=5.98.

Multicultural Counseling Inventory Results

The MCI is composed of 40 questions and is divided into 4 subsections: Multicultural Counseling Skills (11 items), Multicultural Awareness (10 items), Multicultural Counseling Relationship (8 items), and Multicultural Counseling Knowledge (11 items). Each item is scored using a Likert scale with values of 1 through 4, with 4 indicating high multicultural competence, and 1 indicating poor multicultural competence. Respondents' are evaluated by computing their total score for each section and dividing the sum by the number of items. The MCI was developed "in order to operationalize some of the proposed constructs of multicultural counseling competencies" (Sodowsky et al., 1994). The mean Cronbach's alpha for the Multicultural Counseling Skills (11 items) was reported as .80 (Sodowsky et al., 1994; Pope-Davis & Dings, 1994). The Multicultural Awareness subscale (10 items) had a reported mean Cronbach's alpha of .78 (Sodowsky et al., 1994; Pope-Davis & Dings, 1994). The mean Cronbach's alpha level for the Multicultural Counseling Relationship subscale (8 items) was reported as .68 (Sodowsky et al., 1994; Pope-Davis & Dings, 1994). The Multicultural Counseling Knowledge subscale (11 items) has a reported mean Cronbach's alpha level of .77 (Sodowsky et al., 1994; Pope-Davis & Dings, 1994). The full MCI scale has shown a reported mean Cronbach's alpha of .87 (Pope-Davis & Dings, 1994; Sodowsky et al., 1994).

For participants in this study, the mean Cronbach's alpha level for the Multicultural Counseling Skills subscale of the MCI was reported as .82. For the Multicultural Awareness subscale of the MCI the Cronbach's alpha level was reported as .76. On the MCI Multicultural Counseling Relationship subscale, the Cronbach's alpha level was reported as .64. For the MCI Multicultural Counseling Knowledge subscale, the Cronbach's alpha level was reported as .81. These results are consistent with the reliability levels of the MCI and indicate that the items used

in this study have good internal consistency. Overall, the average score of all participants in this study on the Multicultural Skills subscale was 3.47 (SD=.33). On the Multicultural Awareness subscale, participants averaged a score of 3.19 (SD=.50); on the Multicultural Relationship subscale, participants averaged a score of 2.47 (SD=.62); and on the Multicultural Knowledge subscale, the average score was 3.33 (SD=.38).

Hypothesis Results

Research Question 1

What is the relationship between students' ethnicity and multicultural competence as measured by the Multicultural Counseling Inventory total (i.e., total score and its four subscale scores)?

Null hypothesis: Students' ethnicity will not have a significant effect on multicultural competence as measured by the Multicultural Counseling Inventory (i.e., total score and its four subscale scores).

A one-way ANOVA was conducted to determine if ethnicity had an effect on levels of multicultural competence as measured by the Multicultural Counseling Inventory (i.e., total score and its four subscale scores). There were no statistically significant differences between ethnicity and the Multicultural Counseling Inventory total score, $F(2,72) = .58, p = .56$. There were also no statistically significant differences between ethnicity and Multicultural Counseling Inventory Skills, $F(2,72) = .61, p = .55$, Multicultural Counseling Inventory Awareness, $F(2,72) = 1.36, p = .26$, Multicultural Counseling Relationship, $F(2,72) = .16, p = .85$, and Multicultural Counseling Inventory Knowledge, $F(2,72) = .39, p = .68$.

TABLE 3. ANOVA Results

Variable	Sum of Squares	<i>df</i>	Mean Square	<i>F</i>	<i>P</i>
MCI Total	.08	2	.04	.58	.56
MCI Skills	.17	2	.09	.09	.55
MCI Awareness	.46	2	.23	1.36	.26

MCI Relationship	.04	2	.02	.16	.85
MCI Knowledge	.12	2	.06	.39	.68

Research Question 2

Does ethnic identity, the number of multicultural courses taken, and exposure to working with ethnic minorities associate with higher levels of multicultural competence as measured by the Multicultural Counseling Inventory (i.e., MCI total and its four subscales)?

Null hypothesis 2.1: Ethnic identity, the number of multicultural courses taken, and exposure to working with ethnic minorities will not have a statistically significant impact on the levels of multicultural competence as measured by the Multicultural Counseling Inventory total score.

Null hypothesis 2.2: Ethnic identity, the number of multicultural courses taken, and exposure to working with ethnic minorities will not have a statistically significant impact on the levels of multicultural competence as measured by the Multicultural Counseling Skills subscale.

Null hypothesis 2.3: Ethnic identity, the number of multicultural courses taken, and exposure to working with ethnic minorities will not have a statistically significant impact on the levels of multicultural competence as measured by the Multicultural Counseling Awareness subscale.

Null hypothesis 2.4: Ethnic identity, the number of multicultural courses taken, and exposure to working with ethnic minorities will not have a statistically significant impact on the levels of multicultural competence as measured by the Multicultural Counseling Relationship subscale.

Null hypothesis 2.5: Ethnic identity, the number of multicultural courses taken, and exposure to working with ethnic minorities will not have a statistically significant impact on the

levels of multicultural competence as measured by the Multicultural Counseling Knowledge subscale.

A multiple regression was run to predict the multicultural competence total score and its four subscales scores (multicultural counseling skills, multicultural counseling awareness, multicultural counseling relationship, and multicultural counseling knowledge) based on ethnic identity, number of multicultural courses, and exposure to working with ethnic minorities. There was independence of residuals as assessed by a Durbin-Watson statistic of 1.91. There was homoscedasticity, as assessed by visual inspection of a plot of studentized residuals versus unstandardized predicted values. The assumption of normality was met, as assessed by a P-Plot. Multicollinearity among the main study variables was assessed via multicollinearity diagnostics (i.e., Tolerance and variance inflation factor; VIF). Multicollinearity becomes problematic when tolerance values are below 0.1 and VIF values exceeds 10. An inspection of the data showed that tolerance values ranged from .91 to .97, and VIF values did not exceed 10; as such, multicollinearity was not a problem.

Ethnic identity and number of multicultural courses statistically significantly predicted multicultural competence as measured by the MCI total score, $F(3, 71) = 6.31, p < .05, R^2 = .21$, and adjusted $R^2 = .18$, but exposure to working with ethnic minorities was not a predictor for the model ($p = .63$) Table 4 displays the unstandardized regression coefficients, standard error of the coefficient, standardized coefficient, t-value, and significance for each of the predictor variables.

Table 4. Summary of Multiple Regression Analysis for MCI Total Score

Variable	<i>B</i>	SE B	β	T	<i>P</i>
Constant	2.40	.20		12.12	.00*
MEIM Total Score	.16	.06	.31	2.79	.01*
No. of Multicultural Courses	.06	.03	.25	.25	.03*
Exposure to Ethnic Minorities	.02	.04	.05	.48	.63

Note. * $p < .05$; B = unstandardized regression coefficient; SE B = standard error of the coefficient; β = standardized coefficient

Ethnic identity statistically significantly predicted multicultural competence as measured by the MCI Skills subscale, $F(3, 71) = 6.07$, $p < .05$, $R^2 = .20$, and adjusted $R^2 = .17$, but number of multicultural courses ($p = .49$) and exposure to working with ethnic minorities ($p = .53$) were not predictors for the model. Table 5 displays the unstandardized regression coefficients, standard error of the coefficient, standardized coefficient, t-value, and significance for each of the predictor variables.

Table 5. Summary of Multiple Regression Analysis for MCI Skills Subscale

Variable	B	SE B	β	T	P
Constant	2.40	.29		8.26	.00*
MEIM Total Score	.31	.08	.41	3.72	.00*
No. of Multicultural Courses	.03	.04	.08	.70	.49
Exposure to Ethnic Minorities	.03	.05	.07	.63	.53

Note. * $p < .05$; B = unstandardized regression coefficient; SE B = standard error of the coefficient; β = standardized coefficient

Ethnic identity statistically significantly predicted multicultural competence as measured by the MCI Awareness subscale, $F(3, 71) = 6.07$, $p < .05$, $R^2 = .20$, and adjusted $R^2 = .17$, but number of multicultural courses ($p = .07$) and exposure to working with ethnic minorities ($p = .27$) was not statistically significant. Table 6 displays the unstandardized regression coefficients, standard error of the coefficient, standardized coefficient, t-value, and significance for each of the predictor variables.

Table 6. Summary of Multiple Regression Analysis for MCI Awareness Subscale

Variable	B	SE B	β	T	P
Constant	2.11	.32		6.54	.00*
MEIM Total Score	.26	.09	.31	2.79	.01*
No. of Multicultural Courses	.08	.04	.21	1.88	.07
Exposure to Ethnic Minorities	.06	.06	.12	1.10	.27

Note. * $p < .05$; B = unstandardized regression coefficient; SE B = standard error of the coefficient; β = standardized coefficient

Ethnic identity statistically significantly predicted multicultural competence as measured by the MCI Relationship subscale, $F(3, 71) = 3.63$, $p < .05$, $R^2 = .13$, and adjusted $R^2 = .10$, but number of multicultural courses ($p = .21$) and exposure to working with ethnic minorities ($p = .70$) was not statistically significant. Table 7 displays the unstandardized regression coefficients, standard error of the coefficient, standardized coefficient, t-value, and significance for each of the predictor variables.

Table 7. Summary of Multiple Regression Analysis for MCI Relationship Subscale

Variable	<i>B</i>	SE B	β	T	P
Constant	2.64	.28		9.59	.00*
MEIM Total Score	-.25	.08	-.37	-3.23	.00*
No. of Multicultural Courses	.05	.04	.15	1.27	.21
Exposure to Ethnic Minorities	-.02	.05	-.04	-.38	.70

Note. * $p < .05$; B = unstandardized regression coefficient; SE B = standard error of the coefficient; β = standardized coefficient

Ethnic identity and number of courses statistically significantly predicted multicultural competence as measured by the MCI Knowledge subscale, $F(3, 71) = 4.58$, $p < .05$, $R^2 = .16$, and adjusted $R^2 = .13$, but exposure to working with ethnic minorities ($p = .83$) was not statistically significant. Table 8 displays the unstandardized regression coefficients, standard error of the coefficient, standardized coefficient, t-value, and significance for each of the predictor variables.

Table 8. Summary of Multiple Regression Analysis for MCI Knowledge Subscale

Variable	<i>B</i>	SE B	β	T	P
Constant	2.50	.38		8.10	.00*
EI Total Score	.21	.088	.27	2.42	.02*
No. of Multicultural Courses	.08	.040	.23	2.04	.04*
Exposure to Ethnic Minorities	-.01	.055	-.02	-.21	.83

Note. * $p < .05$; B = unstandardized regression coefficient; SE B = standard error of the coefficient; β = standardized coefficient

This researcher then looked at the two largest ethnic groups within the overall sample (i.e. Latinx and White). The sample consisted of $n = 23$ (31.5%) White participants and $n = 50$ (68.5%) Latinx participants for a total of $n = 73$ participants. From this sample, there were 62 females and 11 males. Participants indicated that they had lived in the United States ranging from 19 years to 66 years ($M=38.07$, $SD=9.25$) and age ranged from 25 to 73 ($M = 38.07$, $SD = 9.25$).

Correlation analyses were conducted to assess the relationship between number of years in the U.S., graduation year, exposure working with ethnic minorities, gender, age, ethnic identity, and the multicultural competence total score and its four subscales scores (multicultural counseling skills, multicultural counseling awareness, multicultural counseling relationship, and multicultural counseling knowledge). There was a statistically significant, moderate negative correlation between number of years in the U.S. and graduation year, $r(70) = -.48$, $p < .001$, number of years in the U.S and ethnic identity $r(71) = -.33$, $p < .001$, and a statistically significant, strong positive correlation between number of years in the U.S. and age $r(71) = .96$, $p < .001$. There were no statistically significant correlations between number of years in the U.S. and gender ($p = .58$), exposure working with ethnic minorities ($p = .68$), and MCI total score ($p = .53$). There was a statistically significant, moderate negative correlation between graduation year and age, $r(70) = -.49$, $p < .001$. There were no statistically significant correlations between graduation year and gender ($p = .90$), graduation year and ethnic identity ($p = .90$), graduation year and exposure working with ethnic minorities ($p = .73$), and graduation year and MCI total score ($p = .07$). There was a statistically significant, moderate negative correlation between age and ethnic identity, $r(71) = -.29$, $p < .05$. There were no statistically significant correlations between age and gender ($p = .72$), age and exposure working with ethnic minorities ($p = .73$),

and age and MCI total score ($p = .45$). There were no statistically significant correlations between gender and ethnic identity ($p = .24$), gender and exposure working with ethnic minorities ($p = .11$), and gender and MCI total score ($p = .32$). There was a statistically significant, moderate positive correlation between ethnic identity and MCI total score, $r(71) = .38, p < .05$. There was no statistically significant correlations between ethnic identity and exposure working with ethnic minorities ($p = .53$). Table 9 presents the correlations for number of years in the U.S., graduation year, exposure working with ethnic minorities, gender, age, ethnic identity, and the MCI total score.

Table 9. Correlation Matrix for Variables and MCI Total Score

Variable	1	2	3	4	5	6	7
1. Number of Years in the U.S.	-						
2. Graduation Year	-.48**	-					
3. Age	.96**	-.49**	-				
4. Gender	-.07	.02	-.04	-			
5. MEIM Total Score	-.33**	-.02	-.29**	.14	-		
6. Exposure to Ethnic Minorities	.05	-.04	.04	.19	.08	-	
7. MCI Total Score	.07	-.21	.09	.12	.38**	.11	-

** . Correlation is significant at the 0.01 level (2-tailed).

There were no statistically significant correlations between number of years in the U.S. and MCI Skills ($p = .85$), graduation year and MCI Skills ($p = .06$), age and MCI Skills ($p = .78$), gender and MCI Skills ($p = .23$), and exposure working with ethnic minorities and MCI Skills ($p = .46$). There was a statistically significant, moderate positive correlation between ethnic identity and MCI Skills, $r(71) = .44, p < .001$. Table 10 presents the correlations for number of years in the U.S., graduation year, exposure working with ethnic minorities, gender, age, ethnic identity, and MCI Skills.

Table 10. Correlation Matrix for Variables and MCI Skills Subscale

Variable	1	2	3	4	5	6	7
1. Number of Years in the U.S.	-						
2. Graduation Year	-.48**	-					
3. Age	.96**	-.49**	-				

4. Gender	-.07	.01	-.04	-			
5. MEIM Total Score	-.33**	.02	-.29**	.14	-		
6. Exposure to Ethnic Minorities	.05	-.04	.04	.19	.08	-	
7. MCI Skills	-.02	-.22	-.03	.14	.44**	.09	-

** . Correlation is significant at the 0.01 level (2-tailed).

There were no statistically significant correlations between number of years in the U.S. and MCI Awareness ($p = .54$), graduation year and MCI Awareness ($p = -.16$), age and MCI Awareness ($p = .10$), gender and MCI Awareness ($p = .16$), and exposure working with ethnic minorities and MCI Awareness ($p = .16$). There was a statistically significant, moderate positive correlation between ethnic identity and MCI Awareness, $r(71) = .38$, $p < .001$. Table 11 presents the correlations for number of years in the U.S., graduation year, exposure working with ethnic minorities, gender, age, ethnic identity, and MCI Awareness.

Table 11. Correlation Matrix for Variables and MCI Awareness Subscale

Variable	1	2	3	4	5	6	7
1. Number of Years in the U.S.	-						
2. Graduation Year	-.48**	-					
3. Age	.96**	-.49**	-				
4. Gender	-.07	.01	-.04	-			
5. MEIM Total Score	-.33**	.02	-.29**	.14	-		
6. Exposure to Ethnic Minorities	.05	-.04	.04	.19	.08	-	
7. MCI Awareness	.07	-.16	.09	.16	.38**	.16	-

** . Correlation is significant at the 0.01 level (2-tailed).

There were no statistically significant correlations between number of years in the U.S. and MCI Relationship ($p = .14$), graduation year and MCI Relationship ($p = .30$), age and MCI Relationship ($p = .08$), gender and MCI Relationship ($p = .20$), and exposure working with ethnic minorities and MCI Relationship ($p = .82$). There was a statistically significant, moderate negative correlation between ethnic identity and MCI Relationship, $r(71) = -.31$, $p < .05$. Table 12 presents the correlations for number of years in the U.S., graduation year, exposure working with ethnic minorities, gender, age, ethnic identity, and MCI Relationship.

Table 12. Correlation Matrix for Variables and MCI Relationship Subscale

Variable	1	2	3	4	5	6	7
1. Number of Years in the U.S.	-						
2. Graduation Year	-.48**	-					
3. Age	.96**	-.49**	-				
4. Gender	-.07	.02	-.04	-			
5. MEIM Total Score	-.33**	.02	-.29**	.14	-		
6. Exposure to Ethnic Minorities	.05	-.04	.73	.11	.08	-	
7. MCI Relationship	.18	.13	.21	-.15	-.31**	-.03	-

** . Correlation is significant at the 0.01 level (2-tailed).

There were no statistically significant correlations between number of years in the U.S. and MCI Knowledge ($p = .84$), graduation year and MCI Knowledge ($p = .05$), age and MCI Knowledge ($p = .80$), gender and MCI Knowledge ($p = .40$), and exposure working with ethnic minorities and MCI Knowledge ($p = .63$). There was a statistically significant, moderate positive correlation between ethnic identity and MCI Knowledge, $r(71) = .36, p < .05$. Table 13 presents the correlations for number of years in the U.S., graduation year, exposure working with ethnic minorities, gender, age, ethnic identity, and MCI Knowledge.

Table 13. Correlation Matrix for Variables and MCI Knowledge Subscale

Variable	1	2	3	4	5	6	7
1. Number of Years in the U.S.	-						
2. Graduation Year	-.48**	-					
3. Age	.96**	-.49**	-				
4. Gender	-.07	.02	-.04	-			
5. MEIM Total Score	-.33**	.02	-.29**	.14	-		
6. Exposure to Ethnic Minorities	.05	-.04	.04	.19	.08	-	
7. MCI Knowledge	.02	-.23	.03	.10	.36**	.06	-

** . Correlation is significant at the 0.01 level (2-tailed).

This researcher then ran multiple regression with the Latinx and white sample to predict the multicultural competence total score and its four subscales scores (multicultural counseling skills, multicultural counseling awareness, multicultural counseling relationship, and multicultural counseling knowledge) based on age, number of years in the U.S., gender, ethnicity, ethnic identity, number of multicultural courses, and exposure to working with ethnic

minorities. Ethnic identity, ethnicity, number of multicultural courses statistically significantly predicted multicultural competence as measured by the MCI total score, $F(7, 60) = 3.53$, $p < .05$, $R^2 = .29$, and adjusted $R^2 = .21$. Age ($p = .25$), but number of years in the U.S. ($p = .27$), gender ($p = .21$), and exposure to working with ethnic minorities ($p = .77$) were not predictors for the model. Table 14 displays the unstandardized regression coefficients, standard error of the coefficient, standardized coefficient, t-value, and significance for each of the predictor variables.

Table 14. Summary of Multiple Regression Analysis for MCI total score with White and Latinx sample

Variable	<i>B</i>	SE B	β	T	<i>P</i>
Constant	2.36	.31		7.60	.00*
Age	-.01	.01	-.50	-1.16	.25
Number of years in the U.S.	.01	.01	.46	1.11	.27
Gender	.11	.09	.14	1.27	.21
Ethnicity	-.20	.09	-.35	-2.12	.04*
MEIM Total Score	.27	.08	.52	3.40	.00*
No. of Multicultural Courses	.06	.03	.27	2.34	.02*
Exposure to Ethnic Minorities	-.01	.04	-.03	-.30	.77

Note. * $p < .05$; *B* = unstandardized regression coefficient; SE B = standard error of the coefficient; β = standardized coefficient

Ethnic identity statistically significantly predicted multicultural competence as measured by the MCI Skills subscale, $F(7, 60) = 2.77$, $p < .05$, $R^2 = .24$, and adjusted $R^2 = .16$. Age ($p = .22$), but number of years in the U.S. ($p = .20$), gender ($p = .23$), ethnicity ($p = .73$), number of multicultural courses ($p = .35$) and exposure to working with ethnic minorities ($p = .99$) were not predictors for the model. Table 15 displays the unstandardized regression coefficients, standard error of the coefficient, standardized coefficient, t-value, and significance for each of the predictor variables.

Table 15. Summary of Multiple Regression Analysis for MCI Skills with White and Latinx sample

Variable	<i>B</i>	SE B	β	T	<i>P</i>
Constant	2.21	.47		4.72	.00*
Age	-.02	.02	-.54	-1.22	.22
Number of years in the U.S.	.02	.02	.56	1.31	.20

Gender	.16	.13	.14	1.22	.23
Ethnicity	-.05	.14	-.06	-.35	.73
MEIM Total Score	.35	.12	.46	2.90	.00*
No. of Multicultural Courses	.04	.04	.11	.94	.35
Exposure to Ethnic Minorities	-.00	.06	-.00	-.02	.99

Note. * $p < .05$; B = unstandardized regression coefficient; SE B = standard error of the coefficient; β = standardized coefficient

Ethnic identity and ethnicity statistically significantly predicted multicultural competence as measured by the MCI Awareness subscale, $F(7, 60) = 3.74$, $p < .05$, $R^2 = .30$, and adjusted $R^2 = .22$. Age ($p = .32$), number of years in the U.S. ($p = .32$), gender ($p = .16$), number of multicultural courses ($p = .08$) and exposure to working with ethnic minorities ($p = .96$) were not predictors for the model. Table 16 displays the unstandardized regression coefficients, standard error of the coefficient, standardized coefficient, t-value, and significance for each of the predictor variables.

Table 16. Summary of Multiple Regression Analysis for MCI Awareness with White and Latinx sample

Variable	B	SE B	β	T	P
Constant	2.04	.48		4.22	.00*
Age	-.02	.02	-.42	-.99	.32
Number of years in the U.S.	.02	.02	.41	1.01	.32
Gender	.19	.14	.16	1.42	.16
Ethnicity	-.38	.14	-.43	-2.64	.01*
MEIM Total Score	.46	.12	.58	3.77	.00*
No. of Multicultural Courses	.08	.04	.21	1.80	.08
Exposure to Ethnic Minorities	.00	.06	.00	.06	.96

Note. * $p < .05$; B = unstandardized regression coefficient; SE B = standard error of the coefficient; β = standardized coefficient

Age ($p = .64$), number of years in the U.S. ($p = .44$), gender ($p = .74$), ethnicity ($p = .10$), ethnic identity ($p = .20$), number of multicultural courses ($p = .23$), and exposure to working with ethnic minorities ($p = .70$), were not statistically significant predictors for the model predicting multicultural competence as measured by the MCI Relationship subscale ($p = .09$). Table 17 displays the unstandardized regression coefficients, standard error of the coefficient, standardized coefficient, t-value, and significance for each of the predictor variables.

Table 17. Summary of Multiple Regression Analysis for MCI Relationship with White and Latinx sample

Variable	<i>B</i>	SE <i>B</i>	β	T	<i>P</i>
Constant	2.84	.45		6.68	.00*
Age	.01	.02	.22	.48	.64
Number of years in the U.S.	-.01	.02	-.35	-.78	.44
Gender	-.04	.12	-.04	-.33	.74
Ethnicity	-.21	.13	-.30	-1.67	.10
MEIM Total Score	-.14	.11	-.22	-1.31	.20
No. of Multicultural Courses	.05	.04	.16	1.21	.23
Exposure to Ethnic Minorities	-.02	.06	-.05	-.39	.70

Note. * $p < .05$; *B* = unstandardized regression coefficient; SE *B* = standard error of the coefficient; β = standardized coefficient

Age ($p = .36$), number of years in the U.S. ($p = .38$), gender ($p = .51$), ethnicity ($p = .27$), ethnic identity ($p = .02$), number of multicultural courses ($p = .04$), and exposure to working with ethnic minorities ($p = .68$), were not statistically significant predictors for the model predicting multicultural competence as measured by the MCI Knowledge subscale ($p = .05$). Table 18 displays the unstandardized regression coefficients, standard error of the coefficient, standardized coefficient, t-value, and significance for each of the predictor variables.

Table 18. Summary of Multiple Regression Analysis for MCI Knowledge with White and Latinx sample

Variable	<i>B</i>	SE <i>B</i>	β	T	<i>P</i>
Constant	2.46	.49		4.97	.00*
Age	-.02	.02	-.42	-.93	.36
Number of years in the U.S.	.02	.02	.39	.89	.38
Gender	.09	.14	.08	.66	.51
Ethnicity	-.16	.15	-.20	-1.11	.27
MEIM Total Score	.30	.13	.40	2.41	.02*
No. of Multicultural Courses	.09	.04	.26	2.11	.04*
Exposure to Ethnic Minorities	-.03	.06	-.05	-.41	.68

Note. * $p < .05$; *B* = unstandardized regression coefficient; SE *B* = standard error of the coefficient; β = standardized coefficient

CHAPTER 5

Summary

The purpose of this study was to examine the perceived multicultural counseling competencies of graduates of Our Lady of the Lake's (OLLU) Masters in Psychology program located in San Antonio, Texas, many whom identified as Latinx. San Antonio is the second most populous city in Texas with a population of 1.3 million, 63.2% of whom identify as Latinx, and OLLU is a Hispanic Serving Institution (HSI), with Latinx students making up 60% of the student body. Although the field of psychology emphasizes multicultural training in graduate school, there is insufficient literature on the effectiveness of training programs. Such research is needed to help determine which training interventions are most effective with its students and which efforts help create culturally sensitive mental health professionals (Pope-Davis, Reynolds, Dings, & Nielson, 1995). Hence, data obtained from this study could help provide information on strengths of OLLU's program as well as areas for continued growth in the area of multicultural training, especially as it relates to its Latinx student population.

Research questions that guided this study were the following: (1) In OLLU graduates, are there differences on multicultural competence ratings based on ethnicity? (2) What is the relationship between ethnic identity, completing additional OLLU multicultural coursework and greater exposure to working with ethnic minorities as it relates to levels of multicultural competence? The sample for this study consisted of 80 participants who were graduates of OLLU's Masters in Psychology program and completed their degree in Marriage & Family Therapy ($n = 47$), Counseling Psychology ($n = 30$), and School Psychology ($n = 3$). Participants

included 67 females and 13 males, ranging in age from 25 to 66. All participants completed a demographic questionnaire, the Multicultural Counseling Inventory (MCI), and the Multigroup Ethnic Identity Measure (MEIM).

Discussion of the Findings

The present study found that there were no differences in regards to ethnicity and multicultural counseling competencies. These results are counter to some previous research (Dickson & Jepsen, 2007) which found that African American and Latinx students reported higher levels of multicultural awareness than did White students. A potential explanation could be that participants that graduated OLLU's program were exposed to outside influences besides coursework, such as interactions with other peers and faculty from diverse racial and ethnic backgrounds in their classes, or were actively involved in activities that helped shape some of their cultural awareness and sensitivity. For example, Diaz-Lazaro & Cohen (2001) found that students who actively involved themselves in cultural events and in meaningful discussions about cultural values with someone of a different culture helped with the skills and knowledge domain, as measure by the Multicultural Awareness, Knowledge, and Skills Survey. Due to San Antonio's predominately Latinx population, it is likely that participants have participated in cultural events that the city puts on throughout the year to celebrate the city's Latinx heritage. However, when this researcher looked at only the two largest demographic samples within the overall sample (i.e, Latinx and White participants), there was an inverse relationship between ethnicity as it related to the MCI total score and MCI Awareness subscale, with a decrease in scores for students who identified as Latinx. There were no statistically significant correlations between number of years in the U.S, graduation year, age, gender, and exposure working with ethnic minorities and multicultural counseling competencies. Further, number of years in the

U.S, graduation year, age, gender, and exposure working with ethnic minorities were not predictors of multicultural counseling competences as it related to multicultural skills, awareness, relationship, and knowledge with the Latinx and White sample. Number of multicultural courses, ethnic identity, and ethnicity predicted higher levels of multicultural competence as measured by the MCI total score for the White participants.

One potential explanation could be that being a student at an HSI and living in a city with a large Mexican American population gives White students the opportunity to interact with individuals from a different background. For example, Coleman's (2006) study looking at components of multicultural training that influenced students' level of multicultural counseling found that ethnic minority students seemed to benefit more from the didactic component while White students valued interactions with peers from diverse racial and ethnic backgrounds in their classes. Another potential explanation could be that OLLU participants who are Latinx may not be as influenced by interactions with their peers given that OLLU's student population is 60% Latinx, meaning that most of their peers in classes are likely to be similar in cultural and ethnic background.

Results also found that ethnic identity and number of multicultural courses predicted higher levels of multicultural competence as measured by the MCI total score and knowledge subscale, but exposure to working with racial/ethnic minorities was not a predictor. D.W. Sue & Sue (2008) have suggested that understanding one's demographic background could be instrumental in improving multicultural counseling competencies, while multicultural coursework appears to be an important training element that can lead to increased levels of multicultural knowledge, awareness, and skills (Dickson & Jepsen, 2007), areas which the MCI measures. These findings offer support for a similar study by Chao (2013), who looked at the

relationship between multicultural training (i.e., multicultural courses, workshops, and research projects), racial/ethnic identity levels, and school counselors' multicultural counseling competency. Results from this study revealed no significant differences in levels of multicultural competence when White and racial/ethnic minority school counselors had higher levels of racial/ethnic identity. Thus, working with racial/ethnic minorities may be a way for individuals to demonstrate and strengthen their cultural competence but may not be a way to develop it.

Ethnic identity was found to have a moderate, positive correlation with multicultural competence as measured by the MCI total score and its four subscales with the Latinx and White sample. Ethnic identity was also found to be a significant predictor of higher levels of multicultural competence when it came to multicultural skills, awareness, and relationship for the overall sample, but number of multicultural courses and exposure working with ethnic minorities was not a predictor in these subscales. Ethnic identity was also found to be a significant predictor for multicultural competence when it came to multicultural skills in the Latinx and White sample. It is possible that those participants with a strong ethnic identity are culturally self-aware and therefore recognize when they have to apply culturally sensitive skills when working with diverse clients. Ethnic identity may help students be more aware about their racial and ethnic identity influences their clinical work and their relationships with clients.

Implications

Based on the findings, OLLU's Master of Psychology program trains a high percentage of Latinx students, many of whom are either working towards licensure, currently licensed as mental health professionals (i.e., Licensed Professional Counselor, Licensed Marriage and Family Therapist, Licensed Specialist in School Psychology), or who continued their studies by pursuing a doctoral degree in psychology and are licensed psychologists. This is important given

that as of 2016, only five percent of psychologists identified as Latinx. Although there was an increase in percentage (76%) of Latinx psychologists from 2007 to 2016, this number is still not representative of the overall Latinx population in the U.S. (APA, 2018). Most studies regarding multicultural competence have been conducted using data from a predominately White student population or national counselor databases with a predominately White sample. This study further adds to the literature regarding multicultural competence with graduates from an HSI whose focus is on multiculturalism, and by having a more diverse sample, as more than half of the participants self-identified as Latinx. OLLU's psychology program intently focuses on cultural and linguistic competence which is demonstrated by its cultural competence statement on their psychology website, as well as by the ability to take additional coursework that is geared towards understanding and gaining knowledge about the Latinx culture. Given its location in San Antonio, Texas, nearly all participants reported that their caseload consisted of ethnic minority clients. OLLU's focus on linguistic competence incorporates APA's most current multicultural guidelines (2017) as it relates to the importance of the role of language in interactions with others. In particular, part of the guidelines state:

Psychologists can seek to recognize the cognitive and affective components of bilingualism and multilingualism, psychological meanings associated with each language, and the connection between cultural values and identity associated with each language (Akhtar, 2011). ... Psychologists are encouraged to understand the cultural experience and reality expressed by the client as represented by language. To this end, psychologists may also engage in code-switching, engaging both professional and personal language to more fully enter and participate in the client's world (Javier, 2007).

Approximately one third of graduates from the program completed OLLU's Psychological Services for Spanish Speaking Populations (PSSSP) certification. Latinxs with limited English proficiency may not be fluent enough to explain their mental health problems or participate in counseling services (Keyes et al., 2012; Semansky et al., 2009), which is one of the many barriers this population faces. Spanish remains the dominant language in cities with a large Latinx population (Pew Research Center, 2017). The National Survey of Latinos in 2016 reported that 60% of individuals living in the San Antonio metro area, ages 5 and up, predominately speak Spanish at home. Currently, there is limited information available on the number of bilingual mental health professionals and most demographic information available is mostly related to how mental health providers self-identify in terms of race/ethnicity (Delgado-Romero et al., 2018). Thus, providing students with the opportunity to receive formal training in providing bilingual (Spanish-English) services meets a growing need to increase the number of mental health professionals who provide services in Spanish, especially in states with a large Latinx and Spanish-speaking population such as Texas. A study by Verdinelli and Biever (2009) showed that bilingual participants that did not receive any formal bilingual training and supervision were often not satisfied with the supervision received due to a lack of supervision in Spanish, having supervisors with limited Spanish-language skills, or having supervisors who were not culturally competent, particularly as it related to Latinx cultural issues. When participants received bilingual supervision, they reported feeling that bilingual supervisors were better able to address questions or concerns, and reported being satisfied in receiving feedback in order to improve their language skills. There are few psychology graduate programs in the United States that offer bilingual training and supervision, making OLLU's PSSSP certification a unique training opportunity that offers students the support they need. The certification option

for bilingual students helps meets some of the guidelines that the National Latinx Psychological Association (NLPA) created, particularly when it comes to the issue of language, which states:

Language considerations are multifaceted and complex. NLPA members are urged to fully consider language as part of social justice and advocacy. These considerations include but are not limited to: advocating for multilingualism in education, using only qualified and trained interpreters (versus family members or untrained staff), and ensuring that there is a licensed and qualified speaker as a supervisor when providing psychological services in a language other than English. ... NLPA advocates that all people engaging in bilingual or multilingual practice have available appropriate supervisory or consultative relationships that protect the client, the trainee, and ensure the best service is delivered (Domenech Rodríguez, Gallardo, Capielo, Delgado-Romero, & Field, 2017).

All masters students are allowed to take any of the courses offered without having to complete the certification which allows for additional learning about the Latinx culture, such as learning about cultural identity and development, acculturation and assimilation, and within-group cultural diversity. This in turn can be helpful in clinical practice as students can learn to develop interventions that are tailored to work with Latinx clients as well as increase ethnic identity. In addition, due to the cost of taking additional coursework, students who are bilingual and are only able to take some of the additional classes can still serve the Spanish-speaking population. For example, Delgado-Romero and colleagues (2018) describe language brokering in mental health as the process by which mental health professionals, who are trained and supervised in English, work with Latinx individuals both culturally and linguistically to reduce barriers in therapy. This can include bilingual speakers who are of another race/ethnicity besides

Latinx, which could help increase the bilingual workforce. More importantly, giving clients the opportunity to switch back and forth between languages given that the therapist understands both languages, further allows clients to express their thoughts and emotions and may lead to more effective work in sessions (Delgado-Romero et al., 2018; Valencia-Garcia & Montoya, 2018). The cost of attending OLLU, a private university, can be a barrier for students. For example, the 2019-2020 cost per hour for master's level coursework at OLLU is \$907 per hour, with limited assistantships to cover the costs, compared to an average of \$333 per hour at a public university in Texas (Texas Higher Education Coordinating Board, 2019). Despite this cost, one third of the participants elected to complete the certification even though it requires fifteen hours of additional coursework, which could be related to the strong commitment participants place on serving the Spanish-speaking community in a way that is culturally and linguistically competent. Code switching and navigating two languages can be challenging, stressful, and could lead to burnout. However, research shows that Spanish-speaking clinicians experience greater satisfaction and lower burnout with their work (Teran, Fuentes, Atallah, & Yang, 2017). These findings could be explained by the significant pride and satisfaction in providing psychotherapy in Spanish to an underserved population (Delgado-Romero et al., 2018).

A core principle of counseling psychology is a strong commitment to diversity. Thus, the goal of this study was to look at how one particular graduate program addresses multicultural competence in its students to help meet the mental health needs of a traditionally underserved population. Ethnic identity was a constant predictor for multicultural competence and therefore OLLU's diverse student population and focus on cultural and linguistic competence likely encourages students to become more self-aware of their cultural values or biases when working with their clients. A study by Curtis-Boles and Bourg (2010) highlighted ethnic identity

development as an area that can affect learning in multicultural classes. The authors state that depending on the students' ethnic identity development, they will gain different insights from different aspects of multicultural coursework and exercises. For example, students who had less cultural knowledge and learned information about different cultural groups showed an increase in self-awareness as well as appreciation for their own ethnic group. OLLU provides students various opportunities to work towards multicultural competence, including additional multicultural coursework, a diverse student population, and provides an environment that is appreciative of cultural diversity as seen by its diversity statement listed on its website. By serving a population that is predominately Latinx, students are likely already engaging in conversations and discussions about multiculturalism in many of their classes, outside of the required multicultural coursework. Perhaps students can be provided additional ways to understand their racial/ethnic identity given that research shows that low levels of racial/ethnic identity relate to lower levels of multicultural competence, which can impact students' ability to effectively serve diverse populations (Chao, 2013). Students could be given time in class or during supervision to reflect on their beliefs, values, and biases, and ways in which their worldview can impact the therapy process.

Providing students a safe space to process their learning either in class or supervision, is suggested to be one aspect of a multicultural training environment, such that students and faculty feel valued and respected (Pope-Davis, Liu, Nevitt, & Toporek, 2000) Researchers have found that when students do not feel they are in a safe learning environment, they may become detached from the class and lose the opportunity to learn out of fear of saying something wrong (Pieterse, Lee, & Fetzer, 2016; Yoon et al., 2014). However, OLLU's graduate program has a culture that visibly values diversity, which in turn is more likely to create a climate that

facilitates developing multicultural competencies. Furthermore, OLLU's diverse student population appears to be a strength for creating multicultural knowledge and awareness. Curtis-Boles and Bourgh (2010) looked at experiences of students in a multicultural course, most of whom were predominately White. The students wrote journal entries, shared experiences, and learned from each other by having open discussions about race and culture. Their study revealed that towards the end of the course, the majority of students reported increased empathy for the oppression of others, and all students involved reporting increased cultural knowledge and awareness.

Limitations

The results in this study must be interpreted within the context of its limitations. First, the study focused on graduates of the Masters in Psychology program at OLLU and therefore the unique characteristics of the participants may limit the generalization of the results. There may be unique characteristics about the participants who chose to attend this particular graduate program at an HSI which emphasizes cultural and linguistic diversity, that make this sample unique. The response and completion rate of the survey is another limitation. Data obtained from OLLU's website states that since being accredited by COAMFTE in 2014, there have been 65 students who have graduated with the MFT concentration, but data from previous years is not available. The retrospective self-reporting nature of this study could present challenges related to accuracy of report as well. Participants may experience limited recollection of the number of ethnic minorities served or the number of multicultural courses taken. Also, ethnic minorities were not specifically identified by this researcher as those being Latinx, African American, or of another cultural group other than White, and therefore Latinx participants may not have necessarily identified Latinx clients as being ethnic minorities in a city (i.e. San Antonio) that

has more than half of their population identify as Mexican or Mexican American. Another limitation is that participants were not asked to specify their place of employment or practicum placements which could impact whether participants worked with ethnic minorities or not. Research has shown that Mexicans lack health insurance at a higher rate (43.3%) and that overall, Latinx people on average have a higher rate of being uninsured when compared to the White population (Doty, Blumenthal, & Collins, 2014). This in turn causes many without health insurance often go to community clinics and depending on where participants are providing services, could lead to lower or higher rates of working with racial and ethnic minorities. Due to the high cost of attending a private university, participants with a large student loan debt from attending OLLU may choose to work at places that pay higher which would likely be places that serve people with insurance. The utilization of self-report instruments in measuring multicultural competence is another limitation. Research findings have indicated differences between self-report scores and independent observer ratings of multicultural competence as well as differences between self-reported attitudes and actual behaviors related to multicultural competence, suggesting that multicultural competence instruments may actually be measuring multicultural self-efficacy (Cartwright et al., 2008; Constantine & Ladany, 2000).

There may also be differences in the number of multicultural courses offered based on when participants were enrolled in the program. For example, the PSSSP certification was initially developed in 1997 to include three graduate level courses and has now increased to five graduate level courses. Therefore, participants who graduated before the certification program was implemented did not have the option of taking any of the courses currently offered to students. In addition, those participants who went on to complete doctorate degrees in psychology may have taken additional multicultural coursework as part of their doctoral training.

Also, participants who are currently licensed or working towards licensure may have taken additional trainings or seminars as part of continuing education credits to keep up with licensing requirements. Taking additional coursework, trainings, or seminars related to multicultural issues could possibly have influenced measure outcomes. Additionally, a baseline did not exist thus the investigator did not have a comparison for scores before participants embarked on their graduate training to see if there were any differences before and after completion of the program.

Future Directions

Future studies should look at multicultural competence and ethnic identity scores for students at the beginning and end of each year during the program, and upon graduation to observe any differences across time. Given that there may be a difference between self-report scores and independent observer ratings of multicultural competence, future research should incorporate data from multiple informants such as supervisors or clients. OLLU uses a live supervision model for beginning practicum students and supervisors can rate students while observing them as they conduct therapy in order to obtain a baseline and observe additional differences over time. Those results could be compared with self-reports line to see if there are any differences, which in turn could help guide any training aspects of the program. Future studies might also include doctoral students who have graduated from the program and compare results with those who completed the master's program. Future studies could also be more specific in regards to how participants count the number of ethnic minorities served (i.e., report an actual number) or could use the number of clinical hours working with ethnic minority clients if this information can be obtained from any record keeping devise that tracks clinical hours such as Time to Track. Additionally, participants could report specify their employment and practicum opportunities in order to gain additional information on the population served based

on setting. Program evaluation tools such as the Multicultural Competency Checklist (MCC, Ponterotto, Alexander, & Grieger, 1995) and the Multicultural Environment Inventory (MEI; Pope-Davis, Liu, Nevitt, & Toporek, 2000), could be other measures to include in future studies to look at the impact that the training environment has on multicultural counseling competencies.

REFERENCES

- Ahmed, S., Wilson, K. B., Henriksen, R. C., & Jones, J. W. (2011). What does it mean to be a culturally-competent counselor? *Journal for Social Action in Counseling & Psychology*, 3(1), 17-28. Retrieved from <https://openjournals.bsu.edu/jsacp/article/view/329>
- Alvidrez, J., Azocar, F., & Miranda, J. (1996). Demystifying the concept of ethnicity for psychotherapy researchers. *Journal of Consulting and Clinical Psychology*, 64(5), 903-908. doi:10.1037/0022-006X.64.5.903
- American Psychological Association. (2018). *Demographics of the U.S. psychology workforce: Findings from the 2007-16 American Community Survey*. Washington, DC. Retrieved from <https://www.apa.org/workforce/publications/16-demographics/index>
- American Psychological Association. (2006.) *Guidelines and Principles for Accreditation of Programs in Professional Psychology (G&P)*. Retrieved from <http://www.apa.org/ed/accreditation/about/policies/guiding-principles.pdf>
- American Psychological Association. (1990) *Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations*. Retrieved from <https://www.apa.org/pi/oema/resources/policy/provider-guidelines>
- American Psychological Association. (2002). *Guidelines on Multicultural Education, Training,*

- Research, Practice, and Organizational Change for Psychologists*. American Psychologist, 58(5):377-402. doi: 10.1037/0003-066X.58.5.377
- American Psychological Association. (2017). *Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality*. Retrieved from <http://www.apa.org/about/policy/multicultural-guidelines.pdf>
- American Psychological Association. (2016). *Summary Report, Graduate Student in Psychology 2017: Student Demographics*. Retrieved from <https://www.apa.org/education/grad/survey-data/2017-student-demographics>
- Arellano-Morales, L., Roesch, S. C., Gallo, L. C., Emory, K. T., Molina, K. M., Gonzalez, P., Brondolo, E. (2015). Prevalence and correlates of perceived ethnic discrimination in the Hispanic Community Health Study/Study of Latinos sociocultural ancillary study. *Journal of Latina/o Psychology*, 3(3), 160–176. <https://doi-org.proxy-remote.galib.uga.edu/10.1037/lat0000040.supp> (Supplemental)
- Arredondo, P., & Arciniega, G. M. (2001). Strategies and techniques for counselor training based on the multicultural counseling competencies. *Journal of Multicultural Counseling and Development*, 29(4), 263-273. doi:10.1002/j.2161-1912.2001.tb00469.x
- Arredondo, P., Rosen, D. C., Rice, T., Perez, P., & Tovar-Gamero, Z. G. (2005). Multicultural counseling: A 10-Year content analysis of the Journal of Counseling & Development. *Journal of Counseling & Development*, 83(2), 155–161. Retrieved from <http://search.ebscohost.com.proxyremote.galib.uga.edu/login.aspx?direct=true&db=cin20&AN=104323691&site=eds-live>

- Arredondo, P., Toporek, R., Brown, S. P., Sanchez, J., Locke, D. C., Sanchez, J., & Stadler, H. (1996). Operationalization of the multicultural counseling competencies. *Journal of Multicultural Counseling & Development*, 24(1), 42-78. <https://doi-org.proxy-remote.galib.uga.edu/10.1002/j.2161-1912.1996.tb00288.x>
- Arredondo, P., Tovar-Blank, Z., & Parham, T. A. (2008). Challenges and promises of becoming a culturally competent counselor in a sociopolitical era of change and empowerment. *Journal of Counseling & Development*, 86(3), 261-268. doi:10.1002/j.1556-6678.2008.tb00508.x
- Arthur, N., & Achenbach, K. (2002). Developing multicultural counseling competencies through experiential learning. *Counselor Education & Supervision*, 42(1), 2. Retrieved from <https://doi-org.proxy-remote.galib.uga.edu/10.1002/j.1556-6978.2002.tb01299.x>
- Barden, S. M., & Greene, J. H. (2015). An investigation of multicultural counseling competence and multicultural counseling self-efficacy for counselors-in-training. *International Journal for the Advancement of Counselling*, 37(1), 41-53. doi:10.1007/s10447-014-9224-1
- Biever, J. L., Castano, M. T., Gonzalez, C., Servin-Lopez, S., Sprowls, C., & Tripp, C. G. (2002). The role of language in training psychologists to work with Hispanic clients. *Professional Psychology: Research & Practice*, 33(3), 330. doi:10.1037/0735-7028.33.3.330
- Biever, J. L., Gomez, J. P., Gonzalez, C. G., Patrizio, N. (2011). Psychological services to Spanish-speaking populations: A model curriculum for training competent professionals. *Training and Education in Professional Psychology*, 5(2), 81-87. doi:10.1037/a0023535;

10.1037/a0023535.supp

Bridges, A. J., Andrews, A. R. I., II, Villalobos, B. T., Pastrana, F. A., Cavell, T. A., & Gomez, D. (2014). Does integrated behavioral health care reduce mental health disparities for Latinos? Initial findings. *Journal of Latina/o Psychology*, 2(1), 37-53.

doi:10.1037/lat0000009

Bush, C. T. (2000). Eye on Washington: Cultural competence: Implications of the surgeon general's report on mental health. *Journal of Child and Adolescent Psychiatric Nursing: Official Publication of the Association of Child and Adolescent Psychiatric Nurses, Inc*, 13(4), 177-178. doi:10.1111/j.1744-6171.2000.tb00099.x|

Capielo, C., Delgado-Romero, E., & Stewart, A. E. (2015). A focus on an emerging Latina/o population: The role of psychological acculturation, acculturative stress, and coping on depression symptoms among Central Florida Puerto Ricans. *Journal of Latina/o Psychology*, 3(4), 209-223. doi:10.1037/lat0000039

Cartwright, B. Y., Daniels, J., & Zhang, S. (2008). Assessing multicultural competence: Perceived versus demonstrated performance. *Journal of Counseling & Development*, 86(3), 318-322. doi:10.1002/j.1556-6678.2008.tb00515.x

Castillo, L. G., Brossart, D. F., Reyes, C. J., Conoley, C. W., & Phoummarath, M. J. (2007). The influence of multicultural training on perceived multicultural counseling competencies and implicit racial prejudice. *Journal of Multicultural Counseling & Development*, 35(4), 243-254. doi:10.1002/j.2161-1912.2007.tb00064.x\

- Chao, R. C. (2013). Race/Ethnicity and multicultural competence among school counselors: Multicultural training, Racial/Ethnic identity, and color-blind racial attitudes. *Journal of Counseling & Development, 91*(2), 140-151. doi:10.1002/j.1556-6676.2013.00082.x
- Chu-Lien Chao, R. (2012). Racial/Ethnic identity, gender-role attitudes, and multicultural counseling competence: The role of multicultural counseling training. *Journal of Counseling & Development, 90*(1), 35-44. doi:10.1111/j.1556-6676.2012.00006.x|
- Coleman, H. L. K., Morris, D., & Norton, R. A. (2006). Developing multicultural counseling competence through the use of portfolios. *Journal of Multicultural Counseling & Development, 34*(1), 27-37. doi:10.1002/j.2161-1912.2006.tb00024.x
- Coleman, M. N. (2006). Critical incidents in multicultural training: An examination of student experiences. *Journal of Multicultural Counseling & Development, 34*(3), 168-182. doi:10.1002/j.2161-1912.2006.tb00036.x
- Constantine, M. G., & Ladany, N. (2000). Self-report multicultural counseling competence scales: Their relation to social desirability attitudes and multicultural case conceptualization ability. *Journal of Counseling Psychology, 47*(2), 155–164. doi:10.1037/0022-0167.47.2.155
- Constantine, M. G., Hage, S. M., Kindaichi, M. M., & Bryant, R. M. (2007). Social justice and multicultural issues: Implications for the practice and training of counselors and counseling psychologists. *Journal of Counseling & Development, 85*(1), 24-29. doi:10.1002/j.1556-6678.2007.tb00440.x

Council for Accreditation of Counseling & Related Educational Programs. (2016). 2016

CACREP Standards. Retrieved from <https://www.cacrep.org/for-programs/2016-cacrep-standards/>

Crockett L.J, Iturbide M. I., Torres R.A, McGinley, M., Raffaeli, M., Carlo, G.

(2007). Acculturative stress, social support, and coping: relations to psychological adjustment among Mexican American college students. *Cultural Diversity and Ethnic Minority Psychology*, 13, 347–355. doi: 10.1037/1099-9809.13.4.347

Curtis-Boles, H., & Bourgh, E. (2010). Experiences of students of color in a graduate-level diversity course. *Training and Education in Professional Psychology*, 4(3), 204-212. doi:10.1037/a0017985

D'Andrea, M., Daniels, J., & Heck, R. (1991). Evaluating the impact of multicultural counseling training. *Journal of Counseling & Development*, 70(1), 143-150. doi:10.1002/j.1556-6676.1991.tb01576.x

Daniel, J. H., Roysircar, G., Abeles, N., & Boyd, C. (2004). Individual and cultural-diversity competency: Focus on the therapist. *Journal of Clinical Psychology*, 60(7), 755-770. doi:10.1002/jclp.20014

Delgado-Romero, E., De, L. S., Raman, V. S., Merrifield, J. N., Vazquez, M. S., Monroig, M. M., Bautista, E. C., & Duran, M. Y. (2018). Caught in the middle: Spanish-speaking bilingual mental health counselors as language brokers. *Journal of Mental Health Counseling*, 40 (4), 341-352. doi:10.17744/mehc.40.4.06

- Delgado-Romero E.A., Espino M.M., Werther E., González M.J. (2011) Building infrastructure through training and interdisciplinary collaboration. In: Buki L., Piedra L. (eds) *Creating Infrastructures for Latino Mental Health*. Springer, New York, NY. https://doi-org.proxy-remote.galib.uga.edu/10.1007/978-1-4419-9452-3_5
- Diaz-Lazaro, C., & Cohen, B. (2001). Cross-cultural contact in counseling training. *Journal of Multicultural Counseling and Development*, 29(1), 41-56. doi:10.1002/j.2161-1912.2001.tb00502.x
- Dickson, G. L., Argus-Calvo, B., & Tafoya, N. G. (2010). Multicultural counselor training experiences: Training effects and perceptions of training among a sample of predominately Hispanic students. *Counselor Education & Supervision*, 49(4), 247-265. doi:10.1002/j.1556-6978.2010.tb00101.x
- Dickson, G. L., & Jepsen, D. A. (2007). Multicultural training experiences as predictors of multicultural competencies: Students' perspectives. *Counselor Education & Supervision*, 47(2), 76-95. doi:10.1002/j.1556-6978.2007.tb00040.x|
- Dickson, G. L., Jepsen, D. A., & Barbee, P. W. (2008). Exploring the relationships among multicultural training experiences and attitudes toward diversity among counseling students. *Journal of Multicultural Counseling & Development*, 36(2), 113-126. doi: 10.1002/j.2161-1912.2008.tb00075.x
- Doty, M. M., Blumenthal, D., & Collins, S. R. (2014). The Affordable Care Act and health insurance for Latinos. *JAMA: Journal of the American Medical Association*, 312(17), 1735-1736. Retrieved from doi.org/10.1001/jama.2014.13841

Dunn, T. W., Smith, T. B., & Montoya, J. A. (2006). Multicultural competency instrumentation:

A review and analysis of reliability generalization. *Journal of Counseling & Development*,

84(4), 471-482. doi:10.1002/j.1556-6678.2006.tb00431.x

Tucker, K. L, Falcon L. M, Bianchi, L.A, Cacho, E., Bermudez, O. I. (2000). Self-reported

prevalence and health correlates of functional limitation among Massachusetts elderly

Puerto Ricans, Dominicans, and non-Hispanic White neighborhood comparison group.

Journals of Gerontology Series, 55(2), M90-7. Retrieved from

[http://search.ebscohost.com.proxy-](http://search.ebscohost.com.proxy-remote.galib.uga.edu/login.aspx?direct=true&db=cin20&AN=107110867&site=eds-live)

[remote.galib.uga.edu/login.aspx?direct=true&db=cin20&AN=107110867&site=eds-live](http://search.ebscohost.com.proxy-remote.galib.uga.edu/login.aspx?direct=true&db=cin20&AN=107110867&site=eds-live)

Garcia, C. M., Gilchrist, L., Vazquez, G., Leite, A., & Raymond, N. (2011). Urban and rural

immigrant Latino youths' and adults' knowledge and beliefs about mental health resources.

Journal of Immigrant and Minority Health, 13 (3), 500-509.doi:10.1007/s10903-010-9389-6

Griner, D., & Smith, T. B. (2006). Culturally adapted mental health intervention: A meta-

analytic review. *Psychotherapy: Theory, Research, Practice, Training*, 43(4), 531-548. doi:

/10.1037/0033-3204.43.4.531

Grote, N. K., Zuckoff, A., Swartz, H., Bledsoe, S. E., & Geibel, S. (2007). Engaging women who

are depressed and economically disadvantaged in mental health treatment. *Social Work*,

52(4), 295-308. doi:10.1093/sw/52.4.295

- Hays, D. G. (2008). Assessing multicultural competence in counselor trainees: A review of instrumentation and future directions. *Journal of Counseling & Development*, 86(1), 95-101. doi:10.1002/j.1556-6678.2008.tb00630.x|
- Hirai, M., Vernon, L. L., Popan, J. R., & Clum, G. A. (2015). Acculturation and enculturation, stigma toward psychological disorders, and treatment preferences in a Mexican American sample: The role of education in reducing stigma. *Journal of Latinx Psychology*, 3(2), 88-102. doi:10.1037/lat0000035
- Hoskins, D., & Padron, E. (2018). The practice of curanderismo: A qualitative study from the perspectives of curandera/os. *Journal of Latina/o Psychology*, 6(2), 79-93. doi:10.1037/lat0000081
- Ibrahim, F. A., & Arredondo, P. M. (1986). Ethical standards for cross-cultural counseling: Counselor preparation, practice, assessment, and research. *Journal of Counseling & Development*, 64(5), 349. <https://doi-org.proxy-remote.galib.uga.edu/10.1002/j.1556-6676.1986.tb01131.x>
- Isasi, C. R., Rastogi, D., & Molina, K. (2016). Health issues in Hispanic/Latino youth. *Journal of Latina/o Psychology*, 4(2), 67-82. doi:10.1037/lat0000054
- Ishikawa, R. Z., Cardemil, E. V., & Falmagne, R. J. (2010). Help seeking and help receiving for emotional distress among Latino men and women. doi:10.1177/1049732310369140
- Jones, J. M., Sander, J. B., & Booker, K. W. (2013). Multicultural competency building: Practical solutions for training and evaluating student progress. *Training and Education*

in Professional Psychology, 7(1), 12-22. doi:10.1037/a0030880

- Keyes, K., Martins, S., Hatzenbuehler, M., Blanco, C., Bates, L., & Hasin, D. (2012). Mental health service utilization for psychiatric disorders among Latinos living in the United States: The role of ethnic subgroup, ethnic identity, and language/social preferences. *Social Psychiatry & Psychiatric Epidemiology*, 47(3), 383. doi:10.1007/s00127-010-0323-y
- Cho, H., Kim, E., & Velez-Ortiz, D. (2014). Factors associated with mental health service use among Latino and Asian Americans. *Community Mental Health Journal*, 50(8), 144-163. doi:10.1177/0739986314527733
- Kiang, L. Gonzales-Backen, M. Fuligni, A. J., Yip, T., & Witkow, M.. (2006). Ethnic identity and the daily psychological well-being of adolescents from Mexican and Chinese backgrounds. *Child Development*, 77(5), 1338-1350. Retrieved from <http://search.ebscohost.com.proxy-remote.galib.uga.edu/login.aspx?direct=true&db=edsjsr&AN=edsjsr.3878436&site=eds-live>
- Kouyoumdjian, H., Zamboanga, B. L., & Hansen, D. (2003). Barriers to community mental health services for Latinos: Treatment considerations. *Clinical Psychology: Science & Practice*, 10(4), 394-422. Retrieved from <http://digitalcommons.unl.edu/psychfacpub/128>
- Lee, A., & Khawaja, N. G. (2013). Multicultural training experiences as predictors of psychology students' cultural competence. *Australian Psychologist*, 48(3), 209-216. doi:10.1111/j.1742-9544.2011.00063.x

Leung, P., LaChapelle, A. R., Scinta, A., & Olvera, N. (2014). Factors contributing to depressive symptoms among Mexican Americans and Latinos. *Social Work, 59*(1), 42-51.

doi:10.1093/sw/swt047

Loeb, T. B., Joseph, N. T., Wyatt, G. E., Zhang, M., Chin, D., Thames, A., & Aswad, Y. (2018).

Predictors of somatic symptom severity: The role of cumulative history of trauma and adversity in a diverse community sample. *Psychological Trauma-Theory Research Practice and Policy, 10*(5), 491-498. doi:10.1037/tra0000334

Lopez, S. R., Barrio, C., Kopelowicz, A., & Vega, W. A. (2012). From documenting to

eliminating disparities in mental health care for Latinos. *American Psychologist, 67*(7), 511-523. doi:10.1037/a0029737

Lueck, K., & Wilson, M. (2011). Acculturative stress in Latino immigrants: The impact of

socio-psychological and migration related factors. *International Journal of Intercultural Relations, 35*(2), 186-195. doi: 10.1016/j.ijintrel.2010.11.016

McRae, M. B., & Johnson, S. D. (1991). Toward training for competence in multicultural

counselor education. *Journal of Counseling & Development, 70*(1), 131-135. doi:

10.1002/j.1556-6676.1991.tb01573.x

Miranda, R., Soffer, A., Polanco-Roman, L., Wheeler, A., & Moore, A. (2015). Mental health

treatment barriersaAmong racial/ethnic minority versus White young adults 6 months after intake at a college counseling center. *Journal of American College Health, 63*(5), 291–298.

Retrieved from [http://search.ebscohost.com.proxy-](http://search.ebscohost.com.proxy-remote.galib.uga.edu/login.aspx?direct=true&db=s3h&AN=103245572&site=eds-live)

[remote.galib.uga.edu/login.aspx?direct=true&db=s3h&AN=103245572&site=eds-live](http://search.ebscohost.com.proxy-remote.galib.uga.edu/login.aspx?direct=true&db=s3h&AN=103245572&site=eds-live)

- Myers, H. F., Wyatt, G. E., Ullman, J. B., Loeb, T. B., Chin, D., Prause, N., .Liu, H. (2015). Cumulative burden of lifetime adversities: Trauma and mental health in low-SES African Americans and Latino/as. *Psychological Trauma: Theory, Research, Practice, and Policy*, 7(3), 243-251. doi:10.1037/a0039077
- Nadeem, E., Lange, J. M., & Miranda, J. (2009). Perceived need for care among low-income immigrant and U.S.-born black and latina women with depression. *Journal of Women's Health (15409996)*, 18(3), 369-375. doi:10.1089/jwh.2008.0898
- National Alliance on Mental Illness. (2017). Disparities within minority mental health care. Retrieved from <https://www.nami.org/Blogs/NAMI-Blog/July-2017/Disparities-Within-Minority-Mental-Health-Care>.
- Ornelas, I. J., Perreira, K. M., Beeber, L., & Maxwell, L. (2009). Challenges and strategies to maintaining emotional health: Qualitative perspectives of Mexican immigrant mothers.
- Phinney, J. S. (1992). The Multigroup Ethnic Identity Measure: A new scale for use with diverse groups. *Journal of Adolescent Research*, 7(2), 156–176. doi: 10.1177/074355489272003
- Phinney, J. S., & Alipuria, L. L. (1996). At the interface of Ccultures: Multiethnic/multiracial high school and college students. *Journal of Social Psychology*, 136(2), 139-158. Retrieved from <http://search.ebscohost.com.proxy-remote.galib.uga.edu/login.aspx?direct=true&db=edsbl&AN=RN009044279&site=eds-live>
- Pieterse, A. L., Lee, M., & Fetzer, A. (2016). Racial group membership and multicultural training: Examining the experiences of counseling and counseling psychology students.

International Journal for the Advancement of Counselling, 38(1), 28-47. doi:
10.1007/s10447-015-9254-3

Pew Research Center. (2017) *Use of Spanish declines among Latinos in major U.S. metros*.

Retrieved from <https://www.pewresearch.org/fact-tank/2017/10/31/use-of-spanish-declines-among-latinos-in-major-u-s-metros/>

Ponterotto, J.G., Alexander, C., Grieger, I. (1995). A Multicultural Competency Checklist for counseling training programs. *Journal of Multicultural Counseling and Development*, 23(1), 11-20. Retrieved from <http://dx.doi.org/10.1002/j.2161-1912.1995.tb00262.x>

Ponterotto, J. G., & Casas, J. M. (1987). In search of multicultural competence within counselor education programs. *Journal of Counseling & Development*, 65(8), 430. Retrieved from <https://doi.org/10.1002/j.1556-6676.1987.tb00749.x>

Ponterotto, J. G., Rieger, B. P., Barrett, A., & Sparks, R. (1994). Assessing multicultural counseling competence: A review of instrumentation. *Journal of Counseling & Development*, 72(3), 316-322. <http://dx.doi.org/10.1002/j.1556-6676.1994.tb00941.x>

Ponterotto, J. G., Gretchen, D., Utsey, S. O., Rieger, B. P., & Austin, R. (2002). A revision of the Multicultural Counseling Awareness Scale. *Journal of Multicultural Counseling and Development*, 30(3), 153-180. Retrieved from <http://dx.doi.org/10.1002/j.2161-1912.2002.tb00489.x>

- Pope-Davis, D. B., Reynolds, A. L., Dings, J. G., Ottavi, T. M., (1994). Multicultural counseling demographic questionnaire. *Professional Psychology: Research and Practice*, 25, 466-470.
<http://dx.doi.org/10.1037/0735-7028.26.3.322>
- Pope-Davis, D., & Dings, J. G. (1994). An empirical comparison of two self-report multicultural counseling competency inventories. *Measurement and Evaluation in Counseling and Development*, 27(2), 93-102.
- Pope-Davis, D., Liu, W. M., Nevitt, J., & Toporek, R. L. (2000). The development and initial validation of the multicultural environmental inventory: A preliminary investigation. *Cultural Diversity and Ethnic Minority Psychology*, 6(1), 57-64. doi:10.1037/1099-9809.6.1.57
- Pope-Davis, D., Liu, W. M., Toporek, R. L., & Brittan-Powell, C. (2001). What's missing from multicultural competency research: Review, introspection, and recommendations. *Cultural Diversity & Ethnic Minority Psychology*, 7(2), 121-138. <http://dx.doi.org/10.1037/1099-9809.7.2.121>
- Pope-Davis, D., Reynolds, A. L., Dings, J. G., & Nielson, D. (1995). Examining multicultural counseling competencies of graduate students in psychology. *Professional Psychology: Research and Practice*, 26(3), 322-329. doi:10.1037/0735-7028.26.3.322
- Quintana, S. M., & Bernal, M. E. (1995). Status of Multicultural Training in Counseling Programs Questionnaire. *Counseling Psychologist*, 23(1), 102–121. Retrieved from [http://search.ebscohost.com.proxy](http://search.ebscohost.com.proxy.remote.galib.uga.edu/login.aspx?direct=true&db=hpi&AN=HaPI-61962&site=eds-live)
[remote.galib.uga.edu/login.aspx?direct=true&db=hpi&AN=HaPI-61962&site=eds-live](http://search.ebscohost.com.proxy.remote.galib.uga.edu/login.aspx?direct=true&db=hpi&AN=HaPI-61962&site=eds-live)

- Rastogi, M., Massey-Hastings, N., & Wieling, E. (2012). Barriers to seeking mental health services in the Latino/a community: A qualitative analysis. *Journal of Systemic Therapies*, 31(4), 1-17. doi:10.1521/jsyt.2012.31.4.1
- Robinson, D. T., & Morris, J. R. (2000). Multicultural Counseling: Historical Context and Current Training Considerations. *Western Journal of Black Studies*, 24(4), 239. Retrieved from <http://search.ebscohost.com.proxyremote.galib.uga.edu/login.aspx?direct=true&db=a9h&AN=5098581&site=eds-live>
- Rogers-Sirin, L., Melendez, F., Refano, C., & Zegarra, Y. (2015). Immigrant perceptions of therapists' cultural competence: A qualitative investigation. *Professional Psychology: Research and Practice*, 46(4), 258-269. doi:10.1037/pro0000033
- Rojas, A. P., Negy, C., & Abilio Reig-Ferrer. (2011). Attitudes toward seeking therapy among Puerto Rican and Cuban American young adults and their parents. *International Journal of Clinical and Health Psychology*, (2), 313. Retrieved from <http://search.ebscohost.com.proxyremote.galib.uga.edu/login.aspx?direct=true&db=edsdoj&AN=edsdoj.4581997a13b546daa6697cea7ca1b8d4&site=eds-live>
- Roysircar, G. (2004). Cultural self-awareness assessment: Practice examples from psychology training. *Professional Psychology: Research & Practice*, 35(6), 658-666. doi:10.1037/0735-7028.35.6.658
- Roysircar, G., Gard, G., Hubbell, R., & Ortega, M. (2005). Development of Counseling Trainees' Multicultural Awareness Through Mentoring English as a Second Language

- Students. *Journal of Multicultural Counseling & Development*, 33(1), 17–36. <https://doi-org.proxy-remote.galib.uga.edu/10.1002/j.2161-1912.2005.tb00002.x>
- Sam, D. L., & Berry, J. W. (2010). Acculturation: When individuals and groups of different cultural backgrounds meet. *Perspectives on Psychological Science*, 5(4), 472–481. doi: 10.1177/1745691610373075
- Sehgal, R., Saules, K., Young, A., Grey, M. J., Gillem, A. R., Nabors, N. A., Jefferson, S. (2011). Practicing What We Know: Multicultural Counseling Competence Among Clinical Psychology Trainees and Experienced Multicultural Psychologists. *Cultural Diversity and Ethnic Minority Psychology*, (1), 1. doi: 10.1037/a0021667
- Semansky, R. M., Altschul, D., Sommerfeld, D., Hough, R., & Willging, C. E. (2009). Capacity for delivering culturally competent mental health services in New Mexico: Results of a statewide agency survey. *Administration & Policy in Mental Health & Mental Health Services Research*, 36(5), 289–307. doi:10.1007/s10488-009-0221-3
- Settles, I. H., Navarrete, C. D., Pagano, S.J., Abdou, C. M., & Sidanius, J. (2010). Racial identity and depression among African American women. *Cultural Diversity and Ethnic Minority Psychology*, 16(2), 248–255. doi: 10.1037/a0016442
- Smith, T. B., Constantine, M. G., Dunn, T. W., Dinehart, J. M., & Montoya, J. A. (2006). Multicultural education in the mental health professions: A meta-analytic review. *Journal of Counseling Psychology*, 53(1), 132–145. doi:10.1037/0022-0167.53.1.132

Sodowsky, G. R., Kuo-Jackson, P., Frey Richardson, M., & Tiongson Corey, A. (1998).

Correlates of self-reported multicultural competencies: Counselor multicultural social..

Journal of Counseling Psychology, 45(3), 256. [http://dx.doi.org/10.1037/0022-](http://dx.doi.org/10.1037/0022-0167.45.3.256)

0167.45.3.256

Sodowsky, G. R., Taffe, R. C., Gutkin, T. B., & Wise, S. L. (1994). Development of the

multicultural counseling inventory: A self-report measure of multicultural competencies.

Journal of Counseling Psychology, 41(2), 137-148. [http://dx.doi.org/10.1037/0022-](http://dx.doi.org/10.1037/0022-0167.41.2.137)

0167.41.2.137

Soto, A., Smith, T. B., Griner, D., Domenech Rodríguez, M., & Bernal, G. (2018). Cultural

adaptations and therapist multicultural competence: Two meta-analytic reviews. *Journal of*

Clinical Psychology, 74(11), 1907–1923. [https://doi-org.proxy-](https://doi-org.proxy-remote.galib.uga.edu/10.1002/jclp.22679)

[remote.galib.uga.edu/10.1002/jclp.22679](https://doi-org.proxy-remote.galib.uga.edu/10.1002/jclp.22679)

Sue, D.W., Arredondo, P., & McDavis, R. J. (1992) Multicultural counseling competencies and

standards: A call to the profession. *Journal of Multicultural Counseling and Development*,

20(2), 64-88. <http://dx.doi.org/10.1002/j.2161-1912.1992.tb00563.x>

Sue, D.W., Bernier, J., Durran, A., Feinberg, L., Pedersen, P., Smith, E.J., Vasquez-Nuttall, E.

(1982). Position paper: Cross-cultural counseling competencies. *The Counseling*

Psychologist, 10(2), 45-52. Retrieved from <https://doi.org/10.1177/0011000082102008>

Sue, D. W., & Sue, D. (1999). *Counseling the culturally different: Theory and practice*. (3rd ed.).

Hoboken, N.J., US: Wiley.

- Teran, V. G., Fuentes, M. A., Atallah, D. G., & Yang, Y. (2017). Risk and protective factors impacting burnout in bilingual, Latina/o clinicians: An exploratory study. *Professional Psychology: Research and Practice*, 48(1), 22-29. <http://dx.doi.org/10.1037/pro0000126>
- Texas Higher Education Coordinator Board (2019). *College for all Texas*. Retrieved from <http://www.collegeforalltexans.com/apps/collegecosts>
- Torres, L., Driscoll, M. W., Voell, M. (2012) Discrimination, acculturation, acculturative stress, and Latino psychological distress: a moderated mediation model. *Cultural Diversity and Ethnic Minority Psychology*, 18(1), 17-25. doi: 10.1037/a0026710
- U.S. Census Bureau (2010, May 11). *The Hispanic Population: 2010*. Report Number C2010BR-04. Retrieved from <https://www.census.gov/library/publications/2011/dec/c2010br-04.html>
- U.S. Census Bureau (2017, August 31). *Hispanic Heritage Month 2017*. Report Number CB17-FF.17. Retrieved from <https://www.census.gov/newsroom/facts-for-features/2017/hispanic-heritage.html>
- Valencia-Garcia, & Montoya, H. (2018). Lost in translation: Training issues for students in health service psychology. *Training and Education in Professional Psychology*, 12(3). doi: 10.1037/tep0000199
- Vaquero, J., & Williams, M. E. (2018). Experiences of Spanish–English bilingual early childhood psychotherapists providing services to bilingual caregiver–child dyads: An

exploratory qualitative study. *Journal of Latinx Psychology*, 7(3), 195–211.

<http://dx.doi.org/10.1037/lat0000115>

Verdinelli, S., & Biever, J. L. (2009). Experiences of Spanish/English bilingual supervisees.

Psychotherapy: Theory, Research, Practice, Training, 46(2), 158-170. Retrieved from

<http://dx.doi.org/10.1037/a0016024>

Wei, M., Liao, K. Y.-H., Chao, R. C.-L., Mallinckrodt, B., Tsai, P.-C., & Botello-Zamarron, R.

(2010). Minority stress, perceived bicultural competence, and depressive symptoms among ethnic minority college students. *Journal of Counseling Psychology*, 57(4), 411–422.

<https://doi-org.proxy-remote.galib.uga.edu/10.1037/a0020790>

World Health Organization. (2018, March 22). *Depression*. Retrieved from

<https://www.who.int/news-room/fact-sheets/detail/depression>

Worthington, R. L., Soth-McNett, A. M., & Moreno, M. V. (2007). Multicultural Counseling

Competencies Research: A 20-Year Content Analysis. *Journal of Counseling Psychology*, (4), 351. Retrieved from [http://search.ebscohost.com.proxy-](http://search.ebscohost.com.proxy-remote.galib.uga.edu/login.aspx?direct=true&db=edsbl&AN=RN216563436&site=eds-live)

[remote.galib.uga.edu/login.aspx?direct=true&db=edsbl&AN=RN216563436&site=eds-live](http://search.ebscohost.com.proxy-remote.galib.uga.edu/login.aspx?direct=true&db=edsbl&AN=RN216563436&site=eds-live)

Yap, S. C. Y., Settles, I. H., & Pratt-Hyatt, J. S. (2011). Mediators of the relationship between

racial identity and life satisfaction in a community sample of African American women and men. *Cultural Diversity and Ethnic Minority Psychology*, 17(1), 89–97. doi:

10.1037/a0022535

Yoon, E., Jérémie-Brink, G., & Kordesh, K. (2014). Critical issues in teaching a multicultural counseling course. *International Journal of Advanced Counseling*, 36, 359–371.

<https://doi.org/10.1007/s10447-014-9212-5>

Young, A. S., & Rabiner, D. (2015). Racial/ethnic differences in parent-reported barriers to accessing children's health services. *Psychological Services*, 12(3), 267–273. <https://doi-org.proxy-remote.galib.uga.edu/10.1037/a0038701>

Consent Letter

Dear Potential Participant:

I am a doctoral student in the Department of Counseling and Human Development Services at The University of Georgia. I invite you to participate in a research study entitled Multicultural Counseling Competencies at a Hispanic-Serving Institution that is being conducted under the auspices of Dr. Edward Delgado-Romero. The purpose of this study is to explore the effects of ethnic identity, multicultural coursework, and exposure working with racial/ethnic minorities on self-perceived multicultural counseling competencies.

Please note that I am seeking masters level participants that have graduated from Our Lady of the Lake's Masters in Science Psychology program.

Your participation will involve the completion of a few measures and a demographics questionnaire and should only take about twenty (20) minutes. Your involvement in the study is voluntary, and you may choose not to participate or to stop at any time without penalty or loss of benefits to which you are otherwise entitled. Data obtained from the study will be collected anonymously. The data will not be labeled with any individually-identifiable information (e.g., name, SSN, medical record number, home address, telephone number, email address, etc.) or labeled with a code that the research team can link to individually-identifiable information. The project's research records may be reviewed by departments at the University of Georgia responsible for regulatory and research oversight. The results of the research study may be published, but your name or any identifying information will not be used. In fact, the published results will be presented in summary form only.

The findings from this project may provide information on will help provide information on strengths of the program as well as areas for continued growth in the area of multicultural training. There are no known risks or discomforts associated with this research. You have the option of entering a drawing in which each participant has the chance of receiving **one of eight gift cards** valued at \$25.00 each. Participation in research activities is not necessary to be entered in the drawing. After data collection is complete, the researcher will randomly select four participants who will each receive one of the gift cards.

If you have any questions about this research project, please feel free to send an e-mail to me at ipocampo@uga.edu or Dr. Edward Delgado-Romero at edelgado@uga.edu. Questions or concerns about your rights as a research participant should be directed to The Chairperson, University of Georgia Institutional Review Board, 609 Boyd GSRC, Athens, Georgia 30602; telephone (706) 542-3199; email address irb@uga.edu.

By completing this questionnaire, you are agreeing to participate in the above described research project. Thank you for your consideration! Please keep this letter for your records.

Sincerely,

Paloma Ocampo, M.S.

Demographic Questionnaire

1. Age: _____
2. Gender: _____
3. Ethnicity: _____
4. Country of Origin: _____
5. Number of years in the U.S.: _____
6. Psychology Specialization (i.e.; School Psychology, Marriage and Family Therapy):

7. Did you complete the Psychological Services for Spanish-Speaking Populations (PSSSP) certification?
_____ Yes _____ No
8. Which of the following multicultural courses did you take?
 Family Processes Across Cultures _____
 Psychosocial Support at the Borderlands _____
 Professional Technical Spanish _____
 Counseling Spanish Speaking Immigrants and Refugees _____
 Socialcultural Foundations of Counseling Latinxs _____
 Diversity and Special Education _____
 Other _____
9. Graduation Status (i.e., currently enrolled, or month and year of graduation): _____
10. On average, how many racial/ethnic minorities did you serve? _____
11. About what percentage of the total psychology related services provided per week were conducted in Spanish?
 ____ 0 to 25% ____ 50 to 75%
 ____ 25 to 50% ____ 75 to 100%
11. Mental Health License type (if applicable): _____
12. Number of years providing mental health services since licensure: _____

Multigroup Ethnic Identity Measure (MEIM)

In this country, people come from many different countries and cultures, and there are many different words to describe the different backgrounds or ethnic groups that people come from. Some examples of the names of ethnic groups are Hispanic or Latino, Black or African American, Asian American, Chinese, Filipino, American Indian, Mexican American, Caucasian or White, Italian American, and many others. These questions are about your ethnicity or your ethnic group and how you feel about it or react to it.

Please fill in: In terms of ethnic group, I consider myself to be _____

Use the numbers below to indicate how much you agree or disagree with each statement.

(4) Strongly agree (3) Agree (2) Disagree (1) Strongly disagree

- 1- I have spent time trying to find out more about my ethnic group, such as its history, traditions, and customs.
- 2- I am active in organizations or social groups that include mostly members of my own ethnic group.
- 3- I have a clear sense of my ethnic background and what it means for me.
- 4- I think a lot about how my life will be affected by my ethnic group membership.
- 5- I am happy that I am a member of the group I belong to.
- 6- I have a strong sense of belonging to my own ethnic group.
- 7- I understand pretty well what my ethnic group membership means to me.
- 8- In order to learn more about my ethnic background, I have often talked to other people about my ethnic group.
- 9- I have a lot of pride in my ethnic group.
- 10- I participate in cultural practices of my own group, such as special food, music, or customs.
- 11- I feel a strong attachment towards my own ethnic group.
- 12- I feel good about my cultural or ethnic background.

13- My ethnicity is

- (1) Asian or Asian American, including Chinese, Japanese, and others
- (2) Black or African American
- (3) Hispanic or Latino, including Mexican American, Central American, and others
- (4) White, Caucasian, Anglo, European American; not Hispanic
- (5) American Indian/Native American
- (6) Mixed; Parents are from two different groups
- (7) Other (write in): _____

14- My father's ethnicity is (use numbers above)

15- My mother's ethnicity is (use numbers above)