

**The Impact of Advocacy Participation on the Multicultural Counseling Competency of
Counselor Trainees**

by

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A dissertation submitted to the Graduate Faculty of
Auburn University
in partial fulfillment of the
requirements for the Degree of
Doctor of Philosophy

Auburn, Alabama
August 1, 2015

Counselor training, multiculturalism, advocacy, counselor education

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Abstract

This study examined the impact of an advocacy project on the multicultural competency of counselor-trainees. Forty-one counseling students across two course sections of multicultural counseling were given a reliable assessment of cultural competency in counseling at the beginning of the semester and at the end. One group completed an advocacy project during the semester, and the other completed the accredited curriculum model. Students participating in the advocacy project completed reflections that documented their experiences. Reflections were prompted with questions taken from the American Counseling Association Advocacy Competencies. Seventeen reflections were examined for the experiences of counselor-trainees completing the advocacy project. The reflections were written by counseling students in either school counseling or clinical mental health counseling programs. The analysis revealed that both groups held increases in their multicultural competency from the beginning to end of the class. Additionally, there existed no difference in scores between the groups. From the analysis of reflections, a consistent theme of strategies and awareness for overcoming personal barriers emerged. Students understood that in order to serve as competent advocates they needed to address and develop their own knowledge, personal characteristics, or bias.

Acknowledgments

I would like to thank my kind and supportive wife, Amber. Her encouragement, faith, and trust have persisted with me throughout this process. I am blessed to have a partner that inspires me to pursue greatness in every aspect of my life. I would also like to thank my parents, Jim and Patrice for their constant praise and support throughout my educational pursuits. Their influence has motivated me to dedicate and work one-hundred percent in every goal I pursue, and not give up. I would also like to thank my brother, Jordan, who has always lent his support toward every aspect of my life, whether he has realized it or not.

I will forever remember my undergraduate and masters faculty, without their intellect and guidance I would have been ill prepared to succeed up to this point. Their perspectives and attitudes continue to have an impact on me today, and will surely influence me moving forward in life.

Last, I want to thank all the graduate faculty in the Counselor Education Program at Auburn University for placing opportunities to succeed in my path. In addition, I am thankful for my professors being invested and supportive of my success during my time as a student in Auburn. I learned that ultimately, my success depends largely upon my own desire and attitude to succeed, and without goals to continue learning I would have achieved very little up to this point.

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CHAPTER I. INTRODUCTION

The United States of America (U.S.) continues a trend of being a country of diverse cultures and races. Currently, over one-third of the U.S. population is made up of non-white persons (United States Census Bureau, 2010). One estimate is the population of non-white Americans will exceed the number of White Americans by the year 2050 (Piggott, 2009). An emerging culture of socio-economics has become more prevalent in the U.S. For example, the disparity of wealth between rich and poor Americans is at its' highest ever, highlighting a glaring socioeconomic issue and cultural divide (Lenzer, 2012). Often the case, the varying and diverse groups in the U.S. receive underrepresentation in many facets of society. Underrepresented groups in U.S. society are more likely to experience problems of poverty, prejudice, and discrimination, leading to the potential for a host of mental health issues (Sue & Sue, 2012). Social injustices have historically been experienced by ethnic minorities, people of color, and impoverished communities (Nilsson & Schmidt, 2005). Thus, individuals from underrepresented groups became more likely to underutilize mental health services, or terminate counseling prematurely (Sue & Sue, 2003). The disparities in both mental-health access and service delivery for underrepresented racial and ethnic groups have been highlighted in the last decade, demonstrating the continued prevalence of inequality in U.S. society (United States Department of Health and Human Services, 2001). An immediate focus for solutions toward offering accessible health services for underrepresented groups is consistently recommended for practitioners (Hines-Martin, Brown-Piper, Kim & Malone, 2003).

Historically, foundational approaches to counseling and assessment have reflected a use solely for Western European Cultures (Daniel, Roysircar, Abeles & Boyd, 2004; Sue, Bernier, Durran, Feinberg, Pedersen, Smith & Vasquez-Nuttall, 1982). The cultural exclusivity found in popular counseling approaches has been identified as an ethnocentric counseling bias.

Ethnocentricity in counseling discounts the experiences of minority clients, and can potentially be harmful (Arredondo, 1999). Past injustices (oppression, scientific studies, etc.) coupled with ethnocentric treatment models have visibly generated a schism between underrepresented groups and systems of healthcare. Past studies have documented cultural mistrust between people of color and psychological professionals, a reoccurring barrier for the delivery of health services (Nickerson, Helms & Terrell, 1994). Due to current and projected U.S. demographics, poor accessibility to services among people of color, and ethnocentric bias in counseling there will continue to be an increased focus on training and research of multicultural issues in the counseling profession (Hays, 2008).

Multiculturalism and Competent Practice

Multiculturalism is defined as an appreciation and recognition of all cultural heritages and histories in society (Fowers & Richardson, 1996). Labeled as the fourth force in counseling, multiculturalism is identified as a cornerstone for ethical counseling practice (Arredondon & Toporek, 2004; Pedersen, 1991). To better prepare counselors a list of competencies was developed to assess, define, teach, and research the application of multicultural approaches in counseling (Sue, Arredondo & McDavis, 1992). These competencies were called the Multicultural Counseling Competencies (MCC), and were later operationalized as a part of the Association for Multicultural Counseling and Development (AMCD), and identified as a standard of practice for all counselors (Arredondo, Toporek & Brown, 1996).

The Multicultural Counseling Competencies describe how counselors can effectively work with clients from a cross-cultural perspective (Sue et al., 1982). Further, MCCs describe the ability to counsel diverse groups of clients across three dimensions: (a) Awareness, (b) Knowledge, and (c) Skills. The awareness dimension involves being conscious of personal attitudes, beliefs, and values toward race, ethnicity, and culture, along with an awareness of the sociopolitical issues of privilege, discrimination, and oppression (Sue, Arredondo & McDavis, 1992). Theorists assert that multicultural competence cannot be achieved until an awareness of the self and cultural values has been obtained (Sue et al., 1992). The MCC Knowledge dimension describes a person's knowledge of worldviews, cultural norms, histories of oppression, and values influencing various groups of populations. The knowledge component of cultural competency is the main focus of professional development in multicultural training courses and counseling programs (Richardson & Molinaro, 1996). The Skills dimension refers to the ability to apply knowledge and awareness of cultures in identifying and implementing mental health interventions, specifically designed for marginalized populations and diverse groups (Hill, Vereen, McNeal & Stotesbury, 2013). The act of providing competent counseling services to disenfranchised populations has been described as a means to carry out social justice initiatives in counseling.

The MCC competencies in counseling are infused with ethical and educational standards within the major counseling organizations (Constantine, Hage, Kindaichi & Bryant, 2007). According to the American Counseling Association (ACA, 2014), counselor educators are ethically mandated to assess and teach multicultural competency in counselor training programs and when providing supervision services. Additionally, the Code of Ethics refers to counseling professional's responsibility to conduct culturally sensitive counseling services (ACA, 2014).

The Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2016) provides foundational guidelines for counseling programs in which multicultural competencies are described as an aspect of skills and practice. Furthermore, the standards must be demonstrated in counseling programs to obtain accreditation.

Counselor Educators

Since the early 1990s, researchers have attempted to measure counselors and counselor-trainee's abilities to utilize multicultural counseling approaches (Worthington, Soth-McNett & Moreno, 2007). Although there are many instruments to measure multicultural competency, a paucity in the literature exists on what constitutes multicultural competency (Atkinson & Israel, 2003). One criticism of MCC measures is their lack of comprehensive validation, and uncertainty toward measuring the constructs intended (Hays, 2008). A study examining the history of MCC research found the construct to lack the necessary validation and research to justify MCC's standing in counseling (Worthington et al., 2007). An increased attention in validating these methods of assessment and continuing research are needed to allow for the research, training, and assessment of cross-cultural counseling competency.

Studies have attempted to examine the factors that contribute toward counselor multicultural competence by measuring personal attributes, educational methods, and identity development (Arthur & Achenbach, 2002; Constantine, 2002; Ottavi, Pope-Davis & Dings, 1994; Vinson & Neimeyer, 2000). One early study measured the cultural competency of university counselors, and determined that counselors of non-white ethnicity possessed a higher multicultural competence than their white counterparts, inferring that counselors from underrepresented groups might engage in more effective cross-cultural counseling relationships (Pope-Davis & Ottavi, 1994). These results coincided with theories attributing a higher racial

identity as predicting a greater ability to have productive cross-cultural interactions (Helms, 1990). Further findings show higher multicultural competency among counselors who reported more experiences working with non-white populations, compared with counselors working with a single population (Holcomb-McCoy & Meyers, 1999). Cross-cultural competency has been measured over a period of time in many different studies; however, there has been little to no studies investigating pre and post quantitative and qualitative data during a period of a multicultural counseling course. Qualitative research of multicultural counseling topics has been found to be most effective because of the method's ability to assess the impact of multicultural training at greater depths than quantitative counterparts (Tomlinson-Clarke, 2000).

Despite inconsistencies in identifying how counselor trainees acquire and develop the competency to work with ethnically diverse populations, literature suggests that a variety of experiences are needed to promote development of multicultural competence among counseling students (Vereen, Hill & McNeal, 2008). Ongoing discussion contends that if cross-cultural experiences in training programs are not encouraged counselor trainees may have difficulties developing a professional identity, grounded in experience of cross-cultural interactions (Vereen et al., 2008). Four factors have been identified that may adversely impact the multicultural training of counseling students: (a) Lack of agreement defining multiculturalism, (b) Varied and inadequate indicators of multicultural constructs, (c) Amount of training needed to develop cultural competency, and (d) Inconsistencies in effectively assessing training outcomes (Tomlinson-Clarke, 2000). The nature and history of multicultural training are met with inconsistencies. In fact, trends have demonstrated multicultural training fails to consistently address the relationships between society, culture, and counseling (Arredondo, 1999; Hays, 2008; Mio & Iwamasa, 2013; Sue & Sue, 2003).

Advocacy

Even though multiculturalism has received drastic attention within the counseling profession, a consistent presence of oppression at the individual, social/cultural, and institutional level remains (Myers, Sweeney & White, 2002). To address oppression in society, helpers have adopted advocacy as a desirable intervention. Recently, ACA adopted a list of three advocacy competencies for counselors to act on behalf of a client/student. According to the list, a counselor must be competent in acting as an advocate at the: (a) Individual Level, (b) Community Level, and (c) Sociopolitical Level (Ratts & Hutchins, 2009). Advocacy is carrying out an action, designed to solve or remove a social barrier for a group or individual. Consequently, due to the intent and objectives advocacy is described as an intervention of social justice (Bemak & Chung, 2008).

A notable addition to the ACA Advocacy Competencies was the operationalization of two dimensions for counselors, educators, and trainees to use for becoming more effective advocates in the field (Ratts & Hutchins, 2009). The two dimensions are empowerment and advocacy. Within the two dimensions, thirteen characteristics are described to provide counselor's with guidance for empowering a client, or acting as an advocate (Ratts & Hutchins, 2009). Despite numerous advances toward describing the counselor's role as an advocate, little to no empirical research or measures related to advocacy in counseling have been presented. However, there is a persistent discussion toward promoting attention toward the convergence of advocacy and multiculturalism in counseling (Ratts, 2011). Subsequently, an outcry toward the

lack of focus on multicultural and advocacy research is of concern given its' essential role in counseling and cross-cultural interactions (Vera & Speight, 2003).

Advocacy and Multicultural Counseling

At present, a paucity of literature on the relationship between MCC and advocacy in counseling and education exists. Researchers suggest that a counselor's commitment to advocacy holds an essential role in describing the competency to work with ethnically diverse populations; however, there are no findings to support this assumption (Vera & Speight, 2003). Within the context of multiculturalism, underemphasizing social advocacy fails to coincide with the ethical concepts and standards found in counseling practice (Vera & Speight, 2003). In contrast, others assert that an emphasis toward advocacy has always been the primary goal when promoting multiculturalism and its' competencies in counseling (Arredondo & Perez, 2003). Regardless of conflicting literature on advocacy's role, researchers have found that a high awareness of systemic barriers impacts multicultural outlook, attitudes toward social justice, and advocacy competencies (Comstock, Hammer, Strentzsch, Cannon, Parsons & Salazar, 2008).

The advocacy project in this study utilized the basic premise of service learning while emphasizing community outreach. The act of community outreach has been identified by experts as an example of an advocacy intervention (Vera & Speight, 2003). Experiences outside the classroom have been identified as mandatory for counselor trainees to increase multicultural competency (Vereen et al., 2008). In addition, one study found that interactions with diverse groups have been shown to increase multicultural awareness among counselor trainees (Roysircar et al., 2005). The exposure to diverse groups and settings has been linked to formation of new contextual perspectives, and diminishing preconceived bias (Alvarez & Miville, 2003). Past findings in conjunction with the present client demand the merger of experience with

curriculum. Thence, an examination of interaction experience with training curriculum was vital toward contributing to the limited body of literature.

Significance

In order to be effective in a multicultural society, counselors must be trained and possess Multicultural Counseling Competencies (Middleton, Erguner-Tekinalp, Williams, Stadler & Dow, 2011). The task of counselor educators is to develop new methodologies for fostering multiculturalism among counselor trainees (ACA, 2014). Advocacy competencies are presented as an ethical component to the delivery of helpful counseling services. Moreover, the concept of social justice through advocacy exists at the center of working with marginalized populations (ACA, 2014; Toporek, Lewis & Crethar, 2009). While crucial to ethical practice, there remains little to no empirical research regarding advocacy's use in the counseling field or counselor education. This study examined the use of advocacy activities in the counselor education classroom. By better understanding the process of cultural competency development and the role of social justice through advocacy; counselor educators, practitioners, and organizations can achieve new insights toward improving counselor training.

Purpose

There were two purposes of this study. The first was to quantitatively measure the self-reported multicultural competency of counselor trainees, and mark any changes during a semester of multicultural counseling training. Further, the measure was compared between two different multicultural counseling courses to examine whether an integrated advocacy project had a greater impact on MCC versus the usual teaching method.

The second purpose was to qualitatively examine the themes that emerged from written reflections during and after a course of multicultural counseling where an advocacy project emphasizing community outreach was completed. A qualitative examination provided an

alternative perspective of the advocacy project; as well as, insight on the experiences students have with community interaction, education, and personal growth. This study adds to the foundation of qualitative studies examining experiences in counselor training.

Summary

In the current literature, apart from conceptual pieces, there exists little to no empirical research related to cross-cultural counseling competencies, and the impact advocacy participation has on their development among counselor trainees. Publications have consistently identified the need for empirical research related to the multicultural competencies (Perez, Constantine & Gerard, 2000; Ponterotto, 1988; Pope-Davis, Ligiero, Liang & Codrington, 2001; Worthington et al., 2007). This study adds to MCC research by discussing the change over time between the constructs measured using a quantitative perspectives of recorded data. Further, in examining the student experiences benefits of an advocacy project were highlighted in the midst of trainees' multicultural training.

Research Questions.

1. What is the self-reported multicultural counseling competency among counselor trainees at the beginning of a multicultural counseling graduate course?
2. What is the self-reported multicultural counseling competency among counselor trainees at the end of a multicultural counseling graduate course?
3. Are there any between group differences in students who completed the multicultural course and those who completed the course and an experiential advocacy project?
4. What themes emerge from examining the reflections of students who participated in the advocacy project?

Description of Terms

Advocacy refers to the act and process of arguing or pleading for a cause for the benefit of an individual or community (Myers, Sweeney & White, 2002). “*When appropriate, counselors advocate at individual, group, institutional, and societal levels to address potential barriers and obstacles that inhibit access and/or the growth and development of clients...*” (ACA, 2014 p.5). *Advocacy competencies* composed of three levels: client/student, school/community, and public arena. Each area acts within the following domains: client/student empowerment, client/student advocacy, community collaboration, systems advocacy, public information, and social/political advocacy (Ratts & Hutchins, 2009; Lewis, Arnold, House & Toporek, 2002).

Counselor trainee refers to students currently enrolled in a multicultural counseling class

Cross-Cultural Counseling describes counseling practice between individuals differing in race, ethnicity, culture, and socio-economic status (Sue et al., 1982).

Multicultural Counseling Competencies (MCC) describes a counselor’s ability to apply counseling approaches to diverse populations. Competencies are described in three dimensions within three characteristics: (a) counselor awareness of own assumptions and biases, (b) understanding the worldview of the culturally different client, and (c) developing appropriate intervention strategies that address cultural differences. Each holds three dimensions: (a) awareness; (b) knowledge; (c) skills (Arredondo et al., 1996; Sue et al., 1992).

Service learning The National Clearinghouse for Service Learning (2005) defines service-learning as, “...a teaching and learning strategy that integrates meaningful community service with instruction and reflection to enrich the learning experience, teach civic responsibility, and strengthen communities.”

Social justice refers to a fundamental valuing of fairness and equity in resources, rights, and treatment for marginalized individuals and groups (Fondacaro & Weinberg, 2002).

CHAPTER II. REVIEW of LITERATURE

Cross-cultural counseling dates back to the 1980's during a time when greater attention toward equal opportunities and resources for diverse groups emerged. The impact of the Civil Rights and women's movements of the 1960s and 1970s altered the landscape, from a society that once was culturally encapsulated to one that openly acknowledged a society grounded in multiculturalism (Ponterotto, Casas, Suzuki & Alexander, 2001). Despite a push for greater recognition of diverse groups in society, many services were not designed for non-white Americans, including the counseling profession (Sue et al., 1992). In the late 1970s and early 1980's many recognized that the mental health needs of various racial and ethnic groups were not adequately met. Notable counselors and psychologists recognized this shift due to the growing diversity in the United States (Heath, Neimeyer & Pedersen, 1988). Additionally, with the expanding clientele characteristics among those seeking services, greater attention was given toward determining how to provide effective treatment and more access to counseling services for individuals representing diverse populations (Sue, 1981).

Harmful Models in Early Practices of Counseling the Diverse

Sue et al., (1992) described the early development of multiculturalism and identified three historically harmful models that were previously used to treat and conceptualize cultural minorities in the US. The first, the Inferiority Model, posited that racial and cultural minorities were less evolved than White people lower on the evolutionary scale than the White majority population. The second model, Genetic Insufficiency, assumed that biologically African Americans and other ethnic groups possessed deficient genetics than White individuals. The

Inferiority Model and the Genetic Insufficiency Model were short lived as they possessed no evidence of truth nor were observable in society. A third model, the Deficit Model, gained popularity once awareness increased among practitioners regarding the inaccessibility of services and deprived treatment among non-White ethnic groups. The Deficit Model was more widely used, and posited that deficits in cultural minorities arose from a long history of societal racism and absence of cultural identity (Sue et al., 1992). For example, in using this model, African-American personality scores of mistrust and paranoia were interpreted as pathological, rather than survival mechanisms for the environment in which they lived (Wendt, Gone & Nagata, 2014). Further, this theory assumed that ethnic minorities did not possess the needed cultural characteristics to adapt or function in a predominately White European society (Sue & Sue, 1990). Three negative implications of the deficit model are: (a) the emphasis on the impairments of racial and ethnic groups eliminated recognition of strengths, knowledge, and skills unique to these groups, (b) the person was the primary focus of treatment, discounting the societal systems in which they lived, and (c) White Americans became the standard for defining optimum mental health. Rationales for developing multiculturalism in counseling describe the deficit approach to treatment as a primary example of the monoculture of counseling treatment at that time (Katz, 1985; Sue & Sue, 1990). However, the period marked a departure from the exclusive focus on the individual, toward recognition of societal systems and their impact on the person (Snowden & Cheung, 1990). Hence, an emergence of models designed for cultural minorities, marked a shift toward practitioners acknowledging the need for multicultural counseling practices.

Multiculturalism in Counseling

Society's growing awareness of underrepresented groups and systemic disadvantages venerated a new found construct of multiculturalism in counseling (Abreu, Chung & Atkinson,

2000). Despite this awareness in the 1980s practitioners struggled with multiculturalism's role in counseling practice, education, and organizational structure. However, at the end of the 1980s multiculturalism was recognized as a mainstay in the field, and in 1991 labeled as the "fourth force" in counseling (Pedersen, 1991). Despite a call for greater recognition, multiculturalism was absent in counseling approaches. Over time, advancements toward multicultural counseling practice including, common definitions and descriptions began to emerge. For example, one commonly accepted description of multiculturalism is an environment where effective intra- and intercultural exchanges naturally occur, generating an atmosphere that is productive and dynamic (Middleton, Rollins & Hardy, 1999; Middleton, Flowers & Zawaiza, 1996). An intercultural exchange is one between individuals of differing cultural backgrounds (Middleton et al., 1999). Intra-cultural exchanges are conversations with one's self about ideas, values, and beliefs toward interacting with people of differing cultural backgrounds (Middleton et al., 1999). The combined effects and sum of the two exchanges result in an environmental influence of multiculturalism. In a multicultural society all groups are to be respected and appreciated by greater society (Middleton et al., 1999).

Training organizations began to respond to the need for integration of multicultural counseling in the curriculum. The American Psychological Association (APA), throughout the 1980s promoted cross-cultural counseling perspectives as a needed movement in the counseling profession. APA board entities, regionally and statewide, further instilled the concepts of culturally alert counseling into practice (Heppner, Casas, Carter & Stone, 2000). Educational programming was introduced to promote multiculturalism in counselor training. CACREP's original adaptation of multicultural counseling occurred in the late 1980s when CACREP encouraged accredited programs to establish an awareness of (a) "current

knowledge...concerning the counseling and human development needs of a multicultural society” and (b) “the present and projected needs of a multicultural society for which specialized counseling and human development activities have been developed (Abreu et al., 2000).”

Experts defined multicultural counseling as any counseling relationship that crossed racial and ethnic boundaries between clients and their counselors (Ivey, Fouad, Arredondo & D’Andrea, 2000; Sue et al., 1992). Equipped with a definition of multicultural counseling, practitioners sought a way to measure efficacy in providing treatment, educating counselors, and combatting cultural incompetence (Ivey et al., 2000).

Cultural incompetence and its’ impact in counseling has been described from multiple perspectives. Statistics show clients from underrepresented groups are more likely to prematurely terminate counseling services (Sue, 2003). In addition, if given the choice between counselors, marginalized clients will often choose a counselor that reflects their own race and ethnicity (Constantine, 2001). An examination of racial attitudes demonstrated that White counselors understand how culture influences identity; however they remain uncomfortable with race (Gushue & Constantine, 2007). The results highlight discussions on the prevalence of illusory, or stereotypical, attitudes among counselors. Illusory attitudes describe a belief of knowing something about the client, when in reality that knowledge is false, influencing the delivery of counseling (Gushue & Carter, 2000). Illusory attitudes, white counselor’s discomfort with racial differences, and the impact racial differences have in the counseling relationship describe instances of cultural incompetence in counselor training and practice (Geller, 1988; Wampold, Casas & Atkinson, 1981).

While practitioners had clearly defined multicultural incompetence in counseling practice, a lack of measurable standards to identify competency remained unclear (Geller, 1988).

The original theory describes the culturally competent counselor along three dimensions. According to Sue et al., (1992) “First, a culturally skilled counselor is one who is actively in the process of becoming aware of his or her own assumptions about human behavior, biases, preconceived notions, personal limitations, and so forth (p. 481).” For example, a counselor who has a full understanding of their own culture, in the context of society around them possesses a greater cultural awareness. Thus, the culturally aware counselor knows their own assumptions and biases, thereby identifying and seeking the appropriate means to overcome their personal barriers before working with ethnically diverse clients. The second description of a culturally skilled counselor: “Second, a culturally skilled counselor is one who actively attempts to understand the worldview of his or her culturally different client without negative judgment” (p. 481).” For instance, the culturally competent counselor not only possesses an investment in working with the ethnically diverse, but holds a deep appreciation for a client’s cultural background. The third description “Third, a culturally skilled counselor is in the process of actively developing and practicing appropriate, relevant, and sensitive intervention strategies and skills in working with his or her culturally different clients (p. 481).” Counseling has been demonstrated to be more effective when practitioners utilize interventions and goals which fit a client’s cultural values, strengths, and/or life experiences (Sue et al., 1992).

Multicultural Counseling Competencies

As attention shifted to improving counseling services for non-white clients, counselors sought a way to measure their efficacy toward meeting the mental health needs of these groups, by identifying characteristics of the culturally competent counselor (Ponterotto & Casas, 1987). The intent behind adding efficacy to counseling practice with diverse groups began with a position piece (Sue, Bernier, Durran, Feinberg, Pedersen, Smith & Vasquez-Nuttall, 1982). Entitled: “Position Paper: Cross-Cultural Counseling Competencies”, the work identified a

rationale behind developing standards for working in cross-cultural relationships, and the risk of monoculture counseling philosophies. As mentioned previously, growing diversity in the US increases the frequency and likelihood counselors will enter cross-cultural counseling relationships. With organizational support for multiculturalism growing, the original position piece began to gain traction culminating in a landmark cultural counseling competency model. Sue et al., (1992) refined their previous work and published a landmark model, describing Multicultural Counseling Competencies (MCC) in counseling.

The three descriptions of the culturally competent counselor are characterized by an active process, depicting inter-culture and intra-culture exchanges. Further, the culturally competent counselor is one who is constantly exploring and learning about other cultures and themselves (Arredondo et al., 1996). The culturally competent counselor is described as one who recognizes personal limitations, and consistently seeks to further understand others and improve their skillset (Sue et al., 1992). The MCC model describes three primary characteristics: (I) Counselor awareness of Own Cultural Values and Biases; (II) Counselor Awareness of Client's Worldview; (III) Ability to Develop Culturally Appropriate Intervention Strategies. The characteristics are described alongside three dimensions: (a) Awareness; (b) Knowledge; (c) Skills. The characteristics and dimensions intertwine to generate a total of nine competency areas, forming Multicultural Counseling Competencies (Sue et al., 1992).

Awareness

The first dimension awareness, describes a counselor's ability to be mindful of stereotypes and preconceptions that can negatively impact counseling services. The first dimension describes a counselor's ability to be aware and address personal biases, values, and stereotypical views. Addressing personal values is necessary to improve one's competency

within the awareness dimension, and improve a counselor's delivery of services (Richardson & Molinaro, 1996). Improving awareness and achieving an understanding of ethnic groups in counseling is perhaps the greatest challenge for white practitioners and trainees (Sue & Torino, 2005).

Knowledge

The knowledge component describes competency for knowing the historical and current societal influences that impact ethnic groups. Further, possessing knowledge of various cultural traditions is another aspect of the knowledge dimension. A lack of knowledge has been found to act as a hindrance for counselors, as all they can conceptualize is their own experience (Arredondo et al., 1996). Multicultural knowledge doesn't exist in a vacuum; rather a counselor's knowledge is translated into application and practice of therapeutic interventions which most benefit the client's culture, values, and perspective (Sue & Torino, 2005). The knowledgeable counselor understands how characteristics of culture impact personality, vocational choices, and a person's motivations for seeking help (Sue et al., 1992).

Skills

The skills dimension describes the application of interventions and strategies proven to be helpful with specific groups. The dimension purports that a counselor abstains from being "culture-bound" in their application of counseling, and possesses flexibility to change approaches when one may be ineffective (Abreu et al., 2000). Culturally competent skills are described as the ability to apply a variety of culturally and clinically appropriate interventions, and refraining from being bound to one specific approach (Sue et al., 1992). Skills cultural competency has also been described as being involved with underrepresented groups outside the counseling setting. Specifically, community events, sociopolitical functions, and outreach serve

as an extension of a culturally skilled counselor beyond the office. The rationale being, a perspective of minorities is not merely based upon an academic or helping exercise (Sue et al., 1992). Once theorists deciphered and explained cultural competency in counseling, researchers sought a method to assess and validate the constructs.

Multicultural Competency Assessment

Ever since the publication of MCC, researchers have designed measures to assess MCC from the perspectives of therapists, students, clients, and observers (Arthur & Januszkowski, 2001; Dunn, Smith & Montoya, 2006; Worthington, Mobley, Franks & Tan, 2000). One research study counted 54 instruments designed to measure cultural competency among individuals in the helping professions (Kumas-Tan, Beagan, Loppie, Macleod & Frank, 2007). Despite an increased dedication to producing research literature on multiculturalism in counseling, there is a greater need for continued validation of competency measures, and confirmation of measured constructs (Dunn et al., 2006). The 1990s witnessed important validation and reliability studies involving measures of cultural competency (Ponterotto & Alexander, 1996; Ponterotto, Rieger, Barrett & Sparks, 1994; Pope-Davis & Dings, 1994; Pope-Davis & Dings, 1995). The studies found that many instruments followed the MCC model adopted by the counseling profession. However, further validation studies were needed before instruments could be routinely used to assess the competency of students and practitioners (Dunn et al., 2006).

Research beginning at the start of the millennium raised new concerns over competency measures. One study found that many of the popular assessments could be influenced by a person's disposition to respond in a socially desirable manner (Constantine & Ladany, 2000). In another study, researchers found inconsistent factor structures in some of the more popular assessment tools, demonstrating a lack of accuracy for assessing MCC (Constantine, Gloria &

Ladany, 2002). An additional discussion conferred that measures of MCC reflect a person's perceived cultural competency, rather than observed competency (Worthington et al., 2000). To support the need for delivery of culturally responsive services in counseling research is encouraged on MCC, training, and practice (Chao, 2012). Competent research reflects the instrumentation; thus continued refinement of MCC instruments is needed (Dunn et al., 2006). Efficient research methods serve practitioners and educators for determining how trainees acquire and develop competency to work with ethnically diverse populations, and further advance the counseling profession.

Multicultural Integration in Education and Organizations

Since the original publication of Multicultural Counseling Competency the dimensions and characteristics have been integrated into counseling organizational models, ethical principles, training standards, and counseling methodology (Holcomb-McCoy & Myers, 1999). In 1993 CACREP implemented accreditation standards for multicultural training within counseling programs (Dinsmore & England, 1996). Further, the Association for Multicultural Counseling and Development (AMCD), a division of the ACA, produced 119 explanatory statements for the competencies, and three competencies for organizations were added to the overall framework (Arredondo & Perez, 2006). An operationalized piece for integrating MCC in organizations was published in 1996, and created a personal identity model for excluded groups (Arredondo et al., 1996). The personal identity model served as a measure to help leaders increase their awareness for how an organization might alienate, marginalize, or distance people of color and minority groups if cultural competency goes underdeveloped. Despite a push for organizations and training programs to implement diversity models, a lack of universally agreed upon standards remained (Dinsmore & England, 1996).

Implementation in Counselor Education

In 2001, CACREP instituted training standards for accredited programs to implement a course focused upon cultural foundations and multicultural issues in counseling. The change to program standards prompted a focus on MCCs in counselor training programs. Although CACREP's advance promoted multicultural training within counseling programs, the literature has demonstrated that students need a variety of experiences to develop multicultural competencies (Arredondo, 1999; Hill, 2004; Vereen et al., 2008). One barrier to training exists in curriculum offering only one or two multicultural focused courses (Robinson & Morris, 2000). The flaws in a one or two course model is the tendency toward viewing multicultural counseling as a static concept, not inherent to all facets of counseling (Robinson & Morris, 2000). The CACREP 2009 standards endorsed multicultural counseling practice within each area of competency; addressing a need for the integration of multiculturalism in every foundation of counselor training. However, the challenge is ongoing for educators to decipher the factors which develop MCC among counselor trainees (Chao, 2012).

Assessment and Acquisition of Multicultural Counseling Competencies

Numerous studies and commentaries have been conducted to discuss how counselors acquire and develop MCC (D'Andrea, Daniels, & Heck, 1991; Holcomb-McCoy & Myers, 1999; Pope-Davis & Ottavi, 1994; Richardson & Molinaro, 1996; Vinson & Neimeyer, 2000). Historically, studies have explored the variables of racial identity, cultural background of the practitioner, experience working with diverse clients, and education. The studies focused on variables as possible mediators toward developing, predicting, and influencing one's MCC. Theories posit a positive relationship between MCC and separate variables, for instance, enhancing or possessing the variable will increase or predict higher MCC (Fuentes &

Bartolomeo, 2001). Reviewing the literature, early studies investigating MCC placed focus on practitioners, with little to no examination of counselor trainees.

An early study focused on counseling relationships found that women counselors felt a higher comfort level in cross-cultural counseling interactions (Carter, 1990). An interaction study found a greater amount of multicultural client contact added to higher reported levels of cultural competence among practitioners (Sodowsky, Taffe & Gutkin, 1991). An early study exploring the impact of multicultural courses found that counselor trainees' self-reported multicultural competence increased after completing a course of multicultural counseling (D'Andrea et al., 1991). Despite interesting and useful results, the studies were completed at a time before MCCs were published, and valid measures to determine one's MCC had not yet been developed.

In one of the first studies to examine the MCCs, 220 university counselors were surveyed using the Multicultural Counseling Inventory (MCI) (Pope-Davis & Ottavi, 1994). Practitioners were also asked to complete a demographic questionnaire collected information about participant's ethnicity, age, sex, highest degree held, counseling experience, and experience working with diverse populations. The researchers separated participants into four ethnic groups: White, African-American, Asian American, and Hispanic. A multivariate analysis of variance and a univariate analysis of variance were conducted to determine if any significant differences in MCC between the four ethnic groups existed. The results revealed a higher self-reported MCC among minority counselors than their white counterparts (Pope-Davis & Ottavi, 1994). Other demographic variables were examined; however, ethnicity proved to be the only statistically significant variable predicting MCC scores. Although results demonstrated ethnicity as a key component to possessing MCC, the study provided little explanation to how counselors acquire and develop cultural competency. According to Sue et al., (1992), a culturally competent

counselor is one who is consistently developing their self to be more effective in working with diverse groups, MCC is depicted as a developed attribute rather than an inherent characteristic. A closer examination of Pope-Davis and Ottavi, (1994), reveals that participants were mainly composed of white counselors, representing almost eighty percent of the sample. Future studies, (Helms, 1994; Pope-Davis, Reynolds & Dings, 1994; Thompson, Worthington, & Atkinson, 1994), provided more insight toward demographic variables, and also implemented parallel constructs which could potentially predict MCC.

In an effort to measure educational efficacy in multicultural counseling training, one study surveyed 500 professional counselors within the ACA directory and who were affiliated with AMCD (Holcomb-McCoy & Myers, 1999). Participants were given a measure designed to MCC, and a questionnaire asking training background, experiences, and demographic information. The results revealed a higher self-reported MCC among counselors who reported consistent experiences working with ethnically diverse clients. Further, counselors identifying as non-white reported a higher cultural competence. Interestingly enough, there were no significant differences in MCC between counselors reporting training from CACREP and non-CACREP affiliated programs, potentially labeling training as being an insignificant factor to developing MCC. Researchers have also focused on racial identity development as a predictor of acquiring and developing MCC.

Multicultural Training and Development

Multicultural training is believed to be most effective if accompanied by training/activities which increase racial identity development, two separate but essential components for developing competency to counsel diverse populations (Chao, 2012). Racial/ethnic identity development is the process of moving from unawareness of racial/ethnic differences to awareness of those differences (Helms, 1990; Helms, 1994). In theory, as

awareness increases, ones identification with their culture increases (Phinney & Ong, 2007). One study uncovered no relationship between stages of white racial identity development (WRID) and multicultural counseling skills. The authors explained the lack of influence could be attributed to lower levels of multicultural training among participants (Middleton, Stadler, Simpson, Guo, Brown, Crow & Lazarte, 2005). Moreover, strong racial/ethnic identity and high levels of multicultural training are predictors of higher MCC (Chao, Wei & Good, 2011). One such study found a positive correlation of multicultural counseling knowledge, awareness and racial/ethnic identity among those who possessed greater multicultural counseling training (Chao, 2012). Of note, one component of multicultural training includes working on the development of one's own racial/ethnic identity (Chao, 2008).

A notable hypothesis suggested white counselor MCC is influenced by white racial attitude developmental level (Sabini, Ponterotto & Bodorovsky, 1991). White racial identity (WRID) is a construct developed by Helms, (1984; 1996) that describes one's attitude toward people of color and individual perspectives of their own culture. This intra-cultural attitude encompasses one's overall identity development toward the element of race. In one of the first studies examining MCC along white racial identity, the researchers found some positive correlations between MCC and WRID; however, the results were inconsistent between each of the 3 MCC dimensions and higher stages of WRID (Ottavi, Pope-Davis & Dings, 1994). In a repeated relational study MCC and WRID were sampled among various counseling students of color (Vinson & Neimeyer, 2000). The study yielded similar results as before, demonstrating that racial identity level has some influence on MCC. However, a longitudinal study exposed discrepancies in the previous findings. Following counseling students over a period of two years, the researchers examined MCC and RID during that time by assessing the constructs at the

beginning and end of the participant's counseling program (Vinson & Neimeyer, 2003). While aspects of MCC substantially increased over the two year period, participant's racial identity showed little to no increases, possibly indicating little to no parallel relationship (Vinson & Neimeyer, 2003). Theoretically MCC and RID should positively correlate, based upon past studies; however, the results remain inconsistent (Chao, 2012).

Multicultural training is generally believed to be effective for increasing MCC, but there are concerns about its' limitations and capacity to address all dimensions of MCC (Smith, Constantine, Dunn, Dinehart & Montoya, 2006). Commentaries that discussed diversity training have expressed concern over counseling programs focus solely on the acquisition of multicultural knowledge; while inadvertently neglecting awareness and skill development (Carter, 2001; Richardson & Molinaro, 1996). One recent example that highlighted an overwhelming focus on multicultural knowledge was a qualitative study which analyzed syllabi from a multicultural course. The results communicated an explicit neglect for skills related education (Smith et al., 2006). While a multicultural counseling course can contribute toward development of MCC, education alone may not address the development of all competency dimensions. A qualitative examination of critical incidents in the development of MCC's immediately after and during a course for multicultural counseling addresses the need for additional training methods (Sammons & Speight, 2008). The participants were asked to record thoughts associated with their understanding and development of multicultural counseling. The participant's writing yielded four themes: (a) Increased Knowledge, (b) Increased Self-Awareness, (c) Attitudinal Changes, and (d) Behavioral Changes (Sammons & Speight, 2008). While the results were informative, the researchers admitted that participant's courses differed in activities and experience.

Multicultural Training Models

Ever since the implementation of MCCs in counselor training programs educators have consistently attempted to develop training methods for promoting MCCs among trainees (Vereen et al., 2008). Over the past two decades, training models have appeared to be cyclic, each building upon the past successes and failures. Multicultural training models (MCT) describe instructional methodologies designed to increase the cultural competency of counselors in training (Abreu et al., 2000). There are six MCT approaches traditionally employed by education programs: (a) traditional program, (b) workshop design, (c) separate course, (d) interdisciplinary cognate, (e) subspecialty cognate, and (f) integrated program (Ridley, Mendoza, Kanitz, Angermeier & Zenk, 1994). The traditional approach assumes customary counseling theories are suitable for non-White clients. By not integrating cross-cultural counseling research traditional and workshop training approaches seemingly evaded program and organization transformation as the accrediting and ethical bodies shifted toward endorsing MCC (Abreu et al., 2000). Eventually, training programs implemented a separate course, at the behest of counseling and accrediting organizations. The separate course model is designed in mind to specifically increase a trainee's MCC. For example, a criteria for a course may be educating about socio-cultural histories of oppressed groups, the role of culture in the development of the self, awareness toward negative beliefs directed at populations, and counseling techniques suited for diverse clients (Ridley, Espelage & Rubenstein, 1997). However, many in the field argued for a more holistic approach to training culturally competent counselors, integrating MCC into all aspects of a counselor training program (Ponterotto, 1998).

After multiple examinations on the cultural competency training practices of education programs, researchers created the Multicultural Competency Checklist (Ponterotto, 1998; Ponterotto, Alexander & Grieger, 1995). Used in assessing the implementation of multicultural training in counseling programs, the checklist determines if training programs meet a list of 22 competencies for multicultural counseling curriculum integration. Popular and effective program models for increasing MCC are described as placing emphasis on cognitive and behavioral attributes, necessary for the acquisition and development of cultural competency (Arredondo & Arciniega, 2001). For example, reexamining thoughts and beliefs (cognitive) and completing productive intercultural exchanges (behavioral). There exist specific interventions educators can implement to increase and develop multicultural competencies along the three dimensions. For example, the awareness dimension might be increased through implementation of reading assignments and projects which promote cultural identity development, and self-education about other cultures and their beliefs (Arredondo et al., 1996). The activity's purpose lies with increasing the awareness of self, while attaining an awareness of others. Sue et al., (1992) exclaims that one cannot hope to achieve an awareness of others until they fully understand themselves in relation to their own culture, and develop a solidified identity in the process. One later publication yielded strategies for programs to integrate multicultural counseling within the foundational counselor training courses (e.g. Theories, Practicum, Basic Skills, etc.). For example, integrating multicultural perspectives into marital family courses and counseling skill courses has the propensity to develop MCC within each counseling focus (Arredondo & Arciniega, 2001). The infusion model discusses MCC dimensions, and describes training strategies for integrating the dimensions in all areas of the counseling curriculum. The specific areas include: (a) Behavioral/explanatory competence; (b) Objective of the course; (c) Strategy

and Technique; and (d) Outcome. Criterion (a) is based upon the original intent behind diversity training, to increase one's skills for working in cross-cultural relationships (Arredondo et al., 1996). Despite increased attention toward MCC development in counselor education the models lack empirical validity, and have not become a mainstay in counselor education (Vereen et al., 2008). One criticism exists over the fact that most studies on training outcomes only examined a single course (Tomlinson-Clarke, 2000).

Although MCC education models lack empirical evidence, the intent is integration of multiculturalism within each component of the counseling curriculum. Accrediting bodies have taken the stance toward integration. Meaning, counseling curriculum must incorporate multicultural concepts into the overarching objectives of each course (APA, 2003; CACREP, 2016). With the inclusion of multiculturalism into each area of counselor training, there still remain questions about how counselors in training become culturally competent. Educators are still seeking a universal method for how to effectively develop trainees' MCC over the duration of a counseling program.

The Impact of Education and Training on Multicultural Competency

Efforts to instill and promote multiculturalism in the American society have led universities to integrate multicultural foundations and education in multiple areas of curriculum. Numerous empirical studies have emerged to determine the effectiveness of multicultural education, how students develop the foundation to be active members of a multicultural society, and how to train teachers for best integrating multicultural foundations in the classroom (Robinson & Bradley, 1997; McAllister & Irvine, 2000; Chang, 2002). An examination of the impact 25 different undergraduate multicultural found that students at the completion phase of the course held more favorable judgments toward race than those beginning the course (Chang, 2002). In another study, a multicultural course for undergraduates was examined. The class was

held for 15 meetings in which students were exposed to cultural empathy concepts, normative characteristics of groups, and within group differences (Robinson & Bradley, 1997). Students had to complete a writing assignment designed to promote awareness of their own culture and its' effect on the individual. For many students the course was a first exposure to multicultural issues. At the beginning and end of the course students were asked to complete the Multicultural Awareness Knowledge and Skills Scale (MAKSS). A control group was also asked to complete the pre and post scale. Students enrolled in the multicultural training course were found to have significant increases to their MAKSS scores compared to students in the control group (Robinson & Bradley, 1997). Studies emphasize exposure to diversity as a possible mediator toward a greater awareness of multiculturalism in society.

Multicultural Competency in Counselor Education

At the beginning of the millennium educators began to document the process by which multicultural counseling was taught, and the different methods used. Strategies consisted of experiential learning, narrative approaches, and video tapes (Arthur & Achenbach, 2002; Kerl, 2002; Villalba & Redmond, 2008). One documentation focused upon experiential activities to enhance the MCC of counselor trainees (Kim & Lyons, 2003). The authors used education methods from the literature by promoting videos and reflections to increase multicultural awareness, games to promote multicultural skill development, and cultural history education to increase knowledge. McAllister and Irvine, (2002) recommended 6 strategies for programs to develop cross-cultural competency: (a) Use of process models to increase student support, (b) Support groups to open opportunities for reflection, (c) Providing opportunities for students to interact with others from other ethnic backgrounds, (d) Examining and building faculty awareness, (e) On going professional development, and (f) Merge adult and student

developmental theory with cultural and racial identity models (McAllister & Irvine, 2000). Although strategies for teaching multicultural counseling have been intentional and based on sound theory, studies failed to assess student's MCC development to determine if the learning strategies were valid or not. One of the main criticisms of multicultural training research is the difficulty to identify which learning activities initiate growth and change of cultural competencies (Malott, 2010). Many agree that experiential activities in counselor education have the highest likelihood of increasing MCC (Vereen et al., 2008). Experiential learning describes learning through the reconstruction of experience. The goal of experiential learning has been described as a merger of process and outcome (Dewey, 1938). Specifically, learning is facilitated through an ongoing cycle of reexamining beliefs in the context of newly presented information (Kolb & Kolb, 2005).

Cross-Cultural Interactions and Their Relationship to Multicultural Competency

Interaction models and theories in multiculturalism discuss the outcomes of interactions between individuals differing in racial identity (Carter & Helms, 1992; Cook, 1994; Helms, 1990). The models have been studied in the context of counseling relationships (Carter & Helms, 1992; Richardson & Helms, 1995), and supervisory interactions (Ladany, Brittan-Powell & Pannu, 1997; Constantine, Warren & Miville, 2005). Almost a decade ago, research revealed that counselors attributed their MCC development to supervision and counseling special populations (Verren et al., 2008). Studies involving cross-cultural interactions and racial identity in counseling found that productive and helping relationships are more likely to occur when counselor and client hold similar racial identities. Interaction and experience with counseling diverse populations has been researched in relation to MCC. In one study researchers surveyed 176 university counselors and found that more interaction with diverse clients, previous and/or regular attendance at multicultural counseling workshops, and dispositions toward multicultural

counseling studying and research contributed to higher self-reported MCC (Sodowsky, Kuo-Jackson, Richardson & Corey, 1998). Similarly, counselor supervision studies involving interactions between supervisors reporting greater RID and supervisees reporting low RID found a higher MCC among the supervisees at the end of the relationship (Constantine et al., 2005). Both areas of interaction studies demonstrated the impact that inter-cultural exchanges can have on one's MCC development in supervision experiences and counseling relationships. Another study focused on critical incidents during multicultural training. Students were asked to record their reflections of learning over the period of the course. Results found student's reflections of self-perceived competencies increased, and were impacted most from interaction and discussion with diversity persons in the classroom (Tomlinson-Clarke, 2000). Despite the attention given to interactions in counseling and supervision relationships, little has been studied regarding the impact of cross-cultural interactions on counselor-trainee's MCC development, as a pretext to possible interactions in a counseling relationship.

Studies examining the impact of cross-cultural interactions and counselor-trainee's MCC focused on activities where trainees provided services to a specific cultural population or community program (Burnett, Hamel & Long, 2004; Roysircar, Gard, Hubbell & Ortega, 2005). One study tasked counselor trainees with a project of teaching English to adolescent Chinese students during a semester course. Students recorded reflections in which they described thoughts, beliefs, and feelings toward their weekly interactions (Roysircar et al., 2005). The reflections were completed each week during the semester course, and derived from a series of designed questions. Reflections were examined qualitatively. Themes were isolated and compared to statements found in the Multicultural Counseling Inventory (MCI). A theme labeled "connection/closeness" emerged and positively correlated with culturally competent statements

in the MCI. In addition, themes were paired with the White Racial Identity Attitudes Scale. The researchers suggested guided experiential components in multicultural training can be effective for developing MCC. A similar study described a class of counseling students who participated in a weekly service learning project with the purpose of developing multicultural competency (Burnett et al., 2004). Students chose one of four community agencies, and collaborated with community members to enhance outreach over six weeks. Researchers collected student feedback, asking how MCC developed during the project at the end of the six week course. At the culmination of six weeks students reported feeling more knowledgeable about multicultural issues in their community. The two studies suggest that service learning interactions play a role in MCC development among counseling students. Further, the two studies used reflections as means to promote student development during the course of the learning activities.

Although attention given to counselor-trainee interaction and MCC development, the studies failed to identify specific and consistent interventions that educators might employ for reliably developing MCC parallel to the objectives found in counselor training programs. Although the literature advocates for interaction and experiential activities to enhance MCC, there remains a paucity of research devoted to cross-cultural interactions and their impact on the counselor-trainee.

The Impact of Service Learning on Student Education Outcomes

Service learning is described as a community based approach to teaching in which students have the opportunity to interact with different communities while gaining the experience of applying knowledge in various settings. The experiences promote self-reflection and potentially an alteration of one's identity (Jones & Abes, 2004). Service learning is thought to hold opportunities for students to become operators of their own identity, progressing how they

contextually apply knowledge in the world around them (Baxter & Magolda, 2000). The use of consistent written reflections has been shown to be mandatory for effective service learning education outcomes (McClam, Diambra, Burton, Fuss & Fudge, 2008). Naturally, service learning experiences promote internal reflection where students reexamine their knowledge and identity; written reflections offer the opportunity to document a student's growth (Dewey, 1938; Cashel, Goodman & Swanson, 2003). Reflection forces the connection between student learning and service (Baggerly, 2006). Multiple studies and commentaries have demonstrated the empirical effectiveness of service learning on student educational outcomes (Astin, Vogelgesang, Ikeda & Yee, 2000; Root, 1994; Dewey, Boydston & Hickman 1996). A longitudinal study of 22,236 students found that service learning had significant effects of student's critical thinking skills and racial understanding (Astin et al., 2000). Service learning has been used in counselor education as a means to promote counseling student's use and understanding of advocacy in the counseling process (Burnett, Hamel & Long, 2004). In a study on service learning outcomes for a group play therapy class the projects were found to augment student's knowledge on diversity issues, increase their awareness on personal cultural bias, and expanded their repertoire of culturally appropriate interventions (Baggerly, 2006). Service learning promotes and encourages a commitment to advocacy in counseling especially for use with persons living in or experiencing poverty (Kiselica & Robinson, 2001).

Social Justice and Advocacy in Counseling

Over the past decade there has been an increasingly greater focus on social justice/advocacy and its' role in counseling (Ratts & Hutchins, 2009; Ratts, D'Andrea, & Arredondo, 2004). The task of being an agent for social change has been added in the literature as one of the roles a counselor serves (Bemak & Chung, 2005; Stone & Dahir, 2006). Advocacy is at its' infancy in the counseling literature, and has emerged from the need for counselors to

address systemic barriers that may be impeding the quality of life for their clients (Lee, 2007). Despite recent attention to social justice and advocacy they have a historical presence in counseling, and have always held an unofficial role in the therapeutic process (Ratts & Hutchins, 2009).

A counselor assumes the role of “advocate” when he/she pleads on behalf of a client or toward a social cause (Lee, 1998). Two desired outcomes for counselors acting as advocates are: (1) increasing a client’s sense of empowerment and (2) promoting environmental changes that reflect responsiveness to the client’s personal needs (Lewis, Lewis, Daniels & D’Andrea, 1998). Advocacy is regarded in the literature as a form of social action, and theorists have provided two reasons (Kiselica & Robinson, 2001). The first, a counselor advocates in the social context in which the client’s problems occur. Second, the counselor works to reduce or alter the social problems adversely impacting their clients (Kiselica & Robinson, 2001). As a whole, social justice and advocacy work together to help clients challenge systemic barriers that impede direction toward life fulfilling goals (Lee, 1998). Counselors acting as advocates describe relationships where the counseling practice extends outside the office. Direct forms of helping may include providing access to counseling services at the client’s home, school, and work. Indirect forms may include working with surroundings directly influencing a client’s life (Kiselica & Robinson, 2001).

The documented history of social justice and advocacy in counseling dates back to the civil rights era, a time when counselors, psychiatrists, and psychologists became more aware of the social injustices toward cultural minorities. To address disservices in treatment, access to care, and systemic barriers, practitioners often assumed the role of advocate by aiding clients with obtaining equal care and services. Advocacy originally spurred the multicultural movement

in counseling as psychologists and counselors worked address the social injustices at the time of the late 1960s and early 1970s (Arredondo & Perez, 2003). Since the early documentation of counselor advocacy and carrying out social justice in the form of MCC, advocacy has received little to no attention in the context of counselor practice (Vera & Speight, 2003). However, at the beginning of the millennium the counselor educators and practitioners began to become more aware of neglect toward counselor advocacy and social justice in the literature, compared to other topics. A greater awareness of the current social injustices in society brought forth many discussions from the field (Myers, Sweeney, & White, 2002; Speight & Vera, 2004; Arredondo & Perez, 2003; Helms, 2003; Nilsson & Schmidt, 2005). Consequently, the traditional office-based approaches typically associated with the counseling profession are increasingly viewed by many to be severely limited (Ratts, Toporek & Lewis, 2010).

The ACA Advocacy Competencies

At the turn of the millennium a list of advocacy competencies arose, clearly defining how and why counselors can serve as advocates. The pioneers of infusing advocacy into counseling practice, describe proficiencies at three levels of advocacy intervention, involving either clients or students (Lewis, Arnold, House & Toporek, 2002). Competencies include three areas of advocacy intervention, each describing the magnitude of interaction, focus, and stance a counselor might initiate as an advocate. The three areas: (a) Client/Student Level, (b) School Community Level, and (c) Public Arena Level (Lewis et al., 2002). The three areas depict settings in which the counselor can act as an advocate for the benefit of the client in society, and meet their personal needs in the therapeutic relationship. In 2003 the ACA adopted the Advocacy Competencies to provide a guide for counselors, and implement the use of advocacy and social justice as ethical practice (Arredondo & Perez, 2003). Educators have begun to reinforce the concept of advocacy in conjunction with counselor training (Toporek, Lewis & Crethar, 2009).

Experts assert that social justice and accompanying interventions (advocacy) deserve acknowledgement as the fifth force in the counseling paradigm (Ratts, 2009). Although advocacy has been recommended for integration in counseling, many counselor educators are unaware or have no exposure to formal advocacy training methods. As a result, counselor trainees may have inconsistent coverage of advocacy concepts during their education (Toporek et al., 2009).

Theorists have called for greater attention to educating about systems-level issues and their accompanying interventions in the context of counseling (Toporek et al., 2009). An examination of the majority literature reveals that discussion of advocacy in counseling and among counselor trainees has been limited to theoretical pieces. One discussion, centered on relational cultural theory (RCT), hypothesized that counselors who build relationships with more diverse people and environments are more inclined to choose the role of advocate when needed. Two instances of empirical research involving counselor trainees and advocacy emerged during the past decade.

Advocacy Research in Counselor Education

One of the first empirical studies focused on uncovering attitudes and personality traits associated with one's tendency to initiate advocacy in the counseling relationship (Nilsson & Schmidt, 2005). The overarching purpose of the study was to develop an understanding of how advocacy can be implemented into counselor education and further conceptualize the role of being an advocate. The study provided insight toward advocacy perspectives among counseling students, and how they hoped to use of advocacy in the counseling process. The study represents an attempt to identify advocacy perspectives among counseling students, and marks the beginning of quantitative attempts at examining advocacy's role in training counselors. The researchers sampled 134 counseling students using a demographic questionnaire, an attitudinal measure, an outdated social justice activity scale, and a short battery of assessments to measure

one's concern for others. The results found that one's disposition toward political interests would predict a greater tendency to utilize advocacy, little else was revealed about attitudinal variables and their relationship with advocacy use. Repeated studies found no relevant attributes that contributed toward one's willingness to implement advocacy in counseling practice (Beer, Spanierman, Greene & Todd, 2012; Linnemeyer, 2009).

Since the publication of the advocacy competencies, qualitative studies have emerged focusing on attitudes, development, education, and feedback toward advocacy's role in counselor training and practice. Qualitative studies have attempted to explore how one becomes an advocate and develops a disposition to initiate advocacy for social justice, by means of reflections and feedback (Golsoff & Durham, 2010; Singh, Urbano, Haston & McMahan, 2010). Theoretical and conceptual pieces have progressively become more prominent as well, laying a solid foundation for advocacy in counseling (Ratts, 2009). Regardless of increased focus on advocacy the movement has little in the way of documented synchronicity with MCC, despite their early relationship in the counseling field.

Advocacy at the Client/Student Level

As practitioners and educators began to conceptualize the implications behind advocacy in counseling practice, a commitment to further examining the role of advocacy in counseling emerged. In an effort to operationalize the ACA Advocacy Competencies, a conceptual piece was published that discussed definitions and specific strategies for integrating the advocacy competencies into counselor education and practice (Ratts & Hutchins, 2009). The published discussion provided a greater in depth perspective on advocacy in counseling, a rationale for infusion, and methods for implementation. Perhaps most important were the published methods for initiating an agenda of advocacy. For example, the authors assert that counselors are perhaps the most equipped individuals for implementing advocacy practice because of their training.

Multicultural training, for instance, provides counselors with a foundation for understanding the social dynamics and skills for special groups, and the scenarios in which advocacy might be useful to implement in treatment (Ratts & Hutchins, 2009). The authors also published a case study and model that practitioners, educators, and students can use to help guide themselves when acting as an advocate. Thirteen advocacy competency areas are explored and discussed to arrive at a hypothetical decision where advocacy is used (Ratts & Hutchins, 2009).

Empowerment

The first seven competencies are designed to help and empower clients/students toward becoming advocates in their own lives. The process of empowerment is especially useful for skill building among clients/students, and equipping them with tools that are everlasting. First, the counselor identifies the strengths and resources available to the person or group. A lack of awareness over the make-up of clients or groups serves as a major barrier toward counselors serving as advocates (Ratts, 2011). Being knowledgeable about the individual and group characteristics can aid the counselor in delivering advocacy services. Second, the counselor examines the social, political, cultural, and economic factors that affect the client/student. A counselor who is knowledgeable about the environment can help the client/student understand their lives within these areas. As a result, helping clients understand their environment can help them to externalize their problems, eliminating blame they may place on themselves (Ratts & Hutchins, 2009).

Third, awareness to the externalized signs that may be a result of systemic or internalized oppression would benefit the practicing advocate. Numerous mental health issues develop from the external barriers marginalized populations can face in society. Practitioners can utilize specific skills to remedy cases of underlying internalized oppression (Ratts & Hutchins, 2009). Fourth, helping clients/students identify the external barriers that are impacting their life. The

literature recommends that counselors help clients/students understand and connect the external with the internal. A realized connection can aid a client/student in preventing them from blaming themselves (Ratts & Hutchins, 2009).

The next steps involve educating the client/student to be advocates for themselves. First, training the client/student in self-advocacy skills allows them to take part in addressing the external barriers around them. The authors suggest this step is informed by the MCCs (Ratts & Hutchins, 2009). The last two steps involve aiding clients/students to develop advocacy action plans, and if need be, assisting in carrying out the action plans. The authors suggest plans as realistic, culturally appropriate, and meaningful for the client/student (Ratts & Hutchins, 2009).

Advocacy

The other six competencies describe the relationship between the counselor and external arenas; in which, they may need to act on behalf of a client/student. The areas are not necessarily professional, but instead describe the capacity counselors might serve as advocates in the lives of clients/students. First, counselors may need to negotiate sufficient education or services on behalf of their clients. Negotiating is relevant when clients/students lack the accessibility to resources needed around them. The authors suggest a scenario where a counselor might connect a person with a culturally familiar support system. Second, counselors might need to connect a person or group with access to needed resources. This competency area requires counselors to be knowledgeable of the resources needed and available to their client/students (Ratts & Hutchins, 2009). Third, identifying external barriers and exploring ways to overcome them is an important competency area for counselors to address while they are working with a client/student, and before they begin acting on behalf. The previous competency area acts in conjunction with developing a plan for addressing external barriers and carrying out the plan of action. In working

with a client/student counselors are tasked to be a support and collaborator, never separating the cause from the individual or group in may be intended for (Ratts & Hutchins, 2009).

Measuring Advocacy

To date there exist no standardized instruments that measure advocacy competencies, or one's ability to be an advocate in counseling. One publication, noted that a much needed area is the continued focus on developing empirical studies on the ACA Advocacy Competencies (Ratts & Hutchins, 2009). As of now, most research studies examining the predictors of competent advocacy use have explored professional identity among counseling students and professionals (Prosek & Hurt, 2014). In the study, the authors used the Professional Identity and Values Scale-Revised (PIVS-R; Healy et al., 2010); which measures philosophical views on counseling, for instance advocacy. The outcome of the study revealed a greater focus on elements which promote increased identity development among counselor-trainees. One intervention educators might use would be an implementation of an advocacy project. As of now, there appear to be no reliable ways for assessing advocacy other than qualitative methods with respect to the ACA Advocacy Competencies. Empirical studies on the use and outcome of advocacy in counselor training and practice may inspire researchers to develop new methodologies for measuring advocacy.

Advocacy and Relationships to Multicultural Counseling Competency

Vera and Speight (2003) assert that a commitment to social justice spurred the original conception and development of cross-cultural competencies in counseling. The formulation, operationalization, and integration of MCC in the field of counseling were, in fact, a form of advocacy to address the disservices cultural minorities received in healthcare treatment in the past (Vera & Speight, 2003). Unfortunately, since the development and integration of MCC in counseling, there has been a lack of focus explaining and defining the role of advocacy and

within the helping relationship. Vera and Speight (2003) argue that MCCs do not provide a clear direction for counselors to assume the role of advocate in a cross-cultural relationship, even though MCC's foundation historically aligns with promoting advocacy. In a later argument, issues of diversity were examined at the macro and micro levels, and a recommendation for counselors to embrace an agenda of advocacy emerged from the discussion (Speight & Vera, 2004). Further, they assert the whole premise behind advocacy is the realization of justice for underrepresented groups. As of recent however, the AMCD has discussed the possibility of integrating the MCCs and social justice concepts (Hipolito-Delgado, 2015). In realizing the intersection of multiculturalism and advocacy in counseling, the specific training to become multicultural competent is useful in serving as an advocate. For example, the multicultural competent counselor holds knowledge, skills, and awareness, enabling them to understand the environmental factors that affect the lives of clients (Ratts, 2011).

Conclusion

Although cross-cultural competencies represent an ethical and necessary principle in counseling practice, attempts to understand how counselor trainees become competent have been met with empirical inconsistency. Further, methods to integrate and develop MCC in the training curriculum remain itinerant. Studies over the last decade have begun to shed light on experiential activities, and their usefulness toward developing MCC among students. Further, researchers assert that one's interaction with diverse groups contribute toward MCC. An experiential activity, cross-cultural interaction, has been described in the literature as potentially impacting the MCC of counselor trainees.

Social justice/advocacy has received much attention in the counseling field as of late. Advocacy is described as acting on behalf of clients/students to help empower and alter systemic

barriers, and is depicted as an intervention of social justice. Numerous conceptual pieces have emerged, discussing the importance of advocacy in counseling. However, few studies have investigated its' role in counselor training and practice. Further, the field of counseling has not fully addressed the role of social justice/advocacy in the context of multicultural counseling, despite a long practical relationship between the two.

CHAPTER III. METHODOLOGY

The intent of this study was to examine the MCC among graduate level counselor trainees after a multicultural counseling class and experiential assignment. Cultural competency was measured using multiple data sources, and occurred over one semester among forty-one counselors-in-training. Data was analyzed using a quantitative method to examine self-reported MCKAS scores, and a qualitative method to identify emerging themes from open coded reflections. Participants were recruited based on their enrollment in a multicultural counseling course the Fall semester 2013. Methodology and analysis approaches are described in this chapter.

Participants

For this study, two sets of participants were analyzed. The first set of participants describes the students who participated in the two diverse populations class including the experimental and control groups. The second set of participants describes the journal reflections submitted by counseling students in the experimental group. Additional descriptive characteristics can be found below.

Multicultural Counseling Competency Participants

Participants consisted of counselor trainees with a clinical mental health, school counseling, counseling psychology, rehabilitation counseling, and clinical psychology focus. Students were enrolled in a specific course split in two sections at a mid-sized public university in the southeastern United States. Trainees were enrolled in the course entitled: Counseling Diverse Populations. The course met multicultural component standards for accreditation in both

counseling and psychology (APA, 2003; CACREP, 2016). Both sections of the course were administered a pre-test and post-test using a valid instrument that measures MCC. The first section was the treatment group (Advocacy; N=22) and consisted of students receiving the normal curriculum, and completing the advocacy volunteer project. The second section (Control; N=19) completed the course as normally taught, without the added advocacy volunteer project. As the data was originally collected for program evaluation purposes, demographic variables were not collected in this study. One student in the treatment group and four students in the control group did not complete the post-test. At the culmination of the course N=22 students in the treatment group, and N=19 students in the control group completed the assessment of multicultural competency.

Advocacy Volunteer Project Participants

Participants in the advocacy group completed two reflection journals of their experiences over the 15-week semester period, in addition to a paper describing their advocacy participation. Participants consisted of counselor-trainees enrolled in either a school counseling or clinical mental health counseling program (N=17) taking a multicultural counseling course for the Fall 2013 semester. Students who were enrolled in counseling psychology, clinical psychology, and rehabilitation counseling were removed from the analysis as the focus was on counseling students, thereby reducing the subject size from 22 to 17 participants. For the purposes of anonymity no identifying information was placed on the reflections. Each reflection was coded with a number to track participants through the semester. There was no contact, relationship, or knowledge of the participants who completed the advocacy project reflections.

Instrumentation

Multicultural Counseling Knowledge and Awareness Scale (MCKAS)

The MCKAS (Appendix A) is a 32-item self-report scale measuring perceived multicultural counseling knowledge and awareness (Ponterotto, Gretchen, Utsey, Rieger & Austin, 2002). Users are asked to rate the truth of each item on a 7-point scale from *not at all true (1)*, *somewhat true (4)*, *totally true (7)*. Higher scores indicate greater knowledge and awareness of multicultural counseling issues. The measure yields two subscales: Knowledge and Awareness. The range of scores for a total is 32 to 224. There is no score standard that indicates satisfactory cultural competency. The MCKAS was derived from three revisions of the Multicultural Counseling Awareness Scale (Ponterotto, Rieger, Barrett, Harris, Sparks, Sanchez & Magids, 1996).

Knowledge. The subscale consists of 20-items, all measured in a positive direction, no reverse scoring. Scores can range from 20 to 140 with higher scores indicating higher multicultural knowledge. Sample items include “I check up on my minority/cultural counseling skills by monitoring my functioning – via consultation, supervision, and continuing education” and “I understand the impact and operations of oppression and the racist concepts that have permeated the mental health professions.”

Awareness. The subscale holds 12-items, 10 of which are reverse scored. Scores range from 12 to 84 with higher scores communicating greater multicultural awareness. Sample items include “I believe all clients should maintain direct eye contact during counseling” and “I feel all the recent attention directed toward multicultural issues in counseling is overdone and not really warranted.”

Reliability. Internal consistency reliabilities, (Cronbach’s coefficient alphas) reported by Ponterotto et al., (2002), are .85 for Knowledge and .85 for Awareness. Constantine et al.,

(2002), conducted a validation and comparative study, measuring reliabilities of MCC assessments. Their analysis of the MCKAS revealed coefficient alphas for Knowledge .90, Awareness .89, and Total .89. The validation study revealed similar psychometric properties compared to the Multicultural Counseling Inventory (MCI; Sadowsky & Taffe, 1994) and the Multicultural Awareness-Knowledge-and-Skills Survey (MAKSS; D'Andrea, Daniels & Heck, 1991). Evidence of the MCKAS convergent, criterion-related and discriminant validity were examined through pattern analysis alongside measures of MCC, ethnic identity, and social desirability. The convergent validity was examined alongside correlations with MCI subscales. The MCKAS Knowledge subscale significantly correlated with the Knowledge ($r=.49$), Skills (.43), and Awareness (.44) MCI subscales. The MCKAS Awareness subscale significantly correlated ($r=.74$) with the MCI subscale Relationship. Awareness subscales in both instruments were not examined together due to measurement differences in how the awareness construct was derived (Ponterotto et al., 2002). The MCKAS Knowledge subscale yielded a significant relationship ($r=.31$) with the Multigroup Ethnic Identity Measure (MEIM)-Ethnic Identity (EI) subscale, indicating some measure of competency alongside ethnic identity. In the study, the MCKAS Knowledge subscale held a significant negative correlation ($r= -.39$) with the Social Desirability Scale (SDS); further, the MCKAS Awareness subscale exhibited no relationship with the SDS (Ponterotto et al., 2002).

Multiple studies have examined the flaws inherent to self-reported measures of cultural competency (Constantine & Ladany, 2000; Ponterotto, 1998; Worthington et al., 2000). A primary flaw with measures of self-report is the desire for individuals to create responses they deem to be socially desirable. Social desirability is defined as a construct which indicates the degree to which research participants hope to make a good impression when completing research

instruments (Worthington et al., 2000). Sadowsky et al., (1998), suggests measures of cultural competency are often distorted due to social desirability. Constantine and Ladany, (2000), conducted a relationship study between four scales measuring MCC and scales that measure social desirability. The four MCC scales: the Cross-Cultural Counseling Inventory-Revised (CCCI-R), the MAKSS, the MCI, and the MCKAS. Among the four MCC scales three held a significant and positive relationship with social desirability: the CCCI-R, MAKSS, and MCI. In contrast, the MCKAS Awareness subscale was uniquely and negatively correlated with social desirability. The authors attributed the resistance to social desirability to the high amount of reverse scored items found in the MCKAS Awareness subscale. Further, the Knowledge subscale represents a learned component, basically immune to being influenced by social desirability. In conclusion, the MCKAS is least influence by attitudes of social desirability (Constantine & Ladany, 2000). The MCKAS and qualitative reflections will be used to answer the research questions.

Experiential Advocacy Project Reflections

Students were asked to write and turn in two reflections along with a project paper discussing their experiences as advocates. These reflections and paper included specific questions and topics for discussion that were developed using the ACA Advocacy Competencies (Ratts & Hutchins, 2009). The competency model yields thirteen areas where counselors either empower or advocate for the client/student. Within the empowerment set of competencies, counselors seek to equip the client/student with specific skills that enable them to self-advocate. Additionally, the set of advocacy competencies seek to educate the counselor on an appropriate process for acting on behalf of a client/student. The set of reflections and project paper blend advocacy and empowerment dimensions with the advocacy experiences of the students. No formal measure of advocacy competencies exists, and the qualitative data doesn't seek to

measure the outcome alongside competencies. However, the stimulus questions used in the reflections parallel the ACA Advocacy Competencies (Ratts & Hutchins, 2009), with the hopes of providing richer detail toward student's advocacy use and empowerment strategies for the learning experience. For example, contained in the first reflection is the question: "In your opinion, what are the social, political, economic, and cultural factors that may impact individuals from marginalized populations?" Ratts and Hutchins (2009) exclaim that counselors who seek to empower clients to be self-advocates must "Identify the social, political, economic, and cultural factors that affect the client/student."

Data Collection

The data for this study was collected simultaneously. Counselor-trainees completed quantitative measures at the beginning and end of a course on multicultural counseling. Counselor-trainees in the advocacy group completed written reflections describing their experiences learning and completing an advocacy project.

Multicultural Counseling Knowledge and Awareness Scale

The data for this study was collected during the Fall 2013 semester. The quantitative research proposal was approved by the University Institutional Review Board (IRB; Appendix D) for the use of human subjects in research. After reaching an agreement, the investigator presented an Information Letter (Appendix C) to the course instructors that described the study, displayed the approved IRB protocol, and provided researcher contact information to answer any questions. The Information Letter and study were presented in person to the control group for the pretest by this researcher. For the advocacy group and posttests in each group, the course instructors submitted the MCKAS and Information Letter to the students agreeing to participate and returned them after completion. Students coded their completed MCKAS at the top of the page.

Experiential Advocacy Project Reflections

The advocacy project was described in the syllabi (Appendix B) for students in the advocacy group to begin at the start of the semester. The project read:

Students are required to participate in an advocacy project that is meaningful to them. For this assignment, students must volunteer a minimum of eight hours participating in an advocacy project and/or social justice initiative. This project can be a student-developed project (i.e., food drive) or volunteer work with an already established organization (i.e., YWLP). (pp. 4)

The students submitted a signed letter from the supervisor or employer in the area to confirm their participation. Over the course of the semester students completed three individual reflections describing their experiences, beliefs, and reactions during their participation in the project. The instructor and a graduate assistant assigned students an identifying number attached to each of their three individual reflections to help track thematic qualities. These reflections were guided using specific prompt questions and page requirements found in the syllabus:

For this assignment, there are three written components requested. All three of these documents should be single-spaced.

Advocacy #1 Reflection (50 pts)

- In a single-spaced 1½ to 2-page document, please respond to all of the following questions (please use headers to separate each question).
- In your opinion, what are the social, political, economic, and cultural factors that may impact individuals from marginalized populations?
- What external barriers have you experienced that may impact your development as an agent of advocacy/social justice in the helping profession (i.e., oppression, privilege)?

Advocacy Project Paper (100 pts)

- In a single-spaced 3 ½ to 4-page document, please respond to all of the following questions (please use headers to separate each question).

- Describe your advocacy project and express your personal reaction(s) to this project (2 pages).
- Explain the strengths and resources the marginalized population that you selected possess or have available to them (1 page).
- What is your opinion that individuals from marginalized populations might internalize oppression and begin to believe that they are the problem (1 page)?

Advocacy #2 Reflection (50 pts)

- In a single-spaced 1½ to 2-page document, please respond to all of the following questions (please use headers to separate each question).
- What skills would you like to learn to help you incorporate advocacy into your professional identity?
- Based on your personal experience, please provide a strategy for graduate students/helping professionals to consider when working with this population (ex. How could obstacles be addressed? What resources are needed?). (pp. 5)

The reflections questions used were designed by the instructor, and mirror the advocacy competency strategies discussed in Ratts and Hutchins (2009). The syllabus for the course using the Advocacy project was obtained from the instructor. The reflections were presented anonymously at the completion of the course, and hold no identifying information. The reflections served as a course evaluative tool, and therefore require no IRB approval. Reflections were collected at three points throughout the semester. Counseling psychology, rehabilitation counseling, and clinical psychology students were not included in analysis of the the journal reflections.

Research Questions

The following research questions will serve as the design for this study:

1. What is the self-reported multicultural counseling competency among counselor trainees at the beginning of a multicultural counseling graduate course?
2. What is the self-reported multicultural counseling competency among counselor trainees at the end of a multicultural counseling graduate course?

3. Are there any between group differences in students who completed the multicultural course and those who completed the course and an experiential advocacy project?
4. What themes emerge from examining the reflections of students who participated in the advocacy project?

Data Analysis

To address the research questions, two forms of data analysis were used. A quantitative analysis to examine student's self-reported scores on the MCKAS scale at the beginning and end of the semester. In order to examine themes from student reflections, phenomenological methods were used. Specifically, phenomenology was used to read the reflections, and the Duquesne approach to qualitative research was used to analyze and interpret the reflections. Ideally, a priori power analysis would be conducted to determine the needed sample size for quantitative data. A priori power analysis could provide a perspective toward what the researcher may find, and give some inclination on whether or not the study should be modified to fit the statistical model that is used.

Multicultural Counseling Knowledge and Awareness Scale

IBM SPSS Statistics 19 was used to conduct the statistical analysis. To determine the self-reported counseling competency of counselor-trainees at the end of a multicultural course in counseling, means were calculated for student post-test MCKAS scores for the control group. To examine the change in self-reported MCC from the beginning to the end of the multicultural counseling class, a mixed analysis of variance (MANOVA) at $\alpha=.05$ to examine the interactions between the groups and within time on the MCKAS scores.

To determine if there is a significance in MCC between those enrolled in the multicultural course with an advocacy project and those who aren't, the researcher conducted a 2X2 mixed analysis of variance (ANOVA) at an $\alpha=.05$. The MANOVA examines the

interaction of the dependent variable with two independent variables. The two independent variables are found within and between groups (Nardi, 2006). In this study the first independent variable is time, interacting with the dependent variable MCC at the beginning and end of the semester. The second independent variable is the specific group, either control or advocacy, and serves as the between group factor. Analyzing data with the MANOVA model requires meeting seven assumptions: (a) The dependent variable (MCC) is a continuous variable, (b) The within-subjects are related (e.g. same individuals are measured before and after), (c) Between-subjects factor consists of two groups, (d) An absence of outliers should be present which will be examined upon analysis, (e) The dependent variable (MCC) should be normally distributed, (f) Homogeneity of variance is required for each group, and this will be tested using Levene's test for homogeneity of variances, and (g) Variances of the differences must pass a test of Sphericity, meaning subject factors should be equal (Nardi, 2006). Conducting a MANOVA provides data outlining any significant interactions between the two groups and increases in MCC over a period of time.

To identify limitations and provide an explanation to the statistical nature of the sample, a post-hoc power analysis was conducted in SPSS for the within subject factor of time. Within SPSS the post-hoc analysis of power is referred to as observed power. The analysis assumes a population effect size equal to the effect size observed in the overall population (O'Keefe, 2007)

Advocacy Volunteer Project Reflections

Phenomenology. Phenomenology focuses on the lived experiences of an individual. The method posits that multiple perspectives of an experience exist (Wertz, 2005). A phenomenological approach to analysis was chosen to capture the experience of the students through their reflections (Wertz, 2005). More specifically, in the Duquesne Method of qualitative research developed by Amadaeo Giorgi, the ultimate goal of this method is to explain the

essence of a phenomenon being studied existing in a concrete experience (Giorgi & Giorgi, 2003; McLeod, 2001). In the present case, the phenomenon being experienced by counselor trainees as they participated in an experiential project promoting advocacy in counseling. There are many different variations of the Duquesne method, but perhaps the most widely used has been the steps discussed in McLeod (2001), which discusses modifications and procedures by seven different researchers over a 20-year period, and still continued today. The general approach is comprised of a six step process: (1) Collect material describing the experience, (2) Read through the material to gain a sense of the whole, (3) Extract significant statements, (4) Eliminate redundancy or statements that are not relevant to the phenomenon at hand, (5) Identify the central themes or meanings prevalent in the statements, and (6) Integrate the meanings into a single description of the phenomenon. The objective of the phenomenological method is to derive and understand the true essence of the material, as well as, meaningfully interpret it (McLeod, 2001). Using the Duquesne approach, throughout the process the researcher should possess an attitude of openness toward the phenomenon, use bracketing to remove assumptions, attach to horizontally interpreting the data, engage in reflective alternatives to discern meaning within the data, develop empathy toward the situation and those experiencing it, dwell on the topic, and pay attention to details (McLeod, 2011)

Step One, Collection of Materials. Students completed three reflections during the semester, answering stimulus questions grounded in the ACA Advocacy Competencies by Ratts and Hutchins (2009). Reflections were collected at the beginning, middle, and end of the semester for each participant. The periods were determined based upon the time the instructor allotted to students for completing their reflections in conjunction with the student's completion of their advocacy project. At the end of the semester, printed copies were of each of the

individual reflections which were assigned numbers representing each student. Each set was placed in a manila envelope and held at the researcher's home. Envelopes reflected the time during the semester a reflection was completed (ie. 1st reflection, etc.). Performing phenomenological open coding requires the researcher to place their bias aside and examine the data with a non-biased outlook. Placing one's bias aside in phenomenological analysis is termed "bracketing," which requires abstinence from incorporating theories, explanations, hypotheses, and conceptualizations of the data (Wertz, 2005). The objective is to determine what the counselor-trainees see when they interact with different groups of people, participate in multicultural counseling education, and the internal process they go through in their counselor development. The experiences were consistently bracketed out in order to refrain from reading the data with specific theories in mind. While the idea is to not have one's bias compromise the data, there is still a specific attitude while reading, dependent on the nature of the data. Giorgi refers to the specific attitude as a disciplinary attitude, whatever field is researched, the corresponding discipline should analyze that data. A disciplinary attitude provides sensitivity to the data and keeps the data manageable. (Giorgi, 2008). Phenomenological approaches are non-hypothesis based and seek to describe the "essence" of one's experience (Giorgi, 2009). Once the data had been numbered and sorted into their corresponding envelopes, each reflection was read to begin the process of gaining a sense of the whole, and twice after to complete other stages of the analysis.

Step Two, Read through the material to gain a sense of the whole. Each reflection was read three different times during the analysis. Thoughts and ideas were written to aid the researcher in discussing the phenomenon with himself. A self-questioning occurred during each reading. A question of: "What is important about this person's experience or attitude to this

question?” Guiding questions were used so an empathic presence to each situation could be developed during each reflection synopsis. Bracketing techniques were consistently used through each reading to eliminate bias and personal experiences from the reader’s lens.

Step Three, Extract significant statements. This phase of the process described the beginning of identifying statements of the participants that warranted significance to the phenomenon in question. Qualitative data analysis entails coding data into themes, then categories, and finally conclusions (Hewitt-Taylor, 2001). After reviewing each set of reflections, what Giorgi (2003) calls, “meaning units” were identified to differentiate descriptions within the data. Meaning units are derived by grouping similar statements together. In this study, for each stimulus question similar statements were grouped together. The process of grouping statements sets the beginning foundation for transforming the units into psychologically sensitive statements (Wertz, 2005). Responses to each reflection question were examined for the meaning units that reflected a response, experience, reactions, or thoughts related to the reflection question examined. One early study, Fischer and Wertz (1979), characterized this process as an illustrated narrative, only retaining those statements that present a generalized narrative across cases. As the reflections were read each meaning unit was highlighted. Significant statements were extracted, and as this occurred, experiences continued to be bracketed in order to discern whether or not a statement held significant meaning to the participant in the context of the stimulus question. The reader adhered to horizontality, refraining from acknowledging one meaning as more important than the others in the context of the phenomenon.

Step Four, Eliminate redundancy or statements that are not relevant to the phenomenon at hand. As significant statements were extracted, what McLeod (2001) calls imaginative

variation was used to self-question about the limits of the phenomenon. In order to retain significant statements and eliminate irrelevant or redundant statements a deeper understanding of the phenomenon needed to occur. As statements were extracted the questions of “What are the limits of the phenomenon?” and “What makes this phenomenon what it is?” were asked to balance retaining and discarding statements. Statements not relevant to the phenomenon were not highlighted to remove any further interest.

Step Five, Identify the central themes or meanings prevalent in the statements. As significant units were identified in the data, a method for identifying themes and meanings central to the statements was used. The method of “idiographic analysis” was used, a combination of reflective operations focused on situations that stand out, to examine the context of the data (Wertz, 2005). Idiographic analysis is concerned with discerning the important elements of a statement in the context of the data.(need citation). In this case, significant statements were identified within the context of the stimulus question that appeared to satisfy the participant’s response. Furthermore, the statements, or meaning units, identified the perspectives of the counselor-trainee related to the reflection question asked. Additionally, the analyses comprised the significance of the trainee’s perception and/or result of the phenomenon experienced after participating in advocacy or learning multicultural counseling techniques. Throughout the data analysis the ultimate goal was to capture the essence of counselor-trainee’s experience. Statements were labeled with thematic descriptors to capture their meaning, grouped on note pads for each participant, and given unique labels for discernment. The statement intended to be a summary statement of important meanings from the previous stages of the inquiry.

Step Six, Integrate the meanings into a single description of the phenomenon. In this final step of the analysis, the goal was to capture a general structure that reflected a generalized experience of counselor-trainees experiencing participation in an advocacy project. Each analyzed description for the participant was looked at to determine possible relationships between reflection questions. This last phase the process involved grouping and comparing the previously derived central themes to develop generality in the data (Wertz, 2005). Grouping was done by numerically comparing common themes found between participants. The appearance of central themes in each participant's reflection question were counted to determine if there existed a preponderance of said structures. If the structures were found in half or more of the participant's reflections, they were identified as consistent descriptions of the phenomenon, denoting a theme. Each theme was written down to correspond to its reflection and question number. Verbatim quotes from each participant's reflections were identified in order to provide support for the consistent themes. Quotes will be provided in the results section.

Research Lens. The researcher brought his personal paradigm as a current student in a doctoral program for counselor education and supervision. The researcher has published a previous study on multicultural competency among counselor-trainees. The researcher has examined studies in advocacy and the theories related to interaction and multicultural competency. In a phenomenological study the researcher brackets their bias because the lens does not accurately reflect the experiences and outcome of the participants (Wertz, 2005). In this study, experiences were bracketed to prevent an external influence on the participant's experience. To bracket out bias, a reflection on knowledge occurred in an effort to prevent it from entering the data analysis so the lived experiences could be identified.

Strategies for Ensuring Trustworthiness. Trustworthiness is questioned often in qualitative research, naturalists especially question the validity and reliability of qualitative findings (Shenton, 2004). Nevertheless, research methodologists have demonstrated approaches that qualitative researchers can use to address issues and questions on the validity and reliability of the research. Specifically Guba, a notable theorist in qualitative research, developed four criteria to be considered by researchers in a qualitative study to incorporate trustworthiness into their study. The four criteria are: (a) credibility, (b) transferability, (c) dependability, and (d) confirmability. Within each criteria are described varying strategies to use (Shenton, 2004). Credibility addresses the issue of how congruent the findings are with actuality. Guba recommended strategies methods a researcher could incorporate to increase the credibility of the data collection, analysis, and results.

In this study four strategies for increasing credibility were used: an adoption of established research methods, triangulation, reflective commentary, and the qualifications of the researcher all served as credibility tools. The methodology, the Duquesne method, has been used in numerous studies involving qualitative research, and holds many documented applications over the past 30 years (Wertz, 2005). Triangulation in the qualitative sense can mean a variety of things. In this study triangulation pertains to multiple sources of data. Multiple perspectives (N=17) were examined to document the phenomenon experienced by counseling students participating in an advocacy project, rather than only examining one or two cases. The reflective commentary of the researcher was used as reflections were read and descriptions analyzed. Thoughts and ideas about the descriptions were documented on notebook pages throughout the reading to form a type of commentary, what Guba and Lincoln called a “progressive subjectivity” (Shenton, 2004). The process of reflective commentary serves as a strategy for the

research to address and assess their own developing constructs. Last, the qualifications of the researcher add to the credibility of a study. In this study the researcher holds a masters in counseling and has conducted research in the area studied in previous instances.

Transferability in research generally refers whether or not the findings of a study can be applied to other situations. In qualitative research, however, we are more concerned with the process and methodology used and how they can transfer to another study. The researcher must provide information about the full nature of the study and highlight the boundaries of the study. Ultimately, however, the results of a qualitative study should only be understood within the contexts and environment in which the study was carried out (Shenton, 2004). In the present study, the researcher provides all the details of data collection, participants, methodology, and time period.

Dependability in qualitative research is primarily concerned with procedural techniques and whether or not the study can be replicated. To provide trustworthiness the researcher discusses the full scope of the study from conception to completion (Shenton, 2004). Three sections are recommended to be included to address dependability: (a) the research design, (b) the details of data gathering, and (c) reflective appraisal of the project. In this study (a) and (b) are provided in chapter three, whereas c is provided in chapter four and five. Lincoln and Guba stressed that a demonstration of credibility serves in support of dependability (Shenton, 2004).

Confirmability is concerned with the construct of objectivity when discussing the outcome of qualitative research. Researcher bias is inevitable in any study, however admitting the researcher's own predisposition is an important beginning direction in qualitative reporting (Shenton, 2004). Forms of triangulation are also discussed as a means of increasing confirmability. In this study, for instance, examining multiple perspectives of the experience in

participating in an advocacy project allowed the production of consistent themes in the data. Another strategy for demonstrating objectivity to the audience is to discuss how the data and procedure have led to your particular outcome in the study. One method used in this study was the discussion of searching for thematic consistency, and how structural descriptions were reported if the structure had been identified in over half of the participant's responses. Furthermore, the prospect and process of deriving a consistent theme is discussed.

Summary

The purpose of this study was to examine the impact of an advocacy project on the cultural competency of counselors-in-training. By examining the previously collected data from multiple perspectives, there can be a better understanding of what factors both contribute to and initiate a student's MCC development. The findings of this study might enable counselor educators to understand multicultural counseling training on a deeper level. Providing more perspectives for counseling professionals regarding multicultural competency and advocacy initiatives addresses the needs found in the literature. Furthermore, it is hoped the nature of pre and posttest will glean insight toward educational methods and their impact on counselor-trainees.

CHAPTER IV. RESULTS

The present study examined the self-reported MCC of masters and doctoral level helping professionals in a multicultural counseling course. One section of students also completed an experiential advocacy assignment that was developed using the ACA Advocacy Competencies. Student reflections from the experiential component were examined to provide a richer description of student experiences. This chapter outlines the results of this study. A quantitative analysis of self-reported MCC was used to assess cultural competency followed by the analysis of the reflections completed during advocacy participation. This section is organized by research questions and the specific analysis to address the research questions.

Participants

Multicultural Counseling Knowledge and Awareness Scale

Data for the quantitative portion of the study was collected in the form of responses to a self-report measurement of MCC. Two sections of counselor-trainees were sampled at the beginning and end of a course on multicultural counseling. One section of students was labeled as the “advocacy group,” and the other as the “control group.” In total, 22 (N=22) students completed the pre and post assessment in the advocacy group and 19 (N=19) students in the control group. During the time between the pre and post assessment, trainees in the advocacy group completed an 8-hour commitment toward a project promoting the advocacy competencies established by the ACA. In addition to the accredited course on diversity counseling, the control group completed the multicultural counseling course as usual. Because of ethical compliance and privacy, no demographic data was obtained. Trainees in both courses consisted of students in

clinical mental health counseling, counseling psychology, school counseling, and rehabilitation counseling. Students were at the beginning phases of their program before any clinical practicums had begun. The instrument used in this study was the Multicultural Counseling Knowledge and Awareness Scale (MCKAS). The MCKAS is a 32-item self-report scale measuring perceived multicultural counseling knowledge and awareness (Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002).

Experiential Advocacy Project

The instructor collected reflections at three distinct periods during the semester. The students completed an advocacy project during the semester and wrote reflections of their experiences. Each reflection was prompted by questions pulled from the ACA Advocacy Competencies. Trainees were encouraged to discuss their reactions, knowledge, and skills in relation to their experiences in the course while completing the advocacy project. Reflections were collected from the instructor at the end of the course. The only identifying information provided were students are in the process of completing course work in the following programs: school counseling and clinical mental health counseling. Any mention of personal identifiers in the data analysis were dismissed.

Analysis

This analysis describes the assessment of multicultural counseling competencies between two groups of counselor trainees followed by a thematic description of student's experiences participating in an advocacy project.

Multicultural Counseling Knowledge and Awareness Scale

The outcome data was analyzed using a MANOVA across two conditions. MCKAS mean scores were calculated for the total score, awareness subscale, and knowledge subscale. MCKAS scores were analyzed using a 2X2 (Group [Advocacy, Control] X Time [pre, post])

MANOVA. The analysis allows for an examination of multicultural competency during two periods and the interaction between two groups receiving different methods of instruction. Levene's test for homogeneity was conducted to test the pre-tests for any high variances existing between the groups that might have confounded the results.

Results Pertaining to the Research Questions. The quantitative results are presented in the order that the research questions were given. The first results displayed provide an answer to the self-reported MCC of counselor-trainees at the beginning of a multicultural counseling class, examining whether or not the groups were significantly different. The second data set examined the control group and whether self-reported MCC scores increased significantly from the beginning to the end of the semester. The third set of data examines whether or not there is a significant difference in self-reported MCC between the two courses at the end of the semester. The last data set examines self-reported MCKAS total scores, knowledge subscale scores, and awareness subscale scores. Effect sizes (R) and p values ($p \leq$) will describe any significance between the data sets. Likert scores range from 1-7, higher scores indicate higher multicultural competency. The MCKAS scale midpoint is 3.5.

Research Question 1. What is the self-reported multicultural counseling competency among counselor trainees at the beginning of a multicultural counseling graduate course? Mean scores for the MCKAS were calculated for the pre-test. Baseline total and two subscale mean scores (M) are displayed in table 1, as well as standard deviations (SD) for the Advocacy ($N=22$) and Control group ($N=19$). Levene's test for equality of variances was conducted for the pre-tests. The MCKAS pre-test total score, $F(1, 39)=1.01, p>.05$, was found to assume homogeneity between the between the groups. Levene's test for MCKAS pre-test awareness score, $F(1,$

39)=.067, $p=.796$, was found to be homogenous. Levene's test for MCKAS pre-test knowledge score, $F(1, 39)=2.11$, $p>.05$.

Table 1

Baseline Mean and Standard Deviation Scores for MCKAS Total and Subscales

Group	MCKAS Total	MCKAS Awareness	MCKAS Knowledge
Advocacy			
M	4.77	5.38	4.40
SD	.550	.575	.777
Control			
M	4.98	5.56	4.63
SD	.704	.672	1.02

Note. MCKAS= Multicultural Counseling Knowledge and Awareness Scale

Research Question 2. What is the self-reported multicultural counseling competency among counselor trainees at the end of a multicultural counseling graduate course? The MCKAS mean scores for both groups are displayed in table 2 for both points of time (pre, post).

Significant increases were found for both groups at the .05 level.

Research Question 3. Are there any between group differences in students who completed the multicultural course and those who completed the course and an experiential advocacy project? Changes to total MCKAS scores for the two groups were measured using a 2 X 2 (Group [Advocacy, Control] X Time [pre, post]). There was a significant interaction between the independent variable “time” and the MCKAS total scores at a .05 confidence interval, Wilks' Lambda=.347, $F(1, 39)=73.30$, $p<.05$, $r=.65$, for both groups. No significant effect for between group MCKAS total scores was found at a .05 confidence interval, Wilks' Lambda=1.00, $F(1, 39)=0.00$, $p>.05$, $r=.000$.

Changes to MCKAS subscale awareness scores were measured using a 2 X 2 (Group [Advocacy, Control] X Time [pre, post]). A significant interaction with the variable “time” was found with MCKAS awareness scores at a .05 confidence interval, Wilks' Lambda=.799, $F(1,$

39)=9.813, $p < .05$, $r = .20$, for the groups. No significant effect for between group MCKAS awareness scores was found at a .05 confidence interval, Wilks' Lambda=.998, $F(1, 39) = .079$, $p > .05$, $r = .002$.

Changes to MCKAS knowledge subscale scores were measured using a 2 X 2 (Group [Advocacy, Control] X Time [pre, post]). A significant interaction with the variable "time" was found with MCKAS knowledge scores at a .05 confidence interval, Wilks' Lambda=.372, $F(1, 39) = 65.87$, $p < .05$, $r = .62$, for the groups. No significant effect for between group MCKAS knowledge scores was found at a .05 confidence interval, Wilks' Lambda=1.00, $F(1, 39) = .013$, $p > .05$, $r = .00$. An observed power of 1.00 was derived from the within factor using post-hoc analysis in SPSS, indicating a 100% likelihood of achieving significance in this sample size.

Table 2
Mean Scores for MCKAS Totals and Subscale Scores for Pre and Post-Tests

Group Score	Pre-Test	Post-Test
Advocacy		
Total	4.77	5.80
Awareness	5.38	5.83
Knowledge	4.40	5.79
Control		
Total	4.98	6.01
Awareness	5.56	5.93
Knowledge	4.63	6.06

Note. Scores significantly increased for both groups, for each score.

Experiential Advocacy Project

The following results sought to examine the experiences of students completing a semester long advocacy project in a multicultural counseling course. Students completed a reflection paper at the beginning of the semester, an advocacy project paper in the middle, and a reflection paper at the end of the semester. Each document required that the student reflect on a series of questions provided in the class syllabus. Each reflection held a series of different

questions. The questions were based on the dimensions and characteristics of the operationalized ACA Advocacy Competencies (Ratts & Hutchins, 2009). The Duquesne approach to phenomenological analysis was used to derive emerging themes from the student's experiences. Themes are presented below (McLeod, 2001).

Results pertaining to research questions. The following results answer the single research question.

Research Question 4. What themes emerge from examining the reflections of students who participated in the advocacy project? To address this question, reflections from students completing a semester long advocacy project were examined. The Duquesne method to qualitative research was used to examine the materials, derive themes, and interpret the outcomes. Each reflection was read three times, meaning units were derived, and the units were generalized based upon their exhaustive consistency in half or more of the reflections. Results are presented in the order that the questions were asked. The generalized experiences, or themes, are provided in the tables below followed by a textural description of those themes. Table 4 lists the areas of advocacy that participants volunteered for during the semester, acting on behalf of specific groups in diverse settings. Verbatim responses are provided to give support to the textural structure themes in student's reflections. Themes were derived only if identified in half or more of student reflections. The participant number is provided along with the statement, denoted by P#.

Reflection One

Table three lists the themes that emerged from two questions participants answered for reflection one. In total, nine themes emerged across two questions. Themes were derived if they

appeared in seven or more reflections over the course of three readings. Textural descriptions with verbatim quotes follow each table.

Table 3

Themes Derived from Reflection 1

Question	Themes
In your opinion, what are the social, political, economic, and cultural factors that may impact individuals from marginalized populations?	Religious Norms Laws Poor Access to Resources Culture, Misunderstanding Discrimination Lack of Diversity in Politics
What external barriers have you experienced that may impact your development as an agent of advocacy/social justice in the helping profession (i.e., oppression, privilege)?	Perceptions of Differential Treatment Personal Culture as a Barrier Awareness of Personal Barriers

Reflection One Question One. Participants identified six themes they felt impacted individuals from marginalized populations in today’s society. Themes were derived based upon their structural consistency in the comparison of reflections, and how many participant’s identified the specific theme in the context of the stimulus question.

Religious Norms. In total, nine participants identified religious norms as a factor that impacted marginalized populations. They felt a dominant religion can have some degree of an impact on other peoples. The descriptions discussed an impact in the form of alienation from the society around them. Some examples include:

P1: Some minorities may not agree with Christianity, but it is all around them.

P2: Christianity is the biggest religious preference in the country, which leaves other minorities out such as Muslims, Buddhists, Atheists, and More.

P10: However, the minority who do not practice Christianity may have feelings of isolation, and feel out of place being surrounded by such a large people who take part in Christian Holidays.

Laws. Seven participants identified laws as a factor impacting marginalized populations. Participants discussed how not being involved or aware of the laws around marginalized groups can have an adverse impact. Furthermore, many groups aren't allowed to be participants in voting on laws that might impact them, which was described in participant's descriptions. Some examples include:

P17: Some laws are only written with only one group of people in mind which tends to neglect a different population.

P4: Some cultures and subcultures may not be protected or even recognized by the law.

P14: Factors that may impact individuals from a marginalized population could be our laws on illegal immigrants.

Poor Access to Resources. Fourteen participants identified a lack of access to resources as a factor impacting marginalized population. Poor access to resources mainly took the form of marginalized group are often of low socio-economic status. Some examples include:

P3: Low income also limits how much food one can provide for their family.

P1: Unfortunately, some minorities attend certain public schools that do not have the proper resources to teach students.

P10: Low income families cannot afford many things needed to achieve adequate education.

Loss of Culture, Misunderstanding. Nine participants identified a loss of culture in society or people misunderstanding different cultures as a factor that impacted marginalized populations. The loss of cultural heritage can have a huge impact in one's life, and this theme was described primarily in the context of feeling accepted in society. Some examples include:

P4: It is difficult for people within marginalized populations to go against the norm and develop diverse relationships.

P1: Individuals who do not fully understand minority's cultural differences may perceive them as strange.

P14: The marginalized group may want to hold on to their cultural beliefs and practices, but in American culture it may be difficult to do so.

Discrimination. Participants identified several forms of discrimination as a factor that impacted marginalized populations. Discrimination was not simply described in the context of race, but also in terms of common stereotypes, gender, and sexual orientation acts of discrimination. This theme was based upon the student's identification with a group and depicted as being treated differently, holding a discriminatory viewpoint in society, or an experience where a participant observed discrimination. Some examples include:

P13: Instances where well qualified minorities were passed up for jobs just because of their skin color or suspected sexual orientation.

P17: Even if it is not against the law, divorcees, usually women can be ostracized and kept from being active in communities.

P6: Socially I have experienced some what I would call "evil looks" and discrimination when I have gone in public.

Lack of Diversity in Politics. Eight participants identified a lack of diversity among our political leaders that impacts marginalized populations. Given the nature of our political system it can be difficult for those representing diverse cultures to become involved in the system..

Some examples include:

P6: Politically, I think that marginalized populations have always been underrepresented.

P12: Underrepresentation is a political factor that may impact individuals from marginalized populations.

P17: The majority of the politicians in the Senate and House of Representatives, the two law making bodies in our democracy, are Caucasian.

Reflection One Question Two. Participants identified three themes in reflection one question two that they felt may impact their development as an agent of advocacy in the helping profession. Nine subthemes were identified that were grouped based upon their similarities. For example, some participants identified the color of their skin acted as a barrier. Labeled "color of

skin” this subtheme was identified by four participants, and combined with other participants who identified an experience of discrimination based on another personal attribute.

Perceptions of Differential Treatment. This theme is composed of participant’s description of a personal experience where they were treated differently due to personal skin color, gender, and/or education. This theme was derived from statements where students were discriminated against in a variety of situations. Some examples include:

P2: I understand what it is like not to be taken seriously for being a woman, and even having to fear for my life at certain points.

P6: I remember one experience when I was surrounded in a McDonald’s bathroom by a bunch of white boys, and they yelled at me.

P14: Throughout my years in middle school and high school I had been continuously told that due to my standardized test scores I would have to be placed in a slower paced class.

Personal Culture as Barrier. This theme was derived from statements where students identified their cultural background as a factor that might hinder their development as agents of change. Subthemes of privilege, cultural upbringing, and lack of experience were combined to form this theme because all were influenced by some aspect of the participant’s culture. Some examples below:

P3: I believe that the main barrier I have experienced is privilege. I think this might affect my credibility in dealing with minority groups because they might think that I am not able to relate to them.

P10: As an individual coming from a financially stable family, it makes it difficult to understand people who struggle with finances and how they exactly deal with financially instability.

P17: I was never oppressed or discriminated based on my heritage, religion, or sexual orientation. This to me is a barrier.

Awareness of Personal Barriers to Overcome. In all, nine participants some form of personal barrier or bias the participants wanted to overcome in order to work with others as a counselor and advocate. The participants were aware of biases that impacted their ability to

provide treatment., Thus they possessed some form of awareness towards themselves in the context of being an advocate and counselor:

P6: I know that I am biased because I have experienced prejudice that left a scar, but that’s just an opinion that I don’t think will change.

P13: In order to develop as an agent of advocacy, I will have to discover these barriers as they come about.

P17: This to me is a barrier to my development because I wonder how I can relate to the people I would be helping if I never experienced there problems. How can they trust me if they believe I cannot understand their grievances? Overcoming my barriers is an important part of my development as an agent of advocacy and social justice.

Advocacy Project Paper

Table four lists the advocacy projects of all the participants. Students volunteered at areas where they acted on behalf of specific populations. Table five lists the themes identified in the Advocacy Project Paper. In total, nine themes were derived from the advocacy project paper students completed at the middle of the semester. Three themes were discovered within each question, for a total of nine themes. Participants identified three themes in the advocacy paper for question one. Below is a textural description of the themes.

Table 4

Advocacy Volunteer Projects

Volunteer Project	Participant
Advocacy Organization	P15
Animal Assisted Therapy	P9
Autism Education	P3
Equine Therapy	P2, P8, P13
Food Pantry	P1
Literacy Project	P12
Leadership Program, Young Women	P6, P11
Organized a Food Drive	P4, P5, P17
Shelter for Girls/Advocacy Workshop	P7
Specialized MH Treatment	P14
Teaching English as Second Language	P10

Table 5

Themes Derived from Mid-Semester Advocacy Paper

Question	Themes
Describe your advocacy project and express your personal reaction(s) to this project	Impact on Personal Beliefs Exploring and Using Special Interview Personal Development from Project
Explain the strengths and resources the marginalized population that you selected possess or have available to them.	Personal Characteristics of Marginalized Pop. Specialized Treatment and Education Family & Community
What is your opinion that individuals from marginalized populations might internalize oppression and begin to believe that they are the problem?	Pathways to Internal Oppression: <ul style="list-style-type: none"> ▪ Internal Phenomenon ▪ External Phenomenon Awareness of ways to overcome Internalized Oppression

Advocacy Project Paper Question One. Three themes were derived from participant’s response to question one that reflected some type of impact on their personal belief system as a result of participating in the advocacy project. Some examples include a reaction, result, or internal response to the participant’s work in the advocacy project.

Impact on Personal Beliefs. Thirteen participants identified the theme that was derived from student’s reflection on something they noticed about the site or population that influenced their response depending on their belief to their advocacy participation or observation of the advocacy program itself. Some examples include:

P1: My first reaction when starting this project was that I had never heard of the food pantry. I may have never heard of this resource because I have in no way felt insecure about where I was going to get my next meal.

P5: The response we got for this project was really overwhelming.

P7: I am still in shock that the DSM used to describe the LGBT as “mentally ill”.

Exploring and Using Special Interventions. A total of twelve participants identified the theme in their papers. The theme was derived from student's identification of an intervention, using or taking some part in the intervention, and witnessing the results during the advocacy project. Participants describe taking part in the intervention, observing the results, or holds knowledge of the interventions in the advocacy project. Some examples include:

P3: Overall I do believe this approach is highly effective. To my way of thinking it helps children who struggle with social skills to interact more with the other children.

P9: Riding a horse for therapy helps them increase coordination, postural control, verbalization, and spatial and body awareness.

P14: Our first group consisted of discovering "what is advocacy?" we started off by listing stereotypes of what they thought it was.

Personal Development from the Project. A total of thirteen participants were found to have the theme of personal experience. This theme was derived based upon how students discussed their personal development within the context of the advocacy experience. More specifically, some statements reflected a degree of internal change of participants through altered perspectives or increased awareness of the groups in which they interacted. Some examples are below:

P15: One of the things that proved to be difficult to me was being silent while I was holding banners and passing out leaflets when the workers of the dealerships would come to harass me and the other demonstrators.

P2: Each day I spend, I become more and more aware of the unlimited amount of physical and psychological benefits these kids receive just by being at the farm.

P13: I see how I can work harder for this population while at the same time become more humble about the things I have taken for granted.

Advocacy Project Paper Question Two. Three themes were identified in response to the second question in the Advocacy Project Paper. Themes were composed of participants

identifying specific strengths and resources of the populations they worked with. The themes could be labeled either a strength or resource. However, labeling the themes may have diminished the character behind the structures participants identified.

Personal Characteristics of Marginalized Populations. This theme was decided upon by examining what participants identified as strengths, they were grouped by their similarities. This theme represents internal attributes that a person might possess and participants noted the prominence of these internal attributes within the population in which they worked. In total, eleven participants identified some kind of internal characteristic representing a strength. Some examples are below:

P7: They effectively demonstrated the strength and determination many of these people possess to overcome such depression.

P10: The warm and friendly nature of the population is a strength in my opinion.

P9: Some strengths that the physically handicapped have is self-dependence and patience.

Specialized Treatment and Education. This theme was derived from participant's identification and knowledge of the many resources each group possessed. Statements were acknowledged if they held some detailed relation to something that might benefit, aid, or improve the quality of life for a specific group of people. Participants associated support systems as a strength, which was more consistent than a resource. Therefore, "family" and "community" received their own theme. Some examples are below:

P6: The major resource these girls have available to them is of course young women's leadership program. Counseling is a major resource.

P7: These might be new resources to the girls, so it is a great benefit that they will finally have access to health care and get to talk to a professional counselor.

P13: Equine therapy is probably one of the best resources for this population.

Family and Community. This theme emerged from participants' identification with much of the population with whom they worked as a strength. In total, eight students self-identified with this theme. These statements reflected "community" (ie. Coaches, counselors, teachers, volunteers) as a strength; as well as "family" and "friends" as a strength. Some examples are below:

P15: A strength the marginalized population that I selected has available to them is the ability to create unions.

P16: Hopefully, they can rely on family and friends for general companionship and also for help overcoming obstacles and getting through tough times.

P6: The strengths of this population of girls includes being able to be involved on campus, and having families to go home to... Coaches have a way of motivating students... Pastors or youth leaders are a great resource to have...

Advocacy Project Paper Question Three. Three themes two subthemes were identified in response to the third question in the Advocacy Project Paper. Themes were composed of participants reflecting on internalized oppression and its existence among marginalized populations. Themes reflected participant's view on the causes of internalized oppression as well as discussion of a means to overcome said oppression. The theme, "Pathways to Internal Oppression" was isolated and split it into the subthemes of "Internal" and "External". It is important to note that some participants included external and internal elements toward internalized oppression. In fact, external elements melded into internal elements.

Pathways to Internal Oppression-Internal Phenomenon. This theme emerged from participant's discussion on the internal process one initiates in that leads to internalized oppression. The beliefs about the phenomenon of internal oppression seemed to derive from thoughts about themselves, or a deeply held belief about themselves in the context of society as a

whole. In total, seven students identified an internal element to internalized oppression. Some examples are below:

P3: The child's thoughts could very well be "why am I so different", that others do not seem to understand what they are trying to communicate. When this happens internal oppression has a major chance of occurring.

P5: It's easy to see how one might internalize oppression and blame themselves for the situation they are in.

P7: When a person is told something for so long, it is easy to start believing it, no matter how far-fetched it is.

Pathways to Internal Oppression-External Phenomenon. Like the previous themes, this emerged from discussions on causes of internalized oppression, revealing its external causation.

In total, eight participants identified an external element to internalized oppression. Events, media portrayals of groups, and one's daily atmosphere were believed by participants to have some sort of effect toward a person internalizing oppression. Some examples are below:

P13: A lot of people in society have problems with those who are not like the norm which causes the internalized oppression to become more and more extreme.

P15: When employers use flawed logic to continue to oppress their workers, the workers feel as though they are not in control of their oppression and that furthers their internalization.

P10: Because these stereotypes are commonly portrayed on the media, some Hispanics may feel inferior to the dominant culture.

Awareness of ways to Overcome Internalized Oppression. The theme appeared from participants discussing possible solutions toward resolving internalized oppression. In total, ten participants held this theme in their reflection. However, there were some statements depicting a futile stance on eliminating internalized oppression which were included in this theme as they reflected a particular stance on overcoming oppression. Some examples are below:

P2: People of marginalized populations are always going to be victims of oppression no matter what.

P4: It is also my opinion that we must turn that internalized oppression into a positive thought process if we are going to change.

P10: If the person has a positive self-identity the likelihood of internalizing oppression may be slightly decreased.

Reflection Two. Table six lists the questions and themes that emerged from participant's second reflection, which was completed at the end of the semester after students finished their advocacy project, and completed the multicultural counseling course. Seven themes were identified from two questions, reflecting skills and recommendations to develop better advocacy practices in multicultural settings and working with marginalized populations.

Table 6

Themes Derived from Reflection 2

Question	Themes
What skills would you like to learn to help you incorporate advocacy into your professional identity?	Self-Awareness Specialized Skills Ways to Personally Acquire Skills Character Development
Based on your personal experience, please provide a strategy for graduate students/helping professionals to consider when working with this population (ex. How could obstacles be addressed? What resources are needed?).	Develop Personal Characteristics Acquire Special Skills to Work With Diverse Populations Awareness, Relationship, Interaction

Reflection Two Question One. Four themes were identified in question one of the second reflection. Themes describe the specific skills participants identified that they would like to improve upon to enhance their multicultural counseling and advocacy abilities. A theme of skills acquisition was identified. Lastly, a theme of internal characteristics one needs to work as an advocate was prominent theme among responses.

Self-Awareness. Seven participants identified with a theme of “awareness”. This theme was found in the context of participants desiring greater awareness of resources, special populations, and themselves. Each statement of awareness was combined into one theme. Some aspects of the theme describe participant’s desire to be more self-aware for reasons of not imposing their beliefs on others. Examples below:

P1: Incorporating advocacy into my professional development is to learn how to be more aware of resources that are available in the area which I am working.

P15: I want to make sure that I am never overbearing in a session. There are going to be many times when a client’s beliefs conflict with my own.

P5: I hope that I am able to notice when I want to impose my own ideas and agendas to people rather than advocate on their behalf.

Specialized Skills. Twelve participants identified with the theme of “applied skills.” This theme describes participants’ desire to acquire skills that they can apply in multicultural counseling settings or skills that can be applied to development as an advocate. Some examples are below:

P2: It would be appropriate to be educated about the proper ways to communicate with certain populations in a way that does not offend them.

P3: I would also like to improve my multicultural competent skills.

P13: I think I could improve upon is really listening to other when they speak, and not just semi listening.

Ways to Personally Acquire Skills. Thirteen participants identified with this theme. Participants described a path they could take to acquire relevant counseling or advocacy skills make up this theme. Participants identified continued education, experience, and specialized training as a way to acquire helpful skills. Some examples are below:

P17: Some of these skills can be learned in a classroom, but many of the skills used with these populations are gained through experience.

P8: Being in Diverse Populations helps me expand the knowledge that I already had about multicultural ideas, but taking further classes that stress diversity and working with diverse clients in practicum and internship will additionally help me build upon these skills.

P9: Becoming a clinical mental health counselor, maintaining cultural sensitivity, and being multicultural competent is critical in the development of my professional identity.

Character Development. Nine participants identified with this theme. The theme describes personal characteristics participants felt necessary to develop in order to work more effectively in multicultural counseling and advocacy settings. The personal characteristics discussed depict aspects of one's personality, emotional skills, or attributes relevant in all areas of life. Some examples below:

P10: I also would like to increase my confidence. In order to be an advocate, you must be confident in the information you discuss and preach to others.

P12: It has also created awareness for me of my limitation which I need to address if I am to become an effective advocate for the children in the special needs population.

P14: I will need to learn how to be more empathetic and understanding.

Reflection Two, Question Two. Three themes were identified in this reflection. Themes depicted participant's recommendations for other graduate students hoping to work and advocate in multicultural settings. Participants identified what they felt were the most relevant aspects one needs and at times used their own experiences as a means of developing their recommendations. Themes consisted of personal characteristics, special skills, and a combination of recommendations.

Develop Personal Characteristics. All participants identified some type of personal characteristic which they recommended students develop as an advocate. Personal characteristics were themed based upon their nature as attributes or strengths. Some examples below:

P8: I would also have to tell graduate students and other helping professionals to remember to keep an open mind.

P17: Displaying persistence by showing up at the times that one is scheduled to go makes all the difference with the advocacy experience.

P3: These children are in real need of persons who are passionate and patient with them.

Acquire Special Skills to Work With Diverse Populations. This theme was found among seven participants. The theme depicts specific skills identified as a recommendation for others to develop in order to effectively work in multicultural settings or serve as an advocate. Participants integrated some things that they learned from working with a specific population in these recommendations or some knowledge of special organizations or training that would be effective. Some examples are below:

P2: When working with people with disabilities, it is not always necessary to address their disability.

P4: In working with veterans, as a graduate student it will be important to me to know the language they are speaking.

P8: A resource that graduate and student professionals would need would be to be certified to practice animal-assisted therapy.

Awareness, Relationship, and Interaction. This theme was identified from twelve participants. The theme depicts recommendations for development that involve enhancing interactions with different populations. For example, participants discussed interacting with different populations as a means to enhance their ability to work with those groups. Participants also identified the formation of a positive relationship as a recommendation for improving work with multicultural populations. Last, participants discussed an increase to self-awareness as a needed attribute toward serving as an advocate. Some examples below:

P2: However, with this population it is going to be more beneficial to create a relationship with them.

P6: So it is important to gain an understanding and be aware of what is important to them, and not make any assumptions or judgements of a person.

P9: I believe that exposure is the best strategy for graduate students. Student should be exposed to populations different from their own.

Structural Description of Overall Themes

The advocacy experience for these counselor-trainees appeared to reflect a process of overcoming barriers to their development as counselor. A theme of awareness of self and how it extends to personal bias and characteristics was found at each stage of the reflection process for these participants. For example, in reflection one, a theme of awareness of personal barriers emerged. In addition to themes of awareness, students realized they needed to work to overcome their bias and develop specific characteristics before they could become an effective agent of change. The students demonstrated an advanced awareness of themselves by describing their personal internal attributes that might impact their ability to serve as a competent advocate in counseling. Furthermore, the theme also provided insight in what Sue et al., (1992) discussed as the path toward becoming a culturally competent counselor, which is first, becoming aware of yourself and cultural values. Additionally, awareness isn't enough, a counselor must take steps to identify specific ways they can address these internal barriers for working with culturally different individuals. In the mid-semester advocacy paper a theme of overcoming internal oppression emerged. Students identified ways a person may overcome internalized oppression, or expressed their frustration toward the futility overcoming internalized oppression presents. Lastly, reflection two ended with the theme of participants recommending that other students find a way to overcome barriers that may be preventing them from becoming effective multicultural counselors or advocates. The themes run parallel to the original intent of advocacy.

To advocate, one is attempting to act on behalf of others to address systemic barriers that may be holding back a person or a group from living a quality life. In comparison, we must first address our own limitations if we are to be effective at helping others address their own limitations.

CHAPTER V. DISCUSSION

Multicultural competency in counselor education continues to be an indicator of development for counselor-trainees. However, research discussing the acquisition and development of MCC is limited by a lack of consistent results (Chao, 2012). Over the last decade, advocacy in counselor education has established a foundation for practice, after years of neglect. Before this study, there was no research examining the impact advocacy has on the multicultural competency of counselor trainees. In fact, few studies have depicted the experiences that counselor-trainees undergo when they participate in a service learning process. As advocacy's role in counseling continues to grow and counselor-trainees are asked to develop advocacy skills alongside multicultural counseling skills continued research is needed. The results of this study may offer more understanding for how to help trainees attain MCC and become advocates.

The current study examined the impact a semester long advocacy project had on the self-reported multicultural competency of counselor trainees. The study also examined the experiences of trainees who completed the advocacy project by isolating prominent themes emerging in their reflections of said experiences. Some of the most common themes included counselor-trainees perceptions toward advocacy, roles in helping marginalized populations, and personal skill development for the purposes of advocacy. The reflections were completed by counseling students holding a concentration in either school counseling or clinical mental health counseling.

The study measured the MCC among two groups of counselor-trainees at the beginning and end of a multicultural counseling course. One course section completed the advocacy project and the other did not. The counselor-trainees in the quantitative study were enrolled in programs for clinical mental health counseling, school counseling, rehabilitation counseling, clinical psychology, and counseling psychology. The goal of this study was to examine MCC development during the semester, examine advocacy participation's contribution to MCC development, and ascertain the phenomenological experiences of those completing the advocacy project.

Multicultural Competency Development

One major focus of this study was answering the questions: "What is the self-reported multicultural counseling competency among counselor trainees at the beginning of a multicultural counseling graduate course?" Additionally, "What is the self-reported multicultural counseling competency among counselor trainees at the end of a multicultural counseling graduate course?" Results indicated that multicultural competency scores at the beginning of the semester were equivalent between both groups. Although scores for the post-test were equivalent between the groups, the self-reported multicultural competency among counselor trainees at the end of the semester had notably changed from scores at the beginning of the semester. Thus, the results show a significant increase in MCC scores from pre-test to post-test for both groups, indicating the advancement of trainee's multicultural competency over the duration of a 15-week multicultural counseling course.

As past research indicates, multicultural counseling training has an impact on one's self-reported MCC (Abreu et al., 2000). In this study, by measuring pre and post scores from a reliable MCC instrument, the results offer a glimpse of the outcomes from multicultural training

and add credence to the curriculum methodology in counselor training programs, as well as support for measures of multicultural competency.

The Impact of Advocacy Participation

Another focus of this study was answering the question: “Are there any between group differences in students who completed the multicultural course and those who completed the course and an experiential advocacy project?” The experiential advocacy project was based around the ACA Advocacy Competencies where in students performed eight hours of volunteer work acting and interacting on behalf of special populations. Students also learned about the groups and special skills needed to work with those groups while writing reflections of their experiences. The post-test results indicated no statistical significance between the two groups. Past studies examining the impact of consistent interaction with diverse groups found it to be a significant contributor to a counselor’s multicultural competency. While the group completing an experiential advocacy project did have statistically significant increases to their self-reported multicultural competency, it appeared that advocacy participation had a lesser influence than curriculum education.

Despite a lack of difference between the groups, the present study adds to the paucity of empirical studies concerning advocacy in counselor education. This study is one of the first empirical studies on the use of advocacy alongside multicultural training in counselor education.

Themes of Advocacy Participation

A final goal of this study was to explore the proposition: “What themes emerge from examining the reflections of students who participated in the advocacy project?” Counselor-trainees completed three reflections during a semester where they discussed their experiences and answered questions relating to their advocacy participation during the semester. The

questions were based upon the ACA Advocacy Competencies for counselors to act as advocates and agents of change in the lives of their clients (Ratts & Hutchins, 2009).

Reflection One

Themes revealed that counselor-trainees identified barriers that marginalized populations face in their lives as well as personal barriers that they had to overcome to advocate on behalf of marginalized populations. In regards to personal barriers, trainees acknowledged an internal bias, lack of experience, as well as adverse experiences serving to negatively impact their ability to serve as advocates. Conversely, the results highlighted some themes that counselor educators identified as a means to overcome their personal barriers. Regardless of their background or experiences up to this point, the majority of participants identified with statements that reflected the need for self-change to be a counselor and advocate. Specific examples included becoming more educated over the semester which raised internal awareness of their biases. This finding supports statements that cross-culturally competent counselors are aware of personal barriers while actively working to address them (Sue et al., 1992).

Advocacy Project Paper

Counselor-trainees acted as advocates in diverse areas of the community. The results explained trainee's perspectives and experiences concerning the skills used to advocate for different populations. Themes were found that discussed trainees' identification of the strengths of individuals in these populations as well as their awareness of the resources available. Internalized oppression presents itself as a challenge for marginalized populations to overcome (Cunningham, Seeman, Kawachi, Gortmaker, Jacobs, Kiefe & Berkman, 2012). Oppression also exists as a barrier for counselors to overcome when providing services. The results of this study reveal counselor-trainee's views on the causes behind internalized oppression. Participants believed a mix of internal phenomenon (i.e. thoughts, beliefs, perspectives) coupled with

consistent messages in the media were the two factors that contributed to a person's internalized oppression. Trainees also discussed strategies in which a person could overcome internalized oppression or a way to help someone relinquish internalized oppression. The mid-semester writings highlighted connections between cross-cultural competencies and advocacy skills while using the skills to address culturally relevant topics.

Reflection Two

Themes were identified which focused on specific skills that counselor-trainees needed to develop in order to become more effective advocates. In addition, trainees discussed their recommendations for others to develop more effective advocacy skills. Overall, trainees identified "self-awareness," "specialized skills," and "develop personal characteristics" as skills they could develop to better serve these populations. Additionally, the necessity of finding a way to acquire the needed skills was a prominent theme in the reflections. Trainees valued the personal characteristics of the individual and this was evident in their recommendations for counseling students and professionals. Self-awareness and interaction of different populations were also valued in the recommendations. Some counselor-trainees attributed their growth and development to their experiences and interactions in multicultural settings. Finally, education continues to be valued as a precursor for developing skills in order to work with multicultural populations.

A principal definition of the culturally competent counselor has been linked to the personal attributes that a counselor possesses. Specifically, the culturally competent counselor constantly strives to learn about other cultures, explore their own culture, and eliminate personal barriers that impair their ability to work with others (Arredondo et al., 1996). Of interest are the concurrent themes of students who acknowledged the need to overcome their own cultural barriers while working with different groups of people in counseling.

Implications for Counselor Educators

The purpose of this study was to examine how an experiential advocacy project impacted the multicultural competency of counselor-trainees. Further, the study wanted to examine the descriptive depth of the experiences students had as they served as advocates. The findings provide a foundation for advocacy's role in counselor education, and additional support for multicultural training in counselor education.

Education

The quantitative findings of this study revealed a significant increase in multicultural counseling competency for two groups of counseling masters and PhD students. Regardless of the experiential activity used, the outcome among both groups was the same. In counselor education, the process behind how student are educated is receiving greater attention than the curriculum itself (Enns, Sinacore & Ancis, 2004). Ultimately, CACREP curriculum is found to increase MCC. However, there is a movement in the education field to develop methods apart from the curriculum to enhance trainee's MCC and social justice competencies (Collins, Arthur, Brown & Kennedy, 2014). In the present study, a standardized curriculum model paired with an experiential activity promoting advocacy was found to increase MCC among counselor trainees. However, the same curriculum model was found to be just as effective with no experiential advocacy activity. Perhaps the quantitative results of this study will yield more credence to the curriculum models rather than the unique interventions.

Training

As research continues to gain insight into training models, counselor educators are faced with the task of implementing more multi-dimensional approaches within the curriculum (Collins et al., 2014). Multi-dimensional approaches not only increase student's critical thinking skills and self-awareness, but also provide opportunities for students to gain practical experience

and interaction (Dickson & Jepsen, 2007). Educators have known for some time that a multitude of experiences are needed to effectively enhance counselor-trainee's ability to work in multicultural settings (Vereen et al., 2008). Since the implementation of multiculturalism in counselor education, a main criticism of the curriculum has been difficulty in identifying which learning activities promote actual growth and change of cultural competencies (Malott, 2010).

Despite a dearth of quantitative evidence to support the impact of an experiential advocacy project on MCC, the qualitative results were quite informative. The consistency between student's reflections offered themes which yielded information that the quantitative data could otherwise not provide. One of the most important and consistent themes was the discussion of awareness to personal self-bias and the need to overcome it in order to work in multicultural settings. The depth of the reflections revealed that students also acknowledged specific barriers that might impair their ability to work with specific groups. Thus, the counselor's worldview and identity has been found to significantly impact the counseling relationship (Collins & Arthur, 2010). Rather than ignoring potential barriers, students reflected on the need to overcome them and offered several potential solutions. The study's results provided insight into the specific skills that counselor-trainees find valuable to become more culturally competent counselors.

As counselors increasingly realized the need for enhanced multicultural focus in counseling, the focus has shifted to educational methods that promote critical thinking on race, culture, privilege, and social variables (Collins et al., 2014). Counselor educators can model multicultural training to deliver critical thought related to specific educational interventions such as the experiential advocacy project found in this study. Many themes emerged in this study that reflected the trainee's desire to increase their awareness, interaction, and experiences in multicultural settings. Trainees identified critical thought as necessary to understanding their

own culture and how that can impact their work with special populations. Training approaches that promote critical thinking skills while also providing opportunities for trainee's to interact and practice culturally competent skills are suggested to be most beneficial (Enns et al., 2004). As with criticisms in most studies related to MCC, it is difficult to identify which learning activities initiate growth and change of cultural competencies (Malott, 2010).

Limitations

Both the results and design of this study should be explained with caution and care. Multiple design flaws limited this study. First, the sample size was specific and reduced to a single area and counseling program. The limited sample eliminates any generalization of the results. A failure to collect demographic information limited how the results could be reported as a lack of demographic data diminished the characteristics of the sample resulting in a weakened ability to interpret the data.

This study provided the means to examine the impact of an education method on a group of students. However, one glaring limitation exists: the lack of information regarding the educational methods used in the control group. The small amount of information about the control group limits any significance that might have been found within the advocacy group. Finally, some members from both groups dropped out of the study after the pre-test which provided less information applicable to the scores in the post-test. An analysis of power provided further support for the sample size limitation. The post-hoc analysis of power assumes a population effect size exactly equal to the effect size observed in the current sample. However, in this study the low number of participants does not reflect the effect size of overall population. A power value of 1.000 was observed for the within subject variable and indicates a value that explains a high chance of finding significance within this size.

While the qualitative methods in this study provided rich detail about the learning process that students engaged in, the multiple questions could have also limited the reflections of the participants. The study's design limited reflections in such a way that responses were guided rather than expressed freely. Fewer open-ended questions may have produced more informative responses. Consequently, the lack of demographic data was a limiting feature of the reflections. Results could have had more depth if variables such as experience, ethnicity, and education were matched to the participant's reflective process. Additionally, more rigorous verification was needed to adequately corroborate on the structural meaning and consistency of the themes. Two additional readers would add credence to the results, and help to derive clear and sensible thematic labels, making the study more reliable and readable. The lack of additional readers has danger of making the qualitative findings unreliable. Peer scrutiny in qualitative research adds greatly to the credibility and trustworthiness of results (Shenton, 2004). The examinations of the reflections however offered no intent other than uncovering consistent statements throughout, thus limiting any intended validity. Though, as mentioned above, consistency must be made reliable through valid verification methods.

The design of the study offered considerable flaws in how the data could be interpreted. Specifically, separately discussing qualitative and quantitative methods was confusing, and offered less than could be learned from deriving a mixed-methods study with this data. A useful mixed-methods design for this study would be one where the qualitative data offers an explanation toward the quantitative data. Data in this study was collected concurrently, and a concurrent transformative method may be useful for discussing MCC in conjunction with the reflections while examining if the increases to MCC during the semester can be explained in the reflections of the advocacy group (Creswell, Plano, Clark, Gutmann, & Hanson, 2003).

Developing themes from student reflections that parallel the characteristics of a multiculturally competent counselor could be discussed alongside responses to advocacy strategies and competencies.

Recommendations for Future Research

There exists quite a bit of research discussing multicultural competencies in counseling, despite inconsistent information about learning strategies and how trainees achieve proficiency. Criticisms, discussions, and research continue to maintain that a variety of experiences are needed to promote MCCs among counselor-trainees (Vereen, Hill & McNeal, 2008). However, it is important to continue focus on the process behind educational techniques that develop MCC while eliminating redundant approaches. Future studies that are more controlled are needed to examine educational methods for their usefulness in counselor education. Some of the biggest criticisms toward past attempts to examine multicultural counseling training have been the myopic focus on tangential research methods with little or no controls in place (Worthington et al., 2007). It is recommended that researchers work to continue refining methods and designs while retaining research content from previous studies. Much of the literature advocates for more expansive examinations of the quantitative measures used along with their validity in the realm of counselor education. Refinement of the methods used to measure and study MCC will increase the accuracy of the results (Worthington et al., 2007).

Advocacy in counselor education is only now becoming fully recognized as a valid area of counseling. Counselor educators are beginning to integrate its' history, practice, and value in counseling (Stewart-Sicking, Snodgrass, Mutai & Crews, 2013). This study examined advocacy in the context of a multicultural counseling class but future research should examine the integration of advocacy competencies in multicultural courses as well as other areas of

counseling. Value is seen in exploring advocacy in the context of theory, ethics, group counseling, and special methods to continually expand the counseling field. Contextual research can help to develop sound methodologies for exploring advocacy. As of now, there have been no reliable quantitative measures developed for the purpose of understanding advocacy. A method for examining advocacy quantitatively may prove useful as research in this area expands. Qualitative methods will continue to be valuable in examining the pedagogical and practical process behind the act of advocacy. For the sake of congruency, there may be merit behind assessing social justice and its' meaning in counselor education and advocacy. Given that the AMCD has begun incorporating the topic of social justice within MCC there will be new directions and efforts toward devising measures and promoting the concepts in research, education, and counseling practice.

In the present study, rather than examine two groups it may have been more worthwhile to assess a larger group over time, all completing an advocacy project. The method is easily repeatable.

Summary

Overall, the findings of this study contributed directly to the plethora of research related to multicultural competencies in counseling. The methods used contribute to the value of one instrument used to measure MCCs and the role of multicultural curriculum in counselor education receives greater support in this study. Additionally, this study supported the use of techniques to teach advocacy in counselor education and highlighted its use as an educational method to expand multicultural training. The qualitative results suggest that advocacy and multiculturalism may be used concurrently in counseling. Overall, the potential for future research is vast and as advocacy becomes more clearly defined in counseling, the role of educators and counselors will continue to evolve. The future development of a combined

construct that include cultural competency and social justice in counseling offers researchers the opportunity to derive more reliable measures and assess educational methods. It is important to realize that cultural competencies do not exist in the vacuum of a single course, and the challenge will be to uncover how advocacy can be incorporated alongside MCC in each area of counselor training.

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Appendix A

Multicultural Counseling Knowledge and Awareness Scale

Multicultural Counseling Knowledge and Awareness Scale (MCKAS)

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A Revision of the Multicultural Counseling Awareness Scale (MCKAS)

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

1	2	3	4	5	6	7
Not at All True			Somewhat True			Totally True

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

1	2	3	4	5	6	7
---	---	---	---	---	---	---

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

1	2	3	4	5	6	7
---	---	---	---	---	---	---

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

1	2	3	4	5	6	7
---	---	---	---	---	---	---

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

1	2	3	4	5	6	7
---	---	---	---	---	---	---

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

1	2	3	4	5	6	7
---	---	---	---	---	---	---

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

1 2 3 4 5 6 7

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

1 2 3 4 5 6 7
Not at Somewhat Totally
All True True True

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

1 2 3 4 5 6 7

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

1 2 3 4 5 6 7

9. I am aware some research indicates that minority clients are more likely to be diagnosed with mental illnesses than are majority clients.

1 2 3 4 5 6 7

10. I think that clients should perceive the nuclear family as the ideal social unit.

1 2 3 4 5 6 7

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

1 2 3 4 5 6 7

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

1 2 3 4 5 6 7

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

1 2 3 4 5 6 7

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

1 2 3 4 5 6 7

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

1 2 3 4 5 6 7
Not at Somewhat Totally
All True True True

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

1 2 3 4 5 6 7

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

1 2 3 4 5 6 7

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

1 2 3 4 5 6 7

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

1 2 3 4 5 6 7

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

1 2 3 4 5 6 7

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

1 2 3 4 5 6 7

21. I am aware of both the initial barriers and benefits related to the cross-cultural counseling relationship.

1 2 3 4 5 6 7

22. I am comfortable with differences that exist between me and my clients in terms of race and beliefs.

1 2 3 4 5 6 7

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

1 2 3 4 5 6 7
Not at Somewhat Totally
All True True True

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

1 2 3 4 5 6 7

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

1 2 3 4 5 6 7

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

1 2 3 4 5 6 7

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

1 2 3 4 5 6 7

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

1 2 3 4 5 6 7

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

1 2 3 4 5 6 7

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

1 2 3 4 5 6 7

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

1 2 3 4 5 6 7

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

1	2	3	4	5	6	7
Not at All True			Somewhat True			Totally True

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

1 2 3 4 5 6 7

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

1 2 3 4 5 6 7

Thank you for completing this instrument. Please feel free to express in writing below any thoughts, concerns, or comments you have regarding this instrument:

Appendix B

Multicultural Counseling Syllabus Fall 2013

1. **Course Number:** COUN 7330
Course Title: Counseling Diverse Populations
Credit Hours: 3 Semester hours (Lecture 3)
Prerequisites: None
Course Instructor:
Semester/Year: Fall 2013

2. **Date Syllabus Prepared:**
August, 2006; revised August 2007, revised Fall 2008, revised Summer 2009; July 2011; August 2012; August 2013.

3. **Text(s):**

Sue, D & Sue D, (2007). *Counseling the Culturally Diverse: Theory and Practice* (6th Ed.). Wiley, NY.

4. **Course Description:** This course focuses on content addressing the cultural context of relationships, issues and trends in a multicultural and diverse society related to such factors as culture, ethnicity, nationality, age, gender, sexual orientation, mental and physical characteristics, education, family values, religious and spiritual values, socioeconomic status and unique characteristics of individuals, couples, families, ethnic groups, and communities including all of the following objectives:

5. **Student Learning Outcomes:**
 - a) Multicultural and pluralistic trends, including characteristics and concerns between and within diverse groups nationally and internationally (CACREP.II.K.2.a.)
 - b) Attitudes, beliefs, understandings, and acculturative experiences, including specific experiential learning activities; (CACREP.II.K.2.b.)
 - c) Individual, couple, family, group, and community strategies for working with diverse populations and ethnic groups; (CACREP.II.K.2.c)
 - d) Counselors' roles in social justice, advocacy and conflict resolution, cultural self-awareness, the nature of biases, prejudices, processes of intentional and unintentional oppression and discrimination, and other culturally supported behaviors that are detrimental to the growth of the human spirit, mind, or body; (CACREP.II.K.2.d)
 - e) Theories of multicultural counseling, theories of identity development, and multicultural competencies; (CACREP.II.K.2.e.)

- f) Ethical and legal considerations; (CACREP.II.K.2.f.)
- g) Advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients and; (CACREP.II.K.2.g.)
- h) The role of racial, ethnic, and cultural heritage, nationality, socioeconomic status, family structure, gender, sexual orientation, religious, and spiritual beliefs, occupation, and physical and mental status, and equity issues in community counseling; (CACREP.CC.A.5.)

6. Course Content Outline

Date	Topic	Assigned Reading
8/22 Week 1	Introduction to the Course	Bring 5 Items That Represent You. Sue & Sue Ch: 1
8/29 Week 2	Nature of Multicultural Counseling <i>The Color of Fear</i>	Sue & Sue Ch: 2 & 3 Ortiz (1999) Williams (1999) Advocacy 1 Reflection Due.
9/5 Week 3	Social Justice and Systemic Oppression Values, Bias, Spiritual Identity	Sue & Sue Ch: 4 & 5 Balkin (2009) Schlosser (2003) Reflective Journal Due
9/12 Week 4	Barriers to Multicultural Counseling Racial/Cultural Identity Cultural Assessment	Sue & Sue Ch: 7, 11 & 13 Arrendondo (1999)** Cross Cultural and Multicultural Competencies** APA Guidelines Multicultural Training, Research... ++ Waters (2010) Reflective Journal Due
9/19 Week 5	White Racial Identity Development European/White Americans	Sue & Sue Ch: 12 Brandberry (1999) McIntosh (1990) Reflective Journal Due
9/26 Week 6	African/Black Americans Culturally Appropriate Interventions	Sue & Sue Ch: 14 & 8 Smith (2007) Jackson (1999) Reflective Journal Due
10/3 Week 7	American Indians and Alaskan Natives Evidence-based Practice	Sue & Sue Ch: 15 & 9 Thomason (1991) Day-Vines (2007) Reflective Journal Due
10/10 Week 8	Asian Americans and Pacific Islanders Non-Western Indigenous Methods of Healing	Sue & Sue Ch: 16 & 10 Zhou (2009) Reflective Journal Due

10/17 Week 9	Hispanic/Latino Americans	Sue & Sue Ch: 17 Altarriba (1998) Reflective Journal Due
10/24 Week 10	LGBT	Sue & Sue Ch: 23 ALBGTIC Competencies** APA Guidelines LGBT++ Reflective Journal Due
10/31 Week 11	Arab-Americans and Muslim Americans	Chapter 19 Aprahamian (2011) Jenkins (2012) Reflective Journal Due Bibliotherapy Paper Due
11/7 Week 12	Individual with Disabilities	Sue & Sue Ch: 26 Smart (2006) APA Guidelines People w/ Disabilities ++ Reflective Journal Due Advocacy Project Paper Due.
11/14 Week 13	Counseling and Poverty <i>The Culture of Poverty</i> <i>EcoPsychology</i>	Sue & Sue Ch: 25 Dakin (2008) Howard (2000) Oskamp (2000) Reflective Journal Due
11/21 Week 14	<i>No Class</i>	Advocacy #2 Reflection Due
12/5 Week 15	Multi-racial Descent	Sue & Sue Ch: 18 Davis (2010) Rockquemore (2003) Journal Summary Paper Due

++ - readings for counseling/clinical psychology students.

** - readings for clinical mental health and school counseling students.

7. Assignments/Projects:

A. Bibliotherapy Project:

(100pts) – Students are expected to read and prepare a reflection based on a culturally diverse book. For this assignment, students will select and read a text whereby the main character represents a different racial and/or sexual background than the reader. Please do not select a biography of a famous individual (i.e., Condoleezza Rice, President Barack Obama, Ellen DeGeneres, et cetera). The main character can be either a fictional or actual person. Please consult with me if you are unsure if a particular text is consistent with this request.

Upon completion of the reading, students are to write a 10 page, APA (12pt font, 1” margins, headings, title page), with abstract, based on the story.

Be sure to include in your paper the following information:

- a) A brief synopsis of the text (1 to 1 ½ pages);
- b) Any counseling related insights you obtained from reading this text (be sure to cite class readings or empirically supported articles here);
- c) Pretend that you are the main character's counselor/psychologist and identify specific and relevant multicultural considerations and interventions that could be used when working with this client. Be sure to use current literature (ex. text, articles) to support your assertions.

B. Group Presentation, Best Practices Handout and Discussion Questions:

(100pts) – Each student group will examine the scholarly literature related to counseling an assigned social/cultural group. All groups will prepare a 60-minute presentation (including class discussion). Incorporating this information, please address:

A: A brief history of the specific population (keep this specific to the United States from 1913-2013).

B: Present two thought-provoking questions related to the weekly assigned readings.

C: Write a comprehensive client conceptualization. Each scenario should include client demographic information (e.g., age, sex, ethnicity, relationship status, etc.), presenting issue, and relevant social, cultural, family or other history important for understanding the client(s) and the presenting issue(s).

D: Present a demonstration via any media format (commercial, magazine, newspaper, television show, internet, movie, etc.) where your population is portrayed in a positive or negative manner.

E: Finally, examine the recent scholarly literature related to counseling with your chosen social/cultural group and prepare a “best practices” outline or bulleted summary (1-2 pages, including references) to distribute to class members.

C. Advocacy Project:

(200 pts) – Students are required to participate in an advocacy project that is meaningful to them. For this assignment, students must volunteer a minimum of eight hours participating in an advocacy project and/or social justice initiative. This project can be a student-developed project (i.e., food drive) or volunteer work with an already established organization (i.e., YWLP).

Prior to completing the eight hours of volunteer work, students are to contact this professor and communicate their advocacy/social justice initiative. Students must obtain written approval by this professor via email before initiating the advocacy project. Upon completion of this exercise, students must submit a signed document from a supervisor/employer of the volunteer site to confirm the advocacy project was completed.

For this assignment, there are three written components requested. All three of these documents should be single-spaced.

Advocacy #1 Reflection (50 pts)

In a single-spaced 1½ to 2-page document, please respond to all of the following questions (please use headers to separate each question).

- In your opinion, what are the social, political, economic, and cultural factors that may impact individuals from marginalized populations?
- What external barriers have you experienced that may impact your development as an agent of advocacy/social justice in the helping profession (i.e., oppression, privilege)?

Advocacy Project Paper (100 pts)

In a single-spaced 3 ½ to 4-page document, please respond to all of the following questions (please use headers to separate each question).

- Describe your advocacy project and express your personal reaction(s) to this project (2 pages).
- Explain the strengths and resources the marginalized population that you selected possess or have available to them (1 page).
- What is your opinion that individuals from marginalized populations might internalize oppression and begin to believe that they are the problem (1 page)?

Advocacy #2 Reflection (50 pts)

In a single-spaced 1½ to 2-page document, please respond to all of the following questions (please use headers to separate each question).

- What skills would you like to learn to help you incorporate advocacy into your professional identity?
- Based on your personal experience, please provide a strategy for graduate students/helping professionals to consider when working with this population (ex. How could obstacles be addressed? What resources are needed?).

D. Reflective Journals:

(65 pts; 5pts each) – You will be asked to write reflective journals entries every week, beginning next week. Entries should be double-spaced, 12pt font, Times New Roman – ½ page - minimum in length. In your journal you should process your personal reactions, thoughts, feelings, and insights into issues raised in class discussions, assignments, and readings. At times you will be asked specific questions to guide your reflections, but most often you will be free to structure your reflections as you see fit. **The weekly journal should be emailed to the instructor no later than 5 p.m. two days before class.** You will receive a maximum of 5 points for each completed journal entry, based on the quality and depth of your reflections. Late journals will not be accepted. Please save copies of all journal entries, as these will not be returned in hard copy. All journal reflections will remain confidential, although some content expressed in the journals may anonymously be included into class discussion.

E. Summary Journal:

(50 pts.) – At the end of the semester, write a summary (4-5 pages, double spaced) of your reflections throughout the semester. Focus particularly on any changes in understanding yourself (e.g., identity and worldview) and others, and conclude with a self-appraisal of your strengths and limitations in counseling persons socially/culturally different from you, considering the areas of knowledge, awareness, and skills.

F. Extra Credit:

(20 pts) – Students can earn extra credit in this class by assisting the classroom in scheduling speakers. As an experiential activity, speakers that represent the various populations we will discuss this semester are invited to the class to talk for approximately one hour. These presentations are not prepared speeches, but rather a personal discussion on what it is like for this individual to reside in Alabama and potential counseling considerations. Extra credit will be offered on a first come, first scheduled basis.

8. **Rubric and Grading Scale:** All assignments must be completed to earn a final grade. Grades will be based upon total point accumulation in the course:

Bibliotherapy Project	100
Group Presentation, Practices, Questions	100
Advocacy Project	200
Reflective Journals	55
Journal Summary	50
Total	505

Grading Scale

A = 100-94%	C+ = 79-75%
A- = 93-90%	C = 74-70%
B+ = 89-87%	D = 69-60%
B = 86-84%	F = 59 - 0%
B- = 83-80%	

All late assignments will receive a 5% grade reduction per day.

9. **Class Policy Statements:**
- a. Attendance: Although attendance is not required, students are expected to attend all classes, and will be held responsible for any content covered in the event of an absence. If you miss a class session, please note that you will not receive credit for in-class activities and discussions; thereby your overall grade will be lowered **5** points for each absence.
 - b. Excused Absences: Students are granted excused absences from class for the following reasons: illness or the student or serious illness of a member of the student’s immediate family, trips for student organizations sponsored by an

academic unit, trips for university classes, trips for participation in intercollegiate athletic events, subpoena for a court appearance, and religious holidays. Students who wish to have excused absences from class for any other reason must contact the instructor in advance or the absence to request permission. The instructor will weigh the merits of the request and render a decision. When feasible, the student must notify the instructor prior to the occurrence of any excused absences, but in no case shall notification occur more than once a week after the absence. Appropriate documentation for all excused absences is required. Please see the *Student EPolicy Handbook* at www.auburn.edu/studentpolicies for more information on excused absences.

- c. Make-Up Policy: Arrangement to make up a missed major exam (e.g., hour exams, mid-term exams) due to properly authorized excused absences must be limited must be initiated by the student within one week of the end of the period of the excused absence(s). Except in extraordinary circumstance, no make-up exams will be arranged during the last three days before the final exam period begins.
- d. Academic Honesty: All portions of the Auburn University student academic honesty code (Title XII) found in the *Student EPolicy Handbook* will apply to university courses. All academic honesty violations or alleged violations of the SGA Code of Laws will be reported to the Office of the Provost, which will then refer the case to the Academic Honesty Committee.
- e. Disability Accommodations: Students who need special accommodations should make an appointment to discuss the “Accommodation Memo” during office hours as soon as possible. If you do not have an Accommodation Memo, [Office of Accessibility at https://fp.auburn.edu/disability/](https://fp.auburn.edu/disability/) at 1228 Haley Center, 844-2096 (V/TT). Telephone: (334)844-2096 (Voice T/O).
- f. Course Contingency: If normal class and/or lab activities are disrupted due to illness, emergency, or crisis situation, the syllabus and other course plans and assignments may be modified to allow completion of the course. If this occurs, an addendum to your syllabus and/or course assignments will replace the original materials.
- g. Professionalism: As faculty, staff, and students interact in professional settings, they are expected to demonstrate professional behaviors as defined in the College’s conceptual framework. These professional commitments or dispositions are listed below:
 - Engage in responsible and ethical professional practices
 - Contribute to collaborative learning communities
 - Demonstrate a commitment to diversity
 - Model and nurture intellectual vitality

10. **Justification for Graduate Credit:**

This course includes advanced content on pedagogical methods in counselor education. This includes content as specified by the Council for the Accreditation of Counseling and Related Programs (CACREP, 2009). All academic content approved by CACREP is for advanced Masters and/or Doctoral graduate study. This includes

rigorous evaluation standards of students completing the student learning outcomes specified in this syllabus.

References

*Please note, the expectation is that students will read all of the assigned readings for this class; however, if a particular article or reading is distressing to the reader I ask that the student make the best decision for themselves as to whether continue with the reading. Please feel free to contact me amt0004@auburn.edu at anytime throughout the course to process class content.

Week 2:

Ortiz, S.O. (1999). You'd never know how racist I was, if you met me on the street. *Journal of Counseling and Development, 77*, 9-12.

Williams, C.B. (1999). Claiming a biracial identity: Resisting social constructions of race and culture. *Journal of Counseling and Development, 77*, 32-35

Week 3:

Balkin, R.S., Schlosser, L.Z., & Heller-Levitt, D. (2009). Religious identity and cultural diversity: Exploring the relationships between religious identity, sexism, homophobia, and multicultural competence. *Journal of Counseling and Development, 87*, 420-427.

Schlosser, L. (2003). Christian privilege: Breaking a sacred taboo. *Journal of Multicultural Counseling and Development, 31*, 44-51.

Week 4:

Arredondo, (1999). Multicultural counseling competencies as tools to address oppression and racism. *Journal of Counseling and Development, 77*, 102-108.

Arrendondo, P., Toporek, M.S., Brown, S., Jones, J., Locke, D.C., Sanchez, J., & Stadler, H. (1996). *Operationalization of the multicultural counseling competencies*. AMCD: Alexandria, VA.

Association for Multicultural Counseling and Development. (1991). *Cross cultural competencies*

and objectives. Alexandria, VA: Author.

Waters, E. (2010). The americanization of mental illness. *New York Times*, 40-45.

Week 5:

Brandyberry, L.J. (1999). Pain and perseverance: Perspectives from an ally. *Journal of Counseling and Development*, 77, 7-9.

McIntosh, P. (1990). White privilege: Unpacking the invisible knapsack. *Independent School*, 49.

Week 6

Jackson, R. L. II. (1999). "Mommy there's a n at the door." *Journal of Counseling and Development*, 77, 4-6.

Smith, J.R., & Wermeling, L. (2007). Counseling preferences of african american women. *Adultspan: Theory, Research & Practice*. 6, 4-12.

Week 7

Day-Vines, N.L., Wood, S.M., Grothaus, T., Craigen, L., Holman, A., Dotson-Blake, K., & Douglass, M.J. (2007). Broaching the subject of race, ethnicity, and culture during the counseling process. *Journal of Counseling & Development*, 85, 401-409.

Thomason, T. (1991). Counseling native americans: An introduction for non-native american counselors. *Journal of Counseling & Development*, 69, 321-328.

Week 8

Zhou, Z., & Siu, C.R. (2009). Promoting cultural competencies in counseling asian american children and adolescents. *Psychology in the Schools*, 46(3), 290-298.

Week 9

Altarriba, J. & Bauer, L. M. (1998). Counseling the Hispanic client: Cuban Americans, Mexican

Americans, and Puerto Ricans. *Journal of Counseling and Development*, 76, 389-396.

Week 10

Association of Lesbian, Gay, Bisexual, and Transgender Issues in Counseling. (2009).

Competencies for counseling with transgender clients. Alexandria, VA: Author.

APA Guidelines for Psychotherapy with LGBT Clients

<http://www.apa.org/pi/lgbt/resources/guidelines.aspx>

Week 11

Aprahamian, M., Kaplan, D.M., Windham, A.M., Sutter, J.A., & Visser, J. (2011). The relationship between acculturation and mental health of arab americans. *Journal of Mental Health Counseling*, 33, 80-92.

Jenkins, W.J., Ruppel, S.E., Kizer, J.B., Yehl, J.L., & Griffin, J.L. (2012). An examination of post 9-11 attitudes toward arab americans. *North American Journal of Psychology*, 14, 177-84.

Week 13

Smart, J.F., & Smart, D.W. (2006). Models of disability: Implications for the counseling profession. *Journal of Counseling & Development*, 84, 29-40.

APA Enhancing your Interaction with People with Disabilities.

<http://www.apa.org/pi/disability/resources/publications/enhancing.aspx>

Week 13

Dakin, J. & Wampler, R. (2008). Money doesn't buy happiness, but it helps: Marital satisfaction, psychological distress, and demographic differences between low and middle income clinic couples. *The American Journal of Family Therapy*, 36, 300-311.

Howard, G. S. (2000). Adapting human lifestyles for the 21st century. *American Psychologist*,

55, 509-515

Oskamp, S. (2000). Psychological contributions to achieving an ecologically sustainable future for humanity. *Journal of Special Issues*, 56(3), 373-390.

Week 15

Davis, S.E. (2010). The oneness of humankind: Healing racism. *Reclaiming children & youth*, 18, 44-47.

Rockquemore, K.A., & Laszloffy, T.A. (2003). Multiple realities: A relational narrative approach in therapy with black-white mixed race clients. *Family Relations*.

Appendix C
Information Letter

INFORMATION LETTER

For a Research Study entitled: "Assessing the multicultural competency of counselors-in-training."

You are invited to participate in a research study to identify Multicultural competencies of counselor trainees. The study is being conducted by Elliot Isom a doctoral student in Counselor Education. You were selected as a possible participant because you are a graduate student enrolled in a counseling program.

What will be involved if you participate? Your participation is completely voluntary. If you decide to participate in this research study, you will be asked to answer the following questions. Your total time commitment will be approximately twenty minutes to thirty minutes.

Are there any risks or discomforts? There are no physical risks identified in participating in this study. Participation is completely voluntary. Your decision to participate will have no standing on your grade in this course. The decision to participate will have no impact on standing in your program. Any data obtained in connection with this study will remain confidential. While we cannot insure anonymity; we will protect your privacy and the data you provide by securing collected data. Information collected through your participation may be used for a dissertation, published in a professional journal, or presented at a professional conference.

If you have questions about this study, please contact the researcher

If you have questions about your rights as a research participant, you may contact the Auburn University Office of Human Subjects Research or the Institutional Review Board by phone (334) 844-5966 or e-mail at hsubjec@auburn.edu or IRBChair@auburn.edu.

HAVING READ THE INFORMATION ABOVE, YOU MUST DECIDE IF YOU WANT TO PARTICIPATE IN THIS RESEARCH PROJECT. IF YOU DECIDE TO PARTICIPATE, PLEASE AGREE BY COMPLETING THE FOLLOWING SURVEY. YOU MAY KEEP A COPY OF THIS LETTER.

Appendix D

IRB Approval

Save a Copy

y g y	
Dr. Jamie Carney	methodology The Auburn University Institutional Review Board has approved this document for use 9/21/13 to 9/20/14 Protocol # 13-214-EP-1305
Section	
p p	
	Participants might <input checked="" type="checkbox"/> Breach of Confidentiality* <input checked="" type="checkbox"/> Coercion
DATE RECEIVED IN OHSR: 9/18/13 BK	
DATE OF IRB REVIEW: 9/21/13	
DATE OF IRB APPROVAL: _____ 45CFR 46.110 (7)	
COMMENTS:	

7. PROJECT ASSURANCES

PROJECT TITLE:

A. PRINCIPAL INVESTIGATOR'S ASSURANCES

1. I certify that all information provided in this application is complete and correct.
2. I understand that, as Principal Investigator, I have ultimate responsibility for the conduct of this study, the ethical performance this project, the protection of the rights and welfare of human subjects, and strict adherence to any stipulations imposed by the Auburn University IRB.
3. I certify that all individuals involved with the conduct of this project are qualified to carry out their specified roles and responsibilities and are in compliance with Auburn University policies regarding the collection and analysis of the research data.
4. I agree to comply with all Auburn policies and procedures, as well as with all applicable federal, state, and local laws regarding the protection of human subjects, including, but not limited to the following:
 - a. Conducting the project by qualified personnel according to the approved protocol
 - b. Implementing no changes in the approved protocol or consent form without prior approval from the Office of Human Subjects Research
 - c. Obtaining the legally effective informed consent from each participant or their legally responsible representative prior to their participation in this project using only the currently approved, stamped consent form
 - d. Promptly reporting significant adverse events and/or effects to the Office of Human Subjects Research in writing within 5 working days of the occurrence.
5. If I will be unavailable to direct this research personally, I will arrange for a co-investigator to assume direct responsibility in my absence. This person has been named as co-investigator in this application, or I will advise OHSR, by letter, in advance of such arrangements.
6. I agree to conduct this study only during the period approved by the Auburn University IRB.
7. I will prepare and submit a renewal request and supply all supporting documents to the Office of Human Subjects Research before the approval period has expired if it is necessary to continue the research project beyond the time period approved by the Auburn University IRB.
8. I will prepare and submit a final report upon completion of this research project.

My signature indicates that I have read, understand and agree to conduct this research project in accordance with the assurances listed above.

Elliot Toom
Printed name of Principal Investigator

Elliot Toom
Principal Investigator's Signature
(SIGN IN BLUE INK ONLY)

9/16/13
Date

B. FACULTY ADVISOR / SPONSOR'S ASSURANCES

1. By my signature as faculty advisor/sponsor on this research application, I certify that the student or guest investigator is knowledgeable about the regulations and policies governing research with human subjects and has sufficient training and experience to conduct this particular study in accord with the approved protocol.
2. I certify that the project will be performed by qualified personnel according to the approved protocol using conventional or experimental methodology.
3. I agree to meet with the investigator on a regular basis to monitor study progress.
4. Should problems arise during the course of the study, I agree to be available, personally, to supervise the investigator in solving them.
5. I assure that the investigator will promptly report significant adverse events and/or effects to the OHSR in writing within 5 working days of the occurrence.
6. If I will be unavailable, I will arrange for an alternate faculty sponsor to assume responsibility during my absence, and I will advise the OHSR by letter of such arrangements. If the investigator is unable to fulfill requirements for submission of renewals, modifications or the final report, I will assume that responsibility.
7. I have read the protocol submitted for this project for content, clarity, and methodology

James Carney
Printed name of Faculty Advisor / Sponsor

James Carney
Signature (SIGN IN BLUE INK ONLY)

Sept 16, 2013
Date

C. DEPARTMENT HEAD'S ASSURANCE

By my signature as department head, I certify that I will cooperate with the administration in the application and enforcement of all Auburn University policies and procedures, as well as all applicable federal, state, and local laws regarding the protection and ethical treatment of human participants by researchers in my department.

E. Davis Martin, Jr.
Printed name of Department Head

E. D. Martin
Signature (SIGN IN BLUE INK ONLY)

9/13/2013
Date

8. PROJECT OVERVIEW: Prepare an abstract that includes:

(400 word maximum, in language understandable to someone who is not familiar with your area of study):

I.) A summary of relevant research findings leading to this research proposal:

(Cite sources; include a "Reference List" as Appendix A.)

II.) A brief description of the methodology,

III.) Expected and/or possible outcomes, and,

IV.) A statement regarding the potential significance of this research project.

I.) Sue et al. (1992) identify the radical change of demographics in the United States, and determine an ever increasing need for counselors and individuals in helping profession to adequately develop services honed toward a broader range of people. Thus, the authors proclaim the need for training in multicultural counseling competencies to better equip practitioners for working with diverse populations. To define the construct of focus, the authors propose three areas of multicultural counseling competence: (a) awareness, (b) knowledge, and (c) skills.

II.) Participants will be comprised of graduate students in mental health or school counseling programs at the Auburn University. Further, the students will be enrolled in both sections COUN 7330. The participants will be given the Multicultural Counseling Knowledge and Awareness Scale (MCKAS) at the beginning of the Fall 2013 semester, and again at the end of the semester. The MCKAS is a 32 item survey with each item measured on a 7-point likert scale. The measure assesses an individual's competency for counseling diverse populations (Ponterotto et al., 2002).

III.) The research expects to see a low knowledge and awareness pertaining to the content of the administered scale; with improvement at the end of the semester after being exposed to the methodology within the course the students are taking.

IV.) The significance of this research project will be one of obtaining increased knowledge; as well as, generating awareness of the multicultural competency level of counseling students. Further, identifying some factors that possibly impact counselor student's development toward multicultural competency will be of interest.

9. PURPOSE.

a. Clearly state all of the objectives, goals, or aims of this project.

The purpose of this project is to assess student development pertaining to an increased ability to counsel diverse populations.

b. How will the results of this project be used? (e.g., Presentation? Publication? Thesis? Dissertation?)

The results will be used for dissertation, publication, and presentation.

10a. **KEY PERSONNEL.** Describe responsibilities. Include information on research training or certifications related to this project. **CITI is required.** Be as specific as possible. (Attach extra page if needed.) *All non AU-affiliated key personnel must attach CITI certificates of completion.*

Principle Investigator Elliot Isom Title: Student E-mail address eei0001@auburn.edu
 Dept / Affiliation: Special Education, Rehabilitation, and Counseling

Roles / Responsibilities:
 Distribute, collect, and maintain survey data distributed to the two COUN sections.

Individual: Jamie Carney Title: Advisor E-mail address carnejs@auburn.edu
 Dept / Affiliation: SERC

Roles / Responsibilities:
 Collect, maintain and analyze survey data distributed in the two COUN classes.

Individual: _____ Title: _____ E-mail address _____
 Dept / Affiliation: _____

Roles / Responsibilities:

Individual: _____ Title: _____ E-mail address _____
 Dept / Affiliation: _____

Roles / Responsibilities:

Individual: _____ Title: _____ E-mail address _____
 Dept / Affiliation: _____

Roles / Responsibilities:

Individual: _____ Title: _____ E-mail address _____
 Dept / Affiliation: _____

Roles / Responsibilities:

11. **LOCATION OF RESEARCH.** List all locations where data collection will take place. (School systems, organizations, businesses, buildings and room numbers, servers for web surveys, etc.) **Be as specific as possible.** Attach permission letters in Appendix E. (See sample letters at <http://www.auburn.edu/research/vpr/ohs/sample.htm>)
 Data will be collected in COUN 7330 001A and 002A with the approval of the professors.

12. PARTICIPANTS.

a. Describe the participant population you have chosen for this project.

Check here if there is existing data; describe the population from whom data was collected & include the # of data files.

Graduate students in a graduate counseling and psychology programs will be assessed. This includes clinical mental health, school, rehabilitation counseling students and also counseling, clinical psychology students.

b. Describe why is this participant population is appropriate for inclusion in this research project. (Include criteria for selection.)

The participant population is appropriate for this project because they lack experience and knowledge for counseling diverse populations. Further, the specific course is designed to teach and develop students to better work with clients of multicultural orientations.

c. Describe, step-by-step, all procedures you will use to recruit participants. Include in Appendix B a copy of all e-mails, flyers, advertisements, recruiting scripts, invitations, etc., that will be used to invite people to participate.

(See sample documents at <http://www.auburn.edu/research/vpr/ohs/sample.htm>.)

After class, students will be asked to participate in a study to assess multicultural competency. Data collection will occur twice throughout the term (once in the beginning of the semester and once at the end of the semester). During these opportunities, 1. students will be presented with an information letter, demographics sheet and survey Students will be explained the nature of the study, and a forum to ask questions. Further, the administer will give potential participants the option of not participating); 2. participants who take the survey will be asked to submit the survey at their convenience (Students will be administered survey forms with a formal description of the project, and contact information of the primary investigator made available for further questions).

What is the minimum number of participants you need to validate the study? 35-50

Is there a limit on the number of participants you will recruit? No Yes – the number is _____

Is there a limit on the number of participants you will include in the study? No Yes – the number is _____

d. Describe the type, amount and method of compensation and/or incentives for participants.

(If no compensation will be given, check here .)

Select the type of compensation: Monetary Incentives
 Raffle or Drawing incentive (Include the chances of winning.)
 Extra Credit (State the value)
 Other

Description:

13. PROJECT DESIGN & METHODS.

a. Describe, step-by-step, all procedures and methods that will be used to consent participants.

(Check here if this is “not applicable”; you are using existing data.)

Participants will be identified based upon their enrolled class. The investigator will personally distribute the surveys after class ends, and explain the use for the survey along with further directions for completing. The investigator will make himself available to answer any questions pertaining to the survey. The investigator will explain the nature of consent, and the choice students can make to either participate or opt out.

b. Describe the procedures you will use in order to address your purpose. Provide a step-by-step description of how you will carry out this research project. Include specific information about the participants' time and effort commitment. (NOTE: Use language that would be understandable to someone who is not familiar with your area of study. Without a complete description of all procedures, the Auburn University IRB will not be able to review this protocol. If additional space is needed for this section, save the information as a .PDF file and insert after page 6 of this form.)

To assess the student's knowledge and awareness in multicultural competence and counseling diverse populations; the investigator will distribute the Multicultural Counseling Knowledge and Awareness Scale (MCKAS). The scale consists of 32-items on a 7-point likert scale. The survey will take an estimated 20 minutes to complete. The scale measures knowledge and awareness pertaining to one's multicultural values, norms, and beliefs in the field of counseling (Ponterotto et al., 2002). This survey will be administered to participants in a masters counseling program with a community mental health or school counseling focus. The investigator will distribute surveys in two sections of COUN 7330 at the beginning of semester (Fall 2013) and at the end of semester.

- 13c. List all data collection instruments used in this project, in the order they appear in Appendix C.
(e.g., surveys and questionnaires in the format that will be presented to participants, educational tests, data collection sheets, interview questions, audio/video taping methods etc.)
Multicultural Counseling Knowledge and Awareness Scale (MCKAS).

d. Data analysis: Explain how the data will be analyzed.

Data collected using the survey will be analyzed using SPSS 17. The demographics will be also analyzed using SPSS.

14. RISKS & DISCOMFORTS: List and describe all of the risks that participants might encounter in this research. *If you are using deception in this study, please justify the use of deception and be sure to attach a copy of the debriefing form you plan to use in Appendix D.* (Examples of possible risks are in section #6D on page 1.)
There are two possible risks to this study. The first risk is coercion in that the students will be asked to complete a survey that is disseminated by a doctoral student. Although the students will not be discriminated based on the survey results, they may feel compelled to participate in the study to appear favorable to faculty and staff.

The second risk is breaches of confidentiality in that the information may be identifiable based on the small sample (N=50).

17. PROTECTION OF DATA.

- a. Will data be collected as anonymous? Yes No *If "YES", skip to part "g".*
(*"Anonymous" means that you will not collect any identifiable data.*)
- b. Will data be collected as confidential? Yes No
(*"Confidential" means that you will collect and protect identifiable data.*)
- c. If data are collected as confidential, will the participants' data be coded or linked to identifying information?
 Yes (If so, describe how linked.) No

d. Justify your need to code participants' data or link the data with identifying information.

The data for this study will be coded to assess each student's progress throughout the semester. Although students will not be identified by the primary researcher, they will be asked to develop a personal code to record on both surveys. This code will be used to assess individual growth or changes in survey responses. The primary investigator will not be notified by survey participants of the coding selected.

e. Where will code lists be stored? (Building, room number?)

The data for this study will be stored in the hard drive of the Primary Investigator's computer and any printed copies will remain in Amanda Evans' office (Haley Center room 2068).

- f. Will data collected as "confidential" be recorded and analyzed as "anonymous"? Yes No
(If you will maintain identifiable data, protections should have been described in #15.)

g. Describe how and where the data will be stored (e.g., hard copy, audio cassette, electronic data, etc.), and how the location where data is stored will be secured in your absence. For electronic data, describe security. If applicable, state specifically where any IRB-approved and participant-signed consent documents will be kept on campus for 3 years after the study ends.

The data for this study will be stored in the hard drive of the Primary Investigator's computer and any printed copies will remain in Amanda Evans' office (Haley Center room 2068).

h. Who will have access to participants' data?

(The faculty advisor should have full access and be able to produce the data in the case of a federal or institutional audit.)

As the primary investigator, Elliot Isom, will have access to the participants' data; as well as, the faculty advisor Dr. Amanda Evans. Although the other investigators to this study will assist in the recruitment, collection and interpretation of data, only the PI will keep records of the subjects data.

- i. When is the latest date that confidential data will be retained? (Check here if only anonymous data will be retained. ✓)

- j. How will the confidential data be destroyed? (NOTE: Data recorded and analyzed as "anonymous" may be retained indefinitely.)

Appendix A
Reference List

- Ponterotto, J.G., Gretchen, D., Utsey, S. O., Riger, B. P., & Austin, R. (2002). A revision of the multicultural counseling awareness scale. Journal of Multicultural Counseling and Development, 30, 153-181.
- Sue, D., Arredondo, P., & McDavis, R. J. (1992). Multicultural Counseling Competencies and Standards: A Call to the Profession. *Journal Of Counseling & Development*, 70(4), 477-486.