Examining Multicultural Counseling Competencies among Racial/Ethnic Minority and International Psychological Trainees

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Master of Arts

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by

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The undersigned, appointed by the dean of the Graduate School, have examined the thesis entitled

EXAMINING MULTICULTURAL COUNSELING COMPETENCIES AMONG RACIAL/ETHNIC MINORITY AND INTERNATIONAL PSYCHOLOGICAL TRAINEES

presented by Adipat Chaichanasakul,

a candidate for the degree of master of art in Counseling Psychology,

and hereby certify that, in their opinion, it is worthy of acceptance.

Professor Michael Mobley

Professor Lisa Y. Flores

Professor Joan M. Hermsen

To my father, mother and sisters who have always believed in me…

and

For those who have supported me over the years…

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Abstract

This study examined the extent to which self-identity as defined by the Optimal Theory Applied to Identity Development (OTAID) framework, universal-diverse orientation (UDO), and cognitive flexibility were predictive of multicultural counseling competencies among U.S. racial/ethnic minorities and international psychological trainees. Hierarchical regression analyses revealed that the combination of these three variables explained significant variance in multicultural counseling competencies. In fact, cognitive flexibility was a sole predictor of trainees' perceived competence to build strong rapport with culturally diverse clients. Based on results, researchers suggest that training program implement experiential and applied multicultural training activities that promotes self-identity, UDO, and cognitive flexibility.

Examining Multicultural Counseling Competencies among Racial/Ethnic Minority and International Psychological Trainees

Racial/ethnic minorities and international people represent an increasingly large percentage of the population in the United States. According to U.S. Census Bureau (2004), the projected number of racial/ethnic minorities will exceed non-Hispanic Whites alone by the year of 2050. Along with the increase in general population, the number of racial/ethnic minority therapists and counselor trainees in graduate/professional programs is also increasing (Sue, D.W. & Sue, D., 2008; Maton, Kohout, Wicherski, Leary, & Vinokurov, 2006). Similarly, the number of international students enrolling in universities in the United States has been increasing in the past few years (Institute of International Education, 2006). These demographic shifts have resulted in continuous efforts by scholars and researchers to call for a revision of psychology education and training to incorporate a more culture-centered perspective. The inclusion of diversity issues is based both on the premise that culture-specific knowledge in education is effective in producing multiculturally competent researchers, educators, and therapists, as well as assisting graduate/professional training programs to adhere to the accreditation guideline requirements by the American Psychological Association (APA, 2002).

Subsequently, multicultural training has become an important component of mental health related programs (Atkinson & Israel, 2003; Constantine & Ladany, 2001). The aim of multicultural trainings is to increase the level of multicultural counseling competence (MCC) among mental health professions. For the past 3 decades, researchers have identified several elements that are critical to the development of MCC. Based on a review of literature, individual characteristics such as personality and demographic

variables, as well as educational and professional experiences have been found to be related to the development of multicultural counseling competencies among psychologists. Specifically related to educational and professional experiences, several empirical studies have shown positive relationships between psychologists' self-reported multicultural competence and (a) multicultural curriculum, (b) research experience on multicultural topics, (c) direct clinical experience with minority clients, (d) a supervision hours spent on multicultural issues, and (f) the number of supervisory experiences with supervisor of color (Neville et al., 1996; Octtavi, Pope-Davis, & Dings, 1994; Pope-Davis, Reynolds, Dings, & Nielson, 1995; Sodowsky, Kuo-Jackson, Richardson, & Corey, 1998). In regards to individual characteristics, studies by Pope-Davis and colleagues (1994; 1995) found that ethnic minority counselors tend to score higher on self-reported multicultural competencies than do European American counselors. However, Ruelas (2003) suggested that these findings may not be plausible because ethnic group membership is not equated with cultural diverse life experiences. Therefore, researchers began to shift their focus from ethnic group membership to ethnic and racial identity constructs. In general, researchers have found a consistent and significant positive relationship between racial/ethnic identity development and self-reported multicultural counseling competence (Neville, Heppner, Thompson, Brooks, & Baker, 1996; Ottavi et al., 1994; Richardson & Molinaro, 1996).

Although tremendous efforts have been invested in understanding MCC, the majority of research, training, and assessment in this critical area have focused on European-American trainees. Review of the literature (i.e., Ladany, Brittan-Powell, & Pannu, 1977; Ladany, Inman, et al., 1997; etc.) revealed that only about 7% to 37% of

racial/ethnic minority participants were included in studies related to MCC. Sue and Sue (2008) also reported that a very limited number of studies have examined the influence of minority therapists working with White, majority culture clients or with different minority group members. Moreover, to date no studies were found during the literature review which examined MCC among international counselor trainees. Therefore, it is clear that additional research on MCC among racial/ethnic minority and international counselor trainees is needed.

In this study, we examined the multicultural counseling competence of U.S.-based racial/ethnic minorities (e.g., African American, Latina/Latino American, Asian American, and Native American) and international students (e.g., Chinese, Taiwanese, Indian, Korean, etc.) counselor trainees. More specifically, we investigated three components that may significantly influence the trainees' MCC: (1) the Optimal Theory Applied to Identity Development (OTAID; Myers et al., 1991), (2) Universal-Diverse Orientation (UDO; Miville et al., 1999), and cognitive flexibility (CF; Martin & Rubin, 1995).

Multicultural Counseling Competence (MCC)

According to Ridley and Kleiner (2003), multicultural counseling competence (MCC) has become one of the most important and widely discussed topics in the helping and human service professions. Despite the extensive literature on MCC, multicultural scholars have not reached a consensus for one definition that most reflects the construct (Holcomb-McCoy, 2000; Pope-Davis et al., 1995). For the purpose of this study, we offer the definition by Sodowsky, Taffe, Gutkin, and Wise (1994):

> A counselor with low multicultural competencies provides services without regard to the counselor's or the client's race or ethnicity, believing that he or she should provide equal treatment to all clients, regardless of their cultural variables. Instead, the counselor with high multicultural competencies regards client—counselor cultural differences (and, possibly, similarities) as important to the counseling process, as in case conceptualization, methods of resolution, counseling goals, and perceived counselor credibility (p. 137).

This definition reflects the original conceptualization of MCC offered by Sue and colleagues, which consists of three components: beliefs and attitudes, knowledge, and skills (Sue et al., 1982; Sue, Arredonso, & McDavis, 1992). Beliefs and attitudes refers to the mind-set of counselors about ethnic and racial minorities, as well as the responsibility counselors have to check their biases and stereotypes, develop a positive orientation toward multicultural perspectives, and recognize ways in which their personal biases and values can affect cross-cultural counseling relationships. Knowledge is the understanding counselors have of their own cultural worldview, and background of specific cultural groups and of sociopolitical influences on cross-cultural relationships. Finally, skills refer to the specific abilities that are necessary to effectively work with racial and ethnic minorities (Sue et al., 1982; Sue et al., 1992).

A number of instruments have been designed to measure the multicultural competence of counselors based on the conceptual framework previously mentioned. These instruments include the (a) Multicultural Awareness/Knowledge/Skills Survey (MAKSS; D'Andrea, Daniels, & Heck, 1991), the (b) Multicultural Counseling Knowledge and Awareness Scale (MCKAS; Ponterotto, Gretchen, Utsey, Rieger, &

Austin, 2002), the (c) Cross-Cultural Counseling Inventory—Revised (CCCI-R; LaFromboise, Coleman, & Hernandez, 1991), and the (d) Multicultural Counseling Inventory (MCI; Sadowsky et al., 1994). In this study, we attempt to sample a nationally representative number of counselor trainees of color. Therefore, a self-report measure was chosen over a performance-based measure such as the CCCI-R given its administrative utility. We chose MCI over two competing measures of self-perceived multicultural competencies because MCI appears to be an efficient and carefully constructed instrument (Ponterotto, Rieger, Barrett, & Sparks, 1994) with evidence of strong psychometric properties.

MCI was developed by Sodowsky et al. (1994) to assess behaviors and attitudes related to four subscales of multicultural counseling competencies: awareness, knowledge, skills, and relationshios. The Awareness subscale assesses issues such as multicultural sensitivity, multicultural interactions and experiences, general cultural understanding, and multicultural advocacy. The Knowledge subscale measures phenomena such as multicultural case conceptualization and treatment strategies and knowledge of cultural information. The Skills subscale consists of items measuring multicultural and general counseling skills. Lastly, the Relationship assesses aspects of counselors' interpersonal processes in working with racial and ethnic minority clients (Sodowsky et al., 1994).

Currently, there is ample evidence to demonstrate the relationship between identity development and MCC. For example, Burkard, Ponterotto, Reynolds, and Alfonso (1999) and Ottavi et al. (1994) found that as White racial identity attitudes approached higher levels of racial conscious, so did MCC. Similar results were found in

studies that examined the relationship between MCC and racial/ethnic identity development among ethnic minority psychologists (Ladany, Brittan-Powell, & Pannu, 1977; Ladany, Inman, et al., 1997). Unfortunately, according to Munley, Lidderdale, Thiagarajan and Null (2004), and Jones and McEwen (2000), most of the research on identity development and MCC has focused on specific individual dimensions of identity such as race and ethnicity. Sevig et al. (2000) have also called attention to an "artificial oppressor-oppressed dichotomy" (p. 169) with current MCC studies that only examine racial identity development. The focus on distinct, singular dimensions of identity provides an excellent foundation to current understanding of the relationship between the MCC and identity development among counselor trainees. However, considering all counselor trainees are at some time a member of an oppressed group who is discriminated against, as well as a member of an oppressor group who discriminates against others (Sue, D.W. & Sue, D., 2008), it seems important to assess how multiple aspects of identity may influence counselor trainees' MCC development because.

Optimal Theory Applied to Identity Development (OTAID)

In an attempt to examine multiple aspects of identity development, the Optimal Theory Applied to Identity Development (OTAID) was developed based on the theory of Optimal Psychology (Myers, 1993). The optimal conceptual system was adopted from an Afrocentric worldview and feminist principles with a goal to achieve a deeper appreciation of one's culture, and respect for other cultures. According to Myer et al. (1991), identity development is seen as a process of integrating and expanding one's sense of self to a more holistic self. Unlike previous identity development theories and models (e.g., racial identity development, White identity development, etc.), OTAID

offers a pluralistic framework applicable to simultaneous, multiple aspects of cultural identities within the individual such as race, ethnicity, gender, sexual orientation, socioeconomic class, age, religion, disability status, and others.

OTAID proposed seven developmental phases. A summary of the OTAID model follows along with a brief, hypothetical application of the model among counselor trainee of color or international trainees in each phase. The examples demonstrate how different aspects of one's complex identity (e.g., race, gender, sexual orientation, social class, etc.) can become salient for the individual depending on one's contextual environment conditions.

Phase 0 is called Absence of Conscious Awareness and reflects the statement: "It is" (Myers et al., 1991, p. 59). Individuals in this phase are distinguished by the lack of awareness of being. Their characteristics are generally associated with infants who are born with a sense of innocence. For example, Jeffery is a 23-year-old, American Indian, counselor trainee. When he was an infant, he did not have any understanding of his identity. He was unaware of how various elements of his identity (e.g., gender, race, and age.) relate to people around him.

Phase 1 is called Individuation and reflects that statement: "The world is the way it is" (Myers et al., 1991, p. 59). In this phase, individuals are characterized by the lack of awareness of self other than the one they previously learned. They may be aware of certain elements of their identity but lack awareness of other elements that society devalued. In addition, they are more likely to ascribe to group stereotypes because they are not fully aware of the impact society has on their identity. For example, David is a

30-year-old, international counselor trainee from Kenya. He interacts with his female clients in stereotypic masculine ways (e.g., dominating conversation) and is unaware of the effects his interactions have on them.

It is only when individuals begin to explore how their identity was shaped that they enter phase 2, which is called Dissonance represented by the statement—"I'm beginning to wonder who I am" (Myers et al., 1991, p. 59). Individuals in this phase may experience anger, guilt, confusion, insecurity, isolation, or sadness once they become aware of conflicts between what they initially believed and reality. For example, Nina is a 25-year-old, Asian-American counselor trainee, who was born in poverty. She worked hard in school to help her family escape poverty. One day her African American client confronted her as being a "model minority," and stated that she will never understand the experience of being African American. Nina was very hurt and confused after hearing her client. She began to question her competence to work with African American clients and asked her supervisor if she can refer her client to another counselor.

In Immersion (Phase 3), the statement "I focus my energy on people like me" (Myers, et al., 1991, p. 59) represents individuals who are characterized by having excitement in accepting the part of their identity which had been devalued by society. They may experience a sense of joy, pride, and belonging around those whom are similar to them. Nevertheless, individuals in this Immersion phase may hold negative feelings toward the dominant culture, other subcultures, or members of their own group who do similarly accept this part of their identity. For example, Morgan is a 26-year-old, American Indian, counselor trainee, who is hard of hearing. During the second year of his training in counseling psychology, he became aware of how society has been

discriminating against people with disabilities. He became so upset that he made a commitment to exclusively serve clients with disabilities and joined a social justice group promoting disability rights.

Phase 4 is called Internalization represented by the statement: "I feel good about who I know I am" (Myers et al., 1991, p.59). Individuals in this phase are characterized by an increased sense of worth and security toward the salient elements of their identity. Although individuals may not fully appreciate all elements of identity, they are now more tolerant and accepting of others who are different from them. For example, Ryan is a 28-year-old, multiracial, gay counselor trainee, who has worked through issues of homophobia to the point that he is fully in touch with his sexual identity. He feels competent to work with all minority groups. Nonetheless, he would still get frustrated when he hears his client whom is an immigrant trying to associate immigrant's oppression with GLBT individuals.

Integration (Phase 5) represented by the statement: "With my deeper understanding of myself I am changing my assumptions about the world" (Myers et al., 1991, p. 59). Individuals in this phase have a deeper understanding of how oppression operates in society. They recognize that they can oppress or be oppressed depending on one's worldview. As result, they can fully embrace similarities and differences among all people and experience a sense of inner peace. For example, Tony is a 31-year-old, Latino, counselor trainee, who was born in a wealthy family. He became fully aware of how advantages as afforded by his privileged economic background influence his life. He has also processed through issues of internalized racism toward Latina/o. He reported that he could now form a strong therapeutic relationship with all of his clients regardless

of their race, gender, sexual orientation, age, social class, and other elements of identity. He is able to empathize with his clients based on shared values, interests, and experiences.

Lastly, in Transformation (Phase 6)—the statement "It is I" (Myers et al., 1991, p. 60), reflects individuals who are characterized by having a sense of self that is even more holistically defined. They have broadened their worldview to include interrelatedness and interdependence of all things. They now have a thorough understanding of their culture and history. In addition, they understand reality based on spiritual awareness in addition to external factors. Consequently, they can appreciate all forms of life and contribute to the greater good of the whole. For example, Lori is a 29-year-old, biracial counselor trainee. She thoroughly understands and appreciates the cultural and historical unity of all humankind. As she looks back on her life, she can recognize benefits of her negative experiences. She has now discovered a sense of peace in her everyday life. She continues to work hard in her training and further develop multicultural counseling competence to provide services for all clients.

The Self-Identity Inventory (SII) was developed by Sevig et al. (2000), based on the Optimal Theory Applied to Identity Development (OTAID) model (Myers et al., 1991), to address how minority group members differ within and across groups in their perceptions of and reactions to oppression. Unlike the majority of identity development models that have been developed for specific racial/ethnic groups, SII was designed to access identity in a holistic framework. Rather than focusing solely on one dimension of identity, SII allows an individual to examine how one's race, ethnicity, gender, sexual orientation, socioeconomic status, age, religion, disability status, and other dimensions

influence his/her identity. According to Sevig et al. (2000), this inclusive model that allows for many intersecting identities would provide a more accurate representation of the identity development process, and as such many represent a critical component to MCC development.

Universal-Diverse Orientation (UDO)

According to Munley et al. (2004), identity development and Universal-Diverse Orientation (UDO) appear to be conceptually and empirically related. UDO is defined as the extent to which one is aware of and accepting of both the similarities and the differences among people (Miville et al., 1999). UDO consists of three components: "(a) relativistic appreciation of oneself and others, (b) seeking a diversity of contact with others, and (c) a sense of connnection with the larger society or humanity as a whole" (Fuertes et al., 2000, p. 158).

For counselor trainees, it is crucial to learn how to effectively express empathy and build strong therapeutic relationship with their clients. According to Vontress (1996), UDO is an important concept in counseling because people are simultaneously alike and different from each other, and their fundamental likeness and differences are crucial to effective interaction with others. UDO has also been found to explain variance in empathy (Miville, Carlozzi, Gushue, Schara, & Ueda, 2006). Furthermore, UDO seems to be especially important for counselors who work with clients from diverse cultural backgrounds. For example, a strong rapport between counselor and client can be achieved on the basis of similarities (e.g., feeling of pain, feeling of anxiety, etc.) while at the same time being able to accept and value others for their differentness from oneself

based on race, gender, sexual orientation, and other aspects of identity. Miville et al. (1999) proposed that UDO measures an essential component of effective multicultural counseling. In addition, UDO has been found to be a significant variable explaining variance in both multicultural knowledge and awareness among counselors (Constantine et al., 2001; Fluertes & Probst, 2002; Munley et al., 2004; Yeh & Arora, 2003) as well as clients' expectations regarding effective multicultural counseling (Constantine & Arorash, 2001). Although much research has been done to examine connection between UDO and MCC, little is known in regards to the relationship between UDO among racial/ethnic and international counselor trainees, and MCC as the majority of literature has focused on European American samples.

Cognitive Flexibility (CF)

Historically, cognitive flexibility (CF) has been considered as a significant characteristic of an effective counselor (Jackson & Thompson, 1971; Whiteley, Sprinthall, Mosher, & Donaghy, 1967). Cognitive flexibility was defined by Martin and Rubin (1995) as a person's (a) awareness that in any given situation there are options and alternatives available, (b) willingness to be flexible and adapt to the situation, and (c) degree of self-efficacy in being flexible. According to Martin and Rubin (1995), people who can acknowledge possible adjustments based on situational factors are more cognitively flexible than those who see only one proper or correct behavioral response.

When applying CF to MCC, multicultural competent counselors may need to understand that there are options and alternative approaches to traditional psychotherapies available for working with clients from diverse backgrounds. They also

need to be willing adapt to what clients from diverse backgrounds bring into counseling. Lastly, they may need to believe in their ability to be flexible. Furthermore, CF has been found to be related to empathic sensitivity (Passons & Olsen, 1969.) This finding suggests that effective counselors who demonstrate cognitive flexibility may be perceived as empathic during therapeutic process in their communication style with client. Therefore, it is essential for multicultural competent counselor to be cognitively flexible and effectively communicate empathy to clients from diverse backgrounds as communication style differences can significantly impact the expectations or responsiveness of clients (D. W. Sue & D. Sue, 2008). Despite the hypothesized significance of CF to MCC, we found no studies which investigated their relationship. More research is certainly needed in order to better understand how CF might influence MCC.

Hypotheses

We hypothesized that self-identity statuses within the OTAID framework, universal-diverse orientation, and cognitive flexibility would be related to multicultural counseling competencies among U.S. racial/ethnic minorities and international psychological trainees as assessed by the MCI. We predicted that after controlling for personal identity variables (e.g., such as age, gender, race/ethnicity, etc.), and multicultural training experiences, self-identity development, universal-diverse orientation, and cognitive flexibility would account for significant additional variance in self-perceived multicultural counseling competency.

Method

Procedure

An invitation letter to participate in this study were sent to a random stratified sample of 500 participants among the 4,571 U.S. racial/ethnic minorities and international, master and doctoral students in clinical and counseling psychology programs, which were requested from the American Psychological Association (APA) Research Office. The invitation letters (see Appendix A) were sent via U.S. regular mail. The invitation letters (a) described the study and its potential benefits to the profession, (b) clearly stated that responses would be anonymous, (c) described what participation would entail, (d) requested the recipients' participation in the study, and (f) provided instruction for volunteer participants to logon to an online survey website that was created for this study. In addition, the invitation letter described an expression of appreciation and the incentive of a chance to win cash prizes in the amount of $100, $50, and $50 for all participants who choose to enter a lottery. Prior to responding to online survey questions, participants reviewed an informed consent form (see Appendix B) electronically. The online survey included the background information questionnaire, the Multicultural Counseling Inventory (MCI), Self-Identity Inventory (SII), Miville-Guzman Universality-Diversity Scale-Short (M-GUDS-S), Cognitive Flexibility Scale (CFS) and Marlowe-Crowne Social Desirability Scale-Short (MCSDS-S). Upon completion of the survey, participants reviewed an online debriefing form (see Appendix C) which explained the purpose of this study and offered participants an opportunity to request results, once available, via e-mail. Two weeks after the invitation letter was sent via U.S. mail, 32 trainees had participated in this study. Postcard reminders (see

Appendix D) were sent via U.S. mail to participants 2 weeks after the initial invitation letter, and 11 additional trainees had participated. Out of 500, 14 invitation letters and postcard reminders were returned to us due to inaccuracy of the address or change of address of participants. Because of the unsatisfying response rate of 8.8% (n = 43), this recruitment method was discontinued, and the 43 participant recruited via U.S. mail were not included in this study.

A second recruit method was implemented to identify participants by sending an e-mail (see Appendix E) to training directors of APA accredited Clinical Psychology programs, Counseling Psychology programs, and counseling center training agencies to request their assistance in identifying and forwarding the invitation to potential participants. After two weeks, an e-mail reminder message (see Appendix F) was sent to training directors. In addition, the invitation was posted on two professional organization listservs by one of the participants without our prior knowledge. Through the e-mail recruitment method, 169 participants completed the survey. As recommended by Schmidt (1997), we identified duplicate surveys by identifying the date, time, and origin of submission as well as inspecting the survey data for identical responses. This procedure allowed us to identify 3 participants who submitted their completed surveys twice. One survey from each pair of the duplicate surveys was eliminated from the data set. In addition, 7 surveys were eliminated from the analysis due to missing data. Statistical analyses were based on the 159 usable surveys.

Participants

The 159 participants consist of 127 (79.9%) females and 32 (20.1%) males. Age of participants ranged from 21-56 years of age (M = 30.54, SD = 6.39). The majority of participants (89.9%, n = 143) identified themselves as heterosexual. Five (3.1%) participants identified as gay men, 4 (2.5%) participants identified as lesbian women, and 7 (4.4%) participants identified as bisexual men (n = 1) and women (n = 6). The participants' overall income per year was as follows: 15 (9.4%) earned less than $10,000; 31 (19.5%) earned between $10,000-$14,999; 43 (27%) earned between $15,000-$24,999; 28 (17.6%) earned between $25,000-$34,999; 17 (10.7%) earned between $35,000-$49,999; 14 (8.8%) earned $50,000-$74,999, and 11 (6.9%) earned over $75,000. In regards to spirituality, 45 (28.3%) participants reported having affiliation with Christianity, 25 (15.7%) specifically with Catholic denomination, 5 (3.1%) specifically with Protestant denomination, 9 (5.7%) with Buddhism, 7 (4.4%) with Hinduism, 2 (1.3%) with Muslimism, 42 (26.4%) reported having no affiliation with any religion, and 24 (15%) reported having other spiritual belief. Only 5 (3.1%) participants reported having one or more disability.

One hundred eleven participants (69.8%) reported having English as their primary language. Self-reported racial/ethnic and international nationality background of the sample were as follows: 39 (24.5%) were African American, 27 (17%) were Latino/Latina American, 25 (15.7%) were Asian American, 11 (6.9%) were Native American, 2 (1.3%) were Arab American, and 13 (8.2%) identified themselves as bi-racial/mixed, and 42 (26.4%) identified themselves as international trainees in the U.S. from 22 different countries (e.g., Taiwan, Brazil, India, German, Israel, Jamaica, China,

Australia, Malaysia, Korea, etc.). The average number of years in the U.S. among the international trainees was 6.33 years (*SD* = 4.95).

Of the participants, there were 51.6% (*n* = 82) trainees from Clinical Psychology programs and 48.4% (*n* = 77) trainees from Counseling Psychology programs. The majority of these trainees are currently seeking a Ph.D. degree (74.2%) in a University setting (89.3%). The average years in program of the trainees is 3.35 years (*SD* = 1.81). About half of the participants reported that they had served as a facilitator for a multicultural/diversity workshop or seminar (*n* = 79). One hundred and eighteen participants (74.2%) reported that they had participated in multicultural/diversity research. In regards to multicultural course exposure, 29 (18.2%) participants reported that they had never taken a multicultural course, and 130 (81.8%) participants reported that they had taken at least one course in multicultural issues. The reported range of multicultural workshops attended were 0 to 15 (*M* = 2.82), with *n* = 42 (26.4%) participants who did not respond to this item. In addition, the reported range of estimated number of direct contact hours across clients was as follows: 0 to 20,000 (*M* = 1100) among 109 (68.6%) participants; 0 to 10,000 (*M* = 526) among 114 (71.7%) participants; 0 to 1,000 (*M* = 62) among 118 (74.2%) participants; 0 to 2,000 (*M* = 114) among 117 (73.6%) participants; and 0 to 600 (*M* = 38) among 125 (78.6%) participants for all clients, racial/ethnic minority clients, LGBT clients, clients with disabilities, and international clients, respectively. However, 50 (31.4%), 45 (28.3%), 41 (25.8%), 42 (26.4%), and 34 (21.4%) of participants did not report any direct contact hours for either all clients, racial/ethnic minority clients, LGBT clients, clients with disabilities or international clients, in that order. Such response pattern suggests that 21% to 31% of

participants may not have taken an applied clinical practicum course. The reported number of hours spent in supervision on multicultural issues ranged from 0 to 1,000 (M = 72.69), with n = 35 (22%) not responding to this item. Given the percentage of participants who did not respond and the wide range of contact hours related to multicultural training experiences as well as direct client services, such data were not included in additional analyses.

In regards to the instructions for completing the Self-Identity Inventory (SII) participants were asked to "In the box below, write in your own words how you define identity." Participants' responses varied from "I am an African American," "I am a Mexican American male who was raised in a small immigrant community.," to "I am a female citizen of the world. I have moved around to several countries, and have been brought up in mostly Western countries. I am a liberally practicing Muslim with a Pakistani heritage…" Almost all of the participants included race/ethnicity in their definition of self-identity. Ninety nine (62.3%) participants reported gender as part of their identity. Twenty three (14.5%) of participants reported only race/ethnicity, while others reported multiple dimensions of their identity (e.g., gender, sexual orientation, religion, social-class, geographic location, etc.).

Measures

Background Information Questionnaire. The background information questionnaire (see Appendix G) was developed for this study based on the Personal Dimensions of Identity model (PDI; Arredondo et al., 1996) as a framework. Basic participant PDI information (e.g., age, gender, race/ethnicity, sexual orientation,

citizenship, status of disability, religious affiliation, etc.) were requested along with information related to participants' program and multicultural-oriented training (e.g., degree objective, year in program, multicultural course work, client contact hours with all clients, client contact hours with minority clients, and amount of supervision time spent on multicultural issues, etc.).

Multicultural Counseling Inventory (MCI). The MCI (Sodowsky et al., 1994) consists of 40 self-report items (see Appendix H) which assess behaviors and attitudes related to four multicultural competencies: awareness, knowledge, skills, and relationships. The Awareness subscale assesses issues such as multicultural sensitivity, multicultural interactions and experiences, general cultural understanding, and multicultural advocacy. The Knowledge subscale measures phenomena such as multicultural case conceptualization and treatment strategies and knowledge of cultural information. The Skills subscale consists of items measuring multicultural and general counseling skills. Lastly, the Relationship subscale contains items assessing aspects of counselors' interpersonal processes with racial and ethnic minority clients (Sodowsky et al., 1994). MCI items were rated on a 4-point Likert scale, ranging from very inaccurate (1) to very accurate (4). Scale scores are obtained by adding the items specific to each subscale. Higher subscale scores indicate greater multicultural competence in each respective subscale areas.

To sample a large number of counselor trainees of color, a self-report measure such as MCI was chosen over a performance measure such as the Cross-Cultural Counseling Inventory—Revised (LaFromboise et al., 1991). We chose MCI over two competing measures of self-perceived multicultural competencies—the Multicultural

Awareness-Knowledge-Skills Survey (D' Andrea et al., 1991) and Multicultural Counseling Knowledge and Awareness Scale (Ponterotto et al., 2002)—because research has demonstrated adequate reliability and validity for the MCI as a measure of MCC. For example, since the initial development and psychometric evaluation of the MCI (Sodowsky et al., 1994), a series of continuing validation studies have supported the measure's content, criterion, and construct validity through factor analyses and the correlation of the separate subscales with alternative measures of multicultural competency and client outcome (Constantine & Ladany, 2000; Pope-Davis & Ottavi, 1994; Sodowsky et al., 1998; Worthington, Mobley, Franks, & Tan, 2000). A mean Cronbach's alpha of .78 has been reported for the entire MCI scale, and mean Cronbach's alpha of .78, .77, .80 and .68 have been reported for the Awareness, Knowledge, Skills, and Relationships subscales, respectively (Sodowsky et al., 1998). In this study, internal reliability estimates were .88 for MCI total score, .75 for MCI Awareness, .79 for MCI Knowledge, .81 for MCI Skills, and .71 for MCI Relationship. These estimates are reasonably consistent with reliabilities reported in previous studies.

Self-Identity Inventory (SII). The SII (Sevig et al., 2000) consists of 71 items (see Appendix I) on a six-point Likert scale (ranging from 1=strongly disagree to 6=strongly agree). SII provides scores for six identity phases associated with the Optimal Theory of Identity Development (OTAID). The six phases of OTAID are Individuation, Dissonance, Immersion, Internationalization, Integration, and Transformation. In phase 1, Individuation, individuals are characterized by the lack of awareness of certain aspect of self other than the one prescribed by their environment. When individuals begin to explore how their identity was shaped, they enter phase 2, Dissonance. In phase 3,

Immersion, individuals are characterized by having excitement, joy, pride, and a sense of belonging as a result of their acceptance of their own identity that was devalued. In phase 4, Internalization, individuals are characterized by an increased sense of worth and security toward their identity. In phase 5, Integration, individuals now have deeper understanding of how oppression operates in society. Lastly, in phase 6, Transformation, individuals are characterized by having a sense of self that is even more holistically defined.

In an attempt to allow individuals to define multiple identities rather than limit responses to a single identity dimension, the SII asks individuals to "write in your own words how you define identity." Internal consistency for the SII scales ranged from .72 to .90, and scale test-retest reliability ranged from .72 to .92. For the current study, the internal reliability estimates were .93 for SII total score, .78 for SII Individuation, .93 for SII Dissonance, .88 for SII Immersion, .80 for SII Internalization, .72 for SII Integration, and .91 for SII Transformation. The patterns of SII interscale correlations as well as the correlations between SII scales and external construct validity were interpreted as providing construct validity support for the SII (Sevig et al., 2000). SII has been found to account for significant additional variance in multicultural competency (Munley et al., 2004). In the development of SII, Sevig et al. (2000) also found that SII was significantly correlated to the Tolerance Scale and the Belief System Analysis Scale.

Miville-Guzman Universality-Diversity Scale-Short (M-GUDS-S). Universality-diversity orientation or UDO is a construct that "reflects an attitude of awareness and acceptance of both the similarities and differences among people" (Miville et al., 1999, p. 291). The M-GUDS-S (Fuertes et al., 2000) is a short form of the Miville-Guzman

Universality-Diversity Scale (M-GUDS), a 45-item scale that is reported to have good content and construct validity, internal consistency, and test-retest reliability in numerous validation procedures (Miville et al.,1999). The high and positive correlation between the M-GUDS and M-GUDS-S (r = .77) was interpreted as providing construct validity support for the M-GUDS-S (Fuertes et al., 2000). The M-GUDS-S (see Appendix J) includes 15 items on a six-point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree). The M-GUDS-S may be scored for total score and three subscales, which are Diversity of Contact (DC), Relativistic Appreciation (RA), and Comfort with Differences (CD). Higher scores indicate higher levels of UDO. According to Miville et al. (1999), the Diversity of Contact subscale measures degree of interest and commitment to interact with culturally diverse individuals and participate in diverse cultural activities. The Relativistic Appreciation subscale assesses respondents' recognition and appreciation of similarities and differences in others, and the impact of these similarities and differences on their self-understanding and personal growth. The Comfort with Differences subscale evaluates respondents level of affective comfort with culturally diverse others. In this study, the M-GUDS-S total was used to limit number of predictor variables and reserve power for the analyses.

According to Fuertes et al., (2000), reliability coefficients for the subscales of the M-GUDS-S ranged from .59 to .92 in a validated sample. In this study, the internal reliability estimates were .80 for M-GUDS-S total score, .71 for M-GUDS-S Comfort with Differences, .75 with M-GUDS-S Diversity Contact, and .77 with M-GUDS-S Relativistic Appreciation. UDO has been found to account for significant additional variance in multicultural competency (Munley et al., 2004; Constantine et al., 2001).

UDO has also been found to be related to empathy and emotional intelligence (Miville et al., 2006), independent and interdependent self-construal (Yeh & Arora, 2003), and personality traits (Thompson, Brossart, Carlozzi, & Miville, 2002).

Cognitive Flexibility Scale (CFS). The CFS (Martin & Rubin, 1995) includes 12 items on a 6-point scale ranging from (6) *strongly agree* to (1) *strongly disagree*. See CFS in Appendix K. The CFS was developed to assess three components: (a) an individual's awareness of alternatives, (b) willingness to adapt to situations, and (c) self-efficacy in being flexible. Initial findings by Martin and Rubin (1995) demonstrated adequate internal reliability and construct and concurrent validity for the CFS. Martin and Anderson (1998) conducted three additional studies that offer support for validity of the CFS. In study one, the concurrent validity of the CFS was established by the positive correlation found between two other constructs of communication competence, assertiveness ($r = .49$, $p < .001$) and responsiveness ($r = .31$, $p < .001$). In study two, further construct validity of the CFS was established by obtaining the coefficient alpha of .72 in both the participants' self-reports and the close friends' reports of cognitive flexibility. In study three, the criterion-related validity of the CFS was evidenced by the positive correlations found in five of the seven rating of self-efficacy in communication situations. Additional reliability obtained for the CFS was .82 (Martin et al., 1998). The CFS was also found to be significantly related to aggressive communication traits (Martin et al., 1998), decision-making collaboration (Dunleavy & Martin, 2006), acculturation (Kim & Omizo, 2006), and adherence to European American values (Kim & Omizo, 2005). Kim & Omizo (2006) reported a CFS international reliability estimate was .77 for an international sample. In this study, the internal reliability estimated was .77.

Marlowe-Crowne Social Desirability Scale-Short (MCSDS-S). The MCSDS-S (see Appendix L) includes 13 true-false items, which is a short version of the Marlowe-Crowne Social Desirability Scale (MCSDS; Ballard, 1992). Scores range from 0 to 13, with higher scores suggesting a greater likelihood that the participant engages in socially desirable response bias. According to Reynolds (1982), the 13-item form is recommended as a viable short form for use in the assessment of social desirability response tendencies over the original form and other short forms due to its strong psychometric properties while having lesser number of items. The 13-item form was found to have an acceptable level of reliability of .76 and highly correlated to the original form (r = .93). For the current study, internal reliability estimate was .73 for MCSDS-S.

In this study, it was considered important to take into consideration the variability in the self-reported multicultural counseling competencies that may be distorted by respondents' desire to appear favorable or unfavorable. Constantine and Ladany (2000) and Ponterotto et al. (1996) have also recommended that self-report multicultural competency measures be accompanied by measures of social desirability. Furthermore, since participants completed the survey package online, they may have intentionally supplied incorrect survey data to undermine the research (Schmidt, 1997). Therefore, the MCSDS-S (Reynolds, 1982) was included to control for these possibilities.

Analyses

Basic descriptive and frequency statistics were calculated for the measures included in this study. Multivariate analysis of variance (MANOVA) was also employed to test for significant group differences in scores of MCI total and subscales.

Correlations were also calculated to examine participants' social desirable responses, assess multicollinearity, and confirm predictors to be included in the multiple regression analysis. In addition, internal consistency (i.e., Cronbach's alphas) was examined for all measures to assess their stability for this study. It was consider important to closely examine internal consistency because the measures used in this study have rarely been utilized with a sample of racial/ethnic and international trainees exclusively.

Four hierarchical multiple regression analyses were used to examine the correlates of the MCI's four subscales. Although the Bonferroni correction can be used to reduce the chance of committing a Type I error, there is a trade-off which are a loss of statistical power and an increase in Type II error (Field, 2005). Therefore, in conducting four statistical tests, the alpha level used to reject the null hypothesis was 0.05. A post hoc power analysis was conducted to determine the appropriateness of study's sample size. To achieve a power of .90, with an alpha of 0.05 and the capability to detect a medium effect size (.15), the required sample in this study would be 152 participants. Initially, there were 169 completed surveys. However, due to multiple submission and incomplete surveys, a total of 10 surveys were excluded. For this study, there were 159 participants included in the analyses.

Results

Mean scores and standard deviations for MCI total and the MCI subscale scores are reported in Table 1 for the total sample and by trainees' selected PDI information and multicultural training experiences (MTE). Visual inspection of Table 1 allows an initial understanding of the data suggesting that the MCI total score and MCI subscale scores do

not appear to differ by gender or U.S. racial/ethnic minorities and international statuses. The MANOVA of MCI total and subscale scores by gender and U.S. racial/ethnic minorities or international status confirmed this visual inspection of the data as it revealed no significant effects for gender, F (4,154) = .18, *ns*, or U.S. racial/ethnic minorities and international trainees, F (24,521) = 1.59, *ns*. Table 1 also demonstrates that MCI total and three subscale scores (i.e., Awareness, Knowledge, and Skills) increased with MTE (i.e., course, facilitation, and research). However, a similar trend was not observed for the MCI Relationship. Additionally, MANOVA of MCI total and subscale scores revealed no significant effects for discipline (i.e., Clinical and Counseling Psychology), F (4,154) = 1.29, *ns* and degree status (i.e., master, Ph.D., and Psy.D.), F (8,306) = 1.38, *ns.*

Pearson r correlations were also obtained to explore relationships between variables in this study. Results are presented in Table 2. Scores on the MCSDS-S did not significantly correlate with any of the variables, except for the SII Individuation score (r = -.22, p < .01), M-GUDS-S Diverse Contact (DC) score (r = .28, p < .01), M-GUDS-S Comfort with Differences (CD) score (r = -.17, p < .05), UDO (r = .21, p < .01), and CFS score (r = .19, p < .05). Although these correlations are significant, they are relatively weak in strength. In addition, the two M-GUDS-S subscales (i.e., DC and CD) were not included as predictor variables. The correlations between MCI total score and the four subscale scores ranged from .58 (MCI total with MCI Relationship subscale score) to .79 (MCI total with MCI Knowledge subscale score), and the intercorrelations among the four scales ranged from .17 (MCI Awareness with MCI Relationship) and .62 (MCI Awareness with MCI Knowledge). These intercorrelations are consistent with

findings reported in previous studies utilizing MCI and indicate that the scales appear to measure related but, somewhat distinct measures. The correlations among independent variables ranged from .16 (SII Internalization with SII Integration) to .76 (SII Dissonance with SII Internalization). None of the correlations in Table 2 exceeded .90 (Field, 2005), which would violate multicollinearity. Therefore, decreasing the probability of a Type II error occurring in this study.

Table 2 also demonstrates relationships between the predictor variables and four dependent MCI subscale scores. Review of this table shows significant correlations at the $p < .01$ level among several variables. For MCI Awareness, significant correlations were found in relation to multicultural course, multicultural facilitator, multicultural research, SII Individual, SII Integration, SII Transformation, UDO, and CFS score. For MCI Knowledge, significant correlations were found with respect to multicultural facilitation, multicultural research, SII Individual, SII Integration, SII Transformation, UDO, and CFS score. In addition, significant correlations were found between MCI Skills in relation to SII Dissonance and CFS score. Similarly, significant correlations were found between MCI Relationship with respect to SII Dissonance and CFS score. However, no significant relationship was found between MCI subscale scores in relation to trainees' gender or age.

We conducted separate hierarchical multiple regression analyses to examine the effects of 11 independent variables across the four dependent variables consisting of the MCI subscales (i.e., Awareness, Knowledge, Skills, and Relationship). The independent variables were the following sets of predictors: MTE, including multicultural course (MC), facilitation, and research; SII statuses including Individuation, Dissonance,

Immersion, Internalization, Integration, and Transformation; UDO; and CFS. Based on the preliminary analyses, PDI information was excluded from the list of predictors due to strength of correlations among study variables and in order to preserve power given study's sample size. In each separate hierarchical regression analysis, MTE were entered in the first step in the following order: MC course (coded 0 = none reported, 1 = at least one course reported), MC facilitation (coded 0 = have never served as a facilitator, 1 = have served as a facilitator for a multicultural/diversity workshop or seminar), and MC research (coded 0 = have never participated, 1 = have participated in multicultural/diversity research). In the second step, SII scale scores were entered in the following order: SII Individuation, SII Dissonance, SII Immersion, SII Internalization, SII Integration, and SII Transformation. UDO and CFS score were then entered in the third and fourth step, respectively. Results of hierarchical linear regression analyses on MTE, SII Scales, UDO, and CFS predicting MCI Awareness, Knowledge, Skills, and Relationship are presented in Table 3, 4, 5 and 6, respectively.

In the hierarchical regression analysis for MCI Awareness subscale, MTE, which was entered in the first step, accounted for 21% of the variance. MC facilitation and research were the significant predictors in this step. SII added in the second step added 10% of the variance, where Integration was the only significant predictor among SII six scales. UDO was entered in the third step and increased significant proportion of additional variance in MCI Awareness by 2%. In the fourth step, CFS was added and accounted for additional 3% of the significant variance. A total of approximately 35.4% of variance accounted for MCI Awareness.

MTE, was also entered in the first step of the hierarchical regression analysis for MCI Knowledge, and accounted for 15% of the variance. Similar to MCI Awareness, MC facilitation and research were the significant predictors in this step. SII added in the second step added 14% of the variance, where Integration was the only significant predictor among SII six scales. UDO was entered in the third step and did not account for account for any significant proportion of additional variance for MCI Knowledge. In the fourth step, CFS was added and accounted for additional 2% of the significant variance. A total of approximately 32.6% of variance accounted for MCI Knowledge.

In the hierarchical regression analysis for MCI Skills subscale, MTE was entered in the first step and did not account for any significant variance. SII added in the second step added 11% of the variance, where Integration was the only significant predictor among SII six scales. UDO was entered in the third step and did not account for any significant additional variance. In the fourth step, CFS was added and accounted for additional 11% of the significant variance. A total of approximately 26.4% accounted for MCI Skills.

Lastly, in the hierarchical regression analysis for MCI Relationship subscale, MTE was entered in the first step and did not account for any significant variance. SII added in the second step added 12% of the variance, although none of the SII six subscales was found to be a significant predictor. UDO was entered in the third step and did not account for any significant additional variance. In the fourth step, CFS was added and accounted for additional 4% of the significant variance. A total of approximately 18.7% of variance accounted for MCI Relationship.

A post hoc multiple regression analyses was also conducted with the reversed order of entry between SII and UDO. According to Munley and colleagues (2004), the variance in common between UDO and some components of multicultural counseling competencies may be shared with the SII scales. To confirm this suggestion, four additional hierarchical regression analyses were conducted with the reversed order of entry for the SII and UDO. In this second model MTE (i.e., multicultural course, facilitation, and research) were entered in the first step similarly as performed in the initial model. In the second step, UDO was entered instead of SII scale scores. SII scale and CFS scores were then entered in the third and fourth step, respectively. It appears that by reversing the order of entry for the SII scale and UDO scores in step 2 and 3 as suggested by Munley et al., (2004), UDO accounted for 7.9% of variance for MCI Awareness ($R = .54$, $R^2 = .29$, F (1,154), $p < .001$), 9.4% for MCI Knowledge ($R = .49$, $R^2 = .24$, F (1,154), $p < .001$), and 3.0% for MCI Skills ($R = .25$, $R^2 = .06$, F (1,154), $p < .05$). SII contributed 6.4% of variance for MCI Knowledge ($R = .55$, $R^2 = .31$, F (6,148), $p < .05$), 8.7% for MCI Skills ($R = .39$, $R^2 = .15$, F (6,148), $p < .05$), and 12.2% for MCI Relationship ($R = .39$, $R^2 = .15$, F (6,148), $p < .01$).

Discussion

This study examined the relationships between self-reported multicultural counseling competencies, self-identity status as defined by the Optimal Theory Applied to Identity Development (OTAID; Myers et al., 1991), Universal-Diverse Orientation (UDO; Miville et al., 1999), and cognitive flexibility (CF; Martin & Rubin, 1995) among U.S. visibly racial/ethnic minority and international psychological trainees. We hypothesized that after controlling for PDI information and MTE, identity statuses within

the OTAID framework, UDO, and cognitive flexibility would be related to multicultural counseling competencies. This hypothesis was confirmed by a four-step, hierarchical multiple regression model. Together the four sets of variables accounted for 35.4%, 32.6%, 26.4%, and 18.7% of the variation in Awareness, Knowledge, Skills, and Relationship component of multicultural counseling competencies, respectively. These results suggest the self-identity statuses, UDO, and cognitive flexibility should be considered in the conceptualization and planning of interventions to improve multicultural counseling competencies among racial/ethnic minorities and international psychological trainees.

In regard to the self-identity statuses and UDO, the findings from this study indicate that these two variables accounted for significant variance in multicultural counseling competencies. Among the SII scales, Integration emerged as the one significant predictor of MCI Awareness, Knowledge, and Skills. According to Myers et al. (1991) and Sevig et al. (2000), individuals in Integration phase tend to fully embrace both similarities and differences, and develop greater unconditional positive regards among themselves and others. These findings highlight the importance of trainees' ability to recognize, value, and accept both similarities and differences as a part of their multicultural counseling competencies.

Although UDO only accounted for significant variance in MCI Awareness in the first model, when the order of entry between SII and UDO was reversed in the second model, UDO accounted for significant variance in MCI Awareness, Knowledge, and Skills. A similar finding was reported by Munley and colleagues (2004) who investigated relationships between identity development and multicultural competency.

One possible explanation for this finding is that the variance of UDO for MCI Awareness, Knowledge, and Skills is also shared by SII scales. Another possible explanation is the time precedence of UDO development in relationship to SII development. It is likely that UDO may progress during adolescence to young adulthood as an individual expand his/her interactions with people from culturally diverse background, whereas SII may progress later in life given its emphasis on the holistic view of identity that incorporates various element of identity (e.g., gender, race/ethnicity, spirituality, social-class, etc.).

It should be noted that self-identity statuses and UDO did not account for significant additional variance for the Relationship component of MCI. This component of multicultural counseling competencies assesses counselors' interpersonal processes with primarily racial and ethnic minority clients (Sodowsky et al., 1994). One possible explanation for this lack of predictive ability is that while MCI Relationship assesses interpersonal processes, self-identity statuses and UDO may primarily emphasize intrapersonal processes among individuals. For example, a trainee may be willing to accept similarities and differences of others, yet she/he may not feel ready and confident in building strong rapport with culturally diverse clients due to lack of experiences in working with such population. Perhaps one of the most interesting findings in this study seems to be the contribution of cognitive flexibility as a sole predictor to the variance of MCI Relationship. In addition to MCI Relationship, cognitive flexibility also accounted for significant variation in MCI Awareness, Knowledge and Skills. It is possible that unlike UDO and self-identity that primarily focus on internal, developmental processes of trainees, cognitive flexibility focuses on trainees' level of adaptation, flexibility, and self-

efficacy in actual situations. In addition, although cognitive flexibility may represent a generic, universal capacity, it appears to have cultural relevance. Therefore, it is not surprising that cognitive flexibility is such an important predictor of all four components of MCI. Given the significant relationships between cognitive flexibility and multicultural counseling competencies, further exploration should be considered in finding ways to increase trainees' cognitive flexibility during training.

The relationships between PDI information and MCI subscales in this study seem important to highlight. In preliminary analyses (i.e., visual inspection of Table 1, MANOVA, and Pearson r) prior to the multiple regression analyses, age, gender, and race/ethnicity or international status were excluded from the list of predictor variables because they did not have significant relationship with any of the MCI subscales. Our findings regarding the effect of age on multicultural counseling competencies seem similar to other studies (i.e., Bellini, 2002; Munley et al., 2004; Ottavi et al., 1994). There are, however, mixed findings in regards to gender. Similar to the finding in this study, Ottavi et al. (1994), Pope-Davis et al. (1994), and Munley et al. (2004) did not find gender differences in self-reported multicultural counseling competencies; while Constantine (2000) and Belli (2002) reported otherwise. As for race/ethnicity, no group differences on MCI total and subscales were found within the racial/ethnic and international trainees. This finding is consistent with prior research by Sodowsky et al. (1998). Given that our sample consisted exclusively of racial/ethnic minorities and international trainees, whereas most studies in the literature included about 7% to 37% of racial/ethnic minorities (i.e., Ladany, Brittan-Powell, & Pannu, 1977; Ladany, Inman, et al., 1997; etc.) and no international participants, the findings of age, gender, and

race/ethnicity in relation to multicultural counseling competencies seem inconclusive. Further research investigating the relationship between PDI information (e.g., age, gender, race/ethnicity, sexual orientation, etc.) with multicultural counseling competencies may be warranted.

Another finding that should be mentioned in this study is related to MTE among U.S. racial/ethnic minorities and international psychological trainees. First of all, serving as a facilitator for a multicultural/diversity workshop or seminar seems to increase the trainees' self-perception of multicultural counseling awareness, knowledge, and skills. Participating in multicultural/diversity research also seems to increase the trainees' multicultural awareness and knowledge. Serving as a multicultural facilitator and participating in multicultural research may have provided trainees with an opportunity to have practical, experiential experiences related to multicultural issues. As a result, trainees' self-perceived multicultural counseling competencies were increased significantly.

Unlike multicultural facilitation and research, the experiences of trainees in multicultural course work did not significantly impact multicultural counseling competencies among racial/ethnic minority and international psychological trainees. Given that participants were asked a close-ended question in regards to their multicultural course experiences, the nature of the multicultural course was inconclusive. According to Vazquez and Garcia-Vazquez (2003), most of curriculums in traditional multicultural courses tend to focus on increasing knowledge base of minority populations such as U.S. racial/ethnic groups (i.e., African Americans, Latino/Latina Americans, Native Americans, and Asian Americans). Assuming that most of the trainees in this study had

taken traditional multicultural courses, one possible explanation of these findings may be that the didactic nature and content of multicultural courses does not allow trainees to significantly increase their multicultural counseling competencies. Such interpretation seems supported by studies indicating comparative differences in level of self-reported multicultural counseling competencies between Whites/European Americans and visible racial/ethnic minorities (Pope-Davis et al., 1995; Pope-Davis & Ottavi, 1994). Moreover, none of the multicultural course, facilitation, nor research experiences seem to contribute to the Relationship component of multicultural counseling competencies. Since these MTE activities (i.e., multicultural course, facilitation, and research) tend to be didactic, it may be difficult for trainees to passively increase their competence in building strong rapport with culturally diverse clients through such activities. Such findings highlight the critical importance of the provision of multicultural practicum with culturally diverse clients in order to potentially increase trainees' MCI Relationship. Nevertheless, further exploration of how trainees apply cultural knowledge via multicultural courses, research and facilitation may be warranted.

There are some limitations in this study that should be considered. With regard to sampling, participants were not randomly selected as they were recruited via the request for assistance from training directors and professional organizations' listserv. Therefore, some racial/ethnic minorities and international trainees may not have received an opportunity to participate in this study. Secondly, it was impossible to accurately establish a response rate via e-mail recruitment method and unknown total number of U.S. racial/ethnic and international trainees population in training programs. The sample of participants was also relatively homogenous with relatively small percentages of

certain subgroup of racial/ethnic minorities (e.g., Native American and Arab American); males; lesbian, gay and bisexual persons; persons with disabilities; and religious affiliation (e.g., Buddhism, Muslim, Hinduism, etc.). Another important limitation relates to the use of self-report measures in this study. To address this limitation, the study assessed the extent of social desirable responses in the data. The results indicate that some participants may have responded to 5 variables based on idealized responses rather than their actual thoughts, feelings, or behaviors. At one level, it is not surprising that racial/ethnic minorities and international psychological trainees would respond to the self-reported measures in this study in a socially desirable manner. Given their culturally diverse heritage, participants may have overly reported their perceived level of multicultural counseling competencies and the associated constructs included in this study. Lastly, it was unfortunate that there were such a large percentage of participants who did not enter data on the number of multicultural workshops attended, direct contact hours of all clients as well as culturally diverse clients (i.e., racial/ethnic, LGBT, disability status, and international status), and number of hours spent in supervision on multicultural issues. Having such data may have revealed additional understanding of multicultural counseling competencies among U.S. racial/ethnic minorities and international psychological trainees.

Despite these limitations, this study represents the first empirical study to investigate multicultural counseling competencies specifically among racial/ethnic minorities and international psychological trainees. In addition, this study's findings highlight the significance of self-identity, UDO, and cognitive flexibility. These three constructs appear to appropriately integrate aspects of culture broadly defined both in

regard to intrapersonal and interpersonal dynamics. As such these constructs offer evidence of support for complimentary skill development in addition to culturally specific interventions that focus on the attainment of knowledge about specific cultural groups. According to Ridley, Chih, & Olivera (2000), there are some limitations to the cultural specific interventions including difficulty in mastering specific cultural knowledge, difficulty in translating knowledge to practice, and the possibility using cultural knowledge as stereotypes. Perhaps a precursor to the development of cultural specific approaches is to foster critical skills that may be applied in multicultural interactions. Ridley et al. (2000) offered the use of cultural schemas as one of the alternatives. Similarly, we believe that development of self-identity, particularly through Integration status, universal-diverse orientation, and cognitive flexibility may reflect cultural skills that increase multicultural counseling competencies among trainees.

There are several implications from this study. Researchers can use the findings in this study as a foundation and further explore the significance of self-identity development within OTAID framework, UDO, and cognitive flexibility as well as other potential predictor variables in relation to multicultural counseling competencies. Future research may expand the target population to include exclusive samples of LGBT trainees, trainees with disabilities, or other minority groups. In addition, longitudinal studies that examine development of multicultural counseling competencies among trainees would tremendously contribute to the current literature. Specifically, in regard to trainees, they could use the findings in this study to evaluate and expand their multicultural counseling competencies. For example, trainees can gain more understanding about their own identity by assessing where they are in the SII phrases,

which may lead to the increased competencies in practicing multicultural counseling. Students can also make development of UDO and cognitive flexibility a priority in their training. They may begin to challenge themselves to be more accepting of both similarities and differences among people. Similarly, they may challenge themselves to develop increased flexibility and see that there are alternatives in any given situation, particularly in therapy setting with culturally diverse clients, and adapt accordingly. Lastly, in training programs, faculty and supervisors should consider the findings in this study in their effort to develop multicultural counseling competencies via didactic classroom instruction, supervision, practicum, and other training activities. A variety of training experiences should be offered to trainees, especially applied, experiential activities that would allow trainees to development their self-identity development, UDO, and cognitive flexibility. For example, experiential activities that allow trainees to have immersion experiences among specific cultural groups may potentially facilitate not only increased multicultural awareness, knowledge, and skills, but also multicultural relationship and universe-diverse orientation. In supervision or practicum settings, opportunities for direct services with audio/video recording would allow supervisors and trainees to assess for behavioral anchors indicating achieved levels of MCC. This would allow trainees an opportunity to explore their holistic self-identity, address barriers that may be preventing them from increasing their openness to similarities and differences between themselves and clients; as well as increasing their ability to be flexible, adaptable, and considerate of alternatives in the provision of services with culturally diverse clients.

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Appendix A: Invitation to Participate

Invitation to Participate

College of Education
University of Missouri–Columbia

Department of Educational, School and Counseling Psychology
16 Hill Hall
Columbia, MO 65211-2130
PHONE 573-882-7731
FAX 573-884-5989

Dear Fellow Graduate Student,

My name is Adipat (Andy) Chaichanasakul, a minority psychological trainee at the University of Missouri-Columbia. You may already know that very little attention has been paid in understanding multicultural counseling/therapy readiness among racial/ethnic minority and international psychological trainees. I am specifically contacting you because so often our voices and experiences are not represented in research. I am seeking your support and help to include the voices and experiences of racial/ethnic minority and international psychological trainees.

How can you help? Under the supervision of Dr. Michael Mobley, I am conducting an online survey designed specifically for racial/ethnic minority and international psychological trainees. My university has already approved this study. Please visit **yourvoice.speedsurvey.com** for more information and consider participating in this study at your earliest convenience. You can withdraw from the study at any time. No personally identifying information will be requested. As an incentive to participate, there will be a random drawing of those who submit e-mail addresses upon the online prompt: first, second and third place winners will receive cash prizes of respectively, $100, $50, and $50. In addition, please consider inviting your colleagues who are racial/ethnic minority and international psychological trainees to participate in this survey.

I would like to take this opportunity to thank you for your help and support. I sincerely appreciate your time and consideration. If you would like to discuss any aspect of this study, especially if you have any hesitation in participating, please feel free to contact me directly by e-mail at ac34c@mizzou.edu.

P.S. Please visit **yourvoice.speedsurvey.com** and complete the survey.

Best Regards,

Adipat (Andy) Chaichanasakul
Ph.D. Candidate
University of Missouri-Columbia

THERE'S ONLY ONE MIZZOU

Appendix B: Informed Consent Form

Project Information and Informed Consent

This research study focuses on the multicultural counseling training and competence level of U.S. visibly racial/ethnic minority and international counselor trainees. The purpose of this study is to increase our knowledge about factors that may influence multicultural counseling competence. To this end, we wish for you to genuinely respond to the questions we ask in this study.

This process consists of responding to several questions on a survey. It will take approximately 30-45 minutes to complete this process. As an incentive to participate, there will be a random drawing of those who submit e-mail addresses upon the online prompt: first, second, and third place winners will receive cash prizes of respectively, $100, $50, and $50.

Prior to assisting us with this study, it is important that you read and understand the following statements:

- Your participation in this research is VOLUNTARY. You are not required to answer every question that might be asked. This means that you are **free to stop participating at any point** without penalty or loss of privilege, except for benefits directly related to your participation in this study.

- All participant responses will be completely ANONYMOUS. In order to assure anonymity, please **do *not* put your name (or any other identifying information) anywhere on the accompanying questionnaires**. It is our hope that a guarantee of ANONMITY will increase your willingness to respond to the questionnaire in a frank and forthcoming manner.

- Because this research is ANONYMOUS, you will not be identified in any presentation or publication of this research. All information you provide will be combined with the data from other respondents and reported as aggregated data.

- In order to assure ANONYMITY, while at the same time facilitating efforts to obtain an accurate, high quality data set, the following procedures have been developed:

  There are no codes or any other information contained on the questionnaire or any other materials associated with it that identifies you as an individual respondent to this survey.

  If you wish to participate in the drawing for cash prizes, the email address you submit after completing the questionnaires will not be linked to your individual questionnaire responses. The email address will be combined with others in a separate and secure composite list, from which the winners will be randomly selected.

  In order to ensure that our data does not include duplications or multiple submissions from the same individual, we will retrieve and record the IP address of each computer from which data is submitted, along with a time/date stamp that records when the data was submitted. The IP address and time/date stamp information will serve only to identify duplicate or multiple submissions. Although it is conceivable that the IP address could be used to gain access to the identity of individual respondents, the information WILL NOT be used in this way. In addition, this is a highly unlikely scenario, and one that is not intended by the research investigators.

- You have the right to be informed of all potential risks associated with your participation in this research. The questions in this research do not pose any immediate risk or harm to you as a participant. You may benefit from participating in this study by learning more about your multicultural counseling competence and factors related to it. To insure that your responses to this study are not viewed by another person, please do the following:

  There is a possibility that your responses could be viewed by an outside party if you do not EXIT/CLOSE your Internet browser (e.g., Netscape Navigator, Internet Explorer, etc.) as soon as you finish responding to the questionnaire because your responses might be visible if you (or someone else) click the BACK button on the browser. In order to ELIMINATE this possibility, you should EXIT/CLOSE the browser as soon as you finish responding to the survey and have submitted your responses.

  There is a possibility that your responses could be viewed by an outside party if you leave your browser on and leave the computer terminal before finishing the questionnaire (e.g., answer the phone, leave the computer unattended, etc.). In order to avoid inadvertent access to your responses by a third party, do not leave the terminal or stop responding to the questionnaire until you have completely finished and closed the browser.

You have the right to have any questions about the research answered. Please direct any questions to the following individuals:

Adipat (Andy) Chaichanasakul, B.A.
ac34c@mizzou.edu
Department of Educational and Counseling Psychology
16 Hill Hall
University of Missouri-Columbia
Columbia, MO 65211

Michael Mobley, Ph.D.
mobleymi@missouri.edu
Department of Educational and Counseling Psychology
16 Hill Hall
University of Missouri-Columbia
Columbia, MO 65211

For additional information regarding human participation in research, please feel free to contact the UMC Campus IRB Office at 573-882-9585.

I have read and understood the information above, and agree to participate.

Appendix C: Debriefing Statement

Debriefing Statement

Thank you for your conscientious participation in today's study. All the information we collected in today's study will be completely confidential, and there will be no way of identifying your responses in the data archive. We are not interested in any one individual's responses; rather, we want to look at the general patterns that emerge when the data are aggregated together.

Your participation today will help psychologists discover the relationship between the multicultural counseling training and competence level of U.S. visibly racial/ethnic minority and international counselor trainees. We ask that you do not discuss the nature of this experiment with others who may later participate in it, as this could affect the validity of our research conclusions.

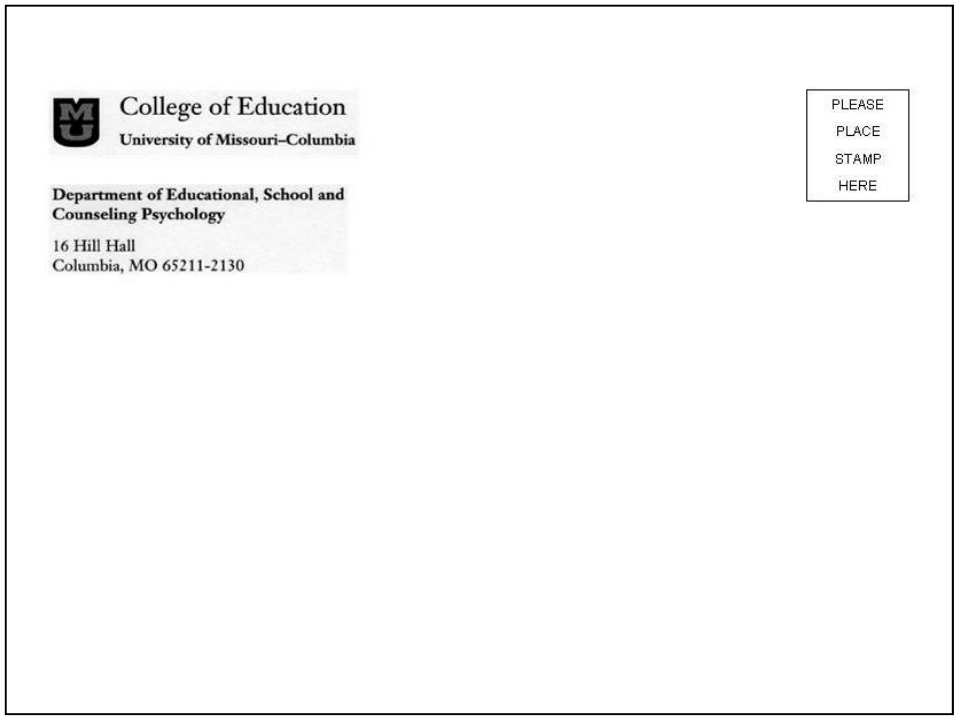
Please feel free to contact us, if you have any questions about this process. Furthermore, you may request a summary of the results at the end of this process by sending an e-mail to ac34c@mizzou.edu. We also hope to publish this research and use it to guide efforts to enhance multicultural counseling training. Your willingness to participate has been an invaluable contribution to this effort. Again, thank you.

Researcher Contact Information:

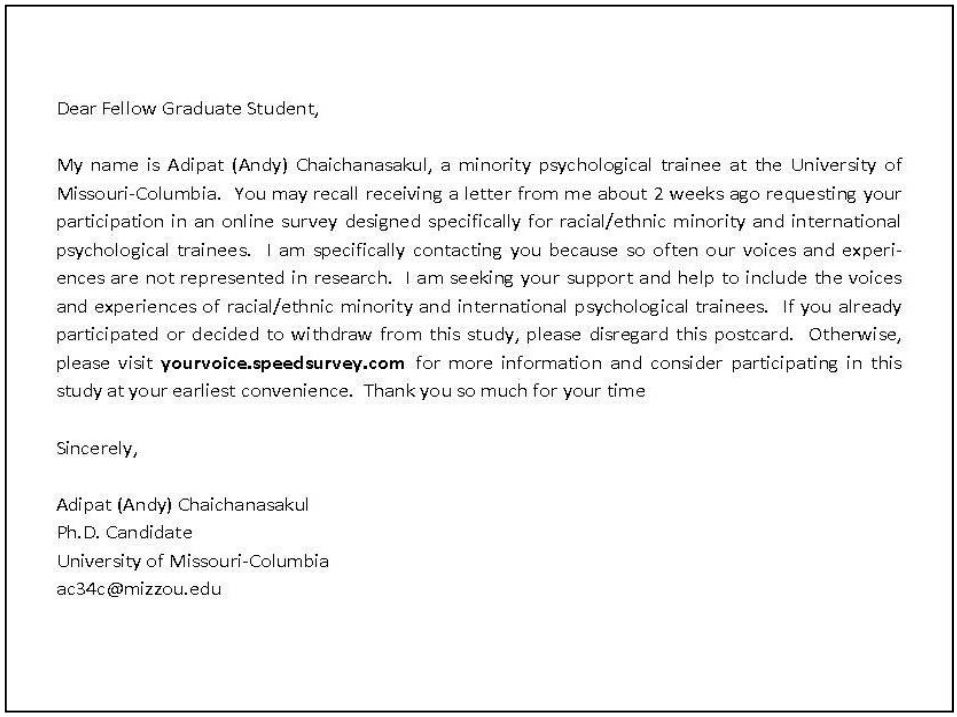
Adipat (Andy) Chaichanasakul, B.A.
ac34c@mizzou.edu
Department of Educational and Counseling Psychology
16 Hill Hall
University of Missouri-Columbia
Columbia, MO 65211

Michael Mobley, Ph.D.
mobleymi@missouri.edu
Department of Educational and Counseling Psychology
16 Hill Hall
University of Missouri-Columbia
Columbia, MO 65211

Appendix D: Postcard Reminders



[Front]



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Appendix E: E-mail to Training Directors/ Listserv Moderators

Dear [name of training director or listserv moderator],

My name is Adipat (Andy) Chaichanasakul, a minority psychological trainee at the University of Missouri-Columbia. You may already know that very little attention has been paid in understanding multicultural counseling/therapy readiness among racial/ethnic minority and international psychological trainees. I am seeking your support and help to include the voices and experiences of masters and doctoral level racial/ethnic minority and international psychological trainees.

Under the supervision of Dr. Michael Mobley, I am conducting an online survey designed specifically for racial/ethnic minority and international psychological trainees. My university has already approved this study. At your earliest convenience, could you please forward this email along with the attachment document to masters and doctoral level racial/ethnic minority and international psychological trainees in your program?

I would like to take this opportunity to thank you for your help and support. I sincerely appreciate your time and consideration. If you would like to discuss any aspect of this study, especially if you have any hesitation in participating, please feel free to contact me directly by e-mail at ac34c@mizzou.edu.

Best Regards,

Adipat (Andy) Chaichanasakul
Ph.D. Candidate
University of Missouri-Columbia

Appendix F: E-mail Reminder to Training Directors

Dear [name of training director],

My name is Adipat (Andy) Chaichanasakul, a minority psychological trainee at the University of Missouri-Columbia. You may recall receiving an e-mail from me about 2 weeks ago requesting your support and help to include the voices and experiences of racial/ethnic minority and international psychological trainees in my study. My goal is to achieve a high participation of racial/ethnic minority and international psychological trainees in order to include their voices and experiences in our study. Once again, we would like to seek your support in the following areas:

1. Forward the email below and/or the attachment document as a reminder to masters and doctoral level racial/ethnic minority and international psychological trainees to participate in this study. Please note that this study has been approved by the IRB of University of Missouri-Columbia.
2. Email us indicating if you were able to forward the reminder to racial/ethnic and international students in your program.
3. Email us indicating the total number of racial/ethnic minority and international psychological trainees in both your master and doctoral level programs. This information is critical for determining our success in connecting and reaching as many racial/ethnic minority and international trainees as possible.

Thank you so much for your time and help in this process. We sincerely appreciate your supports.

Best Regards,

Adipat (Andy) Chaichanasakul
Ph.D. Candidate
University of Missouri-Columbia
ac34c@mizzou.edu

Michael Mobley, Ph.D.
Asssociate Professor
University of Missouri-Columbia
MobleyMi@Missouri.edu

Appendix G: Background Information Questionnaire

BACKGROUND INFORMATION QUESTIONNAIRE

1. Gender: Male, Female, Male to Female, Female to Male

2. Age: _____

3. Major: Clinical, Counseling, Other (please specify): _____

4. Current Degree Seeking: M.A., M.S., M.Ed, Ph.D., Psy.D. Other (please specify): _____

5. Years in program: _____

6. Institution Setting: University, Professional School, Other (please specify)

7. U.S. Racial/Ethnicity Status (If you are an international student, please see next set of questions):
_____ African American
_____ Native American
_____ Asian American
_____ Latino/Latina American
_____ Mixed, Bi-Racial/Ethnicity or Other (please specify): _____

8. Are you an international student? Yes or No

9. Please indicate your nationality: U.S. or Other (please specify): _____

10. What is your primary language? _____

11. How many years have you been in the U.S.? _____

12. Do you have any status of disability? Yes or No

13. Religion
_____ Buddhist
_____ Protestant
_____ Catholic
_____ Hindu/Sikh
_____ Jehovah's Witness
_____ Jewish
_____ Mormon/Latter-day Saints
_____ Muslim
_____ No religion
_____ Other (please specify) _____

14. Sexual Orientation
_____Heterosexual
_____Gay man
_____Lesbian woman
_____Bisexual
_____Transgender
_____Other (please specify):_____

15. Overall income per year from all sources of support (e.g., grants, parents, assistantships, jobs, etc.)
_____Below $10,000
_____$10,000-$14,999
_____$15,000-$24,999
_____$25,000-$34,999
_____$35,000-$49,999
_____$50,000-$74,999
_____$75,000-$99,999
_____$100,000 Plus

16. Have you ever served as a facilitator for a multicultural/diversity workshop or seminar? Yes or No

17. Have you ever participated in multicultural/diversity research? Yes or No

18. Number of years experience in professional psychology: _____

19. Which option reflects your overall course experience in the area of multicultural issues in counseling?:
____ Have never taken a course
____ Topic of multiculturalism covered in other classes
____ Have taken at least one course in multicultural issues
____ Have taken two or more multicultural courses during training
____ Other (please specify): _____

20. Number of multicultural workshops attended: _____

21. Please estimate contact hours with all clients: _____

22. Please estimate contact hours with visible racial and ethnic (e.g., African American, Latino/Latina American, Native American, and Asian American) clients: _____

23. Please estimate contact hours with Lesbian, Gay, Bisexual, or Transgender clients: _____

24. Please estimate contact hours with clients with disabilities: _____

25. Please estimate contact hours with international clients (e.g., Taiwanese, Korean, Chinese, Japanese, Southeast Asians, African, etc.): _____

26. Please estimate number of hours spent in supervision spent on multicultural issues: _____

27. How did you find out about this survey? Letter from researcher, E-mail from researcher, Department listserv, Professional organization listserv, Other (please specify):_____

28. Please provide any comments or feedbacks for the researchers:

_____

_____

Appendix H: Multicultural Counseling Inventory (MCI)

Multicultural Counseling Inventory (MCI)

This scale was omitted due to the agreement to the procedural use of the MCI.

Appendix I: Self-Identity Inventory (SII)

Self-Identity Inventory (SII)

Instructions: Listed on the following pages are statements about attitudes, feelings, and behaviors. Please respond to all items thoughtfully and honestly. There are no correct answers. For questions that refer to "my group," please answer this by thinking about how you describe your identity. Some examples are African American, Asian American, poor person, male, human, Native American with a disability, European American female who is Jewish, Hispanic gay male, and elderly female.

In the box below, write in your own words how you define identity. There is no right or wrong way.

Some of the statements that you're about to read will use phases such as "Recently I have started to…" or "I'm just starting to…" There phases indicate a new awareness about certain beliefs or attitudes. Therefore, if you have held that belief for some time, you would need to disagree with the entire statement, even if you agree with the specific belief addressed in the statement. If you have any questions, please feel free to ask the researcher.

Please respond to each of the following items thoughtfully. There are no correct answers. Use the 6-point scale below to rate each of the statements as it applies to you. Do not spend too much time on any item; record the first response that comes to your mind.

1 **Strongly Disagree**	2 **Disagree**	3 **Disagree a Little Bit**	4 **Agree a Little Bit**	5 **Agree**	6 **Strongly Agree**

Example:

1. I like to go to concerts.

(If you strongly agree with this statement, you would circle the "6" on the answer sheet.)

1. ____ I admire members of different cultures who adapt to the American way of life.
2. ____ I am *just starting* to see that everyone is expected to follow the same rules even if they don't seem to be right for everyone.
3. ____ I am proud of parts of myself that I previously did not accept.
4. ____ I don't always do what my group expects me to, although I did so in the *recent* past.
5. ____ Whenever anyone tells a joke that puts down any group (e.g., gays, Jews, Native Americans, Poles, Italians), I voice my objections.
6. ____ I do not understand what social activist groups are trying to accomplish.
7. ____ I have a strong sense of inner security that comes from fully affirming all people.
8. ____ People who hurt other do so because they don't feel an inner spiritual connection with all people.
9. ____ The different parts of my identity (e.g., race, sex) do not really affect who I am.
10. ____ Because I share my humanness with all people everywhere, whatever affects them affects me.
11. ____ What people do in private is their own business, but I wish gays and lesbians would keep their personal lives to themselves.
12. ____ People in the U.S.A. have been socialized to be oppressive.

13. ____ My oppressed identity does not primarily define who I am as it did in the past.
14. ____ The physical world and the spiritual world are inseparable.
15. ____ I am *starting* to feel angry about discrimination in this country.
16. ____ Although I may not understand it, order exists in the universe that allows me to live in peace and harmony, regardless of the situations I confront.
17. ____ I *recently* realized for the first time that I was a target of discrimination, and it hurt.
18. ____ My identity as a member of my group is the most important part of who I am.
19. ____ I primarily focus my political awareness and activity on issues facing members of my group.
20. ____ It is all right when people tell jokes that are discriminatory as long as they are meant to be funny and don't hurt anyone.
21. ____ I have a deep understanding of myself that comes from examining the different parts of my identity.
22. ____ No one is free until everyone is free because we are all so deeply connected.
23. ____ I would feel most comfortable working for a boss/supervisor who is a White male.
24. ____ I am *just beginning* to realize that society doesn't value people like me.
25. ____ People in my group experience the most discrimination in this country.
26. ____ I'm not as angry at people outside my group as I used to be, but I still don't socialize much with these people.
27. ____ I am *just starting* to see that certain people are expected to act in certain ways.
28. ____ I feel intense excitement and pride when I think about my group.
29. ____ I hurt for the oppression I experience and for the oppression that all people feel because this violates the spiritual connection in all of us.
30. ____ I have recently realized that society that society devalues parts of who I am.
31. ____ I believe that if I could fully know myself, I would know God (or Great Spirit).
32. ____ All people can succeed in this country if they work hard enough.
33. ____ I have not really examined in depth how I view the world.
34. ____ I feel saw when people tell jokes about oppressed groups because I know how these jokes hurt people in those groups.
35. ____ All of life is connected.
36. ____ I am who I am, so I don't think much about my identity.
37. ____ I would be happy if a member of my family were openly gay/lesbian/bisexual, regardless of my sexual orientation.
38. ____ Sometimes I get tired about people complaining about racism.
39. ____ I feel most connected to members of my own group.
40. ____ Oppression exists because we aren't in touch with what connects us to each other.
41. ____ I actively support the rights of all oppressed groups (e.g., Jews, gays, Asian Americans, the elderly, people with disabilities, Native Americans).

42. ____ I am *just beginning* to realize that society doesn't value people who are "different."
43. ____ Being with people from my group helps me feel better about myself.
44. ____ Issues facing my group are the most important in this country.
45. ____ I am *just starting* to see how my different identities affect me.
46. ____ Because the Earth is a living, spiritual being, I am sad we are destroying her.
47. ____ I base reality on my spiritual awareness, irrespective of any religious affiliation I might have.
48. ____ Rocks and streams and all parts of the Earth have spirits.
49. ____ I have not been oppressed or discriminated against.
50. ____ I am *starting* to realize I don't agree with some of society's standards.
51. ____ I *recently* have felt better about who I am because my group identity is clearer to me.
52. ____ Personally knowing people in other oppressed groups, I see how much we have in common.
53. ____ I am *starting* to see that people from some groups are treated differently in this society.
54. ____ I see myself in all others, including criminals and all oppressors, because we are all part of the same collective spirit.
55. ____ I *recently* realized there are many parts of my identity, and I have accepted them as important parts of who I am.
56. ____ I feel most comfortable when I am with my group.
57. ____ I focus most of my time and effects on issues facing my group.
58. ____ I *recently* realized I don't have to like every person in my group.
59. ____ Although I am concerned about other groups who are discriminated against, I'm mostly concerned about my own group.
60. ____ I have difficulty trusting anyone outside my own group.
61. ____ I believe there is justice for all in the United States of America.
62. ____ I *recently* have started to question some of the values I grew up with.
63. ____ I feel connected to people from different groups.
64. ____ The spirit within all connects us.
65. ____ It's great for a woman to have a career, as long as she doesn't forget her responsibilities as a homemaker, wife, and mother.
66. ____ I have overwhelming feelings of connectedness with others and with nature.
67. ____ I would have as a life partner a person of a different race.
68. ____ I *recently* have started to accept more people different from me, because I feel good about myself.
69. ____ Most of my beliefs and views are similar to ones I grew up with.
70. ____ I have *recently* seen the depth to which oppression affects many groups.
71. ____ My relationships with others have been enhanced now that I see the commonalities among us.

Appendix J: Miville-Guzman Universality-Diversity Scale-Short (M-GUDS-S)

Miville-Guzman Universality-Diversity Scale-Short (M-GUDS-S)

The following items are made up of statements using several terms which are defined below for you. Please refer to them throughout the rest of the questionnaire.

> **Culture** refers to the beliefs, values, traditions, ways of behaving, language of any social group. A social group may be racial, ethnic, religious, etc.
> **Race or racial background** refers to specific social groups sharing possessing common physical or genetic characteristics. Examples include White, Black, American Indian.
> **Ethnicity or ethnic group** refers to specific social groups sharing a unique cultural heritage (i.e., customs, beliefs, language, etc.). Two people can be of the same race (e.g., White), but be from different ethnic groups (e.g., Irish-American, Italian American).
> **Country** refers to groups that have been politically defined; people from these groups belong to the same government (e.g., France, Ethiopia, United States). People of different races (White, Black, Asian) or ethnicities (Italian, Japanese) can be from the same country (United States).

Instructions: Please indicate how descriptive each statement is of you by **selecting a number** corresponding to your response. This is not a test, so there are no right or wrong, good or bad answers.

1 Strongly Disagree	2 Disagree	3 Disagree a Little Bit	4 Agree a Little Bit	5 Agree	6 Strongly Agree

1. _____ I would like to join an organization that emphasizes getting to know people from different countries.
2. _____ Persons with disabilities can teach me things I could not learn elsewhere.
3. _____ Getting to know someone of another race is generally an uncomfortable experience for me.
4. _____ I would like to go to dances that feature music from other countries.
5. _____ I can best understand someone after I get to know how he/she is both similar and different from me.
6. _____ I am only at ease with people of my race.
7. _____ I often listen to music of other cultures.
8. _____ Knowing how a person differs from me greatly enhances our friendship.
9. _____ It's really hard for me to feel close to a person from another race.
10. _____ I am interested in learning about the many cultures that have existed in this world.
11. _____ In getting to know someone, I like knowing both how he/she differs from me and is similar to me.
12. _____ It is very important that a friend agrees with me on most issues.
13. _____ I attend events where I might get to know people from different racial backgrounds.
14. _____ Knowing about the different experiences of other people helps me understand my own problems better.
15. _____ I often feel irritated by persons of a different race.

Appendix K: Cognitive Flexibility Scale (CFS)

Cognitive Flexibility Scale: Items and Response Format

Instructions: The following statements deal with your beliefs and feelings about your own behavior. Read each statement and respond by **selecting the number** that best represents your agreement with each statement.

1 **Strongly Disagree**	2 **Disagree**	3 **Slightly Disagree**	4 **Slightly Agree**	5 **Agree**	6 **Strongly Agree**

1. _____ I can communicate an idea in many different ways.
2. _____ I avoid new and unusual situations.
3. _____ I feel like I never get to make decisions.
4. _____ I can find workable solutions to seemingly unsolvable problems.
5. _____ I seldom have choices when deciding how to behave.
6. _____ I am willing to work at creative solutions to problems.
7. _____ In any given situations, I am able to act appropriately.
8. _____ My behavior is a result of conscious decisions that I make.
9. _____ I have many possible ways of behaving in any given situation.
10. _____ I have difficulty using my knowledge on a given topic in real life situations.
11. _____ I am willing to listen and consider alternatives for handling a problem.
12. _____ I have the self-confidence necessary to try different ways of behaving.

Appendix L: Marlowe-Crowne Social Desirability Scale-Short (MCSDS-S)

Marlowe-Crowne Social Desirability Scale-Short (MCSDS-S)

On the following items, please select TRUE or FALSE.

1. It is sometimes hard for me to go on with my work if I am not encouraged.	TRUE	FALSE
2. I sometimes feel resentful when I don't get my way.	TRUE	FALSE
3. On a few occasions, I have given up doing something because I thought too little of my ability.	TRUE	FALSE
4. There have been times when I felt like rebelling against people in authority even though I knew they were right.	TRUE	FALSE
5. No matter who I'm talking to, I'm always a good listener.	TRUE	FALSE
6. There have been occasions when I took advantage of someone.	TRUE	FALSE
7. I'm always willing to admit it when I make a mistake.	TRUE	FALSE
8. I sometimes try to get even rather than forgive and forget.	TRUE	FALSE
9. I am always courteous, even to people who are disagreeable or rude.	TRUE	FALSE
10. I have never been irked (irritated) when people expressed ideas very different from my own.	TRUE	FALSE
11. There have been times when I was quite jealous of the good fortune	TRUE	FALSE
12. I am sometimes irritated by people who ask favors of me.	TRUE	FALSE
13. I have never deliberately said something that hurt someone's feelings.	TRUE	FALSE

Table 1
Means and Standard Deviations on MCI Total and Subscales Scores for Total Sample and Trainee Subgroups

		MCI									
		Total		Awareness		Knowledge		Skills		Relationship	
Group	*n*	M	SD	M	SD	M	SD	M	SD	M	SD
Total	159	129.18	12.93	31.56	4.74	36.14	4.42	36.57	4.51	24.91	3.89
Gender											
Female	127	129.34	13.16	31.57	4.76	36.20	4.43	36.69	4.59	24.88	3.90
Male	32	128.56	12.14	31.53	4.76	35.91	4.41	36.13	4.20	25.00	3.91
Race/Ethnicity											
African	39	129.92	13.87	31.28	4.47	35.36	4.39	36.56	5.00	26.62	3.18
Latino/a	27	132.37	10.65	32.93	4.64	38.15	3.55	36.74	3.86	24.56	3.71
Asian	25	126.04	13.36	31.32	4.57	35.80	3.76	35.08	4.32	23.84	4.74
Native	11	128.82	8.97	30.18	4.69	36.64	3.98	38.00	2.97	24.00	3.49
Arab	2	134.50	19.09	32.50	7.79	34.00	7.07	40.50	2.12	27.50	2.12
Bi-racial/Mixed	13	132.54	13.09	32.28	4.63	37.85	3.51	37.38	5.56	24.92	3.75
International status	42	127.12	13.72	31.05	5.18	35.24	5.18	36.55	4.53	24.29	3.91
MC Course											
Yes	130	129.71	13.15	32.05	4.52	36.25	4.41	36.72	4.55	24.69	4.12
No	29	126.83	11.83	29.38	5.18	35.66	4.47	35.93	4.35	25.86	2.43
MC Facilitation											
Yes	79	133.73	11.53	33.49	4.49	37.66	3.65	37.37	4.01	25.22	3.70
No	80	124.69	12.72	29.65	4.20	34.65	4.61	35.79	4.84	24.60	4.07
MC Research											
Yes	118	130.90	12.20	32.48	4.58	36.86	3.96	36.70	4.23	24.85	3.93
No	41	124.24	13.83	28.90	4.21	34.07	5.03	36.20	5.29	25.07	3.82

Note. MCI = Multicultural Counseling Inventory (Sodowsky et al., 1994); MC = multicultural.

Table 2

Intercorrelations of Gender, Age, MTE, SII Scale Scores, UDO, CFS Score, and MCI Subscale Scores

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1. Gender	--																
2. Age	.19*	--															
3. MC courses	.16*	.08	--														
4. MC facilitation	.16*	.07	.24**	--													
5. MC research	.08	-.11	.28**	.36**	--												
6. SII Individuation	.26**	.09	-.15	-.11	-.21**	--											
7. SII Dissonance	-.03	-.01	-.05	-.05	-.06	.46**	--										
8. SII Immersion	.03	.05	.14	.21**	.16	.07	.27**	--									
9. SII Internalization	.14	-.03	.05	.09	.12	.37**	.76**	.48**	--								
10. SII Integration	-.13	.04	.06	.19*	.18*	-.36**	.02	.26**	.16*	--							
11. SII Transformation	.02	.20*	.12	.14	.12	-.00	.20*	.36**	.32**	.57**	--						
12. UDO	-.05	.09	-.01	.20**	16*	-.22**	.04	.01	.09	.58**	.37**	--					
13. CFS	.05	.35**	.06	.15	.05	-.22**	-.27**	-.12	-.23**	.31**	.17*	.34**	--				
14. MCI Awareness	-.00	.01	.22**	.41**	.33**	-.22**	-.04	.18*	.11	.39**	.29**	.37**	.32**	--			
15. MCI Knowledge	-.03	.09	.05	.34**	.28**	-.23**	-.13	.05	-.03	.41**	.29**	.39**	.34**	.62**	--		
16. MCI Skills	-.05	.13	.07	.18*	.05	-.17*	-.23*	-.10	-.20*	.19*	-.03	.20*	.46**	.41**	.47**	--	
17. MCI Relationship	.01	.04	-.12	.08	-.03	-.12	-.31**	-.13	-.30**	.01	-.15	.07	.28**	.17*	.19*	.43**	--

Note. $N = 159$. MCI = Multicultural Counseling Inventory (Sodowsky et al., 1994); MTE = multicultural training experiences; SII = Self-Identity Inventory (Sevig et al., 2000); UDO = Universe-Diverse Orientation (MGUDS-S; Fuertes et al., 2000); CFS = Cognitive Flexibility Scale (Martin & Rubin, 1995); MC = multicultural.

* $p < .05$. ** $p < .01$.

Table 3 Summary of Hierarchical Linear Regression Analysis on MC Training Experiences, SII Scales, UDO, and CFS Predicting MCI Multicultural Awareness ($N = 159$)

Variable	*B*	*SE B*	β	t	R	R^2	Adj. R^2	Δ R^2	*F* (df1, df2)
Step 1									
MC course	1.07	.92	.09	1.16					
MC facilitation	2.99	.73	.32	4.09***					
MC research	2.10	.84	.19	2.49*	.46	.21	.20	.21	13.89*** (3, 155)
Step 2									
MC course	.91	.90	.08	1.02					
MC facilitation	2.56	.71	.27	3.58***					
MC research	1.47	.84	.14	1.76					
Individuation	-.04	.04	-.07	-.80					
Dissonance	-.03	.04	-.08	-.69					
Immersion	-.01	.04	-.03	-.35					
Internalization	.05	.06	.10	.83					
Integration	.14	.06	.22	2.28*					
Transformation	.03	.03	.10	1.12	.56	.31	.27	.10	3.44** (6, 149)
Step 3									
MC course	1.08	.89	.09	1.21					
MC facilitation	2.33	.71	.25	3.27**					
MC research	1.37	.83	.13	1.65					
Individuation	-.03	.04	-.06	-.07					
Dissonance	-.03	.04	-.09	-.82					
Immersion	.01	.04	.01	.14					
Internalization	.05	.06	.10	.80					
Integration	.08	.07	.12	1.18					
Transformation	.02	.03	.08	.89					
UDO	.10	.05	.18	2.08*	.57	.33	.28	.02	4.32* (1, 148)
Step 4									
MC course	.96	.88	.08	1.09					

MC facilitation	2.17	.71	.23	3.08**					
MC research	1.47	.82	.14	1.81					
Individuation	-.04	.04	-.07	-.81					
Dissonance	-.02	.04	-.05	-.48					
Immersion	.02	.04	.03	.39					
Internalization	.06	.06	.12	1.00					
Integration	.06	.07	.09	.83					
Transformation	.02	.03	.06	.72					
UDO	.08	.05	.14	1.61					
CFS	.14	.06	.19	2.47*	.60	.35	.31	.03	6.12* (1, 147)

Note. MC = multicultural; SII = Self-Identity Inventory (Sevig et al., 2000); UDO = Universe-Diverse Orientation (MGUDS-S; Fuertes et al., 2000); CFS = Cognitive Flexibility Scale (Martin & Rubin, 1995); MCI = Multicultural Counseling Inventory (Sodowsky et al., 1994).
* $p < .05$. ** $p < .01$. *** $p < .001$

Table 4 Summary of Hierarchical Linear Regression Analysis on MC Training Experiences, SII Scales, UDO, and CFS Predicting MCI Multicultural Knowledge ($N = 159$)

Variable	*B*	*SE B*	β	t	R	R^2	Adj. R^2	Δ R^2	*F* (df1, df2)
Step 1									
MC course	-.82	.89	-.07	-.92					
MC facilitation	2.55	.71	.29	3.61***					
MC research	1.96	.82	.19	2.40*	.39	.15	.13	.15	9.07*** (3, 155)
Step 2									
MC course	-.88	.84	-.08	-1.05					
MC facilitation	2.19	.67	.25	3.27**					
MC research	1.52	.79	.15	1.93					
Individuation	-.02	.04	-.03	-.38					
Dissonance	-.03	.04	-.08	-.67					
Immersion	-.04	.04	-.10	-1.15					
Internalization	-.02	.06	-.04	-2.9					
Integration	.17	.06	.27	2.88**					
Transformation	.04	.03	.15	1.65	.54	.29	.25	.14	4.99*** (6, 149)
Step 3									
MC course	-.75	.84	-.07	-.89					
MC facilitation	2.01	.67	.23	2.98**					
MC research	1.44	.78	.14	1.83					
Individuation	-.01	.04	-.03	-.29					
Dissonance	-.03	.04	-.09	-.78					
Immersion	-.03	.04	-.06	-.70					
Internalization	-.02	.06	-.04	-.33					
Integration	.12	.06	.19	1.82					
Transformation	.04	.03	.13	1.44					
UDO	.08	.05	.16	1.83	.55	.31	.26	.02	3.36 (1, 148)
Step 4									
MC course	-.84	.83	-.07	-1.01					

MC facilitation	1.88	.67	.21	2.81**					
MC research	1.52	.78	.15	1.96					
Individuation	-.02	.04	-.03	-.37					
Dissonance	-.02	.04	-.06	-.50					
Immersion	-.02	.04	-.04	-.50					
Internalization	-.01	.06	-.02	-.18					
Integration	.10	.06	.16	1.53					
Transformation	.03	.03	.12	1.31					
UDO	.07	.05	.13	1.44					
CFS	.11	.05	.16	2.03*	.57	.33	.28	.02	4.12* (1,147)

Note. MC = multicultural; SII = Self-Identity Inventory (Sevig et al., 2000); UDO = Universe-Diverse Orientation (MGUDS-S; Fuertes et al., 2000); CFS = Cognitive Flexibility Scale (Martin & Rubin, 1995); MCI = Multicultural Counseling Inventory (Sodowsky et al., 1994).
* $p < .05$. ** $p < .01$. *** $p < .001$

Table 5 Summary of Hierarchical Linear Regression Analysis on MC Training Experiences, SII Scales, UDO, and CFS Predicting MCI Multicultural Skills ($N = 159$)

Variable	*B*	*SE B*	β	t	R	R^2	Adj. R^2	Δ R^2	*F* (df1, df2)
Step 1									
MC course	.36	.97	.03	3.72					
MC facilitation	1.58	.77	.18	2.06*					
MC research	-.22	.89	-.02	-.25	.18	.03	.01	.03	1.71 (3, 155)
Step 2									
MC course	.64	.95	.06	.67					
MC facilitation	1.46	.76	.16	1.93					
MC research	-.33	.89	-.03	-.37					
Individuation	.03	.05	.06	.64					
Dissonance	-.05	.04	-.14	-1.08					
Immersion	-.04	.04	-.09	-.92					
Internalization	-.04	.06	-.09	-.69					
Integration	-.04	.07	.30	2.84**					
Transformation	.19	.03	-.14	-1.41	.37	.14	.09	.11	3.09** (6, 149)
Step 3									
MC course	.75	.95	.07	.79					
MC facilitation	1.31	.76	.15	1.71					
MC research	-.41	.89	-.04	-.46					
Individuation	.03	.05	.07	.71					
Dissonance	-.05	.04	-.15	-1.16					
Immersion	-.03	.04	-.06	-.58					
Internalization	-.05	.06	-.10	-.71					
Integration	.14	.07	.23	1.97*					
Transformation	-.05	.03	-.16	-1.57					
UDO	.07	.05	.13	1.37	.39	.15	.09	.01	1.88 (1, 148)
Step 4									
MC course	.51	.89	.04	.58					

MC facilitation	.99	.72	.11	1.38					
MC research	-.20	.83	-.02	-.24					
Individuation	.02	.04	.05	.56					
Dissonance	-.02	.04	-.06	-.57					
Immersion	-.01	.04	-.01	-.13					
Internalization	-.03	.06	-.05	-.41					
Integration	.10	.07	.15	1.40					
Transformation	-.06	.03	-.19	-2.01*					
UDO	.03	.05	.05	.55					
CFS	.28	.06	.39	4.77***	.51	.26	.21	.11	22.77*** (1, 147)

Note. MC = multicultural; SII = Self-Identity Inventory (Sevig et al., 2000); UDO = Universe-Diverse Orientation (MGUDS-S; Fuertes et al., 2000); CFS = Cognitive Flexibility Scale (Martin & Rubin, 1995); MCI = Multicultural Counseling Inventory (Sodowsky et al., 1994).
* $p < .05$. ** $p < .01$. *** $p < .001$

Table 6 Summary of Hierarchical Linear Regression Analysis on MC Training Experiences, SII Scales, UDO, and CFS Predicting MCI Multicultural Relationship ($N = 159$)

Variable	*B*	*SE B*	β	t	R	R^2	Adj. R^2	Δ R^2	*F* (df1, df2)
Step 1									
MC course	-1.38	.84	-.14	-1.65					
MC facilitation	.96	.67	.12	1.44					
MC research	-.27	.77	-.03	-.36	.16	.03	.01	.03	1.41 (3, 155)
Step 2									
MC course	-1.26	.82	-.13	-1.54					
MC facilitation	.95	.65	.12	1.46					
MC research	-.18	.76	-.02	-.24					
Individuation	.02	.04	.06	.58					
Dissonance	-.05	.04	-.19	-1.49					
Immersion	.00	.04	.00	.05					
Internalization	-.07	.06	-.16	-1.18					
Integration	.07	.06	.12	1.16					
Transformation	-.03	.03	-.14	-1.37	.38	.15	.09	.12	3.44** (6, 149)
Step 3									
MC course	-1.18	.82	-.12	-1.44					
MC facilitation	.84	.66	.11	1.28					
MC research	-.23	.76	-.03	-.30					
Individuation	.03	.04	.06	.64					
Dissonance	-.06	.04	-.20	-1.55					
Immersion	.01	.04	.03	.30					
Internalization	-.07	.06	-.17	-1.20					
Integration	.04	.06	.07	.57					
Transformation	-.04	.03	-.15	-1.49					
UDO	.05	.04	.11	1.09	.39	.15	.09	.01	1.18 (1. 148)
Step 4									
MC course	-1.30	.81	-.13	-1.61					
MC facilitation	.69	.65	.09	1.06					

MC research	-.13	.75	-.02	-.18					
Individuation	.02	.04	.05	.55					
Dissonance	-.04	.04	-.15	-1.22					
Immersion	.02	.04	.05	.56					
Internalization	-.06	.06	-.14	-1.04					
Integration	.01	.06	.02	.21					
Transformation	-.04	.03	-.17	-1.68					
UDO	.03	.04	.06	.61					
CFS	.14	.05	.22	2.53*	.43	.19	.13	.04	6.38* (1, 147)

Note. MC = multicultural; SII = Self-Identity Inventory (Sevig et al., 2000); UDO = Universe-Diverse Orientation (MGUDS-S; Fuertes et al., 2000); CFS = Cognitive Flexibility Scale (Martin & Rubin, 1995); MCI = Multicultural Counseling Inventory (Sodowsky et al., 1994).
* $p < .05$. ** $p < .01$. *** $p < .001$