

NEW VISIONS FOR DEFINING AND ASSESSING MULTICULTURAL COUNSELING COMPETENCE

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AS THE POPULATION of the United States becomes increasingly culturally diverse, it is critical that counseling psychologists are able to meet the mental health needs of a broad range of clients (Sue & Sue, 1999). Consequently, researchers and educators in counseling and counseling psychology programs are underscoring the importance of counselors demonstrating multicultural counseling competence in working with diverse cultural populations (Constantine, Ladany, Inman, & Ponterotto, 1996; Ponterotto, Fuertes, & Chen, 2000; Quintana & Bernal, 1995; Ridley, Mendoza, & Kanitz, 1994). Multicultural counseling competence has been defined as counselors' attitudes/beliefs, knowledge, and skills in working with individuals from a variety of cultural (e.g., racial, ethnic, gender, social class, and sexual orientation) groups (Sue, Arredondo, & McDavis, 1992; Sue et al., 1998).

Over the past couple of decades, the field of counseling psychology has witnessed profound growth in its attention to multicultural issues in counseling, training, and supervision (e.g., Constantine, 1997; Hills & Strozier, 1992; Ladany, Inman, Constantine, & Hofheinz, 1997; Pedersen, 1991; Ponterotto, 1998; Quintana & Bernal, 1995). In particular, Ridley et al. (1994) recommended that training in multicultural issues have a core philosophical foundation, followed by narrower objectives that are ultimately evaluated. Although many counseling psychology programs have begun to actively integrate multicultural issues into their academic curriculum, few of these programs are able to accurately assess the effectiveness of the multicultural counseling training they provide (Coleman, 1996; Constantine et al., 1996; Pope-Davis & Dings, 1995). Furthermore, few

resources exist that identify specific outcomes related to cultural competence in providing psychological services to diverse client groups (Allison, Echemendia, Crawford, & Robinson, 1996; Ridley et al., 1994).

The potential challenges associated with evaluating multicultural counseling competence may rest in the methods used to measure this construct. As such, there is a need for critical analysis of the assessment methods that have been used to date. Moreover, it is possible that the difficulties related to accurate assessment of multicultural counseling competence may lie in the contemporary theoretical conceptualizations of this construct. To this end, this chapter discusses current methods of assessing multicultural competence, including salient limitations of some of these methods. An enhanced and expanded conceptualization of multicultural counseling competence is then offered. Future practice, research, and training implications for the development and measurement of multicultural counseling competence are also discussed.

CONTEMPORARY METHODS TO ASSESS MULTICULTURAL COMPETENCE

This section reviews methods to evaluate multicultural competence in therapists and in training programs. In particular, self-report, portfolio, and observer-rated indices of multicultural counseling competence will be presented along with methods to assess the presence of multicultural issues in training programs. Limitations of these approaches are then discussed.

Self-Report Measures of Multicultural Counseling Competence

Sue et al.'s (1982) position paper has served as the basis for the development of several self-report instruments designed to measure the multicultural competencies of counselors. These scales include the (a) Multicultural Awareness/Knowledge/Skills Survey (MAKSS; D'Andrea, Daniels, & Heck, 1991); (b) Multicultural Counseling Inventory (MCI; Sodowsky, Taffe, Gutkin, & Wise, 1994); and (c) Multicultural Counseling Knowledge and Awareness Scale (MCKAS; Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2000). The following subsections are devoted to a brief description of these scales.

Multicultural Awareness/ Knowledge/Skills Survey (MAKSS)

The MAKSS (D'Andrea et al., 1991) is a 60-item self-report scale that has been used primarily to evaluate the effectiveness of multicultural counseling training. It consists of three subscales measuring Awareness,

Knowledge, and Skills. The Awareness subscale is composed of items assessing awareness of personal attitudes toward people of color, the Knowledge subscale measures knowledge about populations of color, and the Skills subscale consists of items designed to assess cross-cultural communication skills (Ponterotto & Alexander, 1996). It uses a 4-point rating scale, with responses ranging from 1 (*very limited*) to 4 (*very good*) for most of the items; 1 (*very limited*) to 4 (*very aware*) for three of the items; and 1 (*strongly disagree*) to 4 (*strongly agree*) for the remaining items. Scores in each subscale range from 20 to 80; hence, MAKSS total scale scores range from 60 to 240.

Evidence of content validity for the MAKSS was demonstrated (a) through matching MAKSS items with specific instructional objectives of a multicultural training course and (b) by comparing items on the MAKSS Awareness subscale to an Awareness subscale of another multicultural instrument (D'Andrea et al., 1991). Criterion-related validity was achieved in that MAKSS scores increased after participation in a multicultural training course, and construct validity was established through item-to-scale correlations and scale-specific exploratory factor analysis (D'Andrea et al., 1991). In the validation sample, coefficient alphas for the subscales ranged from .75 to .96 (D'Andrea et al., 1991).

Multicultural Counseling Inventory (MCI)

The MCI (Sodowsky et al., 1994) is a 40-item, 4-point Likert-type (1 = *very inaccurate*, 4 = *very accurate*) scale designed to "operationalize some of the proposed constructs of multicultural counseling competencies" (Sodowsky et al., 1994, p. 139). It consists of four subscales that assess Multicultural Counseling Awareness (10 items, possible range of scores = 10 to 40), Multicultural Counseling Knowledge (11 items, possible range of scores = 11 to 44), Multicultural Counseling Skills (11 items, possible range of scores = 11 to 44), and Multicultural Counseling Relationship (8 items, possible range of scores = 8 to 32). MCI total scale scores range from 40 to 160. The MCI Awareness subscale measures issues such as multicultural sensitivity, multicultural interactions and experiences, general cultural understanding, and multicultural advocacy. The Knowledge subscale is composed of items that measure phenomena such as multicultural case conceptualization and treatment strategies and knowledge of cultural information. The Skills subscale consists of items assessing multicultural and general counseling skills, and the Relationship subscale contains items measuring aspects of counselors' interpersonal processes with racial and ethnic minority clients.

Evidence of the MCI's content validity was derived through expert raters' accuracy of classifying items into their appropriate subscale categories and through expert evaluation of item clarity; criterion-related validity was

established in that individuals with multicultural training or more professional experience working with culturally diverse populations obtained higher MCI scores (Ponterotto & Alexander, 1996; Sodowsky et al., 1994). Based on findings from previous studies, a mean Cronbach's alpha of .87 has been reported for the entire MCI scale, and mean Cronbach's alphas of .78, .77, .80, and .68 have been reported for the Awareness, Knowledge, Skills, and Relationship subscales, respectively (Sodowsky et al., 1998).

Multicultural Counseling Knowledge and Awareness Scale (MCKAS)

The MCKAS (Ponterotto, Gretchen, et al., 2000) is a 32-item, 7-point Likert-type (1 = *not at all true*, 7 = *totally true*) measure of (a) general knowledge related to multicultural counseling and (b) subtle Eurocentric worldview bias. The MCKAS, a revised version of the Multicultural Counseling Awareness Scale-Form B (Ponterotto et al., 1996), consists of two factors: Knowledge (20 items, possible range of scores = 20 to 140) and Awareness (12 items, possible range of scores = 12 to 84). Scores for the entire scale range from 32 to 224. Initial studies examining the psychometric properties of the MCKAS indicate (a) coefficient alphas of .85 for each of the subscales and (b) that it has good content, construct, and criterion-related validity (Ponterotto, Gretchen, et al., 2000).

Limitations of Self-Report Scales

Self-report multicultural counseling competence instruments have enjoyed moderate use in the counseling literature, and they seem to be an important first step in assessing multicultural competence. However, several limitations have been noted regarding their usage. One such criticism is that the inventories tend to measure "anticipated" rather than actual behaviors or attitudes correlated with multicultural competence (Pope-Davis & Dings, 1995; Sue, 1996). Lending support to this contention, Constantine and Ladany (2000) and Ladany et al. (1997) found no significant relationships between self-reported and an aspect of demonstrated multicultural counseling competence (i.e., written multicultural case conceptualization ability).

Investigators (e.g., Ponterotto, 1998; Ponterotto & Alexander, 1996; Pope-Davis & Dings, 1995) have also identified the need for more validity-based information regarding self-report multicultural counseling competence instruments. In particular, some researchers have noted a lack of uniformity regarding what these scales actually assess (Pope-Davis & Dings, 1995; Sue, 1996). For example, in an investigation comparing the MCI and the MCAS-B (the previous version of the MCKAS), Pope-Davis and Dings (1994) found that although these two scales were to some degree positively

correlated, they seemed to measure fundamentally different constructs. Furthermore, although multicultural competence instruments have the common goal of assessing perceived multicultural counseling competence, these measures tend to vary in the number of factors thought to comprise this overall construct. For example, D'Andrea et al. (1991) offered a three-factor model (i.e., awareness, knowledge, and skills) of multicultural competence. Sodowsky et al. (1994) proposed both a four-factor model (i.e., awareness, knowledge, skills, and relationship) and a higher order model (i.e., general multicultural counseling) of multicultural counseling competence, and Ponterotto, Gretchen, et al. (2000) reported a two-factor model (i.e., knowledge and awareness) of multicultural counseling competence. Thus, although the multicultural scales have similar objectives, there seems to be a lack of clarity about what they actually assess.

Social desirability is also a potential limitation associated with self-report multicultural counseling competence instruments (Pope-Davis & Dings, 1995; Sue, 1996). Sodowsky (1996) suggested that the completion of multicultural competence measures be accompanied by a measure of social desirability or impression management (Paulhus, 1991). In previous studies, Sodowsky et al. (1994) and Ponterotto et al. (1996) reported minimal correlations between a measure of social desirability and their self-report multicultural counseling competence instruments. Subsequently, however, Sodowsky, Kuo-Jackson, Richardson, and Corey (1998) found a significant positive relationship between the MCI full-scale score and a measure of social desirability (i.e., multicultural social desirability). In addition, Constantine and Ladany (2000) found significant relationships between a general social desirability measure and some subscales of self-report multicultural counseling competence scales. As these researchers indicate, social desirability attitudes may need to be statistically accounted for when examining correlates of self-report multicultural counseling competence.

There are several other limitations of self-report multicultural measures. For example, although many multicultural instruments claim to assess respondents' ability to work with a range of cultural groups, a review of each scale's items suggests that they are primarily assessing perceived competence in working with people of color (Constantine & Ladany, 2000). To sufficiently assess a broad range of multicultural issues, various approaches will need to be developed to measure counselors' abilities or competencies regarding working with other cultural groups (e.g., women, men, the impoverished, and persons with disabilities) (Constantine & Ladany, 2000; Lowe & Mascher, Chapter 36, this volume). Moreover, many approaches to assessing multicultural counseling competence appear to be rooted in the assumption that such competence is demonstrated primarily in individual counseling situations. Future measures of multicultural counseling competence may need to include procedures that assess such competence in the context of larger systems (e.g., families, groups, and

organizations) and noncounseling interventions (e.g., outreach, consultation, and advocacy).

Finally, current self-report multicultural scales have used the predominant tripartite definition of multicultural counselor competence (i.e., counselors' attitudes/beliefs, knowledge, and skills in working with culturally diverse clients) as their primary theoretical foundation. Except for Sodowsky et al. (1994), who expanded the three general multicultural counseling competence domains to include a fourth factor (i.e., multicultural counseling relationship), this historical conceptualization has remained essentially unchallenged by multicultural scholars and practitioners in counseling and psychology (Constantine & Ladany, 2000). Hence, future conceptualizations that support and/or refute the existing constructs believed to underlie the multicultural counseling competence construct are needed.

Portfolio Approaches to Assessing Multicultural Counseling Competence

Portfolio approaches have emerged as methods of assessing students' multicultural counseling competence in counselor training programs (Coleman, 1996). A portfolio is a collection of work that explicates an individual's efforts, progress, and achievements in a given area (Arter & Spandel, 1992). Coleman (1996) asserted that portfolios reflect counselors' competence within the domains of multicultural awareness, knowledge, and skills and across the four main treatment modalities stressed in the context of academic and applied training programs: individual, group, family, and consultation. In other words, portfolios display the interactions between the three multicultural domains and within the aforementioned therapeutic modalities. The types of evidence that could be presented to illustrate competence with regard to these domains and modalities would vary, depending on issues such as the contexts in which portfolio approaches are used and counselors' skill levels.

A primary strength of portfolio approaches is that competency judgments would be grounded in a broad range of behaviors, as opposed to more limited manifestations of culturally competent behavior (e.g., watching a trainee's videotaped session with a culturally diverse client). Portfolios can also function as a stimulus for discussion of multicultural issues and can demonstrate that an individual has mastered specific concepts. Portfolios can serve as a way to integrate information from different therapeutic domains and can demonstrate how particular educational processes are effective at building competence (Coleman, 1996). Despite the many benefits of portfolio approaches, some limitations to their use have been identified. Among these shortcomings are the following: (a) Developing portfolios is time-consuming and takes more time to develop and review than other

instruments, and (b) they lack reliable methods for scoring and evaluation (Coleman, 1996; Collins, 1992; O'Neill, 1992).

Methods to Assess

Multicultural Issues in Training Programs

The Multicultural Competency Checklist (MCC; Ponterotto, Alexander, & Grieger, 1995) is a 22-item instrument designed to assist faculty members in counseling psychology and counselor education programs to assess their status with regard to providing multicultural training for their students. This checklist is intended to be completed by the director of training or the collective program faculty. The MCC focuses exclusively on racial and ethnic diversity issues in training programs and is organized along six categories: minority representation, curriculum issues, counseling practice and supervision, research considerations, student and faculty competency evaluation, and physical environment. It has been identified as a useful tool for encouraging discussion and exploration of multicultural issues within training programs in general. Research using the MCC has indicated that, in general, counseling training programs are attending to multicultural issues (Ponterotto, 1997), although the integration of multicultural issues is sometimes perceived as occurring more frequently by faculty than students (Constantine et al., 1996).

Another multicultural instrument, the Multicultural Environmental Inventory-Revised (MEI-R; Pope-Davis, Liu, Nevitt, & Toporek, 2000), assesses counseling graduate students' perceptions of their academic training milieu in terms of its multicultural focus. The MEI-R consists of 27 Likert-type items that are organized into four factors: Curriculum and Supervision, Climate and Comfort, Honesty in Recruitment, and Multicultural Research. The MEI-R can be used to provide academic programs with information about potential areas of enhancement regarding attention to multicultural issues. Initial psychometric information regarding the MEI-R suggests that it has sound construct validity. Despite their psychometric promise, however, the utility of instruments such as the MEI-R and the MCC as valid indices of training programs' attention to multicultural issues may be hampered by similar limitations associated with self-report measures (e.g., reporting of anticipated versus actual phenomena, potential social desirability attitudes of respondents).

Observer Ratings of Multicultural Counseling Competence

The Cross-Cultural Counseling Inventory-Revised (CCCI-R; LaFromboise, Coleman, & Hernandez, 1991) is a 20-item, 6-point Likert-

type (1 = *strongly disagree*, 6 = *strongly agree*) instrument that was developed for use by supervisors to assess their trainees' cross-cultural counseling competence. This one-factor scale was developed based on the cross-cultural counseling competencies identified by the Education and Training Committee of Division 17 of the American Psychological Association (Sue et al., 1982). The CCCI-R consists of items that represent three areas: cross-cultural counseling skill, sociopolitical awareness, and cultural sensitivity. This scale is reported to demonstrate good content, construct, and criterion-related validity (Sabnani & Ponterotto, 1992) and excellent reliability (i.e., a coefficient alpha of .95 was noted in the CCCI-R's validation sample) (LaFromboise et al., 1991). A unique limitation of observer ratings of trainee multicultural competence is that the raters, typically supervisors, must themselves be multiculturally competent, a state of affairs that may not exist in some training programs (Constantine, 1997; Priest, 1994).

Multicultural case conceptualization ability, another form of observer-rater multicultural counseling competence, is defined as counselors' ability to conceptualize clients' concerns by differentiating and integrating multicultural knowledge pertaining to their problems (Constantine & Ladany, 2000; Ladany et al., 1997). Counselors who are able to differentiate and integrate information related to their clients are believed to be more skillful in working with them (Blocher, 1983). Conceptualizing clients from a multicultural perspective indicates that counselors can (a) understand and integrate the impact of various cultural factors on clients' presenting issues and (b) suggest an appropriate treatment plan for working with clients based on this knowledge. Client conceptualizations may become increasingly sophisticated as counselors make associations between and among hypothesized etiologies of presenting issues and, accordingly, integrate these data into treatment plans. Counselors' multicultural case conceptualization ability has been presumed to represent an appropriate manifestation of their demonstrated multicultural counseling competence in several previous studies (e.g., Constantine & Ladany, 2000; Ladany et al., 1997). Moreover, Sadowsky et al. (1994) asserted that case conceptualization ability, as an aspect of the counseling process, may be one way of reflecting counselors' multicultural counseling competence. However, it is important to note that an "academic" multicultural conceptualization is still removed from specific multicultural performance skills.

In the next section, we present a revised conceptualization of multicultural counseling competence by identifying factors believed to impact counselors' multicultural competence in most therapeutic encounters. We believe that addressing such factors would be helpful across a variety of therapeutic contexts, including individual, couples, family, and group counseling.

AN ALTERNATIVE CONCEPTUALIZATION OF MULTICULTURAL COUNSELING COMPETENCE

Competency has been defined as the degree to which therapists adhere to procedures relative to identified criteria or standards (Beutler, Crago, & Arizmendi, 1986). Competent therapists in general are presumed to possess a host of competent behaviors, including (a) a theoretical orientation to guide their interactions, (b) the skillful use of interventions or techniques to bring about the conditions necessary for change or to promote desired changes in behavior, and (c) an awareness of when to apply (or not apply) these interventions (Shaw & Dobson, 1988; Yeaton & Sechrest, 1981). When applying the notion of competence to the area of multicultural counseling, multiculturally competent therapists are expected to possess (a) multicultural attitudes/beliefs in relation to working with culturally diverse individuals, (b) knowledge about the impact of various cultural group memberships on clients, and (c) appropriate intervention skills in the delivery of psychological services to culturally diverse clients. Although multicultural counseling competence has been traditionally conceptualized as consisting of these three components, the multicultural literature has generally not fully addressed how client-counselor interactions may impact manifestations of counselors' multicultural competence.

Fischer, Jome, and Atkinson (1998) discussed a framework that emphasized the importance of understanding culture in counseling within a framework of "common factors" in psychotherapy or counseling. These common factors include the therapeutic relationship, a shared worldview between clients and counselors, meeting clients' expectations, and using interventions that are deemed appropriate by both clients and counselors. Fischer et al. acknowledged that although common characteristics of the helping process exist across cultures, counselors must be sensitive and responsive to culturally specific contexts in counseling. Influenced by their framework, we contend that to understand fully how multicultural counseling competence can be achieved, a broader conceptualization of this construct is needed. To this end, we propose that multicultural counseling competence consists of six dimensions: (1) counselor self-awareness, (2) general knowledge about multicultural issues, (3) multicultural counseling self-efficacy, (4) understanding of unique client variables, (5) an effective counseling working alliance, and (6) multicultural counseling skills. Counselors are deemed to be multiculturally competent depending on the levels at which the six dimensions are achieved. That is, lower ability on any of the six domains corresponds to a lower overall level of multicultural counseling competence. We also assert that no counselor may ever achieve 100% multicultural counseling competence because of the inexact nature of many therapeutic interventions and the seemingly infinite number of variables that could impact any of the six multicultural counseling

competence dimensions. That said, we believe that a primary goal of counselors must be ongoing strivings to achieve greater multicultural competence.

The first proposed dimension of multicultural counseling competence is *self-awareness*, which involves counselors' ability to understand their own multiple cultural identities as well as how their personal biases about others influence their ways of being and operating in a wide range of interpersonal situations. Self-awareness also involves understanding how socialization processes have impacted the development of counselors' values and attitudes. Self-awareness is typically achieved through various forms of self exploration, such as experiential and didactic activities, consultation, supervision, and personal therapy. Self-awareness is also believed to be beneficial to counselors in using themselves as therapeutic change agents.

The second dimension is *general knowledge about multicultural issues*, which involves the ongoing acquisition of knowledge about psychological and social issues pertaining to living in a multicultural society. Knowledge may be gleaned from theoretical, empirical, journalistic, and popular literature sources and includes the ability to critique these sources from a multicultural perspective. Additionally, counselors with general knowledge about multicultural issues are aware of both subtle and overt forms of prejudicial attitudes and discriminatory behavior reflected in society at large as well as within and throughout the counseling and psychology professions. Finally, therapists who possess general multicultural knowledge are able to distinguish between universal issues related to a particular cultural group (i.e., etic knowledge) and individual differences within this particular cultural group (i.e., emic knowledge).

Multicultural counseling self-efficacy is the third dimension of multicultural competence. Multicultural counseling self-efficacy pertains to counselors' confidence in their ability to perform a set of multicultural counseling skills and behaviors successfully (Constantine & Ladany, 2000). This definition follows Bandura's (1982) self-efficacy theory, which posits that self-efficacy expectations are related to the actual performance of these skills and behaviors. An important distinction must be made between self-efficacy expectations and self-perceptions of multicultural competence (i.e., counselors' belief that they possess multicultural competence) across realms other than multicultural counseling skills (e.g., multicultural knowledge, counselor self-awareness, etc.). Self-efficacy is directly tied to specific behaviors, whereas beliefs about dimensions such as knowledge and self-awareness are self-perceptions. Both multicultural self-efficacy and self-perceptions could be inaccurate, and both may or may not be linked to the provision of true multiculturally competent counseling services.

The *understanding of unique client variables* dimension of multicultural counseling competence refers to counselors' understanding of how a

host of personal (e.g., cultural group memberships, background, socialization, personality traits, and values) and situational (e.g., clients' presenting concerns, therapeutic expectations, motivation to change, and willingness to self-disclose) factors converge to impact a specific client in a specific therapeutic context. Hence, a thorough understanding of how specific cultural group memberships (e.g., race and sex) may relate to clients' therapeutic concerns, for example, is necessary to fulfill this dimension. Clients bring a wealth of information to counseling, and counselors constantly make decisions regarding whether or not to focus on any given piece of data. However, the full range of unique client variables needs to be continually recognized and conceptualized for counselors to fully understand the impact of these factors in therapeutic contexts.

The fifth dimension of multicultural competence is forming an *effective counseling working alliance*. Bordin (1979), based on the work of Greenson (1967) and others, conceptualized the therapeutic relationship as a working alliance between a counselor and a client. He postulated that the therapeutic working alliance was pantheoretical and consisted of three primary components: (1) mutual agreement between the client and therapist about the goals of counseling (e.g., decreasing depression, improving interpersonal functioning), (2) mutual agreement between the client and therapist about the tasks of counseling (e.g., discussing multicultural issues in counseling), and (3) an emotional bond between the client and therapist (e.g., mutual caring and trust). Applying Bordin's (1979) model to multicultural counseling situations, we believe that counselors' multicultural competence is reflected in the extent to which multicultural issues are addressed in the context of the working alliance. For example, counselors who initiate discussions of racial or ethnic issues when warranted may be viewed as having some degree of multicultural counseling skills. However, the extent to which counselors and clients discuss these issues is tied to the strength of the working alliance in that if they agree that a discussion of such differences is important, they will proceed to have this discussion. Subsequently, the alliance is enhanced and strengthened. Conversely, if only one member of a counseling dyad believes that such a discussion is important, then the alliance is weakened. In sum, multicultural competence in counselors is reflected in the extent to which working alliances with culturally diverse clients can be formed and strengthened. Working alliances then become the foundations upon which multicultural counseling skills are deemed effective or ineffective.

The sixth dimension, *multicultural counseling skills*, refers to counselors' ability to effectively address multicultural issues in the context of therapeutic situations. Multiculturally skilled counselors are viewed as proficient in applying multiculturally sensitive therapeutic techniques in counseling while understanding how multicultural issues may affect various aspects of the therapeutic process. Thus, therapists who possess adequate multicultural counseling skills are able to effectively identify and

process multicultural issues when appropriate. This ability is crucial to both counseling process and outcome.

Future Implications for the Development and Assessment of Multicultural Counseling Competence

Practice and Research Implications

As the aforementioned model illustrates, the development of multicultural counseling competence is influenced by many factors that relate to the therapeutic alliance, particularly on the part of clients. Previous research has found that therapist-offered relationship variables are relatively poor predictors of therapeutic outcome when compared with client variables (Hartley, 1985). Hence, within the multicultural counseling realm, it is critical that future researchers identify specific client variables that may contribute to or impede desired treatment outcomes. In addition, although competence in one area of cultural issues (e.g., working with African American clients) may generalize to other areas of multicultural competence (e.g., working with Latino clients), generalization to other areas is not absolute (Ancis & Ladany, 2001). Thus, empirical validation of how the integration of both etic and emic approaches may impact multicultural counseling competence, particularly with regard to treatment processes and outcomes, is also needed (Ponterotto, Fuertes, et al., 2000). There is also a strong need for empirical testing of existing theoretical models of multicultural counseling competence.

In relation to the evaluation of multicultural counseling competence, it is important that multimethod approaches are identified and instituted (Ladany & Muse-Burke, in press; Ponterotto, Fuertes, et al., 2000). Examples of these methods include a combination of the following: (a) self-report ratings, (b) multiple ongoing opportunities to have counseling work evaluated by peers and more experienced colleagues or supervisors (e.g., observer ratings), and (c) portfolios. It is also vital that ratings of multicultural counseling competence consider the difficulty level of clients, and corrections may need to be made for more challenging clients because counselors may demonstrate decreased skill when working with such clients (Shaw & Dobson, 1988). Conversely, counselors' ability to work consistently (and effectively) with a broad range of populations may represent, in part, their level of multicultural counseling competence. Nonetheless, difficulties in how to account for potential differences in difficulty levels among clients may also present challenges to raters of multicultural counseling competence.

Training Implications

Numerous studies have explored various constructs that may be related to counselors' perceived multicultural counseling competence. Many

of these investigations (e.g., Constantine, Juby, & Liang, in press; Ladany, Brittan-Powell, & Pannu, 1997; Neville et al., 1996; Ottavi, Pope-Davis, & Dings, 1994; Pope-Davis, Reynolds, Dings, & Nielson, 1995; Sadowsky et al., 1998) have examined demographic (e.g., race, ethnicity, gender, and age), training (e.g., multicultural coursework taken, number of client contact hours with people of color), and psychological variables (e.g., racial identity attitudes, racism) as predictors of self-reported multicultural counseling competence. Extrapolating ideas from the results of such studies may be helpful in identify training variables that could contribute to their multicultural counseling competence.

Because professional competence is normally obtained through formal academic training and supervised experiences (Hogan, 1979), it is important that these training opportunities accurately reflect the proposed competencies that are being taught. Similarly, the development of multicultural counseling competence through various training venues is presumed to mirror the types of competencies that counselors will need in working with various cultural populations. With regard to the multicultural counseling area, standards of competence are often based on conceptual or theoretical writings rather than being supported by empirical research. Thus, it is unclear the extent to which the competencies emphasized in training programs can be successfully applied to actual professional practice situations. Future researchers may wish to identify effective in-session therapeutic phenomena in relation to culturally diverse clients and attempt to replicate these factors in the context of multicultural training situations.

A multitude of individual factors must be considered in the context of evaluating multicultural counseling competence in supervisees. For example, theoretical orientation, value system, cultural group memberships, and previous experiences, to name a few, on the part of both supervisors and trainees will undoubtedly affect how rating instruments are completed. Consequently, supervisors who rate trainees' multicultural counseling competence may evaluate observed behavior against various aspects of their own personal standards (e.g., what they might have done in the same situation). In using personal criteria to make therapeutic judgments, the potential for low interrater reliability exists among multiple rating sources (Shaw & Dobson, 1988). Thus, evaluations of counselor competence require specific predetermined standards and criteria, along with explicit procedures for conducting such evaluations. However, standards for professional practice have not been well articulated in applied mental health fields. Although standards for the provision of multiculturally competent services have been identified (e.g., Arredondo et al., 1996; Sue et al., 1992), there is a need to test the utility of these competencies to real-life therapeutic situations.

It is also important to note that external evaluations of competence may create anxiety among trainees and are often challenging to make (Shaw

& Dobson, 1988). Nonetheless, "evaluating and making judgments about other people is an essential and unavoidable part of living" (Klein & Babineau, 1974, p. 788). In training settings, students' exposure to evaluations of their multicultural counseling competence in and of itself may raise their anxiety because of the challenges and controversies often associated with discussing racial, ethnic, and other cultural issues. Hence, in such settings, it may be important for trainers to underscore the ethical principle of helping professionals that speaks to the recognition that such personnel must only provide services for which they are qualified by training and experience. It is possible that merely the desire to be ethical in their professional behavior may encourage more resistant trainees to embrace the importance of being multiculturally competent. Furthermore, the identification of means in which to best facilitate multicultural counseling competence in trainees is sorely needed.

Furthermore, because some counselors may overestimate their level of multicultural counseling competence due to factors such as social desirability (e.g., Constantine & Ladany, 2000), so too may supervisors overestimate or underestimate their trainees' level of multicultural counseling competence based on their general like or dislike of their trainees (e.g., halo effects). Some research evidence exists that suggests that trainees' general counseling competence is influenced by supervisors liking their trainees (Carey, Williams, & Wells, 1988; Dodenhoff, 1981). Thus, it will be important for trainees to obtain multiple indices of supervisor-rated multicultural counseling competence in order to get information from varied "objective" sources regarding their multicultural counseling competence. However, a phenomenon that could complicate this issue relates to the finding that some counselors-in-training and recent counseling graduates may have received more exposure to multicultural training than their supervisors (Constantine, 1997). Hence, these counselors may be more multiculturally competent than the supervisors who are responsible for rating them in this domain, making these supervisors' ratings suspect.

CONCLUSIONS

Multicultural counseling competence is a complex variable that may have multidimensional conceptualizations and meanings. There is a need for counseling psychology practitioners and scientists to work in concert to better understand the nature of this construct so as to improve therapeutic services to culturally diverse populations. Empirical validation of various models of multicultural counseling competence will also be necessary to effectively operationalize this construct. The accurate measurement of multicultural counseling competence will continue to present challenges to counselors, educators, supervisors, trainees, and researchers, even with the most reliable and valid assessment procedures. Nevertheless, it is

important that dynamic and valid assessment indices be formulated so as to capture the essence of this important construct.

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