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Examining Multicultural Counseling Competencies of Graduate Students in Psychology

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This investigation examined the multicultural counseling competencies of graduate students in counseling and clinical psychology programs. A national sample of 344 students participated. The participants completed the Multicultural Counseling Inventory (G. R. Sadowsky, R. C. Taffe, T. B. Gutkin, & S. L. Wise, 1994) and a demographic questionnaire. Results indicated that counseling psychology students rated themselves as more multiculturally competent than clinical psychology students in three of the four multicultural competency areas. Different educational and clinical variables were predictive of multicultural counseling competencies for the two groups. Findings are discussed in terms of education and training in graduate psychology programs.

Over the past three decades, psychology as a profession has increasingly addressed multicultural issues as they relate to diverse populations. These efforts have been promoted and pursued by psychologists and other professionals committed to improving their ability to meet the needs of underserved and underrepresented populations. Recent national conferences, including the 1987 Utah Conference on Graduate Education and Training in Psychology, the San Juan Conference Toward Ethnic Diversification, and the Mission Bay Conference on Standards and Evaluation in Education and Training, have all stressed the importance of becoming multiculturally aware, knowledgeable, and skilled.

As ethical principles and professional standards of the American Psychological Association (APA) and other profes-

sional associations articulated the need for psychologists to incorporate multicultural competencies into their repertoire, additional curricular and recruitment efforts by training programs have been made. APA, through Criterion II of its accreditation guidelines, has required that all accredited academic programs and internship training sites, across programs, "should demonstrate clearly a commitment to an affirmative effort to include diversity among faculty, students, curriculum, and training and field experiences" (APA, 1991, p. 3). APA (1991) specified that doctoral students in psychology should "acquire breadth of knowledge and skills relevant to understanding and working with clients of differing ages, gender, ethnic and racial backgrounds, religions, sexual orientation and life styles, as well as persons who are physically or mentally challenged" (p. 2). Although APA and many training programs include the full range of diversity when considering multicultural issues, much of the literature as well as professionals active in this area tend to focus primarily on the needs and issues of people of color.

Although there are a variety of rationales for the infusion of multiculturalism into the curriculum, Ridley (1985) identified five imperatives for the development of programs with ethnic and cultural relevance worthy of highlighting:

1. **Professional participation.** Psychology should reflect the cultural diversity of society.
2. **Ethicality.** Without specialized training in multicultural counseling, psychologists are offering services for which they are not prepared.
3. **Cultural context.** Psychotherapy always occurs in a cultural context.
4. **Scholarship.** Psychology must correct the incomplete and inaccurate presentation of people of color in the literature.
5. **Legality.** With proper legislation, psychologists without multicultural credentials who treat persons of color are violating their clients' civil rights.

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Despite ample rationale and, in many cases, genuine commitment, according to Ridley (1985), "graduate programs in psychology have failed to prepare trainees for effective practice with clientele from culturally diverse populations" (p. 611).

In recent years, several surveys have been completed that examine the cultural competencies of students in counseling and clinical psychology programs (Allison, Crawford, Echemendia, Robinson, & Knepp, 1994; Bernal & Castro, 1994). Although the results of these surveys vary, there is some indication that a significant number of programs are committed to multicultural training (Bernal & Castro, 1994). However, there is also evidence that more training opportunities, curricular changes, and increased racial diversity among faculty and students are necessary for professional psychology to be better prepared to address the needs of people of color (Allison et al., 1994; Bernal & Castro, 1994; Quintana & Bernal, 1994).

Many psychologists have expressed concerns about the scarcity of people of color entering the profession (Bernal & Castro, 1994; Bernal & Padilla, 1982; Parham & Moreland, 1981; Ridley, 1985). Although efforts to increase the number of psychologists of color continue by APA (APA, 1993a, 1993b), individual academic programs, and internship sites, there are some that believe the profession will not reach proportional representation of psychologists of color relative to the total U.S. population (Parham & Moreland, 1981; Ridley, 1985). This lack of representation has led many involved in the training of graduate students in psychology to emphasize the development of multicultural awareness, knowledge, and skills as a core competency rather than only rely on people of color to meet that need (McRae & Johnson, 1991; Sue et al., 1982).

Although some authors have identified ways for academic programs and internship training sites to achieve a high level of multicultural competence among their students (Bernal & Padilla, 1982; Ponterotto & Casas, 1987; Ridley, 1985), there is little agreement as to what constitutes multicultural competencies. According to Ponterotto and Casas (1987), "competencies for adequate cross-cultural training . . . are not well-defined" (p. 431). Jones (1985) expressed concern that there is often more emphasis on quantity (increasing the number of psychologists of color) rather than on qualitative issues associated with training, research, and practice. Additionally, although APA-accredited training programs are required to offer a curriculum that addresses or includes multicultural issues, "there is no formal requirement for demonstrated competence or skill in these areas" (p. 454).

Out of concern for quality multicultural training, researchers have begun to examine multicultural competencies in more depth. Efforts to develop tools for the assessment of multicultural counseling competencies have been underway for at least the past 5 years, and several instruments have been created. Many of these instruments have included components of the Sue et al. (1982) work as their foundation, although each is unique in its content, purpose, or format. The instruments are the Cross-Cultural Counseling Inventory (CCCI) by LaFromboise, Coleman, and Hernandez (1991), the Multicultural Awareness/Knowledge/Skills Survey (MAKSS) by D'Andrea, Daniels, and Heck (1991), the Multicultural Counseling Awareness Scale (MCAS) by Ponterotto et al. (1993), and the

Multicultural Counseling Inventory (MCI) by Sadowsky, Taffe, Gutkin, and Wise (1994).

As the multicultural counseling competency literature expands, a wide range of applications and implications have been discussed, including multicultural counseling training issues and models (Carney & Kahn, 1984; Lopez et al., 1989; Vasquez & McKinley, 1982); multicultural curricula in graduate programs (D'Andrea et al., 1991; Mio, 1989; Parker, Valley, & Geary, 1986; Ponterotto & Casas, 1987; Wyatt & Parham, 1985); the examination of multicultural counselor training efforts in counseling and clinical psychology (Bernal & Padilla, 1982; Parham & Moreland, 1981); and the use of multicultural training videos (Pope-Davis, Reynolds, & Vazquez, 1992). Despite this broad and continually expanding application of multicultural counseling training, little empirical information has been collected to evaluate the effectiveness of multicultural training (Ponterotto & Casas, 1991).

There is a lack of data evaluating individual programs as well as examining the differences in multicultural training or levels of multicultural competence across various programs in psychology that seek accreditation (i.e., counseling, clinical, and school). Until there are data that explore the similarities and differences as well as the strengths and weaknesses across programs and the disciplines of school, counseling, and clinical psychology, it will be unclear whether the training efforts currently taking place are successful in enhancing or improving multicultural competence among trainees. From that initial research of examining the levels of competence across psychology programs, more extensive research can be done that examines what types of curricular and training interventions are being used and what types are more effective in developing multicultural competence. The literature is beginning to explore different training models and interventions to develop culturally sensitive psychologists (D'Andrea et al., 1991; Mio, 1989; Parker et al., 1986; Wyatt & Parham, 1985). Evaluation research is needed to explore the various training models and interventions being used across the country. Until these training efforts and the multicultural competence level of psychology trainees are evaluated, it will not be clear if, as Jones (1985) cautioned, the accreditation efforts of APA requiring the infusion of multicultural goals and programs into psychology training programs and internship sites will lead to the creation of culturally sensitive psychologists. Therefore, the purpose of this investigation was to examine the multicultural counseling competencies of graduate students in counseling and clinical psychology.

Method

Participants

Based on the national sampling procedure (see *Procedure*), the participants consisted of 244 female and 100 male graduate students ranging in age from 21 to 55 years old, with a mean age of 29.8 ($SD = 6.3$). Forty-six percent of the students were enrolled in counseling psychology programs, and 54% of the students were enrolled in clinical psychology programs. Participants were from different years within their respective programs: first year (21%), second year (23%), third year (23%), and fourth year or more (32%).

Eighty-seven percent of the participants had completed at least one practicum. Participants had a mean of 67.8 ($SD = 126.1$) and a median

Table 1
Demographic Variable Frequencies by Discipline

Variable	All participants (<i>n</i> = 344)		Counseling psychology (<i>n</i> = 159)		Clinical psychology (<i>n</i> = 185)	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Gender						
Male	100	29	43	27	57	31
Female	244	71	116	73	128	69
Ethnicity						
African American	34	10	20	13	14	8
American Indian	4	1	2	1	2	1
Asian American	18	5	9	6	9	5
White American	264	77	114	72	150	81
Hispanic	18	5	9	6	9	5
Other/missing	6	2	5	3	1	.5

of 20 contact hours with clients of color. Participants also reported an average of 7.1 (*SD* = 10.7) and a median of 4 practicum supervision hours spent discussing multicultural counseling issues.

In the area of participants' prior multicultural counseling coursework, 11% of participants had completed two or more courses, 25% had completed one course, 39% had multicultural issues covered in other counseling courses, and 25% had never had a course in which multicultural issues were covered. Forty-three percent of participants reported having participated in a multicultural workshop.

Tables 1 and 2 present the frequencies of demographic characteristics among the two groups of psychology students, as well as group means and standard deviations for educational and clinical variables.

Instrument

Multicultural Counseling Inventory (MCI). The 40 self-report items of the MCI (Sodowsky et al., 1994) assess behaviors and attitudes related to multicultural competencies on a 4-point Likert scale of 1 = *very inaccurate* to 4 = *very accurate*. Scale scores are obtained by adding the items specific to each subscale. Higher subscale scores indicate greater multicultural competence in the respective subscale areas. The MCI subscales include

Awareness—10 items measuring multicultural sensitivity, interac-

tions, and advocacy in general life experiences and professional activities. Sample items include "I am involved in advocacy efforts against institutional barriers in mental health services for minority clients" and "When working with international students or immigrants, I understand the importance of legalities of visa, passport, green card and naturalization."

Knowledge—11 items measuring treatment planning, case conceptualization, and multicultural counseling research. Sample items include "When working with minority clients, I keep in mind research findings about minority clients' preferences in counseling" and "When working with minority clients, I apply the sociopolitical history of the clients' respective minority groups to understand them better."

Skills—11 items measuring general counseling and specific multicultural counseling skills. Sample items include "When working with minority clients, I am able to quickly recognize and recover from cultural mistakes or misunderstandings" and "When working with all clients, I am able to be concise and to the point when reflecting, clarifying, and probing."

Relationship—8 items measuring the counselor's interaction process with the minority client (e.g., comfort level, worldview, counselor's trustworthiness). Sample items include "When working with minority individuals, I am confident that my conceptualization of client problems do not consist of stereotypes and biases" and "When working with minority clients, I perceive that my race causes clients to mistrust me."

In Sodowsky et al.'s (1994) initial sample (*N* = 604), exploratory factor analysis resulted in the selection of four factors on the basis of both a scree plot of the eigenvalues and the interpretability of the obliquely rotated factors, with the four factors corresponding to the four content areas for which items had been written. In this sample, Skills, Knowledge, Awareness, and Relationship demonstrated internal consistency reliabilities of .83, .79, .83, and .71, respectively, and low-to-moderate intersubscale correlations ranging from *r* = .23 to *r* = .52. Pope-Davis and Ottavi (1994) found a generally similar pattern of reliabilities and correlations in a sample (*N* = 220) of counselors, with exploratory factor analysis performed using this same sample yielding item loadings comparable to those obtained by Sodowsky et al.'s (1994) initial sample.

Coefficient alpha reliabilities of MCI subscales for this investigation were .82, .80, .77, and .68 for each of Skills, Knowledge, Awareness, and Relationship, respectively. Intersubscale correlations ranged from *r* = .18 to *r* = .63. These reliability estimates and interscale correlations closely approximate those reported in previous investigations, suggesting that the MCI subscales are measuring different constructs.

Personal data sheet. Participants were asked to indicate their gender, age, highest degree held, year in program, number of clinical practicums, multicultural coursework, workshop participation, client contact hours with persons of color, and number of supervision hours spent on multicultural issues.

Procedure

An envelope containing four instruments was mailed to the training directors of 130 randomly selected APA-approved clinical and counseling psychology programs throughout the United States. Each director was asked to distribute the instruments to students in their respective programs. Of 520 instruments sent out, a total of 374 (72%) were returned. However, 30 of the instruments were unusable because of incomplete information. Hence, 344 (67%) graduate students were ultimately included. Participants received the instruments in the common order of consent form, demographic questionnaire, and the MCI. Participants were asked to complete the materials at their own pace and return them anonymously in a self-addressed, stamped envelope to the authors. No follow-up mailings were made.

Table 2
Education Variable Frequencies by Discipline With Means and Standard Deviations by Discipline

Variable	All participants		Counseling psychology (<i>n</i> = 159)		Clinical psychology (<i>n</i> = 185)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Age	29.8	6.3	30.9	6.9	28.9	5.5
Degree held	1.7	.5	1.8	.4	1.6	.5
Year in program	2.9	1.4	2.3	1.3	3.3	1.4
MC coursework	1.2	.9	1.6	.9	0.9	.9
MC workshop taken	1.4	.5	1.5	.5	1.4	.5
Practicum taken	1.9	.3	1.9	.3	1.8	.4
Diverse client hours	67.8	126.1	77.6	141.7	59.4	110.6
MC supervision	7.1	10.7	8.4	11.3	6.1	10.2

Note. MC = multicultural counseling.

Table 3
*Multicultural Counseling Competency Subscale Means,
 Standard Deviations, and Significant Differences by Discipline*

MCI subscale	By discipline						Differences
	All participants (<i>n</i> = 344)		Counseling psychology (<i>n</i> = 159)		Clinical psychology (<i>n</i> = 185)		
			<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Skill	3.29	0.35	3.35*	0.35	3.25	0.34	CO > CL
Awareness	2.54	0.56	2.67**	0.48	2.42	0.60	CO > CL
Knowledge	3.11	0.45	3.20**	0.38	3.03	0.49	CO > CL
Relationship	2.99	0.44	2.99	0.43	3.00	0.45	

Note. MCI = Multicultural Counseling Inventory; CO = counseling psychology; CL = clinical psychology.

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

Results

Descriptive Statistics

Subscale means and standard deviations for participants by program are presented in Table 3. These averages may be interpreted with reference to the 4-point scale used in the MCI, with higher mean scores indicating greater self-reported multicultural counseling competency. For example, the Relationship subscale mean of 3.01 may be interpreted as indicating that participants, on average, considered the statements that make up this subscale to be somewhat accurate as a description of their counseling behaviors. The mean levels for each MCI subscale reported in this study are generally consistent with those reported in two previous studies of counseling interns and students (Pope-Davis & Dings, 1994; Ottavi, Pope-Davis, & Dings, 1994) and are specifically consistent with these studies in the highest mean subscale rating being that of Skill. This latter result is also consistent with the Pope-Davis and Ottavi (1994) finding that psychologists practicing in the field report greater competence in multicultural skills than in other subscale areas.

Group Analyses

To determine whether participants' self-reported multicultural counseling competencies differed with respect to psychology programs, multivariate analysis of variance (MANOVA) was conducted using the four MCI subscales as dependent variables. A significant main effect was found for psychology programs, with Wilks's lambda (.94) yielding an exact $F(4, 331) = 5.18, p < .001$. Follow-up *t* tests for the individual subscales revealed a significant psychology program effect for Awareness, $F(1, 340) = 17.02, p < .0001$; Skills, $F(1, 341) = 6.88, p < .01$; and Knowledge, $F(1, 336) = 11.76, p < .001$. *T* test comparisons indicated that counseling psychology students scored significantly higher than clinical psychology students on the Awareness, Skills, and Knowledge subscales. No significant differences were obtained at the .05 level on the Relationship subscale (See Table 3).

Correlation and Regression Analyses

Given the observed differences in counseling and clinical psychology students, further analyses of the separate groups were conducted to examine significant trends in the group data. Table 4 provides the correlations of the MCI subscales with the demographic, educational, and clinical variables separately for counseling and clinical psychology groups.

To determine whether these variables could account for significant variation in predicting multicultural counseling competencies, separate hierarchical regression analyses were conducted for the two groups of students. Two sets of variables were block-entered in the following order: demographic variables (gender, age, and ethnicity) and educational and clinical variables. Given the preset order of variable entry, R^2 change was the index of interest. Results for each program group are presented in Tables 5 and 6.

For counseling psychology students, when entered into the regression equation, gender and age did not account for a significant amount of variance for any of the four MCI subscales. Ethnicity was the only uniquely significant predictor of responses for the Awareness and Relationship subscales only. Thus, demographic variables accounted for 8% and 11% of the variance in these subscales, respectively (see Table 5). Educational and clinical experience did not add significantly to the prediction of the Relationship subscale. However, educational and clinical experiences such as participation in multicultural workshop, practicum, and contact hours with racially or ethnically diverse clients did add to the predictive validity of the Awareness subscale, accounting for an additional 19% of the variance. No other subscales were significantly predicted by these variables for counseling psychology students.

For clinical psychology students, when entered into the regression equation, gender and age did not account for a significant amount of variance for any of the four MCI subscales. Only ethnicity was a uniquely significant predictor of responses for the Knowledge and Awareness subscales. Demographic variables accounted for 5% and 16% of the variance in these subscales, respectively (see Table 6). When educational and clinical variables were added to the regression, multicultural coursework and discussion of multicultural issues in supervision were predictive of the Knowledge and Awareness subscales, and participation in multicultural workshops also added a unique and significant contribution to the variance accounted for in the Awareness subscale. Variance accounted for increased by 19% for Knowledge and 24% for Awareness.

Discussion

The results of this investigation found that of the two programs in psychology, counseling psychology students identified themselves as being more multiculturally competent. This finding might suggest that there is differential exposure to multicultural counseling issues in terms of educational experience and clinical experiences. Counseling psychology students complete an average of 1.6 multicultural counseling courses, and clinical psychology students complete an average of 0.9, a difference of nearly a standard deviation. This difference roughly corresponds to counseling psychology students' having

Table 4

Correlations Between MCI Subscales and Demographic, Educational, and Clinical Variables for Counseling and Clinical Psychology Students

MCI subscale	Ethnic	Age	Gender	Degree held	Yr in pgm	MC crswk	MC wkshp	Prac taken	Diverse clt hrs	MC sprvsn
Skill										
Counseling	.03	.14	-.04	.23**	-.03	.15	-.07	.00	.20*	.03
Clinical	.04	.06	-.01	.25**	.23**	.18*	.14	.10	.20**	.12
Knowledge										
Counseling	.13	-.09	-.02	.04	-.00	.20*	.02	-.07	.18*	.15
Clinical	.21**	.03	.01	.01	-.13	.35**	.26**	-.03	.15*	.27**
Awareness										
Counseling	.27**	.05	.10	.06	.00	.22**	.20*	-.12	.29**	.15
Clinical	.40**	.07	-.02	.06	-.09	.43**	.35**	-.04	.27**	.32**
Relationship										
Counseling	.36**	-.08	.02	.06	.05	.09	-.08	-.08	.04	-.02
Clinical	.21**	.01	.06	.14	.07	-.02	-.06	.05	.14	.02

Note. MCI = Multicultural Counseling Inventory; Yr in pgm = year in program; MC crswk = multicultural counseling coursework; MC wkshp = multicultural counseling workshop taken; Diverse clt hrs = contact hours with racially-ethnically diverse clients; MC sprvsn = hours of supervision spent addressing multicultural counseling issues.

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

a course specifically devoted to multicultural issues (on average, with some having only the topic addressed in a related course) versus most clinical psychology students having the topic addressed in a related course (on average, with a few not having the topic addressed at all). In relation to clinical psychology students, counseling psychology students have greater or equal amounts of experience and exposure as reflected in degree held,

multicultural client hours, and multicultural supervision. Counseling psychology students are also 2 years older than clinical psychology students (on average), and have been in their programs a full year less than the students in clinical psychology.

Interestingly, ethnicity was significantly correlated with scores on the Knowledge subscale for clinical psychology stu-

Table 5

Hierarchical Regressions of MCI Subscales on Demographic and Educational and Clinical Variables for Counseling Psychology Students

Predictor	MCI subscale							
	Skills		Knowledge		Awareness		Relationship	
	β	t	β	t	β	t	β	t
Demographic variable								
Gender	-.00	-.02	-.00	-.02	.16	1.94	.03	.30
Age	.12	1.39	-.11	-1.19	.06	.74	-.04	-.48
Ethnicity	.05	.57	.09	.97	.26	3.03**	.34	4.08***
R^2	.02		.02		.10		.13	
R^2 adjusted	-.01		-.00		.08		.11	
F change, $F(df = 3, 131)$	0.68		0.96		4.75**		6.25***	
Educational or clinical variable								
Degree held	.21	2.01	.01	.05	-.05	-.54	.18	1.79
Year in program	-.04	-.46	-.01	-.08	-.07	-.77	.13	1.38
MC coursework	.08	.82	.14	1.47	.08	.93	-.00	-.03
MC workshop	-.16	-1.78	.00	.01	.22	2.59*	-.16	-1.82
Practicum	-.12	-1.28	-.12	-1.25	-.19	-2.17*	-.07	-.79
Diverse clients hrs	.17	1.92	.23	2.59*	.37	4.52***	-.00	-.05
MC supervision hrs	-.01	-.09	.11	1.14	.05	.63	-.07	-.72
R^2	.12		.11		.28		.17	
R^2 adjusted	.05		.04		.23		.10	
R^2 change	.10		.09		.19		.05	
F change ($df = 7, 124$)	2.05		1.85		4.58***		0.98	

Note. $N = 159$. MCI = Multicultural Counseling Inventory; MC = multicultural counseling.

* $p \leq .05$. ** $p \leq .01$. *** $p \leq .001$.

Table 6

Hierarchical Regressions of MCI Subscales on Demographic and Educational and Clinical Variables for Clinical Psychology Students

Predictor	MCI subscale							
	Skills		Knowledge		Awareness		Relationship	
	β	t	β	t	β	t	β	t
Demographic variable								
Gender	-.02	-.26	-.02	-.31	-.03	-.48	.05	.58
Age	.07	.85	.01	.17	.03	.46	.02	.21
Ethnicity	.07	.92	.26	3.42***	.41	5.74***	.20	2.63**
R^2		.01		.07		.17		.05
R^2 adjusted		-.01		.05		.16		.03
F change, $F(df = 3, 163)$		0.60		4.00**		11.35***		2.51
Educational and clinical variable								
Degree held	.18	2.09*	-.01	-.12	-.00	-.00	.18	2.06
Year in program	.14	1.72	-.15	-1.96	-.14	-1.97	.04	.49
MC coursework	.11	1.25	.25	2.95**	.26	3.44***	-.05	-.56
MC workshop	.05	.57	.08	.99	.15	2.13*	-.13	-1.48
Practicum	.07	.83	-.08	-1.05	-.03	-.51	-.01	-.13
Diverse clients hrs	.07	.80	-.06	-.72	.10	1.45	.13	1.52
MC supervision hrs	.01	.10	.25	3.04**	.20	2.75**	.00	.02
R^2		.14		.26		.41		.11
R^2 adjusted		.08		.21		.37		.06
R^2 change		.13		.19		.24		.07
F change ($df = 7, 156$)		3.27**		5.46***		8.95***		1.69

Note. $N = 185$. MCI = Multicultural Counseling Inventory; MC = multicultural counseling.

* $p \leq .05$. ** $p \leq .01$. *** $p \leq .001$.

dents, and with scores on the Awareness and Relationship subscales for both clinical and counseling psychology students. In each case, being a student of color was related to having a higher level of self-perceived multicultural competence. Given that neither gender nor age correlated significantly with any MCI subscale scores, it is not particularly surprising that ethnicity was the only significant demographic predictor in any of the regression equations. These findings suggest that the different experiences of Whites and persons of color are indeed relevant to their self-perceived multicultural counseling competencies. To the extent that the experiences of students of color logically should make for greater multicultural counseling competency, these results provide some validity-related evidence for the MCI subscales as well.

Results of the correlation and regression analyses suggest that students in the two programs differ with regard to variables that influence multicultural counseling competencies. For counseling students, increased contact with racially and ethnically diverse clients was more influential in increasing multicultural Knowledge and Awareness competencies. Although clinical students reported taking fewer multicultural courses and spending fewer hours of supervision discussing multicultural issues, the strong positive correlations of these variables with the Knowledge and Awareness subscale scores and their unique contribution to prediction of these subscales suggest that multicultural courses and supervision were particularly valuable for increasing reported multicultural Knowledge and Awareness among clinical psychology students.

Although the results are descriptive and not generalizable to all students and programs in the various areas of psychology,

this study does offer preliminary information regarding how these psychology programs are doing, in relation to each other, with regard to multicultural training. An important consideration identified indicates that, despite increasing attention to multicultural issues in psychology and within APA, graduate students in counseling and clinical psychology still experience relatively little exposure to multicultural issues in various formats (e.g., coursework, supervision, client exposure, and workshops). We hope these results will affect those who have the opportunity to shape and affect the professional training of psychology graduate students. Much of the multicultural counseling literature has requested more multicultural training in psychology, and the results of this study seem to support those requests. On the basis of the results of this study, such training might especially be needed for graduate students in clinical psychology.

Several recent surveys also support the findings of this study (Allison et al., 1994; Quintana & Bernal, 1994). In particular, Quintana and Bernal indicated that counseling psychology programs demonstrated a significantly higher commitment to multicultural training than clinical psychology programs. However, their results, along with the other surveys, suggest that significant curricular changes must occur in these programs before they are able to effectively address the clinical issues of people of color.

Despite the concerns of Jones (1985) regarding an overemphasis on issues of quality in multicultural counseling training, it is still vital that psychology programs and APA, through enforcement of its accreditation criteria, move toward expanding the quality and types of multicultural training in psychology

programs. Examining the effects of having separate multicultural courses with various approaches and goals as well as having multicultural content integrated into all courses is an important beginning step. Addressing multicultural issues in practicums and supervision is also another potentially untapped resource in terms of increasing the multicultural competencies of graduate students in psychology.

Although issues regarding quality and amount of training are important, there is still the need to examine and evaluate the effects of multicultural training to determine which formats and contents are more effective. On the basis of the multicultural competency differences across programs, there may also be a need for different types of training for the various programs. Additionally, such issues as what is occurring within programs to account for significant differences and whether different programs attract different types of individuals whose multicultural sensitivities differ even before being admitted into various programs need to be examined.

More in-depth research must also be completed on the various models of multicultural counseling and training so we might discover what is effective. Once there is more definitive research regarding multicultural training of psychologists and graduate students in psychology, extensive training efforts must be developed to reach out to all educators. Organizationally, with professional associations such as APA and within individual programs, there must be incentives and encouragement for the development and enhancement of multicultural competencies of faculty. Until we truly do what we say we value, we will continue to inadequately prepare graduate students in psychology for effective and ethical practice with clients who are of diverse cultural backgrounds.

The limitations of this investigation arise from the variables studied, differing student characteristics, types of training, sampling procedures, and instrument format. Considered at the most fundamental level, practicum and the other variables used to represent counseling experience, and those specific to multicultural counseling (multicultural counseling client hours, supervision) present some difficulties. Because the definition of what counts as a practicum varies somewhat from program to program, it is somewhat tenuous to make comparisons across institutions of individuals' reported participation in practicums. For the other two measures of counseling experience, the results obtained in this study indicate a very high degree of variability, with standard deviations greater than the mean. Although not inherently problematic, this degree of variability suggests that individuals either vary greatly in experience or that the question is not being answered in the same manner by all participants. Because both of these variables serve only to describe the sample and do not form the basis for the statistical analysis performed in the study, this limitation is minor.

The sampling procedure used in this study relied on training directors to distribute the instruments; therefore, no assurance can be given that the participants were selected at random from among all students in each program. In the least representative selection of students (e.g., the "best" at each program), this sample might evidence higher mean scores and lower standard deviations than would be obtained in a more representative study of graduate students. To the extent that training directors have no interest in identifying the "best" for a study in which

anonymity was assured, this worst case seems unlikely. In any event, the worst case would only threaten the comparison across programs if differentially biased selection occurred (e.g., the "best" of counseling psychology students and "average" students in the other programs).

Another potential limitation arises from the relative make-up and size of the sample. This sample has a relatively high percentage of women (71%). The fact that there is little empirical evidence to support the idea that women differ in self-reported multicultural counseling ability in relation to men in this regard mitigates concern over the composition of the sample to some degree but remains a potential source of limitation.

Because the MCI is a self-report measure, its use in this study presents the potential limitation that participants may have reported anticipated rather than actual behaviors or attitudes, and they may also have selected socially desirable responses. In addition, participants may have interpreted the items differently than was intended by the authors. Although assessing self-reported multicultural competencies may not be preferable to assessing actual competencies, without the use of a self-report format, this study could not have used a multiple-institution sample readily. Even if the extensive funding and the training and participation of supervisors in evaluating students were available and such a study were feasible, no existing observation-based instrument examines distinct components of multicultural counseling competency beyond a global construct. Future studies should examine multicultural competency as assessed by observational methods in addition to self-report, as well as the relationship between these two approaches.

References

- Allison, K. W., Crawford, I., Echemendia, R., Robinson, L., & Knepp, D. (1994). Human diversity and professional competence. *American Psychologist*, 49, 792-796.
- American Psychological Association. (1991, Summer). *Capsule: A newsletter from the APA Committee on Accreditation and the staff of the Office of Accreditation*. Washington, DC: Author.
- American Psychological Association. (1993a, August). APA asks Congress to fund more training for minorities. *APA Monitor*, p. 57.
- American Psychological Association. (1993b, June). Funding sought for program for American Indians in field. *APA Monitor*, p. 28.
- Bernal, M. E., & Castro, F. G. (1994). Are clinical psychologists prepared for service and research with ethnic minorities? *American Psychologist*, 49, 797-805.
- Bernal, M. E., & Padilla, A. M. (1982). Status of minority curricula and training in clinical psychology. *American Psychologist*, 37, 780-787.
- Carney, C. G., & Kahn, K. B. (1984). Building competencies for effective cross-cultural counseling: A developmental view. *The Counseling Psychologist*, 12, 111-119.
- D'Andrea, M., Daniels, J., & Heck, R. (1991). Evaluating the impact of multicultural counseling training. *Journal of Counseling and Development*, 70, 143-148.
- Jones, J. M. (1985). The sociopolitical context of clinical training in psychology: The ethnic minority case. *Psychotherapy*, 22, 453-456.
- LaFromboise, T. D., Coleman, H. L. K., & Hernandez, A. (1991). Development and factor structure of the Cross-Cultural Counseling Inventory—Revised. *Professional Psychology: Research and Practice*, 22, 380-388.
- Lopez, S. R., Grover, K. P., Holland, D., Johnson, M. J., Kain, C. D., Kanel, K., Mellins, C. A., & Rhyne, M. C. (1989). Development of

- culturally sensitive psychotherapists. *Professional Psychology: Research and Practice*, 20, 369–376.
- McRae, M. B., & Johnson, S. D. (1991). Toward training for competence in multicultural counseling education. *Journal of Counseling and Development*, 70, 131–135.
- Mio, J. S. (1989). Experiential involvement as an adjunct to teaching cultural sensitivity. *Journal of Multicultural Counseling and Development*, 17, 38–46.
- Ottavi, T. M., Pope-Davis, D. B., & Dings, J. G. (1994). Relationship between White racial identity attitudes and self-reported multicultural counseling competencies. *Journal of Counseling Psychology*, 41, 149–154.
- Parham, W., & Moreland, J. R. (1981). Nonwhite students in counseling psychology: A closer look. *Professional Psychology: Research and Practice*, 12, 498–507.
- Parker, W. M., Valley, M. M., & Geary, C. A. (1986). Acquiring cultural knowledge for counselors in training: A multifaceted approach. *Counselor Education and Supervision*, 26, 61–71.
- Ponterotto, J. G., & Casas, J. M. (1987). In search of multicultural competence within counselor education programs. *Journal of Counseling and Development*, 65, 430–434.
- Ponterotto, J. G., & Casas, J. M. (1991). *Handbook of racial/ethnic minority counseling research*. Springfield, IL: Charles C Thomas.
- Ponterotto, J. G., Rieger, B. P., Barrett, A., Harris, G., Sparks, R., Sanchez, C. M., & Magids, D. (1993). *Development and initial validation of the multicultural counseling awareness scale*. Manuscript submitted for publication.
- Pope-Davis, D. B., & Dings, J. G. (1994). An empirical comparison of two self-report multicultural counseling competency inventories. *Measurement and Evaluation in Counseling and Development*, 27, 93–102.
- Pope-Davis, D. B., & Ottavi, T. M. (1994). Examining the association between self-reported multicultural counseling competencies and demographic variables among counselors. *Journal of Counseling and Development*, 72, 651–654.
- Pope-Davis, D. B., Reynolds, A. L., & Vazquez, L. A. (1992). *Multicultural counseling: Issues of ethnic diversity: A training video*. Iowa City, IA: Audiovisual Center, University of Iowa.
- Quintana, S. M., & Bernal, M. E. (1994, August). *Ethnic minority training in counseling psychology: Comparisons with clinical psychology and proposed standards*. Paper presented at the 102nd Annual Convention of the American Psychological Association, Los Angeles, CA.
- Ridley, C. R. (1985). Imperatives for ethnic and cultural relevance in psychology training programs. *Professional Psychology: Research and Practice*, 16, 611–622.
- Sodowsky, G. R., Taffe, R. C., Gutkin, T. B., & Wise, S. L. (1994). Development of the multicultural counseling inventory: A self-report measure of multicultural competencies. *Journal of Counseling Psychology*, 41, 137–148.
- Sue, D. W., Bernier, J. E., Durran, A., Feinberg, L., Pedersen, P., Smith, E. J., & Vasquez-Nuttal, E. (1982). Position paper: Cross-cultural counseling competencies. *The Counseling Psychologist*, 10, 45–52.
- Vasquez, M. J. T., & McKinley, D. L. (1982). Supervision: A conceptual model—Reactions and an extension. *The Counseling Psychologist*, 10(1), 59–63.
- Wyatt, G. E., & Parham, W. D. (1985). The inclusion of culturally sensitive course materials in graduate school and training programs. *Psychotherapy*, 22, 461–468.

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