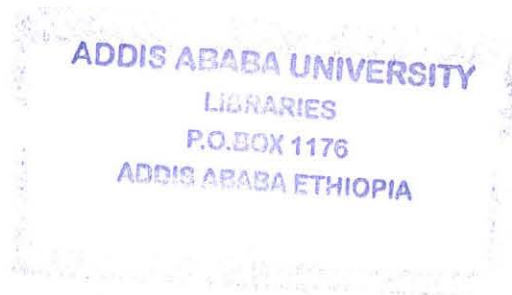
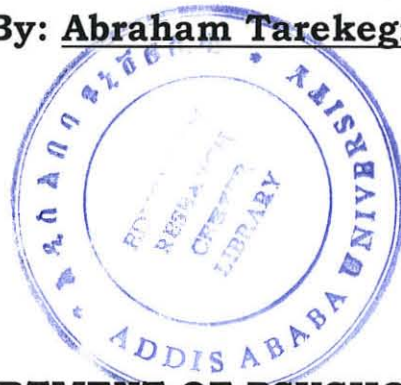


**AN INVESTIGATION OF PRACTITIONER
COUNSELORS' PERCEIVED COMPETENCE OF
MULTICULTURAL COUNSELING:**

**A Comprehensive Study at Some Selected Organizations
Providing Professional Counseling Services in
Addis Ababa**



By: Abraham Tarekegn



**DEPARTMENT OF PSYCHOLOGY
COUNSELING PSYCHOLOGY PROGRAM
COLLEGE OF EDUCATION
SCHOOL OF GRADUATE STUDIES
ADDIS ABABA UNIVERSITY**

July, 2009

ACKNOWLEDGEMENTS

Firstly, I am deeply indebted to my thesis advisor, Dr. Sentayehu Tadesse. He has been a mentor, a teacher, a supervisor, a consultant, a counselor, and a friend throughout this experience. To him, I am grateful for so many things: for taking me as his advisee; for his commitment to this project; for his repeated generosity in so many different ways; for always believing in me and challenging me to grow further; for knowing me well enough to anticipate what I needed at any particular moment; and for accepting and embracing me for who I am and helping me to do the same.

I want to extend my gratitude to my friends during the graduate study. I would especially like to thank Tamrat Mequanint, Solomon Mekonen and Kalkidan Trualem, with whom the bonds that I have forged throughout our shared experiences I will treasure for a lifetime. And to one special friend, Markos Kanko, I would like to show my deep respect for him for being there when I needed help big time; you have shown me your quality.

Finally, I want to acknowledge my family, Ejigayehu Getachew and Abel Wobishet whose patience, sacrifice, love and support were immeasurable. I share this accomplishment with them.

TABLE OF CONTENTS

Acknowledgment-----	I
Table of Contents-----	II
List of Tables-----	VI
Acronyms-----	VII
Abstract-----	VIII

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study.....	1
1.2 Statement of the Problem.....	3
1.3 Purpose of the Study.....	8
1.4 Significance of the Study.....	9
1.5 Delimitation of the Study.....	10
1.6 Limitation of the Study.....	10
1.7 Definition of Terms.....	11

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Multicultural Counseling.....	13
2.1.1 Definition of Multicultural Counseling.....	14
2.1.2 Relevant Concepts in Multicultural Counseling.....	16
2.1.3 Rationale for a Multicultural Approach in Counseling.....	19
2.1.4 History of Multicultural Counseling.....	21

2.2	Theories of Multicultural Counseling.....	23
2.2.1	Multicultural Counseling and Therapy.....	25
2.2.1.1	Theoretical Framework.....	26
2.2.1.2	Theory of Personality.....	27
2.2.1.3	Theory of Psychopathology.....	28
2.2.1.4	Specific Therapy Techniques.....	29
2.2.1.5	Key Behaviors of Counselors Employing MCT.....	30
2.2.1.6	Benefits of Multicultural Counseling and Therapy.....	31
2.2.1.7	Criticisms of Multicultural Counseling and Therapy.....	32
2.2.2	Differences Between Multicultural and Eurocentric Counseling...33	
2.3	Multicultural Counseling Competence.....	34
2.3.1	Definition of Multicultural Counseling Competence.....	34
2.3.2	Models of Multicultural Counseling Competence.....	35
2.3.2.1	Tripartite Model of Multicultural Counseling.....	35
2.3.2.2	Constantine and Ladany's Model of MCC.....	40
2.3.2.3	Neville and Mobley's Ecological Model of MCC.....	42
2.4	Multicultural Counseling Practice.....	43
2.4.1	Multicultural Counseling Process.....	43
2.4.2	MCC in Assessment and Diagnosis.....	45
2.4.3	MCC in Treatment and Intervention.....	48
2.5	Multicultural Counseling Training.....	50
2.5.1	Multicultural Counseling Training Models.....	51
2.5.2	Multicultural Counseling training Levels.....	52
2.5.3	Multicultural Counseling Training designs.....	54

2.5.3.1	Separate-Course Design.....	54
2.5.3.2	Area-of-Concentration Design.....	55
2.5.3.3	Interdisciplinary Design.....	56
2.5.3.4	Integration Design.....	56
2.5.4	Components of a Model Training Program.....	58
2.5.5	Multicultural Counseling Training Methods and Processes.....	60
2.6	Measures of Multicultural Counseling Competence.....	62
2.6.1	The Cross-Cultural Counseling Inventory-Revised.....	62
2.6.2	The Multicultural Awareness-Knowledge-Skills Survey.....	62
2.6.3	The Multicultural Counseling Awareness Scale-Form B.....	63
2.6.4	The Multicultural Counseling Inventory.....	63
2.7	Multicultural Counseling Research.....	65

CHAPTER THREE

DESIGN OF THE STUDY

3.1	Study Population.....	69
3.2	Sampling Technique.....	69
3.3	Data Collection Methods.....	72
3.3.1	Multicultural Counseling Inventory.....	72
3.3.2	Marlowe-Crowne Social Desirability Scale-Short.....	74
3.3.3	Demographic Sheet.....	75
3.4	Pilot Testing.....	75
3.5	Data Collection Procedure.....	76
3.6	Methods of Data Analysis.....	76

CHAPTER FOUR

RESULTS AND DISCUSSION

4.1 Demographic Data.....78

4.2 Percentage Analysis of the Counselors' MCC.....81

4.2.1 Multicultural Counseling Awareness.....82

4.2.2 Multicultural Counseling Knowledge.....85

4.2.3 Multicultural Counseling Skills.....89

4.2.4 Multicultural Counseling Relationship.....92

4.3 Descriptive Statistics of the MCI Results and the Correlation
 Between MCI and MCSDS-S Responses.....95

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5.1 Summary.....98

5.2 Conclusion.....102

5.3 Recommendation.....103

REFERENCES.....106

APPENDIX.....113

LIST OF TABLES

Table No.	Description	Page
Table 2.1	Multicultural Training Curriculum Content	58
Table 3.1	List of Sample Organizations	71
Table 4.1	Sample Demographic Variables	76
Table 4.2	Multicultural Counseling Awareness	81
Table 4.3	Multicultural Counseling Knowledge	84
Table 4.4	Multicultural Counseling Skills	87
Table 4.5	Multicultural Counseling Relationship	91
Table 4.6	Mean Scores of Participants' MCC	95
Table 4.7	Pearson Product Moment Correlation Between MCT Total and Subscales with MCSDS-s	96

ACRONYMS

APA	American Psychological Association
CRDA	Christian Relief and Development Association
CCCI-R	Cross-Cultural Counseling Inventory- Revised
MAKSS	Multicultural Awareness-Knowledge- Skills Survey
MCAS: B	Multicultural Counseling Awareness Scale- Form B
MCC	Multicultural Counseling Competence
MCI	Multicultural Counseling Inventory
MCSDS-S	Marlowe-Crowne Social Desirability Scale- Short
MCT	Multicultural Counseling and Therapy

ABSTRACT

This study represents an investigation of practitioner counselors' competence of multicultural counseling. To achieve the purpose of the study, 90 counselors were purposely selected from an indentified 20 organizations that provided professional counseling to diverse clients in Addis Ababa city. Questionnaires, one to measure the multicultural counseling competence of counselors and the other to measure the extent of social desirable responses in the data, were administrated to the counselors.

Results revealed that most of the counselors did not further their education in counseling specialty, had never taken a multicultural counseling course, had never attended workshops on multicultural counseling, had not received multicultural supervision, and did not participate in researches with multicultural issues. The general result from the MCI indicates that most of the counselors have an average score in both the total and subscale items while detail description of counselors' scores in each subscale is provided by percentage analysis. With regard to the social desirable nature of the responses, the results indicate that there is no significance relationship between the MCI and MCSDS-S.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Although it is an established psychological specialty in the world, counseling psychology is still a culturally encapsulated discipline confined to the views of western world. Within the counseling profession, researchers and practitioners continue to rely solely on the western literature in pursuing scholarly inquiries and designing counseling interventions. Models and paradigms in different domains of the profession continue to display an ethnocentric bias as reflected by their Euro-American assumptions, their use of limited methods of scientific inquiry, and most important, their ignorance of human behavior across culture (Leung, 2003).

However, one could make the case that lately the counseling psychology profession has become more global through its commitment to issues of diversity and by embracing the ideals of multiculturalism (Squire, 2000). In a recent review of the development of the profession, Brown and Lent (2008) contended that increased awareness and commitment to diversity issues were one of the major accomplishments of the discipline in the past 20 years.

Indeed, issues related to diversity and culture, multicultural counseling competencies, and multicultural training and interventions have been major

themes in counseling psychology since the 1990s, and the multicultural movement has made significant studies in the past two decades in terms of theory, research, and practice. However, the multicultural movement in counseling psychology has been confined mostly to ethnic and diversity issues within the United States; it has yet to transcend international boundaries to advance the counseling psychology discipline toward a cross-cultural level of practice (Lee et al., 2007).

The whole scale importation of American psychology, including counseling psychology, to other parts of the world has been a matter of concern for a number of psychologists. Gergen et al. (1996) challenged the Euro-American bias that there is a universally acceptable conception of psychological science and cautioned against unreflective importation of Western-oriented theories and methods of inquiry. They questioned the assumption that different cultural groups should imitate psychology as practiced in the Euro-American tradition, believing it would likely lead to outcomes that have little relevance for regions with different cultural traditions and unique social characteristics.

As a solution, Gergen and his colleagues (1996) called for psychological researchers and practitioners around the world to move toward a position of multicultural psychology in which the multiplicity of indigenous traditions and characteristics of different cultural groups are explored and used in the construction of paradigms that enrich and enlighten the psychological discipline, particularly counseling psychology.

In order to effectively work with a diverse population, counselors must view their professional development as an ongoing process and must seek out training in multicultural issues. Research in the past ten years reveals that counselors have ethnically diverse caseloads and are developing an awareness of the need for multicultural training (Gil and Drewes, 2005). However, looking at the current training trend of our country, few counselors, if any, in the field have actually received training in multicultural counseling. This current climate of acknowledged deficits in multicultural counseling training in the country and a move toward the development of cross-cultural competence in the profession reflects the need to take more concrete action, and to remain vigilant to many counselors' resistance to and discomfort with integrating cross-cultural thought and action into their service.

1.2 Statement of the Problem

Due to the growing diversity among the communities counselors serve, cultural competency has become an important part of effective service delivery. By emphasizing the need for effective service and restructuring teaching, training and research to better reflect the growing diversity, multiculturalism has challenged many of the basic tenets of counseling (Arredondo, 1998). The underlying assumption has been that if a counselor is culturally competent, the counselor will be able to provide the most effective service through the establishment of rapport, appropriate interventions, and culturally appropriate treatment (Clawson et al., 2004).

For more than two decades, multiculturalism in counseling psychology has been noted and emphasized in theory and research, as well as in training, supervision, and practice. Researchers, educators and practitioners now recognize multicultural counseling as the 'fourth force' in psychology (Jackson, 2006). And as a result of the growing interest in multicultural issues, researchers have begun to develop criteria for multicultural counseling competency. Multicultural counseling competencies are focused on understanding the different experiences of various cultural groups, identifying the barriers to communication that exist because of these differences and utilizing culturally appropriate skills in working with clients (Pope-Davis and Dings, 1994).

Sue, Arredondo and McDavis (1992) viewed multicultural counseling competence as counselors' attitudes/beliefs, knowledge, and skills in working with culturally diverse clients. This tripartite conceptualization of multicultural counseling competence has been a mainstay in the field of counseling psychology over the past few decades. However, recent theoretical model of multicultural counseling competence have attempted to expand Sue et al.'s conceptualizations to be more inclusive of client-related perspectives in determining counselors' multicultural competence. For example, Sadowsky et al. (1994) proposed a four-factor model of multicultural counseling competence consisting of multicultural counseling awareness, knowledge, skills, and relationship.

Furthermore, based on Sue et al.'s model of multicultural competence for counselors, Lee et al. (2007) provide a description of a culturally responsive counselor. According to Lee and his colleagues, the process of becoming culturally responsive begins with examining one's own ethnic identity. In addition, a culturally responsive counselor should acquire knowledge concerning the background of culturally diverse individuals and how culture has impacted their development. Once a counselor has awareness and knowledge related to issues of cultural diversity, a culturally responsive counselor should be able to use counseling strategies that are consistent with the cultural values of the client.

A substantial number of researchers have investigated the relationship between multicultural counseling competence and various attitudinal and dispositional constructs across multiple mental health disciplines and levels of training. Existing research in this area suggests that previous academic training in multicultural counseling was significantly related to counselors' higher self-perceived abilities to work with culturally diverse clients (Arredondo, 1998).

Nonetheless, one of the challenges that face the educational system in today's society of increasing diversity is to provide training for mental health professionals including counselors to address the psychological needs of diverse population. Berry et al. (2002) noted that clinical and counseling psychologists have failed to meet the mental health needs of ethnically

diverse clients. As a result, many clients terminated their counseling sessions after only one contact with their counselor. According to Berry and colleagues (2002), the reason for this might be due to the fact that most clients are self-conscious about their racial/ethnic heritage and are very protective of their values and beliefs. If such values are distorted by the counselor, the client would immediately lack trust and creditability during the counseling process.

Many multicultural psychologists stress the importance of counselors' being flexible in adopting various roles in working with clients to effectively meet their mental health needs. However, most counselor training programs neglect to teach students to develop varied helping skills employed in professional roles other than those of counselor or psychotherapist. Hence, the degree to which counselors-in-training are equipped to work with an increasingly diverse population of individuals appears to be limited. Thus, it seems especially important that counselor training programs consider ways to prepare students to assume a broader range of helping roles in working with culturally diverse individuals (Jose, Ruth and Donald, 2000).

There are several ways in which training programs can institutionally demonstrate their belief that multicultural counseling competence is a core clinical competence. A program can include it in its admissions criteria, it can integrate these issues into the curriculum, it can make having access to culturally diverse clientele a central characteristic of acceptable training

sites and it can make the acquisition of that competence a criterion for graduation or successful program completion in the same manner in which individual or group counseling is used within summative evaluation criteria (Coleman, Morris and Norton, 2000). In general, counselor education programs must take an active role in the creation, implementation, and sustenance of a multicultural classroom that integrates multicultural issues as a central component to counselor training.

Based on the above discussions, an attempt has been made to answer the following research questions:

- ✦ What is the competence level of counselors regarding their sensitivity to, appreciation of, and advocacy of multiculturalism (Multicultural counseling Awareness)?
- ✦ What is the competence level of counselors regarding their understanding of racial and cultural variables they may encounter in their counseling practice (Multicultural counseling Knowledge)?
- ✦ What is the competence level of counselors regarding ability to generate and implement culturally appropriate interventions with diverse clients (Multicultural Counseling Skills)?
- ✦ What is the competence level of counselors regarding their interpersonal encounters with culturally diverse clients (Multicultural Counseling Relationship)?

1.3 Purpose of the Study

In today's society of increasing diversity, counselors must be adequately prepared to address the challenges presented when counseling ethnically, racially, and culturally diverse clients. Multiculturally competent counselors are those who have the ability to integrate human diversity factors into his or her theoretical and technical approach, which includes assessment, intervention, and counseling outcomes (Maldonado, 2008).

Accordingly, the general objective of the research is to investigate practitioner counselors' competence in multicultural counseling (with regards to their multicultural counseling awareness, knowledge, skills and relationship). From this broad purpose of the study, the researcher sought to accomplish the following specific objectives:

- ✚ To examine counselors' sensitivity to, appreciation of, and advocacy of multiculturalism.
- ✚ To assess counselors' understanding of racial and cultural variables they may encounter in their counseling practice.
- ✚ To assess counselors' ability to generate and implement culturally appropriate interventions with diverse clients.
- ✚ To investigate counselors' ability to promote comfortable interpersonal relationship with culturally diverse clients.

1.4 Significance of the Study

This research study takes into account several important areas in the profession of counseling psychology and its current orientation towards inclusion of multicultural issues. The findings from this study may provide guidance for trainees, counselors and counselor education programmers in the following areas:

1. It helps trainees, practitioner counselors and counseling education programmers to assess counselors' sensitivity to, appreciation of, and advocacy of multiculturalism.
2. It helps trainees, practitioner counselors and counseling education programmers to review counselors' understanding of racial and cultural variables that they may encounter in their counseling practice.
3. It helps trainees, practitioner counselors and counseling education programmers to analyze counselors' ability to generate and implement culturally appropriate interventions with diverse clients.
4. It helps counselors and counseling education programmers to examine counselors' ability to promote comfortable interpersonal relationship with diverse clients.
5. It also serves as a preliminary research for those who are interested to study in the areas of multicultural counseling, noting that not much research, if any, have been made with such construct in our country.

1.5 Delimitation of the Study

Participants of the study were limited to counselors working at different organizations providing professional counseling services at Addis Ababa city. This is because including other participants, such as clients and supervisors, will require more time and resources which the researcher was short of. In addition, the organizations located in Addis Ababa city were selected because of the researcher's believe that the capital city is an ideal place to find such organizations easily and adequately.

1.6 Limitations of the Study

There are some limitations in this study that should be considered. With regard to sampling, the target organizations and, thus, the respective participant counselors were not randomly selected as the researcher was not able to get the list of organizations that specifically provides professional counseling services. Therefore, some organizations and counselors may have not received an opportunity to participate in this study.

Another limitation relates to the use of self-report measure in this study. To address this limitation, the study assessed the extent of social desirable responses in the data. The result indicates no significant relationship between the responses of the counselors in the MCI and the social desirability scale scores.

Further, the researcher confronted serious problem during data gathering process which makes it difficult to collect the questionnaires on time.

Despite these limitations, this study might be the first empirical study to investigate multicultural counseling competencies of practitioner counselors in the country.

1.7 Definition of Terms

- ✦ **Counseling Psychology:** refers to a general practice and health service provider specialty in professional psychology. It focuses upon personal and interpersonal functioning across the life span and on emotional, social, vocational, educational, health-related, developmental and organizational concerns. Counseling psychology centers on typical or normal as well as on atypical or disordered developmental issues (physical, emotional and mental) as it applies to human experience from individual, family, group, systems, and organizational perspectives.
- ✦ **Multicultural Counseling:** refers to a philosophy, a set of guidelines and recommendations for conducting counseling with culturally different clients, and a group of distinct approaches to psychotherapy. Broadly defined, the phrase refers to an interaction between a counselor and a culturally different client in terms of race/ethnicity, gender, sexual orientation, able-bodied, religious orientation, social class, as well as related identity dimensions.

- ✦ **Multicultural Counseling Competence:** represents the ability to work effectively with clients from diverse racial, ethnic, and cultural backgrounds whose worldview may differ markedly from one another and/or the culture of the counselor.
- ✦ **Multicultural Counseling Awareness:** Counselors' awareness of their culturally based beliefs, attitudes, and potentials\biases that might influence their therapeutic perceptions and subsequent therapeutic dynamics.
- ✦ **Multicultural Counseling Knowledge:** Counselors' knowledge of the unique dimensions of clients' worldviews, the historical backgrounds of diverse cultural groups, and current sociopolitical influences on diverse groups.
- ✦ **Multicultural Counseling Skills:** Counselors' ability to devise and implement prevention and intervention strategies that are relevant to clients' cultural values, beliefs, and expectations.
- ✦ **Multicultural Counseling Relationship:** Counselors' ability to promote comfortable interpersonal relationship with culturally diverse clients, including comfort level and ability to establish a working alliance.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

Whereas chapter one established the need for counselors to be multiculturally competent, chapter two explains the theoretical basis for the constructs under investigation. More specifically, chapter two begins with a synopsis of multicultural counseling, proceeds through an elucidation of its theory, competencies, practice, training, measures and wraps up with brief review of the empirical researches of multicultural counseling competencies.

2.1 Multicultural Counseling

Cultural diversity is one of the most important topics in the world today. In many countries, people of different cultures live together more today than ever before. While this increasingly diversifying world has created a wonderful environment for personal challenge and growth, it also brings an increased potential for misunderstandings that can lead to confusion and anger (Squire, 2000). When a client and counselor come from different cultural backgrounds, whether it be in terms of ethnicity, sex, sexual orientation, disability, or age, they may not share the same assumptions about many things, including the counseling process, and counseling may be an uncomfortable unpredictable interaction for both parties. Then, the likelihood of a second session, let alone productive change, becomes low (Lee et al., 2007).

In this diverse world, many psychologists have come to see the 'traditional' psychotherapeutic approaches as effective for some people, but less so for others, particularly those of non-European descent. Thus, they have proposed that psychotherapy itself is inescapably bound to a particular cultural framework posing the following fundamental points to their argument (Bronstein and Quina, 2003).

1. The expressions of abnormality, and their underlying psychological causes, are at least partly bound to culture.
2. The ability of the therapist to assess and deal with such behaviors is intimately related to his or her knowledge, understanding, and appreciation of the cultural context within which the behaviors occur.
3. If the goal of psychotherapy is to help people to become more functional within their society, then functionality itself is culturally determined; that is, different cultures and societies would necessitate different outcomes.

2.1.1 Definition of Multicultural Counseling

The term multicultural counseling refers to a philosophy, a set of guidelines and recommendations for conducting counseling with culturally different clients, and a group of distinct approaches to psychotherapy. In the narrowest definition of the term, multicultural counseling is an interaction between a counselor and a racially/ethnically different client. More broadly

defined, this term includes differences in gender, sexual orientation, and physical ability (Jackson, 2006).

Divergent views of what constitutes multicultural counseling originate in differing opinions on relevant cultural variables. Many psychologists assert that all counseling is multicultural; although individuals may share a number of attributes and experiences, every individual is unique. In other words, by virtue of being human, we all have a set of shared experiences (e.g., being born). We also have a set of experiences in common with a group of people who are similar to us (e.g., a particular national identity or religious faith). Finally, there are qualities and experiences that are unique to each individual. Therefore, in the counseling relationship, even a counselor and client who are culturally similar in some ways will be culturally different in other ways, making every counseling situation and human interaction multicultural (Dana and Allen, 2008).

An alternative view advocates a less inclusive definition of multicultural counseling, one that focuses narrowly on race and ethnicity. This definition differentiates between multiculturalism, which refers to ethnicity and race, and diversity, which refers to other dimensions of an individual's identity, such as gender, age, physical ability, and sexual orientation (Carter, 2005). In line with this view, some psychologists worry that the inclusion of other variables, such as gender, physical ability, or sexual orientation, may dilute the focus of multicultural counseling. From this perspective, multicultural

counseling is defined only as a counseling encounter or relationship in which the counselor and the client are from different racial or ethnic backgrounds (Lago, 2006).

As a philosophy rather than a specific theory, multicultural counseling is often equated with a tripartite model that incorporates knowledge, awareness and skills. Multicultural counseling competencies, an extension of this model, offer general suggestions for gaining knowledge, increasing awareness, and obtaining skills for effective and ethical work with culturally different clients (Sue, Arredondo, and McDavis, 1992).

2.1.2 Relevant Concepts in Multicultural Counseling

Defining multicultural counseling can be a confusing task, as there are many different ideas about which aspects of culture are relevant and which should be the focus of multicultural counseling. Aspects of individual identity that are often mentioned in conjunction with multicultural counseling are race, ethnicity, and culture. To facilitate the discussion of multicultural counseling issues in the study, these basic concepts and other relevant terms must first be defined.

- 1. Race:** Traditionally, the counseling literature has defined race as a set of biologically determined characteristics that separate one group of people from another. Some of these characteristics include physical traits such

as body type, skin color, and hair texture. Multicultural specialists have long criticized this definition because people who self-identify as members of a particular group may not conform in appearance to stereotypical conceptions of their racial group. Furthermore, race is socially and politically constructed (Lago, 2006).

2. **Ethnicity**: The term ethnicity refers to groups of people who share a country or nation of origin as well as non-biological factors such as language, religion, and customs. In this sense, ethnicity may be considered more specific than race because it refers to smaller groups of people and acknowledges immense within-group differences that may be overlooked by focusing on race (Mio et al., 1999).

3. **Culture**: According to Merriam-Webster (2006, cited in Kitayama and Cohen, 2007), culture is the customary beliefs, social forms, and material traits of a racial, religious, or social group. In this definition, what is customary or normative for a particular group is the key. In order to understand a client's cultural background, the counselor must understand what is normative of that client's cultural group(s). In this context, the client's own behavior can then be evaluated as it compares to how others in his or her group would typically behave; behavior that is abnormal in one culture may be adaptive in another.

Encyclopedia Britannica (2006, cited in Kitayama and Cohen, 2007) defines culture as an integrated pattern of human knowledge, belief, and

behavior that is both a result of and integral to the human capacity for learning and transmitting knowledge to succeeding generations. Culture consists of languages, ideas, beliefs, customs, taboos, codes, institutions, works of art, rituals, ceremonies, and symbols. Thus, an individual's attitudes, values, ideals, and beliefs are greatly influenced by the culture(s) in which he or she lives.

4. **Etic and Emic Viewpoints:** Literatures that address multiculturalism recognizes two primary approaches to the helping process: cultural universality often referred to as the etic perspective, and cultural relativism, known as the emic perspective.

According to Mio et al. (1999) cultural universality, or etic perspective, suggests that many aspects of human behavior are universal, and counselors, therefore, can apply therapeutic techniques similarly across cultures and contexts. This perspective attempts to find universal definitions of health and sickness, normality and abnormality, and effectiveness and ineffectiveness of treatment assessment across cultures. Counselors who approach clients from an etic perspective use their own cultural standards as the basis for interpretation. On the other hand, cultural relativism, or emic perspective, suggests that cultural values, worldviews, and contexts all affect definitions of normal and deviant behavior. Counselors who function from this perspective are both receptive to and respectful of various cultures' meanings and evaluations of experiences.

Few counseling professionals embrace the extreme of either cultural universality or cultural relativism, as both have validity. Counselors who approach their work from a multicultural perspective maintain the awareness, knowledge, and skills necessary to adjust to multiple cultural and contextual variables, while responding to relatively universal psychological phenomena (Rosenthal, 2008).

5. **Cultural Encapsulation**: As all people, counselors are prone to being culturally encapsulated by their own perceptions and, therefore, hindering in recognizing their biases that may be harmful to clients. Cultural encapsulation is defined as counselors' reliance on a narrow model of helping that fails to account for cultural values, beliefs, and variables, and interprets health and wellness the same across cultures (Lago, 2006).

6. **Ethnocentrism**: Counselors who are culturally encapsulated generally approach clients from an ethnocentric perspective. Ethnocentrism can be defined as the tendency to use one's own cultural standards as the standards by which to evaluate other groups and to rank these standards higher than all others (Lago, 2006).

2.1.3 Rationale for a Multicultural Approach in Counseling

Although the overwhelming majority of counseling theories arose from the dominant cultures found in Europe and the United States, increasing attention is being paid to the elements of cultural differences in counseling relationships. Ultimately, every competent counselor is required to account for social and cultural factors in his or her clinical work (White and Henderson, 2008). Gregoire and Jungers (2007) asserts that this new awareness in the field of counseling psychology related to the need for a multicultural approach is grounded in a number of rationales for the shift to a multicultural perspective.

- 1.** Every client comes to the counseling relationship with a worldview that is distinct from that of the counselor due to personal experience within an array of cultural contexts.
- 2.** Without cultural sensitivity, many counselors and psychologists fail to recognize that they are approaching the counseling relationship from a perspective that is quite different from their clientele.

According to Montovani (2000) culture forms the basis of our cognitions, emotions, behaviors, assumptions, beliefs, and expectations of others. Culture influences every aspect of our daily lives: communications, social interactions, familial relationships, and perceptions of reality. Therefore, members of different cultures may have very different expectations and

perceptions of interpersonal interactions and events in the physical world. These differences can cause communication to break down. And since effective counseling relies on a high degree of mutual understanding between the counselor and the client, a lack of accurate cultural understanding on the counselor's part is taken to be one reason why a large percentage of clients do not continue counseling.

Multicultural counseling further recognizes the impact of culture, race and the accompanied oppression (such as racism and sexism) on the socio-emotional development, psychological well-being, psychopathology, and psychotherapeutic interactions of all people. These socio-political forces have traditionally been overlooked as major influences on individual development. However, multicultural counseling makes these socio-political issues central to the work of counseling, particularly when working with culturally diverse clients (Rosenthal, 2008).

2.1.4 History of Multicultural Counseling

The roots of psychology and psychotherapy were firmly established during the late 19th and 20th century in Europe, respectively. However, questions of culture, cultural differences, and cultural relativity of developmental processes were infrequently addressed during these early periods of the fields (Walsh, 2008). Lee et al. (2007) believed that there are at least two possible explanations for this inattention to culture. The first has to do with

the general worldview held by educated and scientific minds of the time, which exemplified Eurocentrism (establishing European cultural expectations as the standard against which all other cultures are measured) that was institutionalized in the European academic, political, and social circles of the time. From this vantage point, culturally unique phenomena were often interpreted in pejorative terms. For example, an unfamiliar, culturally prescribed custom or ritual may have been described as primitive, underdeveloped, or savage.

The second explanation has been equally detrimental to the needs of multicultural populations. With views based on the more established hard sciences (Biology, Chemistry, and Physics), early psychologists were interested in explaining human behavior through generalizable, universal patterns, if not laws. Thus, early psychologists and psychotherapists embraced the universal humanistic approach, which held that all human behavior and all human experiences have more commonalities than differences because of the underlying biological and psychological characteristics that make us all members of the same species.

However, such European and European American psychological thought began to be challenged during the 1970s and 1980s in the United States. Frustrated and outraged by the unresponsiveness of the accepted psychotherapeutic practices of the time to the unique needs of racial and ethnic diversity in the country, some psychologists began to criticize the

Euro-American theories of personality development and psychotherapeutic process. The arguments against blindly applying traditional approaches to work with ethnically diverse populations claimed that such methods were not only ineffective but also unethical and potentially harmful to clients (Jackson, 2006).

Brown and Lent (2008) elucidate the potential outcomes of counseling encounters when cultural differences are overlooked. They assert that clients whose cultural expectations are not met by counselors may feel frustrated and unheard, feel distanced from counselors, and leave counseling prematurely. Furthermore, they cautions that clients may even be emotionally, psychologically, or socially harmed when their needs are misinterpreted, misdiagnosed, and misaddressed. Thus, in its practice, multicultural counseling attempts to provide culturally relevant and responsive services that are delivered by culturally competent mental health professionals.

2.2 Theories of Multicultural Counseling

Counselors are profoundly and inevitably influenced in their counseling practice by counseling theories. The theories by which they operate are often acquired through the counselors' original training program and then reinforced or modified by their working environments. Thus, counselors are significantly influenced in the ways they approach, reflect upon and predict

the outcome of their work by the theoretical influences they were exposed to whilst in training or in post. However, despite the increasing diversity that characterizes the nations of the world; traditional counseling theories do not address adequately the complexity of cultural diversity, social context, and ecological perspectives; and theories that do address social factors are overlooked in counselor education (Carter, 2005).

The difficulty with approaching counseling relationships only from traditional theoretical approaches is that the worldviews inherent in these perspectives favor individualism and often are at odds with the worldviews of clients who do not embrace or originate from Euro-American cultures. Many of the current theories of therapy are rooted, historically, in Central European and more latterly North American culture. As such, these theories are culturally and historically bound and as a consequence also have limitations as to their applicability to all situations and person, particularly, for a multicultural society (Gregoire and Jungers, 2007).

Even though, the trend toward multicultural counseling is well acknowledged, there is still great need for more comprehensive theoretical development about its nature. The most substantial contributions to multicultural counseling theory so far have been more limited in scope: cultural adaptation theories, identity development theories, application of internal/external locus of control theory to multicultural counseling, triad training models, and so on (Sue, Arredondo and McDavis, 1992).

The most highly developed attempt at creating a comprehensive theory of multicultural counseling to date has been the book, *A Theory of Multicultural Counseling and Therapy*, edited by Derald Sue, Allen Ivey, and Paul Pedersen (1996, cited in Corey, 2005). These scholars, who have themselves made substantial contributions to the field of multicultural counseling, have criticized the narrow focus of earlier counseling theories on feelings, thoughts, behaviors, or social systems while ignoring biological, spiritual, political, and cultural influences (Corey, 2005).

Therefore, the focus of this section is on Multicultural Counseling and Therapy (MCT), an approach to understanding human behavior that specifically accounts for factors of culture and diversity, and its difference with the 'traditional' Eurocentric counseling approaches.

2.2.1 Multicultural Counseling and Therapy

The theories of multicultural counseling are considered as the fourth force in the family of counseling theories. The first three forces are Psychodynamic theories (process-oriented theories that deal with the unconscious in one way or another), Behavioral and Learning theories (emphasize how human learning is at the foundation of human experience, psychopathology and change), and Humanistic theories (relationship-oriented theories that believe in the human potential for change, healing, and growth if the right circumstances and understandings are present). Different from the above theories, Multicultural Counseling and Therapy argues that people are a

product of their culture and deserve to be understood foremost as such (Gibson and Mitchell, 2008).

2.2.1.1 Theoretical Framework

At the theoretical level, multiculturalism as applied to mental health elevates and centralizes the role of culture in defining psychological functioning, psychological distress, and psychological well-being. Culture is understood as a set of learning one obtains from the environment into which one has been born or in which one is functioning. As noted earlier, there are many dimensions of culture, and specific definitions of culture are often based on whether or not certain of these dimensions are included (Lago, 2006).

There is no definitive, agreed upon set of principles for multicultural counseling theories because of diversity of opinion in the finer points of what it means to be multiculturally oriented. However, the following base six propositions can be used as guides to understand the broad metatheory of Multicultural Counseling and Therapy (MCT) (Lee et al., 2007).

1. The first proposition states that MCT is a theory about theories and offers an organizational framework or alternative worldview.
2. The second proposition recognizes the multiple levels of experience (individual, group, and universal) and contexts (individual, family, and cultural milieu) that affect both the counselor and client and whose many interrelationships need to be central in treatment.

3. Proposition three recognizes the importance of cultural identity development.
4. The fourth proposition calls for utilizing treatment goals and modalities that are culturally consistent for the client.
5. Proposition five expands the counselor's role beyond direct treatment of the individual, family, or group to incorporate prevention and system intervention.
6. Proposition six refocuses the basic goal of counseling to be the 'liberation of consciousness' within context, utilizing both Western and non-European models of helping.

According to Lee and his colleagues (2007), propositions 5 and 6 are the most radical in comparison to the traditional theories of counseling.

2.2.1.2 Theory of Personality

From a multicultural perspective, individual personality is heavily influenced by cultural experiences. In fact, multicultural counselors note that even the idea of personality is an essentialist way of approaching human beings and is, therefore, a culture-bound concept. There are many dimensions of intra- and interpersonal functioning that vary by culture. What is considered normal and acceptable or abnormal and troublesome varies widely among cultures (Gabbard, Beck and Holmes, 2005).

One of the most common dialectical discussions in the multicultural literature is that of individualistic versus collectivist cultures. Individualistic cultures place enormous values on the personal liberty of the individual and the supremacy of self-interests over those of the group. Autonomy is a highly regarded goal and virtue, and personality is often viewed as separate from family and culture. In collectivist, cultures, values and norms are more shared. The self and the personality are defined in terms of group memberships, and the group needs and values are more central than those of the individual (Jackson, 2006).

Collectivists tend to evaluate themselves based on the attainment of commonly held group goal; whereas individualists are more likely to orient toward individual responsibility and to establish personal goals. Collectivist cultural values and personality traits are difficult for a counselor trained in an individualistic orientation to understand and honor in the counseling process (Brown and Lent, 2008).

2.2.1.3 Theory of Psychopathology

Multicultural counseling and therapy acknowledges the role of social forces in the understanding and causation of suffering and pathology. Multicultural counseling practitioners are extremely cautious in using standardized assessment instruments and diagnoses and take care to explore any concerns within the beliefs and practices of the client's culture. In other

words, multiculturally oriented counselors do not quickly impose pathological labels on troubling behaviors but instead seek to understand the meaning of the behaviors from within the cultural context of each individual or family; since within different cultures, the names of disorders, the beliefs about causation and the types of symptoms that are manifest vary greatly (Sommers-Flanagan and Sommers-Flanagan, 2004).

2.2.1.4 Specific Therapy Techniques

According to Gregoire and Jungers (2007) multicultural counseling and therapy is not an approach that emphasizes techniques. Instead, it emphasizes a relationship that respects the client's cultural identity and affiliation. They argue that it is inappropriate to outline specific techniques for multicultural counseling because clients with different ethno-cultural backgrounds will prefer different therapy approaches.

S. Sue (1998, cited in Sommers-Flanagan and Sommers-Flanagan, 2004) identified three specific skills that he considers will lead to effective multicultural counseling relationship. These skills include:

- ✓ **Scientific Mindedness:** Counselors who use scientific mindedness form hypotheses about their clients rather than coming to firm and premature conclusions. These counselors also develop creative ways to test their initial hypotheses about ethnically diverse clients and then act on the basis of the data they obtain and not their prejudgments.

- ✓ **Dynamic Sizing**: Counselors with this skill know when to generalize and be inclusive and when to individualize and be exclusive. This means knowing when to apply general knowledge about a culture to an individual and when to focus more on the individual than the culture.

- ✓ **Culture-Specific Expertise**: This involves acquiring knowledge about one's own culture and about the client's culture. It also involves the application of that knowledge in a culturally sensitive and effective manner.

2.2.1.5 Key Behaviors of Counselors Employing MCT

According to Lee and his colleagues (2007) the following are the roles that multiculturally competent counselors should display in their therapeutic relationships with clients:

- MCT-oriented counselors work with the clients instead of on the clients, thus helping them to serve as active and equal participants as they co-construct definitions of both the problems and the goals in the counseling relationship.

- MCT-oriented counselors are aware of and responsive to the fact that salient cultural features (individual, group, or universal) change for clients during counseling, and ,thus, track and respond to the various cultural affiliations of their clients instead of presuming stagnant, oversimplified definition of culture.

- MCT-oriented counselors avoid treating the individual, family, or group in isolation; therefore, the focus of work moves from a more traditional focus on self-concept to a focus on self –in-relation.
- MCT-oriented counselors avoid using theories of identity that disregard cultural context and instead understand that identity is learned within cultural context.
- MCT-oriented counselors realize that the client's perspective must be understood comprehensively and within historical and cultural contexts.
- MCT-oriented counselors continually strive to expand their repertoire of helping responses as they realize that no single approach is equally effective across all populations and situation; thus, any theory or technique must be approached from a culturally appropriate frame of reference.
- MCT-oriented counselors approach helping from multiple roles, ranging from one-to-one remedial work to systematic intervention and prevention, and value and incorporate Western methods of helping as well as traditional and non-Western methods.

2.2.1.6 Benefits of Multicultural Counseling and Therapy

Use of a meta-theoretical approach such as MCT provides a number of benefits to culturally sensitive counselors. Gregoire and Jungers (2007) highlight few of the advantages listed below:

- Allows for the understanding of multiple influences clients might experience.
- Promotes recognition of the collectivist identity crucial to many cultures.
- Allows clients to define wellness within their own context.
- Recognizes the numerous roles counselors may have to fill in response to client diversity.

2.2.1.7 Criticisms of Multicultural Counseling and Therapy

Gregoire and Jungers (2007) also provide the following criticisms of the multicultural counseling:

- Concentrating on differences fosters a backlash of racism.
- By focusing on racial/cultural characteristics, the counselor may lose sight of the individual client.
- Concentrating on culture-specific techniques may lead to a technique-oriented definition of counseling devoid of a conceptual framework.
- The theory focuses primarily on adult individual counseling and does not address prevention, consultation, and assessment in depth.
- It challenges many traditional approaches to helping which may make it difficult for established professionals to implement its concepts.

2.2.2 Differences Between Multicultural and Eurocentric Counseling

Multicultural counseling can complement other Eurocentric theories of counseling, yet it is distinctly different from them. Here, brief examination of the distinct features of multicultural counseling in comparison with Eurocentric counseling is provided.

Multicultural counseling has a broad focus that takes into account the client's multiple societal connections, such as family, school system, and work place. Most Eurocentric counseling approaches, however, view the client in a narrow way as an individual who is somehow disconnected from his or her social environment. This perspective is consistent with the individualistic European American worldview. An extension of this worldview is the conceptualization of problems as originating within the individual. Therefore, most Eurocentric theories have an intrapersonal focus and propose methods for change that almost exclusively require the individual to alter his or her thoughts, feeling, and behaviors without effecting change in his or her larger social contexts (Jackson, 2006).

Different from the above view of clients' problem, multicultural counseling assume that presenting problems do not originate exclusively within the individual. Rather, larger social forces are examined for their role in the client's current difficulties. In multicultural counseling, the client's cultural background and membership in a particular cultural group play crucial roles in his or her overall support treatment goals (Lago, 2006).

2.3 Multicultural Counseling Competence

2.3.1 Definition of Multicultural Counseling Competence (MCC)

In a broad sense, multicultural counseling competencies (MCC) are skills that counselors and other mental health professionals possess and continually expand that enable them to work effectively with culturally diverse clients. The process of becoming multiculturally competent involves specialized training and supervision, practice with diverse clients, meaningful personal relationships with individuals who are culturally different from oneself, and examination of one's own life experiences. This process is believed to be lifelong and ongoing, as societies are continually changing. In a narrow sense, multicultural counseling competencies are a set of guidelines for providing effective counseling to culturally diverse clients (Gielen, Draguns and Fish, 2008).

Jackson (2006) describes multicultural counseling competence as the ability to engage in actions or create conditions that maximize the optimal development of the client and client systems. Such competence is achieved by the counselor's acquisition of awareness, knowledge, and skills needed to function effectively in a pluralistic society (ability to communicate, interact, and intervene on behalf of clients from diverse backgrounds) and on an organizational/societal level (advocating to develop new theories, practices, policies, and organizational structures that are responsive to all groups).

Multiculturally competent counselors recognize that there is no one objective truth or perception of reality. Instead, they strive to comprehend the worldviews of diverse clients through the individual client's cultural lens (Gielen, Draguns, and Fish, 2008).

2.3.2 Models of Multicultural Counseling Competence

For White and Henderson (2008) a multiculturally skilled counselor implicitly and explicitly takes into account not only the client's culture but also the cultural differences that exist between him/her and the client. These scholars believe that counselors have now realized that culture influences help seeking behaviors, definitions of presenting problems by both counselors and clients, responsiveness to certain helping styles and approaches, and the overall client-counselor interactions. Accordingly, the following models of multicultural counseling competency have been designed which can be used as a guide for developing such competency in counselors.

2.3.2.1 Tripartite Model of Multicultural Counseling

For nearly 25 years, the tripartite model of multicultural counseling, initially presented by Sue, Arredondo, and McDavis in 1982 and subsequently reformulated, has been a critical part of research, training, and practice in multicultural counseling (Arredondo, 1998). Sue, Arredondo, and McDavis (1992) characterize multicultural counseling competence in this model using three basic domains, namely:

1. Multicultural counseling awareness or counselors' awareness of their culturally based beliefs, attitudes, and potentials\biases that might influence their therapeutic perceptions and subsequent therapeutic dynamics;
2. Multicultural counseling knowledge or counselors' knowledge of the unique dimensions of clients' worldviews, the historical backgrounds of diverse cultural groups, and current sociopolitical influences on diverse groups; and
3. Multicultural counseling skills or counselors' ability to devise and implement prevention and intervention strategies that are relevant to clients' cultural values, beliefs, and expectations.

These multicultural counseling competencies were conceptualized originally as 11 specified areas of professional attention with regard to working effectively with culturally diverse populations. A decade later, in response to advances in the literature and movements within counseling psychology organization, Sue, Arredondo, and McDavis (1992) expanded these 11 competencies to 31, while retaining the original tripartite model. In 1996, Arredondo and colleagues (cited in Arredondo, 1998) clarified constructs that had not been explicated clearly in the 1992 article, such as 'diversity' and 'multicultural', and articulated competencies that had been vague. In the most recent iteration of the tripartite model, culturally competent counselors' ability to develop culturally sensitive organizations were included as part of the multicultural counseling competencies (Lago, 2006).

Within each of the above three domain, Gielen, Draguns and Fish (2008) propose specific strategies for moving toward multicultural competence and describe characteristics of multiculturally competent counselors. For example, on the awareness dimension, they state that a multiculturally competent counselor is aware of his/her own cultural background and experiences. He/she can articulate what it means to be a member of his/her culture. Further, he/she has begun the process of accepting other cultural practices and beliefs as equally valid and worthy. That means, he/she values and respects cultural differences which may include time orientation (past, present, or future), people orientation (independence or interdependence), nature orientation (mastery or harmony), and individual activity in the world (doing/action or being). He/she works to increase his/her awareness of his/her own biases and fears with regard to race, gender, sexual orientation, poverty, and/religious beliefs.

For counselors, understanding what their ethnicity means is crucial to becoming culturally competent. Studies on ethnic identity development suggest that the greater the awareness of counselors as to their ethnicity, the greater their multicultural counseling competencies (Sue, Arredondo and McDavis, 1992).

On the second dimension (understanding culturally different worldviews), Gielen, Draguns and Fish (2008) state that counselors should gain knowledge about their clients' culture they are most likely to encounter in their work. This broad competency is further broken down into knowing

about cultural norms and traditions, models of racial and /or ethnic identity development, effects of racial and/or ethnic status on dimensions of human development (e.g., personality, academic, vocational aspirations), and social inequities and forms of oppression that negatively affect the members of the cultural group. This may necessitate talking with willing members of the cultural group who can serve as educators and informants because written literature in these areas may not exist. Such information must be handled with difference and respect.

However, having only the facts is not enough. Multicultural counseling competence requires the ability to interpret and translate such knowledge into sociological and psychological consequences for clients. Counselors must be able to understand how race and culture affect personality formation, vocational choices, help-seeking behavior, the manifestation of psychological disorders, and the appropriateness or inappropriateness of counseling approaches. While it is impossible to fully understand all the different groups in a multiple society, understanding one group's difference from counselor's own is a giant first step toward becoming multiculturally competent counselor (Carter, 2005).

On the third dimension (multicultural counseling skills), Gielen, Draguns and Fish (2008) challenge counselors to apply their knowledge of self, other, and society to a wide array of culturally appropriate interventions that reach beyond traditional one-to-one counseling. They acknowledge that the

therapeutic transactions that occur between counselors and culturally diverse clients must be characterized by a wide repertoire of helping responses. Universal therapeutic taboos against giving advice and suggestions or against counselor self-disclosure must be reconceived as among the potentially helpful therapeutic responses available to counseling professionals. The ability to engage in indigenous healing practices or to utilize indigenous healing systems is another multicultural counseling skill that would increase the effectiveness of counselors.

Counselors must begin to accept indigenous healing practices as legitimate means of helping. Those who are comfortable and skilled in their use might consider combining them with Euro-American techniques to maximize effectiveness. Counselors who are unskilled in their use must avoid viewing these indigenous practices as 'unscientific', akin to mysticism, or supernatural. Rather, they might act as a facilitator of indigenous healing practices by referring culturally different clients to healers in the community while continuing to work with them. This ability to refer clients to community resources assumes that counselors are intimately connected to the community they hope to serve (Carter, 2005).

In addition to freeing oneself from the therapeutic taboos in traditional models of counseling and being able to honor, respect, and utilize indigenous healing methods, multicultural competence requires systematic intervention skills; i.e. culturally skilled counselors are able to engage in psycho-

educational or systems intervention roles, besides their clinical ones (Carter, 2005). Although conventional counseling and clinical roles of competent counselors are valuable, other roles such as the consultant, advocate, advisor, teacher, facilitator of indigenous healing and so on may prove more culturally appropriate (Sue, Arredondo, and McDavis, 1992).

Even though the tripartite model of multicultural counseling competence explicates expected behaviors characteristic of counselors who are culturally self aware, knowledgeable about diverse cultural groups' histories and present contexts, and skillful in integrating their awareness and knowledge in formulation and implementing responsive care, limited reference is made explicitly to therapeutic processes, including clients' experiences of their counselors and the interplay of clients' and counselors' cultural identities in multicultural counseling (Walsh, 2008).

In years following Sue et al. 1982's initial tripartite model of multicultural counseling competence, several scholars offered conceptual models of multicultural counseling competence with regard to interpersonal processes in therapy. These includes Helms's 1984 Interactional Counseling Process Model; Atkinson, Thompson, and Grant's 1993 Three-Dimensional Model; Fischer, Jome, and Atkinson's 1998 Common Factors Model; Constantine and Ladany's 2001 Model of Multicultural Counseling Competence and Neville and Mobley's 2001 Ecological Model of Multicultural Counseling Processes (Walsh, 2008). Two of the most recent models are discussed here.

2.3.2.2 Constantine and Ladany's Model of Multicultural Counseling Competence

Building on the tripartite model of multicultural counseling competence, Constantine and Ladany presented an expanded model of multicultural counseling competence in 2001. In their model, multicultural counseling competence is not considered an end state, but rather a commitment to ongoing enhancement of counselors' awareness, knowledge, and skills pertaining to helping culturally diverse clients. The six components of Constantine and Ladany's model reflect a focus on core processes, such as the development and continuance of a trusted relationship and belief in the efficacy of the means of helping as well as counselor-based competencies (Walsh, 2008).

In this model, counselors' self-awareness involves the degree to which counselors can identify the influences of multiple cultural identities and socialization experiences on the lenses through which they perceive, evaluate, conceptualize, and treat clients. Counselors' general knowledge about multicultural issues encompasses counselors' investment in building their understanding about diverse psychological experiences relevant to living in a culturally pluralistic society (Walsh, 2008).

Drawing from empirical studies that had argued that self-report instruments designed to measure multicultural counseling competence may be subject to

impression management effects and not related statistically to demonstrated cultural sensitivity, multicultural counseling self-efficacy was identified as an aspect of multicultural counseling competence; multicultural counseling self-efficacy speaks to counselors' beliefs that they can enact skills and behaviors that contribute to effective treatment with diverse clients (White and Henderson, 2008).

The ability to co-construct and maintain effective working alliances, which refer to clients' and counselors' agreement about the goals and tasks of treatment and their interpersonal therapeutic bond, provides the foundation for culturally responsive care. Lastly, multicultural counseling skills include counselors' abilities to address multicultural issues effectively, including their sensitivity in identifying cultural-related content and dynamics (Walsh, 2008).

2.3.2.3 Neville and Mobley's Ecological Model of Multicultural Counseling Processes

Drawing from ecological models of human development, Neville and Mobley presented a nonlinear ecological model of multicultural counseling processes (EMMCCP) in 2001 to illustrate various socio-cultural influences on counseling processes. In the development of the model, Neville and Mobley posed three assumptions: (a) personal characteristics influence individuals' encounters with their social environments; (b) culture necessarily influences

human behavior; and (c) there are social hierarchies related to various demographic domains, including race, class, gender, and sexual identity, that inform our self- and other-perceptions. Thus, both counselors and clients enter the counseling relationship having unique positions socio-culturally (i.e., their relative reference group identities) that inform their worldviews and their experiences of others. Further, the counseling dyad itself operates in the contexts of a given helping environment (e.g., counseling center, private practice, hospital, etc.) and system wide policies and practices related to counseling (Walsh, 2008).

Essentially, as both clients and counselors interact in the consultation office, both parties occupy, represent, and operate from various cultural reference groups that inform their dynamic relationship across social domains. Culturally competent counselors and helping professionals are charged with having a sophisticated appreciation for how cultural dynamics and experiences can shape the counseling relationship and therapeutic processes across multiple levels, and to consider how such dynamics can influence information gathering, assessment, case conceptualization, and treatment (White and Henderson, 2008).

2.4 Multicultural Counseling Practice

2.4.1 Multicultural Counseling Process

Walsh (2008) recommended that cultural knowledge is made proximal to therapy when it is translated into clinical skills such as case conceptualization, strategies for problem resolution, and the formulation of counseling goals. Knowing how to appropriately categorize experiences as cultural, knowing when to generalize and be inclusive, and knowing when to individualize and be exclusive is a skill and knowledge based multicultural counseling competency.

Therapists' application of multicultural awareness and knowledge affects the course of therapy from the intake process through the eventual development of the therapeutic relationship. During the initial counseling intake process, counselors are encouraged to ask clients questions about their cultural backgrounds, to glean information about clients' experiences of culture and their senses of cultural identity. Clients' subjective cultural experiences, as understood through this inquiry, then may be synthesized with or compared to counselors' body of multicultural knowledge. The extent to which counselors possess and are perceived by clients to possess knowledge of diverse cultural experiences may shape these clients' perceptions of the strength of the therapeutic relationship and their personal investment in the helping process (White and Henderson, 2008).

Exercising multicultural competence in counseling practice entails adapting counseling interventions to be more congruent to the cultural values and orientations of diverse cultural groups. It involves balancing the application of etic cultural knowledge, attention to clients' uniqueness, and an appreciation for within-group cultural heterogeneity (Vacc, Devany and Brendel, 2003).

Studies have illustrated that multiculturally competent counseling practice builds from multicultural knowledge, learning about clients' unique cultural identities, and recognizing dynamics that may emerge in cross-cultural therapeutic relationships. Furthermore, researches have suggested that multiculturally competent counselors address racial and cultural issues directly in an effort to foster therapeutic relationships where culture has value and relevance; moreover, clients' experiences of their counselors' ability to attend to cultural concerns and their multicultural competence is likely to be enhanced through counselors' willingness to bring culture into the therapeutic space (Tseng and Streltzer, 2001).

2.4.2 MCC in Assessment and Diagnosis

When conducting clinical assessment (initial intake interviews and personality, cognitive, and educational testing), multiculturally competent counselors are aware of potential problems with standardized tests and traditionally used assessment procedures. These include test development

and interpretation, standardization norms, intake interview formats, and diagnostic criteria. The preponderance of assessment instruments that are used today are based on a European American value system and normed (gathering and development of baseline data about expressions and prevalence of normal and abnormal cognitive, psychological, and behavioral processes) on a predominantly Euro-American sample (Berry et al., 2002).

Based on the assumptions that science and scientific findings transcend cultural differences and that all or most psychological constructs are universal, the instruments have been used to assess ethnically diverse populations. Thus, the problem with such practice lies in the assumptions themselves (Jackson, 2006). However, as a result of the growing awareness of cultural factors in mental health and well-being, a variety of culture-bound syndromes are now included in the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association. Culture-bound syndromes describe disorders that appear only in particular cultural groups (Walsh, 2008).

Research has shown that the use of assessment and diagnostic tools developed for one population (cultural group) with a different population often yields results that inadequately describe the nature of a construct or misinterpret the extent of a problem (Pope and Vasquez, 2007). Vacc, Devany and Brendel (2003) state the problems that stem from this practice and affect counseling with ethnically diverse populations:

- ✦ Culturally biased constructs that do not adequately represent the experiences of ethnically diverse clients.
- ✦ Test items that do not take into account cultural expressions of social, emotional, and behavioral functioning.
- ✦ Inaccurate and often detrimental interpretations of test results based on norms that do not represent the cultural group in question.
- ✦ Overpathologization (assigning more severe diagnoses based on counselor bias or ignorance of cultural differences) of members of different ethnic groups.

To avoid the pitfalls of assessment instruments that may be culturally insensitive and inappropriate, multiculturally competent counselors are encouraged to expand their assessment protocols to include techniques and instruments that are consistent with clients' cultural backgrounds. For example, multiculturally competent assessment would take into account clients' worldviews, generation, ethnic identity development, and strengths and social support systems as well as multiple sources of information (e.g., family members, schoolmates, or colleagues), and accurately interpret these data from the cultural perspective of the client rather than that of their own (Jackson, 2006).

2.4.3 MCC in Treatment and Intervention

Multiculturally competent counselors recognize that all individuals have a multitude of interconnected personal and social identities. They understand that an individual's identity and well-being are influenced by his/her larger social, political, and historical contexts, which must be addressed in counseling. They also recognize that individual counseling based on European American values and beliefs may be ineffective with culturally different clients, not only because of the incompatibility of cultural beliefs but also because of the clients' presenting problems (Dana and Allen, 2008).

Eurocentric theories of psychological development and counseling often describe psychological problems and treatment in overly restrictive ways. As a result, Eurocentric theories may overemphasize the role of the individual and underemphasize the role of the family and society in the etiology, maintenance and resolution of psychological difficulties (Gergen et al., 1996).

A client's cultural background and membership in a particular ethnic or racial group play crucial role in his/her overall sense of self and offer resources that may support treatment goals. Simultaneously, a client's social, economic, and political position in a society and culture may be the cause of his/her presenting problems or may contribute to the personal difficulties. These considerations should be actively incorporated in counseling by culturally competent counselors (Walsh, 2008).

For many culturally diverse clients, the individual is not the appropriate level of intervention; rather, the appropriate level is the family or an equivalent social support system. Therefore, multiculturally competent counselors strive to include in counseling as many relevant members of the client's social network as the client believes will be helpful (Constantine and Sue, 2005).

Clients who belong to a culturally diverse group may experience any number of problems that have been neglected in Eurocentric theories of human development and counseling. These presenting problems include normal developmental issues (such as ethnic identity development and sexual identity development) as well as events and obstacles that do not originate within individuals (such as acculturation stress, employment discrimination, or unequal access to resources because of poverty or language barriers). These problems may be alleviated by individual counseling, but many mental health professionals argue that preventive and broader systemic interventions are better suited and more aligned with the goals of multicultural counseling and should be included prominently in the multicultural counseling competencies repertoire (Heppner, 2000).

2.5 Multicultural Counseling Training

Over the past few decades, the importance of multicultural counseling training has been recognized in the United States within American Psychological Association (APA) and Council for Accreditation for Counseling and Related Educational Programs (CACREP) mandates. Following APA's 1986 mandate to include multicultural education in accreditation requirements, multicultural counseling training clearly has become increasingly acknowledged as an intrinsic factor of general professional training in counseling psychology (Walsh, 2008).

Although multicultural counseling training experiences within counseling psychology programs have increased in the Western world, the basic counseling training courses in many countries, including Ethiopia, spend relatively little, if any, time and attention on the preparation of counseling trainees to work with culturally and racially different clients. Given the huge amount of material to be learned in terms of knowledge acquisition and skill development in multicultural counseling, this situation becomes less defensible, particularly while looking at the reality of our country as a multicultural society.

2.5.1 Multicultural Counseling Training Models

Several models have been suggested for programmatic multicultural training. Ridley, Mendoza, and Kanitz (1994, cited in Lee et al., 2007) describe five different frameworks for approaching multicultural counseling:

1. A generic or etic framework assumes that counseling is universally applicable without empirical justification or cultural modification.
2. An emic framework may teach a general process for gathering and integrating culture-specific information at the risk of promoting stereotypes.
3. An idiographic framework uses the client as the primary data source and stresses client individuality in cultural matters.
4. An autoplasic approach requires that clients change themselves in order to fit into their cultural environment.
5. An alloplastic approach emphasizes the influences of the client's political, social, and economic environment in contributing to his/her problems and focuses on empowerment and advocacy for clients at the risk of victimization.

Counselor training programs have often taken an etic, idiographic, or autoplasic approach to multicultural counseling training, whereas the current emphasis in the field is toward more emic and alloplastic approaches. However, the former blur the need for specific curricula related to

multicultural counseling in as much as cultural influences are viewed as no different from any other specific problem in living that an individual may face (Jose, Ruth and Donald, 2000). Research evidence over time has documented specific positive changes resulting from multicultural training (Constantine, 2001).

2.5.2 Multicultural Counseling Training Levels

On a general level, counseling psychology training programs vary in the level of attention to and integration of multicultural issues in the curriculum. A helpful conceptualization is provided by D'Andrea and Daniels (1991, cited in Carter, 2005), who characterize counseling training programs along two levels and four specific stages within the levels.

The first level is called **cultural encapsulation** and is characterized by almost nonexistent multicultural training courses. This level is divided into two specific stages, a culturally entrenched stage and a cross-cultural awakening stage. In the *cultural entrenched stage*, training programs provide minimal to no exploration of the issues related to the mental health needs of racial and ethnic diverse persons. Training programs at this stage are based on the assumption that all counselors and client populations share the same basic beliefs about normality, appropriateness and personal needs.

In the second stage, *cross-cultural awakening*, programs still do little to incorporate multiculturalism into training; however, a developing awareness of multicultural issues emerges. During this stage, multicultural issues are introduced in some classes, and students are encouraged to attend multicultural training workshops.

In the second level, **culturally conscientious**, faculty not only acknowledge the critical role that cultural, racial, gender, and class factors play in a person's overall development, but they also implement specific institutional changes to ensure that multicultural training is provided in a systemic fashion. The conscientious level consists of two stages: cultural integrity and cultural infusion. The *cultural integrity stage* is characterized by increased attention to multicultural issues and the existence of a specific multicultural counseling course taught by an instructor with multicultural expertise.

In the final stage, *cultural infusion*, programs fully and systematically integrate multicultural issues into the entire curriculum. Programs at this stage are committed to culturally diverse representation among students and faculty, and integrate multicultural issues into all courses, supervision, comprehensive exams, research mentoring, and student/faculty competency evaluations.

In a qualitative study, using extensive interviewing and program case study, of the status of counseling programs concerning training levels, D'Andrea and Daniels (1991, cited in Carter, 2005) determined that the majority of

counseling training programs was operating at the level, stage 2, the cross-cultural awakening stage. However, since the classic D'Andrea and Daniels article was published, a significant multicultural progress has been made in a number of counseling programs.

2.5.3 Multicultural Counseling Training Design/Format

Counseling psychology programs seeking to incorporate multicultural issues into the curriculum have wrestled with how best to do so. Copeland (1982, cited in Clawson et al., 2004) proposed four different approaches by which materials relevant to ethnically diverse populations could be integrated into the training programs. The description of these training designs according to Copeland (1982, cited in Clawson et al., 2004) is presented below:

2.5.3.1 Separate-Course Design

This approach involves an addition to the existing curriculum of one or more multicultural courses, which may vary widely in its goals, design, and content. Some of the variations in adding multicultural courses can be: some courses provide a historical perspective (i.e., ethnic studies approach), others focus on the study of appropriate theoretical models, others are more active oriented in nature and assume the form of encounter or sensitivity groups, and still others are comprehensive in nature, addressing each of the aforementioned topics.

The separate course design is the most common approach to addressing multicultural issues, and for a number of model multicultural programs, the establishment of this separate course served as a stepping stone to fuller integration of multicultural issues (Bronstein and Quina, 2003).

2.5.3.2 Area-of-Concentration Design

This design is developed for training students whose goal is to work with specific ethnic populations. The curriculum includes basic counseling psychology training, with the added option of an interrelated core of courses in diverse ethnic issues. Compared with the separate-course model, this option provides students who choose it with exposure to more diversity and more in-depth study of diverse ethnic populations, with the opportunity to study the similarities and differences in approaches to working with each group. It also provides prepractica skill building and practica and internships in setting with diverse ethnic populations along with supervision from professionals with appropriate expertise, so that students get to have direct experience working with diverse ethnic clients.

However, the area-of-concentration design has some drawbacks. First, although it reaches students who specifically want to develop proficiencies in this area, it does not reach many others who will in fact end up working with diverse ethnic populations. Also, because the model requires a core of courses in addition to the basic counseling psychology curriculum, it may extend the length of training (Bronstein and Quina, 2003).

2.5.3.3 Interdisciplinary Design

Within this model, students take courses outside the counseling psychology curriculum in disciplines such as Anthropology, Sociology, Economics, Political Science, and Ethnic Studies. This eliminates the concern that counseling psychology programs do not have the expertise and resources to provide a sufficient variety of courses with multicultural content. In universities, this model relies heavily on interdepartmental cooperation, and can avoid redundancy in course offerings while more fully utilizing the institution's resources. However, no matter what the setting, if these courses are not required, only few students will choose to take them.

2.5.3.4 Integration design

The major weakness of the area-of-concentration and interdisciplinary models is their dependence on students electing to take the courses. The integration model addresses this problem and offers other benefits as well; however, it is the most difficult to implement. In this design, multicultural issues are infused throughout the entire curriculum and training experience, putting multiculturalism at the core of the counseling program.

For an existing counseling program, the adoption of the interaction design means the redesigning of courses and field experiences, thereby involving the commitment and time of administration, faculty, field coordinators and supervisors, students, practicing professionals, and potential client

populations. For this to happen, these groups need to have the opportunity to interact on a continuing basis at the sites that serve diverse groups. In addition, faculty, student, and administrative review of course offerings, along with comments from supervisors in the field, provide useful information to assess what modifications are needed.

The consensus among multicultural counseling specialists is that the integrated program design is not only the most fruitful, but perhaps the only feasible alternative to training culturally competent counselors and psychologists. Studies of model multicultural programs in counseling and psychology indicate that exemplar programs incorporate full multicultural integration in all aspects of program activity (Jose, Ruth and Donald, 2000).

In general, the range of events to which people attend can be limited by the paradigms they accept, and the adoption of a new paradigm can open them up to what they have not seen before. The new paradigm in counseling psychology emphasizes the importance of culture, race, and ethnicity in defining the constructs of psychology and recognizes that clients receiving counseling are knowing individuals who shape their destinies through conceptual frameworks that they develop about the world and their lives, and that the social system and individual interactions affect how they function and organize their lives. Thus, it is vital that the core curriculum in counseling psychology provides a thorough understanding of the paradigms that traditionally have guided the production of psychological knowledge as well as a new paradigm for work in this area (Hersen and Sledge, 2002).

2.5.4 Components of a Model Training Program/Curriculum

Pre-service and in-service training programs for helping professionals who intend to work with persons from diverse populations must encompass a multitude of dimensions and experiences. There are complex interactions among these dimensions and experiences; however, it is more convenient to describe a desirable training program in terms of its major components (Clawson et al., 2004). Although, there is great variability among multicultural training programs, a model curriculum outlined in terms of awareness, Knowledge, and skills is offered here.

Table 2.1: Multicultural Training Curriculum Content (Walsh, 2008)

Awareness	<ul style="list-style-type: none">✓ Consciousness raising with respect to issues of racism, sexism, homophobia, ageism, and ablism✓ Cultural self-awareness of the counselor's own ethnic background(s) and potential reactions of clients and other implications for counseling✓ Cultural self-awareness of the counselor's sexual orientation, gender identity, age, and social class and potential reactions of clients and other implications for counseling✓ Cultural self-awareness of the counselor's own physical and mental disabilities and potential reactions of clients and other implications for counseling
-----------	---

<p>Knowledge</p>	<ul style="list-style-type: none"> ✓ Sociopolitical context of counseling, including oppression, discrimination, and racism, barriers to service, and social causes of psychological distress ✓ Cultural and racial bias in testing issues ✓ Cultural identity development models ✓ Acculturation issues ✓ Cultural variations in family make-up, developmental patterns, client expectations, views of health and illness ✓ Ability to critique existing theories for cultural relevance (worldview) ✓ Language fluency ✓ Cultural knowledge of normative characteristics of specific cultural groups ✓ Cultural knowledge of within-group differences ✓ Indigenous healing practices ✓ Laws regarding sexual harassment, hate crimes, housing and employment discrimination ✓ Ethical knowledge and practice (e.g., ethical guidelines for use of indigenous techniques)
<p>Skills</p>	<ul style="list-style-type: none"> ✓ Interview skills for talking about cultural differences ✓ Assessment of cultural background and issues ✓ Development of an individualized theoretical orientation

	<ul style="list-style-type: none"> ✓ Displaying culturally responsive behaviors ✓ Communicating empathy in a manner culturally recognized by the client ✓ Handling client resistance ✓ Consultation skills for communication with indigenous healers ✓ Case management skills ✓ Advocacy skills for influencing organizations ✓ Community outreach/organizational skills ✓ Group conflict resolution skills ✓ Teaching skills for community education
--	--

2.5.5 Multicultural Counseling Training Methods and Processes

A variety of instructional strategies has been used in multicultural counseling training, including experiential self-awareness exercises and games as well as didactic methods, videotape viewing, readings, written assignments, modeling/observational learning, technology-assisted training (e.g., videotaping and reviewing counseling sessions), and supervised practica and internships (Walsh, 2008). The multicultural counseling training technique that has perhaps received the most attention is the triad role play model developed by Pedersen (1994, cited in Lee et al., 2007). In this role play exercise, participants take the role of counselor, client, and

problem/anti-counselor and stimulate a counseling session that may help in articulating cultural problems, anticipating resistance, diminishing counselor defensiveness, and teaching recovery skills. A modification of this exercise which substitutes a pro-counselor for the anti-counselor role also gives the counselor a supportive ally and may be more helpful with beginning counselors and to develop knowledge and skills (Carter, 2005). The original anti-counselor version seems more effective for developing sensitivity and awareness.

As can be referred, multicultural counseling training is a complex process that combines personal growth with content learning and skill development. Effective multicultural counseling training requires the trainer to possess many of the qualities of a good counselor as well as a good teacher. Trainer ability to self-disclose his/her developmental experiences with multicultural awareness has been stressed as an important characteristic of effective training (Constantine, 2001). Thus, effective multicultural counseling trainers need to do more than convey information, they need to balance cognitive and emotional learning strategies and create a safe environment that nurtures personal risk-taking (Gielen, Draguns, and Fish, 2008).

2.6 Measures of Multicultural Counseling Competencies

Several instruments have been developed to measure the multicultural competencies discussed in this chapter. The four existing measures of multicultural counseling competencies all were developed with respect to the Sue et al.'s (1982) position paper (Ponterotto et al., 1994). A summary of each instrument is presented below.

2.6.1 The Cross-Cultural Counseling Inventory-Revised

The Cross-Cultural Counseling Inventory-Revised (CCCI-R), developed by T. D. LaFromboise, H. L. Coleman, and A. Hernandez in 1991, is the only measure that is not a self-report scale. The other three measures, described below, are all self-report, Likert scale ratings. It is filled out by a supervisor or other professional who rates the counselor on 20 Likert scale items. Coefficient alpha reliability of 0.95 and interrater reliability in the 0.78-0.84 range have been reported for the CCCI-R and it appears to measure unidimensional factor (Ponterotto et. al., 1994).

2.6.2 The Multicultural Awareness-Knowledge-Skills Survey

The Multicultural Awareness-Knowledge-Skills Survey (MAKSS), developed by M. D'Andrea, J. Daniels, and R. Heck in 1991, consists of three 20-item scales designed to measure awareness, knowledge, and skills. There are reasonably high reliabilities, measured by Cronbach's alpha, for the three

scales (0.75, 0.90, and 0.96 for Awareness, Knowledge, and Skills, respectively) and some evidence of criterion validity in that post-test MAKSS scores for a group given multicultural training rose significantly (Pope-Davis and Dings, 1994).

2.6.3 The Multicultural Counseling Awareness Scale-Form B: Revised Self Assessment

The Multicultural Counseling Awareness Scale-Form B: Revised Self Assessment (MCAS:B), developed by J. G. Ponterotto, C. M. Sanchez, and D. M. Magids in 1991, contains 45-item counselor self-rating scale and uses a 7-point Likert-type format to measure multicultural knowledge/skills and awareness, with responses from not at all true (1) to totally true (7). Ponterotto et al. (1994) reported coefficient alphas of .93, .93, and .78 for the full scale, Factor 1 (knowledge and skills), and Factor 2 (awareness), respectively. Content validity of the MCAS-B was established through experts' judgments of items in terms of clarity and conciseness and domain appropriateness.

2.6.4 The Multicultural Counseling Inventory

The Multicultural Counseling Inventory (MCI), developed by G. R. Sodowsky, R. C. Taffe, T. Gutkin, and S. L. Wise in 1994, was designed with the use of factor analysis. It measures four factors: Multicultural Counseling Skills (11

items), Multicultural Awareness (10 items), Multicultural Counseling Knowledge (11 items), and Multicultural Counseling relationships (8 items). Cronbach's alpha reliability coefficients ranges from 0.67 (Relationship) to 0.80 or 0.81 for each of the other three scales (Pope-Davis and Dings, 1994).

In their detailed review of self-report multicultural counseling competency measures, Pope-Davis and Dings (1994) concluded that the MCI has the most convincing evidence to support its use. The strength of the MCI is that its items are more descriptive of behaviors whereas the other two self-report instruments tend to focus more on attitudes. Another strength is its inclusion of a relationship scale (Ponterotto et al., 1994).

In recent years, self-report multicultural counseling competence instruments have been subjected to intense scrutiny in the literature. In particular, they have been criticized for being prone to respondents' social desirability attitudes and for measuring anticipated rather than actual behaviors or attitudes correlated with multicultural counseling competence (Dunn, Smith and Montoya, 2006). Constantine (2001) reported that some self-report multicultural counseling competence measures were positively correlated with respondents' social desirability attitudes. Thus, social desirability attitudes seem vital to consider in the context of assessing multicultural counseling competence.

2.7 Multicultural Counseling Research

This final section of the chapter summarizes empirical research in the area of multicultural competence and is organized into the following areas: empirical studies on correlates of multicultural competence and studies that have examined the multicultural competencies directly with respect to counseling/therapy.

One area of research on multicultural counseling competence has concerned the examination of factors associated with such competence, most often with graduate students and professionals in counseling. For example, a consistent finding in the literature is that greater multicultural training and education are associated with higher levels of multicultural competence. That is, students, counselors, and psychologists who have had at least one course in multicultural issues tend to report higher levels of multicultural counseling competence (Sammons and Speight, 2008).

Another consistent theme appears to be the moderate association between self-reports of multicultural counseling competence and more confidence in working with culturally diverse clientele and higher levels of racial identity development. Professionals who have achieved some level of multicultural counseling competence feel more efficacious and ready to work with clients who represent an array of human diversity (Pope-Davis, & Dings, 1994).

Another avenue of research has been the direct examination of multicultural competence in counseling relationships. Constantine (2002a, cited in Walsh, 2008) found a significant level of association between ethnically diverse clients' ratings of counselor general and multicultural competence and between their ratings of counselor multicultural counseling competence and satisfaction with treatment. Constantine's results are consistent with those obtained by Fuertes and Brobst (2002, cited in Gregoire and Jungers, 2007), who found an association between clients' ratings of counselors' multicultural competencies and their ratings of counselors' general competence and empathy.

More recently, a study has been conducted to investigate the role of counselor multicultural competence among 51 therapy dyads in counseling. The study examined the relationship between counselor multicultural competence and several indices of counseling, such as the working alliance, counselor empathy, counselor social influence, and client and counselor satisfaction. The research found that for counselors, their ratings of the working alliance, but not self-ratings of multicultural counseling competence, were significantly associated with their satisfaction, along with clients' ratings of them on social influence. For clients, ratings of counselor multicultural competence were associated with their satisfaction with counseling and ratings of counselor empathy and of counselor social influence (Walsh, 2008).

Taken as a whole, the findings from these studies indicate that there is some overlap between therapist competence, broadly defined, and multicultural counseling competence. Bronstein and Quina (2003) suggested that multicultural counseling competence can only be properly integrated in therapy by therapists who have a solid foundation in general competence skills, such as listening, empathy, probing, and other basic skills.

Some studies have examined therapist multicultural competence using qualitative research methods. Constantine et al. (2002) used grounded theory to account for clients' perspectives of multicultural counseling. Clients were 10 racially/ethnically diverse undergraduate students who had experienced individual counseling with a counselor who they deemed culturally different from them. The results indicated that clients' perceptions of multicultural counseling competence and counseling were contingent on clients' needs/issues in counseling, and that these needs were influenced by client characteristics (e.g., client expectations, role of family and support), the counseling relationship (e.g., equity and power in the relationship), client processes (e.g., salience of culture in relationships), and client appraisals of the counseling experience. The authors noted the importance of understanding client variables in counseling, for example, by noting that clients who did not see culture as influencing their interpersonal relationships placed less importance on counselor multicultural counseling competence. The authors underscored the importance of context for clients in order to truly understand the process and outcome of treatment for them.

Findings from these studies highlight the importance of therapist skill in the nuances of relating with their clients in sensitive and informed ways, and the importance of the discussion in therapy as being based on therapists' understanding of clients' needs, particularly with respect to the salience of race, ethnicity, and culture in their everyday life and as a possible mediating factor of their problems.

CHAPTER THREE

DESIGN OF THE STUDY

3.1 Study Population

The target population of this study was practitioner counselors working in different organizations that provide professional counseling services for diverse clients in Addis Ababa city. The selected counselors had at least a first degree in psychology.

3.2 Sampling Technique

A list of organizations located in Addis Ababa City was obtained from members' list of CRDA (2009). From the list of 350 organizations, 24 organizations that specifically provide professional counseling services to the society were purposely selected based on information obtained by the researcher regarding the availability of such services in the organizations, the availability of counselors and ease of access. A purposive sampling technique is employed since the researcher couldn't get specific list for those organizations that provide counseling services to be used as a sampling frame. All the counselors working under each organization were taken as a sample population. The list of the sample organizations and the respective counselors are presented in table 3.1. Hence, 90 counselors were used as subjects for this study.

The selected 90 counselors represent both genders with males making 80% and females 20%. The participants all have a background education in Psychology with 3 currently involved in a Masters Degree Program in Counseling Psychology and one in Social Work. The samples have work experience as practitioner counselors ranging from 8 months to 3 years with a mean of 1.981 and a standard deviation of 0.6788. Most of these counselors had never taken multicultural courses (73.33%), attended multicultural workshops (92.2%), had multicultural supervision (88.9%) and participated in multicultural researches (92.2%).

Table 3.1: List of the Sample Organizations

No.	Organizations	No. of Counselors
1	Abebech Gobena Yehetsanat Enkebekabena Limat Dirigit	4
2	Amanuel Specialized Mental Hospital	7
3	Berhane Hiywot Children's Village and Family Service Organization	3
4	Bethel Orphanage Center	3
5	Ellilta- Women at Risk	5
6	Emmanuel Home	1
7	Family Guidance Association of Ethiopia	4
8	Handicap International	4
9	Help for Persons with Disabilities Organization	3
10	Integrated Family Service organization	4
11	Italian Center for Children Aid	8
12	Jesuit Refugee Service	3
13	Lideta Juvenile Delinquents Correctional Facility	4
14	Marie Stops International Ethiopia	4
15	Mary Joy Aid Through Development	3
16	Mekdim Ethiopia National Association	5
17	Moses Children's Home	2
18	Organization for the Prevention, Rehabilitation and Integration of Female Street Children	4
19	Orphan Protection Rehabilitation Aid Association	3
20	Rehabilitation center for Victims of Torture in Ethiopia	3
21	Rescue the Child and Youth	3
22	Save the Young Ethiopia Organization	2
23	Selam Children's Village	3
24	SOS Children's Village Ethiopia	5

3.3 Data Collection Methods

Two assessment scales and a demographic data sheet were administered to collect data from the selected 90 counselors. The Multicultural Counseling Inventory (MCI) operationalizes the multicultural counseling competency construct in terms of awareness, knowledge, skills and relationship. The Marlowe-Crowne Social Desirability Scale: Short Form is used to measure and control the extent of social desirable responses in the data. And the demographic questionnaire elicits information regarding personal descriptors, training, supervision, research and professional experience of the counselors.

3.3.1 Multicultural Counseling Inventory (MCI)

Multicultural Counseling Inventory is used to measure the multicultural counseling competencies of counselors. The MCI is a 40-item self-report instrument developed by G. R. Sodowsky, R. C. Taffe, T. Gutkin, and S. L. Wise in 1994 to assess a counselor's competence in working with diverse clients, and takes approximately 8 minutes to complete. The inventory contains four subscales which assess multicultural awareness, multicultural knowledge, multicultural skills, and multicultural relationships (Sodowsky et al., 1994).

The awareness subscale contains 10 items, and examines a counselor's sensitivity to, appreciation of, and advocacy of multiculturalism. The knowledge subscale contains 11 items, and assesses understanding of racial

and cultural variables, an appreciation of the impact of these variables on the client, and familiarity with utilizing this knowledge in accurate case conceptualization and goal setting. The skill subscale contains 11 items, and assesses the ability to generate and implement culturally appropriate interventions with the client. Finally, the relationship subscale contains 8 items, and assesses the counselors' interpersonal processes with culturally diverse clients, including comfort level and ability to establish a working alliance.

The MCI uses a 4-point Likert-type response format (1=very inaccurate, 2=somewhat inaccurate, 3=somewhat accurate, 4=very accurate), with higher scores reflecting greater multicultural counseling competence. The items are stated in behavioral terms (e.g., 'I am able', 'I use', 'I am successful at').

Two research studies consisting of counseling graduate students indicated coefficient alphas for MCI (in Studies 1 and 2) as follows: total scale (0.90 to 0.90); multicultural counseling skills (Factor 1), 0.83 to 0.81; multicultural awareness (Factor 2), 0.83 to 0.81; multicultural counseling knowledge (Factor 3), 0.79 to 0.78; and multicultural relationship (Factor 4), 0.79 to 0.72.

The validity of this instrument was demonstrated in Study 1 through expert judgment reliability of item clarity and content through high interrater agreement (75% to 100%) regarding the relationship of item content to the names given to the four subscales. Criterion-related validity was also

demonstrated in Study 1, where respondents who worked 50% or more in the multicultural area scored significantly higher on the multicultural counseling awareness and multicultural counseling relationship scales than respondents whose counseling work consisted of less than 50% diversity service.

In the review of multicultural instrumentation, Ponterotto et al. (1994) found that the MCI is a carefully constructed instrument. The internal consistency is satisfactory and the construct validity as a multidimensional competency assessment has moderate support.

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

The Marlowe-Crowne Social Desirability Scale was used to measure and control for the possible contributions of social desirability attitudes to multicultural counseling competence. The MCSDS-S includes 13 true-false items, which is a short version of the Marlowe-Crowne Social Desirability Scale (MCSDS). According to Reynolds (1982, cited in Andrews and Meyer, 2003), the 13-item form is recommended as a viable short form for use in the assessment of social desirability response tendencies over the original form and other short forms due to its strong psychometric properties while having lesser number of items. The 13-item form was found to have an acceptable level of reliability of .76 and highly correlated to the original form ($r = .93$).

In this study, it was considered important to take into consideration the variability in the self-reported multicultural counseling competencies that may be distorted by respondents' desire to appear favorable. Constantine and Ladany (2000) have also recommended that self-report multicultural competency measures be accompanied by measures of social desirability.

3.3.3 Demographic Sheet

The demographic sheet served as a general instruction sheet to counselors. Counselors were asked to answer questions regarding age, gender, highest degree completed, multicultural education previously attended, utilization of multicultural supervision, and participation in multicultural research.

3.4 Pilot Testing

Pilot testing was made on 20 subjects for the purpose of determining the reliability of the MCI. Accordingly, after administrating the instrument for the pilot samples, the responses were scored and assessed for its reliability by using Cronbach Alpha. The instrument proved to be reliable with high results for the total scale ($r=.88$), multicultural awareness subscale ($r=.83$). Multicultural counseling knowledge subscale ($r=.80$), multicultural counseling subscale ($r=.77$) and a relatively lower result for multicultural counseling relationship subscale ($r=.56$).

3.5 Data Collection Procedure

The MCI and MCSDS-S were distributed to counselors during scheduled time frame arranged by their coordinators. At these meetings, the investigator gave verbal instructions prior to the administration of the questionnaire. The counselors were informed that the purpose of the study was to examine multicultural counseling competence and participation was completely voluntary. Participants were told that identification of individual participants would not be made and all data would be reported in group totals. Participants were encouraged to follow the procedures outlined in the questionnaire. Administration time for the research instruments was 10 to 15 minutes. Once participants completed the materials, they were asked to return them to the investigator.

3.6 Methods of Data Analysis

The data collected to measure the multicultural counseling competence of counselors were organized in line with the objectives of the study and quantitative analytical procedures were applied. Accordingly, analysis was made using statistical tools, such as percentage, descriptive statistics and correlation coefficient.

CHAPTER FOUR

RESULTS AND DISCUSSION

Findings from the analysis of data collected to examine the counselors' multicultural counseling competence are presented and discussed in this chapter. The chapter begins with a description of the demographic variables, a percentage analysis of the response rates, and a measure of the basic descriptive and correlation statistics of the responses.

As a review, the four research questions investigated in this study are as follows:

- ✚ What is the competence level of counselors regarding their sensitivity to, appreciation of, and advocacy of multiculturalism?
- ✚ What is the competence level of counselors regarding their understanding of racial and cultural variables they may encounter in their counseling practice?
- ✚ What is the competence level of counselors regarding ability to generate and implement culturally appropriate interventions with diverse clients?
- ✚ What is the competence level of counselors regarding their interpersonal encounters with culturally diverse clients?

4.1 Demographic Data

In this section, the participants demographic variables are discussed with regards to their age, gender, highest degree completed, whether they have a master's or above degree in counseling, years of experience, amount and type of multicultural education previously attended, utilization of multicultural supervision, and participation in multicultural research

Table 4.1: Sample Demographic Variables

Variable	N=90
Age (Range: 22-28 year)	
Mean	25.133
SD	1.7651
Gender	
Male	72(80%)
Female	18(20%)
Degree	
BA	86(95.6%)
MA (In progress: In Any Field, In Counseling)	4(4.4%), 3(3.3%)
PhD	0
Years of Experience (Range: 8 months to 3 years)	
Mean	1.981
SD	0.6788

Multicultural Training	
Never completed multicultural course	66(73.33%)
Covered in other counseling courses	24(26.64%)
Completed one or more multicultural courses	0
Multicultural Workshops/Seminars	
Never attended multicultural workshops	83(92.2%)
Attended one multicultural workshop	5(5.6%)
Attended two or more multicultural workshops	2(2.2%)
Multicultural Supervision	
Never had multicultural supervision	80(88.9%)
Had multicultural supervision	10(11.1%)
Multicultural/Diversity Research	
Never participated in multicultural research	83(92.2%)
Had participated in multicultural research	7(7.8%)

Of the 90 counselors, 80% were male and 20% were female. The average age of these counselors was 25.133 with a standard deviation of 1.7651 year and a range of 22 to 28 years of age. Only 4 of the respondents have been involved in a Master's degree program with 3 currently enrolled in counseling psychology and the one in social work. The majority of the sample counselors, 95.6% have completed their first degree in psychology. Thus, most of the participants didn't peruse their education in the counseling specialty.

Work experience of the participants as a professional counselor was also examined in the study. In the sample, the counselors have an average work experience of 1.981 year with a standard deviation of 0.6788 and with a range of 8 months to 3 years.

Looking at the training trends of the counselors, 73.33% had never completed a multicultural counseling course; the rest, 26.64%, had never completed a multicultural counseling course, but had these topics covered in other counseling courses; however, no respondents had completed one or more multicultural counseling courses. The critical importance of training psychologists and mental health professionals for work in an increasingly multicultural society is now unquestioned. It is clear that psychologists working in all corridors of our country will be interacting increasingly with a culturally diverse clientele due to ethnically diverse nature of our society; however, no such training is institutionalized for them in their training.

In addition, in the sample, 92.2% of the counselors had never attended a workshop on multicultural counseling, while only 7.8% had attended one or more workshop on multicultural counseling. Recent studies have underscored the power that multicultural workshop trainings or seminar experiences may have on practitioner counselors' multicultural competence indicating that trainees who reported having multicultural training were more likely to report higher levels of multicultural competence (Jose, Ruth and Donald, 2000).

Of the participants, 88.9% had received no multicultural supervision; while the rest, 11.1%, have undergone supervision which specifically addresses the delivery of counseling services to ethnic clients on one way or another. Multicultural supervision can offer a unique training environment that serves as a primary means of developing multicultural counseling skills and attention to cultural dynamics that can influence the therapeutic relationship (Constantine, 2001).

Looking at the sample counselors' participation in multicultural/diversity research practices, only 7.8% of the counselors have been involved in such practice while the majority, 92.2%, didn't participate in any research with a multicultural content. Sue, Arredondo and McDavis (1992) stated that culturally skilled counselors should familiarize themselves with relevant research and the latest findings regarding mental health and mental disorders of various ethnic and racial groups. A report of the samples' demographic variables is provided in table 1.

4.2 Percentage Analysis of Counselors' MCC

In responding to the need to categorize components of multicultural counseling competence, Sue, Arredondo and McDavis (1992) identified awareness, knowledge, and skills as three separate but complementary domains that create a foundation for the provision of culturally sensitive counseling services to diverse client populations. Multicultural awareness

addresses the personal processes of the counselor including conscious and unconscious bias, values, and stereotypes. Multicultural knowledge involves acquiring expertise about the client's worldview, and multicultural skill refers to the integration of multicultural awareness and knowledge competencies into culture specific counseling interventions. In years following this tripartite model of multicultural counseling competence, several scholars have also offered conceptual models of multicultural counseling competence with regard to interpersonal processes in therapy.

Thus, the following sections contain the analysis of counselors' competencies in terms of their multicultural counseling awareness, knowledge, skills and relationship.

4.2.1 Multicultural Counseling Awareness

Table 4.2: Multicultural Awareness

No.	Multicultural Awareness		1	2	3	4
1.	I have experience at solving problems in unfamiliar settings.	No.\90	7	32	43	8
		%	7.8	35.6	47.8	8.8
2.	I have a working understanding of the cultures in the country.	No.\90	5	22	57	6
		%	5.6	24.4	63.3	6.7
3.	I can conduct counseling with any clients from diverse cultural groups.	No.\90	10	38	34	8
		%	11.1	42.2	37.8	8.9
4.	My professional or collegial interactions with	No.\90	3	30	52	5
		%	3.3	33.5	57.8	5.6

	ethnically diverse individuals are extensive.					
5.	I recognize the increase in multicultural counseling case loads.	No. \90	12	15	30	33
		%	13.3	16.7	33.3	36.7
6.	I enjoy multicultural interactions as much as interactions with people of my own culture.	No. \90	6	18	57	9
		%	6.7	20	63.3	10
7.	I am involved in advocacy efforts against institutional barriers in mental health services for culturally diverse clients.	No. \90	33	45	6	6
		%	36.6	50	6.7	6.7
8.	I am familiar with nonstandard languages of the country.	No. \90	18	30	39	3
		%	20	33.3	43.3	3.3
9.	My life experiences with culturally diverse individuals are extensive (e.g., via ethnically integrated neighborhoods, marriage,).	No. \90	4	26	53	7
		%	4.4	28.9	58.9	7.8
10.	In order to be able to work with diverse clients, I frequently seek consultation with multicultural experts and attend multicultural workshops or training.	No. \90	31	47	5	7
		%	34.4	52.2	5.6	7.8

The results in table 4.2 indicated that the responses of counselors regarding their competence in multicultural awareness. Although, 70% and 46.6% of the counselors perceive themselves as having a working understanding of the cultures and being familiarized with nonstandard languages of the country, respectively, 35.6% of the counselors respond that they lack adequate experience in solving problems in unfamiliar setting with 7.8% reporting no experience while 47.8% indicate that they have some experiences with 8.8% of respondents having adequate experience. Moreover, 53.3% of the counselors do not perceive themselves as having the required

potential to conduct counseling with different clients having diverse cultural backgrounds while 37.8% of them seem to have some confidence to practice counseling with clients of different cultural orientation with 8.9% showing adequate confidence. Thus, some of the counselors lack diversity in their counseling practice and the confidence in practicing counseling with clients of diverse background. Sue, Arredondo and McDavis (1992) expect culturally skilled counselors to possess specific knowledge and information about the particular group that they are working with.

In the sample, 63.3% of the counselors respond that they sometimes enjoy multicultural interactions as much as interactions with people of their own culture with 10% indicating high interest while 26.7% shows less interest in such interactions. Similarly, 58.9% of the counselors respond that they have some experiences with culturally diverse individuals through the means of ethnically integrated neighborhood, marriage and friendship with 7.8% showing extensive experience while 33.3% lacks such experiences. Looking at the professional or collegial interactions of counselors with ethnically diverse individuals, 57.8% of the counselors indicates that they have some interactions with ethnically diverse colleagues with 5.6% indicating extensive interaction while 36.8% of the respondents show lack of such interactions. Culturally skilled counselors should be actively involved with ethnically diverse individuals outside the counseling setting (community events, celebrations, neighborhood groups) so that their perspective of ethnic groups is more than an academic exercise (Sue, Arredondo and McDavis 1992).

The majority of the counselors, 70%, respond that they recognize the increase in multicultural clients case loads, nonetheless, most of them, 86.6%, do not frequently seek consultation with multicultural experts neither do they attend multicultural workshops or training sessions. In addition, 86.6% of the counselors respond that they are not involved in advocacy efforts against barriers in mental health services for culturally diverse clients. Sue, Arredondo and McDavis (1992) urges counselors to seek out educational, consultative, and training experiences to enrich their understanding and effectiveness in working with culturally different populations. By recognize the limits of their competencies, counselors should seek consultation, further training or education, refer out to more qualified individuals or resources, or engage in a combination of these.

4.2.2 Multicultural Counseling Knowledge

Table 4.3: Multicultural Counseling Knowledge

No.	Multicultural Counseling Skills		1	2	3	4
1.	I include the facts of age, gender roles, and socioeconomic status in my understanding of clients' problem.	No.	9	27	51	3
		%	10	30	56.7	3.3
2.	I use innovative concepts and treatment methods.	No.	3	57	21	9
		%	3.3	63.4	23.3	10
3.	I manifest an outlook on life that is best described as 'world-minded' or pluralistic.	No.	5	20	56	9
		%	5.6	22.2	62.2	10

4.	I examine my own cultural biases.	No.	6	54	24	6
		%	6.7	60	26.6	6.7
5.	I keep in mind research or other related findings about various clients' preferences in counseling.	No.	30	45	12	3
		%	33.4	50	13.3	3.3
6.	I know what are the changing practices, views, and interests of people at the present time.	No.	9	30	48	3
		%	10	33.3	53.4	3.3
7.	I consider the range of behaviors, values, and individual differences with in diverse cultural groups.	No.	12	54	18	6
		%	13.3	60	20	6.7
8.	I make referrals or seek consultations based on the clients' cultural identify development.	No.	30	45	6	9
		%	33.3	50	6.7	10
9.	I monitor and correct my defensiveness (e.g., anxiety, denial, anger)	No.	4	47	29	10
		%	4.4	52.2	32.2	11.1
10.	I apply the sociopolitical history of the clients' respective cultural groups to understand them better.	No.	24	30	18	18
		%	26.7	33.3	20	20
11.	I learn about clients' different ways of acculturation to a particular society to understand the clients better.	No.	39	40	8	3
		%	43.3	44.5	8.9	3.3

The results in table 4.3 indicated that the responses of counselors regarding their competence in multicultural counseling knowledge. 73.3% of counselors respond that they do not consider the range of behaviors, values, and individual differences within diverse cultural groups in their understanding of their clients while 26.7% of them take such issues into consideration. However, 56.7% of the respondents claim that they sometimes include the facts of age, gender roles, and socioeconomic status in their

understanding of clients' problems with 3.3% indicating frequent practice while 40% of the counselors indicate lack of such practice. Counselors should understand how race, culture, ethnicity, and so forth may affect personality formation, vocational choices, manifestation of psychological disorders, help-seeking behavior, and the appropriateness counseling approaches (Sue, Arredondo and McDavis, 1992).

In the sample, 56.7% of the respondents claim that they know what are the changing practices, views, and interests of people at the present time while 43.3% shows lack of such knowledge. Regardless of most of the counselors' understanding of the dynamics of society, they have a serious problem with regards to applying the above claimed knowledge in their practice, with 60% of counselors showing lack of practice in applying the sociopolitical history of the clients' respective cultural groups to understand them better with the rest, 40%, showing better practice; and the majority (87.8%) of counselors indicate limited practice in learning about clients' different ways of acculturation to a particular society to understand the clients better. Thus, it is not a surprise to see that 83.3% of the counselors respond to have limited practice in making referrals or seeking consultations based on the clients' cultural identity development. Sue, Arredondo and McDavis (1992) points out that culturally skilled counselor possess specific knowledge and information about the particular group that they are working with. They are aware of the life experiences, cultural heritage, and historical background of their culturally different clients and use such information accordingly.

Of the respondents, 83.4% report that they do not consider research or other related findings about various clients' preferences in counseling, which might be a reflection for most of the counselors (66.7%) limited use innovative concepts and treatment methods with 33.3% showing better practices. Nonetheless, 72.2% of the counselors indicate that they manifest an outlook on life that is best described as 'world-minded' or pluralistic which might be due to their better personal and collegial interaction with individuals of various cultural groups. Sue, Arredondo and McDavis (1992) challenge counselors to familiarize themselves with relevant research and the latest findings regarding mental health and mental disorders of various ethnic and racial groups. They also encourage them to actively seek out educational experiences that enrich their knowledge, understanding, and cross-cultural skills.

Most of the counselors (66.7% and 46.6%) show limited practice in monitoring and correcting their cultural biases and defensiveness while the rest, 33.3 and 43.3%, of the counselors believe that they monitor and correct their cultural biases and defensiveness, respectively. Sue, Arredondo and McDavis (1992) advise counselors to be aware of their negative emotional reactions toward other racial and ethnic groups that may prove detrimental to their clients in counseling. Culturally skilled counselors are aware of their stereotypes and preconceived notions that they may hold toward other racial and ethnic groups and are willing to contrast their own beliefs and attitudes with those of their culturally different clients in a nonjudgmental fashion.

4.2.3 Multicultural Counseling Skills

Table 4.4: Multicultural counseling Skills

No.	Multicultural Counseling Skills		1	2	3	4
1.	I am successful at seeing 50% of the clients more than once, not including intake.	No.	9	15	60	6
		%	10	16.7	66.7	6.6
2.	I am able to quickly recognize and recover from cultural mistakes or misunderstandings.	No.	6	27	50	7
		%	6.7	30	55.5	7.8
3.	I use several methods of assessment (including free response questions, observations, and varied sources of information, in addition to standardized tests).	No.	9	18	60	3
		%	10	20	66.7	3.3
4.	I understand my own philosophical preferences.	No.	2	10	69	9
		%	2.2	11.1	76.7	10
5.	I am able to distinguish between those who need brief, problem-solving structured therapy and those who need long-term, process-oriented, unstructured therapy.	No.	4	12	65	9
		%	4.4	13.3	72.3	10
6.	I am effective at crisis interventions (e.g., suicide attempters, tragedy, and broken relationship).	No.	8	28	48	6
		%	8.9	31.1	53.3	6.7
7.	I use varied counseling techniques and skills.	No.	5	7	64	14
		%	5.6	7.8	71	15.6
8.	I am able to be concise and to the point when reflecting, clarifying, and probing.	No.	6	3	72	9
		%	6.7	3.3	80	10
9.	I am comfortable with exploring ethnic issues.	No.	5	34	30	21
		%	5.6	37.8	33.3	23.3
10.	I am skilled at getting a client to be specific in defining and clarifying problems.	No.	2	10	67	11
		%	2.2	11.1	74.5	12.2

11.	I make my nonverbal and verbal responses congruent.	No.	3	7	61	19
		%	3.3	7.8	67.8	21.1

The results in table 4.4 indicated that the responses of counselors regarding their competence in multicultural counseling skills. Most of the respondents, 86.6% and 86.7%, indicate use of varied counseling techniques and skills and an understanding of their own philosophical preferences, respectively. Similarly, most of the counselors (82.3%) claim that they are able to distinguish between those who need brief, problem-solving structured therapy and those who need long-term, process-oriented, unstructured therapy while 60% of the counselors believe that they are effective at crisis intervention, e.g., suicide attempters, tragedy, and broken relationship. Sue, Arredondo and McDavis (1992) portrait culturally skilled counselors as having a clear and explicit knowledge and understanding of the generic characteristics of counseling and therapy and how they may clash with the cultural values of various ethnic groups. They are not tied down to only one method or approach to helping but recognize that helping styles and approaches may be culture bound.

Of the sample counselors, 70% claim the use of several methods of assessment including free response questions, observations, and varied sources of information in addition to standardized tests to better understand clients' situation. Sue, Arredondo and McDavis (1992) expect counselors to have training and expertise in the use of traditional assessment and testing

instruments. They should not only understand the technical aspects of the instruments but be also aware of the cultural limitations. This allows them to use test instruments for the welfare of the diverse clients keeping in mind the cultural and linguistic characteristics of the clients.

The majority of the respondents, 90%, claim that they are able to be concise and to the point when reflecting, clarifying, and probing with 86.7% of the counselors being skilled at getting a client to be specific in defining and clarifying problems. Culturally skilled counselors take responsibility in educating their clients to the processes of psychological intervention, such as goals, expectations, legal rights, and the counseling orientation (Sue, Arredondo and McDavis, 1992).

56.6% of the respondents indicate their comfort in exploring ethnic issues with 43.4% showing less interest. 63.3% of the counselors point their ability to quickly recognize and recover from cultural mistakes or misunderstandings with 36.7% showing less ability. Sue, Arredondo and McDavis (1992) see culturally skilled counselors as those who seek knowledge about sociopolitical influences that impinge upon the life of diverse ethnic groups.

The majority of the respondents, 88.9%, indicate ability to make nonverbal and verbal responses congruent. Finally, 73.3% of the counselors indicate much successful rate at seeing 50% of their clients more than once, not

including intake. Sue, Arredondo and McDavis (1992) urges counselors to engage in a variety of verbal and nonverbal helping responses. They should be able to send and receive both verbal and nonverbal messages accurately and appropriately.

Such high results for competence in multicultural counseling skills might be attributed to the fact that multicultural counseling does not have its own specific therapeutic techniques which counselors are expected to strictly follow. Most of the statements used to describe the multicultural counseling skill competence of counselors are statements that describe the basic counseling competence of counselors.

4.2.4 Multicultural Counseling Relationship

Table 4.5: Multicultural Counseling Relationship

No.	Multicultural Counseling Relationship		1	2	3	4
1.	I perceive that my cultural orientation may cause the clients having different cultural backgrounds to mistrust me.	No.	24	40	23	3
		%	26.7	44.4	25.6	3.3
2.	I have feelings of overcompensation, oversolicitation, and guilt when working with clients of different cultural backgrounds although I do not have when working with clients of the same culture.	No.	15	39	33	3
		%	16.7	43.3	36.7	3.3
3.	I am confident that my conceptualization of client	No.	4	21	56	9

	problems does not consist of stereotypes and value-oriented biases.	%	4.4	23.3	62.2	10
4.	I find that differences between my worldviews and those of the clients impede the counseling process.	No.	9	24	42	15
		%	10	26.6	46.7	16.7
5.	I have difficulties communicating with clients who use a perceptual, reasoning, or decision-making style that is different from mine.	No.	12	21	51	6
		%	13.3	23.3	56.7	6.7
6.	I tend to compare client behaviors with those of other group members.	No.	18	39	21	12
		%	20	43.3	23.3	13.4
7.	I feel my confidence is shaken by the self-examination of my personal limitations.	No.	15	33	30	12
		%	16.7	36.7	33.2	13.4
8.	I experience discomfort because of the clients' different physical appearance, dress, or socioeconomic status.	No.	43	8	15	24
		%	47.8	8.8	16.7	26.7

The results in table 4.5 indicated that the responses of counselors regarding their competence in multicultural counseling relationship. 66.7% of the respondents indicate an understanding that the differences between their worldviews and those of their clients impede the counseling process while the rest does not see any significant influence. Similarly, 63.4% of the counselors respond perceive the difficulties while communicating with clients who use a perceptual, reasoning, or decision-making style that is different from them. For Sue, Arredondo and McDavis (1992) culturally skilled counselors are comfortable with differences that exist between themselves and clients in terms of race, ethnicity, culture, and beliefs.

Of the respondents, 71.1% do not perceive that their cultural orientation may cause their clients having different cultural backgrounds to mistrust them. And 63.4% of the counselors indicate that they do not have feelings of overcompensation, oversolicitation, and guilt while working with clients of different cultural backgrounds; however, the rest, 36.6%, points the presence of such feelings. Culturally skilled counselors possess knowledge about their social impact upon others. They are knowledgeable about communication style differences, how their style may clash or facilitate the counseling process with diverse clients, and how to anticipate its impact on others (Sue, Arredondo and McDavis, 1992).

Among the sample counselors, 62.2% are confident that their conceptualization of their clients' problems does not consist of stereotypes and value-oriented biases with 23.3% reporting some presence of some biases; however, 63.3% of the counselors do not compare their client behaviors with those of other group members to have a vivid picture. 56.6% of the respondents do not experience discomfort due to the clients' different physical appearance, dress or socioeconomic status with the rest, 43.4% indicating some sort of uneasiness in such occasions. According to Sue, Arredondo and McDavis (1992) counselors should attend to as well as work to eliminate biases, prejudices, and discriminatory practices. They should be cognizant of sociopolitical contexts in conducting evaluations and providing interventions, and should develop sensitivity to issues of multicultural societies.

53.4% of the counselors report comfort in self-examination of their personal limitation while 46.6% indicates lack of confidence in conducting self-assessment. For Sue, Arredondo and McDavis (1992) culturally skilled counselors have specific knowledge about their own racial and cultural heritage and how it personally and professionally affects their definitions and biases of normality-abnormality and the process of counseling.

4.3 Descriptive Statistics of the MCI Results and the Correlation Between MCI and MCSDS-S Responses

Descriptive statistics were computed on the MCI total and four subscales to assess the general level of the participants response. The MCI is scored on a 4 point Likert type scale, with higher scores representing greater multicultural competence. As shown in Table 4.6, as a group, the participants in this study self-identify as average on the overall multicultural counseling competence as well as on the four aspects of MCC evaluated by the MCI subscales (*Awareness, Knowledge, Skills, and Relationship*). With a mean of 2.51 (SD =1.12) for total multicultural counseling competence, participants reported relatively greatest competence on the *Skills* (Mean = 2.8, SD = 1.164). The *Skills* subscale assesses the ability to generate and implement culturally appropriate interventions. Respondents reported similar scores on the *awareness* (Mean = 2.48, SD = 1.12) and *relationship* (Mean = 2.42, SD = 1.121) subscales. *MCI Awareness* subscale examines a

counselor's sensitivity to, appreciation of, and advocacy for multiculturalism and the *Relationship* subscale assesses the counselors' comfort level and ability to establish a working alliance with diverse clients. Relatively lower score is reported in the knowledge subscale (Mean = 2.28, SD = 1.14). *MCI Knowledge* examines the extent to which counselors are able to assess and utilize cultural variables in relation to their work with ethnically diverse students.

Table 4.6: Mean Scores of Participants' MCC

MCI Scale	Mean	SD
Awareness	2.48	1.12
Knowledge	2.28	1.14
Skills	2.8	1.164
Relationship	2.42	1.121
Total	2.51	1.12

N=90

Scoring: 4 point Likert type scale

Pearson product moment correlation was also computed to assess the relationship between the MCI total and subscale scores with the MCSDS-S. Results (Table 4.7) illustrated that there is no significant relationship between the Marlowe-Crowne Social Desirability- Short and the Multicultural Counseling Inventory total and subscale scores. These results give credibility to the findings in that the respondents did not seem to be influenced by the social desirability of their responses. However, it is also possible that the participants may have recognized the measure as tapping social desirability and adjusted their responses accordingly.

Table 4.7: Pearson Product Moment Correlation between MCI Total and Subscales and Marlowe-Crowne Social Desirability Scale. (N = 90)

	MCSDS-S
1. MCI Awareness	-0.16
2. MCI Knowledge	0.03
3. MCI Skills	0.11
4. MCI Relationship	0.05
5. MCI Total	-0.064

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5.1 Summary

The main purpose of this study was to investigate the multicultural counseling competence of counselors. Specifically, the objectives were about assessing practitioner counselors' competence in multicultural counseling awareness, knowledge, skills and relationship. In doing so, the investigation sought to add to the knowledge, understanding and development of effective counseling intervention that may, ultimately, benefit clients with diverse cultural backgrounds.

To achieve the purpose of the study, 90 counselors were purposely selected from an indentified 24 organizations that provided professional counseling to diverse clients in Addis Ababa city. Questionnaires, one to measure the multicultural counseling competence of counselors and the other to measure the extent of social desirable responses in the data, were administrated to the counselors.

Then, after the data were collected and tabulated, percentage analysis, descriptive statistics and correlation coefficient were applied as analysis methods; and from the results, the following were found to be the major findings.

1. With regard to the participants' demographic data, most of the counselors have not attended further education in counseling psychology specialty, not completed a multicultural course, never attended a workshop on multicultural counseling, not received multicultural supervision, and not participated in any research activities with a multicultural construct.

2. With regards to their multicultural awareness, most of the counselors:
 - Have a working understanding of the cultures and familiarized with nonstandard languages in the country.
 - Enjoy multicultural interactions as much as interactions with people of their own cultures and recognize the increase in multicultural clients' case loads.
 - Have experience with culturally diverse individuals through the means of ethnically integrated neighborhood, marriage, and friendship and have good interactions with ethnically diverse colleagues.
 - Lack adequate experience in solving problems in unfamiliar setting and do not see them as having the required potential to conduct counseling with different clients having diverse cultural backgrounds.
 - Do not frequently seek consultation with multicultural experts neither attend multicultural workshops as well as not involved in advocacy efforts against barriers in mental health services for culturally diverse clients.

3. With regards to their multicultural counseling knowledge, most of the counselors:

- Include the facts of age, gender roles and socioeconomic status in their understanding of clients' problems.
- Understand the changing practices, views and interests of people at the present time and manage an outlook on life that is best described as 'world-minded' or pluralistic.
- Demonstrate limited consideration to the range of behaviors, values and individual differences within diverse cultural groups.
- Indicate limited practice in applying the sociopolitical history of clients' respective cultural groups to understand them better and in learning about clients' different ways of acculturation to a particular society to understand the clients better.
- Do not consider research or other related finding about various clients' preferences in counseling.
- Point limited use of innovative concepts and treatment methods and limited experiences in monitoring and correcting their cultural biases and defensiveness.

4. With regards to their multicultural counseling skills, most of the counselors:

- Use varied counseling techniques and skills as well as assessment including free response questions, observations and varied sources of information to better understand their clients' situation.
 - Distinguish between those who need brief, problem-solving, structured therapy and those who need long-term, process-oriented, unstructured therapy and quickly recognize and recover from cultural mistakes or misunderstandings.
 - Are concise and to the point when reflecting, clarifying and probing, skilled at getting a client to be specific in defining and clarifying problems and able to make verbal and nonverbal responses congruent.
 - Show comfort in exploring ethnic issues and understand their own philosophical preferences.
 - Indicate effectiveness at crisis intervention and much success rate at seeing 50% of their clients more than once.
5. With regards to their multicultural counseling relationship, most of the counselors:
- Understand the influence of the differences between their worldviews and clients in the counseling process.
 - Understand the difficulty of communicating with clients who use a perceptual, reasoning, or decision-making style that is different from them.

- Demonstrate limited understanding of the influence of their cultural orientation on clients having different cultural backgrounds.
- Do not have a feeling of overcompensation, oversolicitation, and guilt while working with clients of different cultural backgrounds.
- Do not include stereotypes and value-oriented biases in their conceptualization of their clients' problem.
- Indicate limited practice in comparing their clients' behaviors with those of other group members.
- Do not feel discomfort due to the clients' different physical appearance, dress or socioeconomic status and shows comfort in self-examination of their personal limitation.

5.2 Conclusion

According to Lee et al. (2007) the process of becoming culturally responsive begins with examining one's own ethnic identity. In addition, a culturally responsive counselor should acquire knowledge concerning the background of culturally diverse individuals and how culture has impacted their development. Once a counselor has awareness and knowledge related to issues of cultural diversity, a culturally responsive counselor should be able to use counseling strategies that are consistent with the cultural values of the student.

Based on the response secured from the study, most of the counselors do not have a background of considering multicultural issues in formal courses or different trainings. They have demonstrated an average competence in the complete MCI and the four subscale scores. Thus, since there was limited existing research enlisting in this area in our country, this study provided needed information concerning the multicultural counseling competencies of counselors so that all those that are responsible can be leveled with the current issues in counseling profession while trying to lay down firm foundation for the profession. It supported the call of educators, experts, students and counselors to develop and implement multicultural counseling competencies as a means of improving the existing practices of the profession in the country.

5.3 Recommendation

Several recommendations can be drawn from the findings of the study. Inherent in the attempts of counselors to practice and improve culture specific interventions is the need for professional training and supervision to aid counselors in their effort. In training programs, faculty and programmers should consider the findings in this study to develop multicultural counseling competencies which might involve preparing didactic classroom instruction, supervision, practicum, and other training activities. A variety of training experiences should be offered to trainees, especially applied, experiential activities that would allow trainees to develop their competence

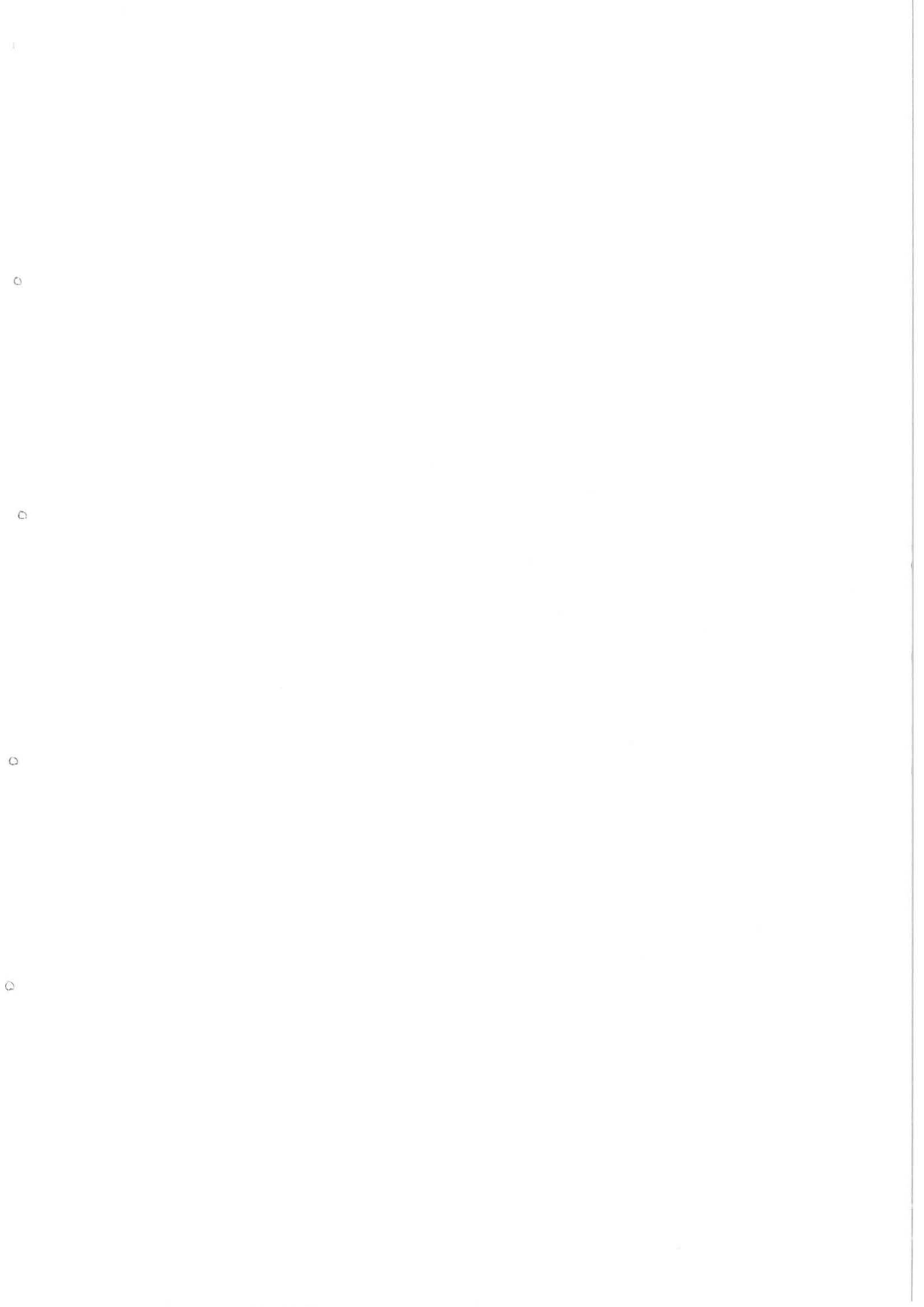
in conducting counseling with diverse clients. For example, experiential activities that allow trainees to have immersion of experiences among specific cultural groups may potentially facilitate not only increased multicultural awareness, knowledge and skills but also relationship.

In supervision or practicum settings, opportunities for direct services with audio/video recording would allow supervisors and trainees to assess for behavioral anchors indicating achieved levels of MCC. This would allow trainees an opportunity to explore their holistic self-identity, address barriers that may be preventing them from increasing their openness to similarities and differences between themselves and clients; as well as increasing their ability to be flexible, adaptable and considerate of alternatives in the provision of services with culturally diverse clients.

Looking at the practices of counselors, multicultural theorists have postulated that the first step in any effective counseling training curriculum is helping individuals recognize their own culture. Counselor educators and program designers, thus, should develop specific strategies to help trainees become aware of their own culture and how it impacts the counseling process. In addition, counseling educators and practitioners should recognize the opportunities available to them through utilizing workshop training. Potentially, workshop training could reach a greater number of counselors and be more effective than graduate courses in multicultural training.

Moreover, researchers can use the findings in this study as a foundation and further explore the multicultural counseling competence of counselors as well as other potential variables in relation to multicultural counseling competencies. Further research may elaborate the study by expanding the target population to include inclusive samples from various cultural groups in the country so that a detailed analysis can be obtained.

Specifically, in regard to trainees and practitioner counselors, they could use the findings in the study to evaluate and expand their orientation in conducting multicultural counseling.



REFERENCES

Andrews, p. and Meyer, R. G. (2003). Marlowe-Crowne Social Desirability Scale and Short Form C: Forensic Norms. *Journal of Clinical Psychology*, 59, 483-492.

Arredondo, P. (1998). Integrating Multicultural Counseling Competencies and Universal Helping Conditions in Culture Specific Contexts. *The Counseling Psychologist*, 26, 592-601.

Berry, J. W., Poortinga, Y. H., Segall, M. H., and Dasen, P. R. (2002). Cross-Cultural Psychology: Research and applications (2nd ed.). Cambridge, Cambridge University Press.

Bronstein, P. and Quina, K. (2003). Teaching Gender and Multicultural Awareness: Resources for the psychology classroom. Washington, The American Psychological Association.

Brown, S. D. and Lent, R.W. (2008). Handbook of Counseling Psychology (4th ed.). New Jersey, John Wiley and Sons, Inc.

Carter, R. T. (2005). Handbook of Racial-Cultural Psychology and Counseling: Training and practice (Volume 2). New Jersey, John Wiley and Sons, Inc.

Clawson, T. W., Henderson, D. A., Schweiger, W. K. and Collins, D. R. (2004). Counselor Preparation: Programs, faculty, trends (11th ed.). New York, Taylor and Francis Books, Inc.

Coleman, H. L., Morris, D. and Norton, R. A. (2000). Developing Multicultural Counseling Competence Through the use of Portfolios: Paper presented at the 108th Annual Meeting of the American Psychological Association. Washington, D.C.

Constantine, M. G. (2001). Multicultural-Focused Counseling Supervision: Its relationship to trainees' multicultural counseling self-efficacy. *The Clinical Supervisor*, 20, 87-96.

Constantine, M. G., Kindaichi, M., Arorash, T. J., Donnelly, P. C., and Jung, K. K. (2002). Clients' Perceptions of Multicultural Counseling Competence: Current Status and Future Directions. *The Counseling Psychologist*, 30, 407-416.

Constantine, M. G. and Sue, D. W. (2005). Strategies for Building Multicultural Competence in Mental Health and Educational Settings. New Jersey, John Wiley and Sons, Inc.

Corey, G. (2005). Theory and Practice of Counseling and Psychology (7th ed.). Belmont, Brooks/Cole.

CRDA (2009). Christian Relief and Development Association: Members' list. Addis Ababa, Communication and Information Management Department.

Dana, R. H. and Allen, J. R. (2008). Cultural Competency Training in a Global Society: International and cultural psychology. New York, Springer Science + Business Media, LLC.

Dunn, T. D., Smith, T. B., and Montoya, J. A. (2006). Multicultural Counseling Instrumentation: A review and analysis of reliability generalization. *Journal of Counseling and Development*, 84, 471-482.

Gabbard, G. O., Beck, J. S., and Holmes, J. (2005). Oxford Textbook of Psychotherapy. Oxford, Oxford University Press.

Gergen, K. J., Gulerce, A., Lock, A., and Misra, G. (1996). Psychological Science in Cultural Context. *American Psychologist*, 51, 496-503.

Gibson, R. L. and Mitchell, M. H. (2008). Introduction to Counseling and Guidance (7th ed.). New Jersey, Pearson Education, Inc.

Gielen, U. P., Draguns, J. G. and Fish, J. M. (2008). Principles of Multicultural Counseling and Therapy. New York, Routledge-Taylor and Francis Group.

Gil, E. and Drewes, A. (2005). Cultural Issues in Play Therapy. New York, The Guilford Press.

Gregoire, J. and Jungers, C. M. (2007). The Counselor's Companion: What every beginning counselor needs to know. New Jersey, Lawrence Erlbaum Associates, Inc.

Heppner, P. P., Casa, J. M., Carter, J., and Stone, G. L. (2000). The Maturation of Counseling Psychology: Multifaceted Perspectives. New York, John Wiley.

Hersen, M. and Sledge, W. (2002). Encyclopedia of Psychotherapy. USA, Elsevier Science.

Jackson, Y. (2006). Encyclopedia of Multicultural Psychology. Thousand Oaks, Sage Publications, Inc.

Jose, M. A., Ruth, H. G., and Donald, R. A. (2000). Multicultural Counseling Training: Past, present, and future directions. *The Counseling Psychologists*, 28, 641-656

Kitayama, S. and Cohen, D. (2007). Handbook of Cultural Psychology. New York, The Guilford Press.

Lago, C. (2006). Race, Culture and Counseling: The ongoing challenge (2nd ed.). New York, Open University Press.

Lee, W. M., Blando, J. A., Mizelle, N.D., and Orozco, G. L. (2007). Introduction to Multicultural Counseling for Helping Professionals (2nd ed.). New York, Taylor and Francis Group.

Leong, R. T. and Ponterotto, J. G. (2003). A Proposal for Internalizing Counseling Psychology in United States: Rationales, Recommendations, and Challenges. *The counseling Psychologist*, 31, 381-395.

Leung, S. A. (2003). A Journey Worth Traveling: Globalization of counseling psychology. *The Counseling Psychologist*, 31, 412-419.

Maldonado, J. (2008). The Influence of Gender Identification and Self-Efficacy on Counseling Students: A multicultural approach. *Journal of Multicultural, Gender and Minority Studies*, 2, 1-15.

Mio, J. S., Trimble, J. E., Arredondo, P., Cheatham, H. E., and Sue, D. (1999). Key Words in Multicultural Interventions: A dictionary. Westport, Greenwood Press.

Montovani, G (2000). Exploring Borders: Understanding culture and psychology. Philadelphia, Taylor and Francis, Inc.

Rosenthal, H. (2008). Encyclopedia of Counseling (3rd ed.). New York, Taylor and Francis Group, LLC.

Ponterotto, J. G., Rieger, B. P., Barrett, A., and Sparks, R. (1994). Assessing Multicultural Competence: A Review of the Instrumentation. *Journal of Counseling and Development*, 78, 32-57.

Pope, K. S. and Vasquez, M. J. (2007). Ethics in Psychotherapy and Counseling: A practical guide (3rd ed.). San Francisco, John Wiley and Sons.

Pope-Davis, D. B. and 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.

Sammons, C. C. and Speight, S. L. (2008). A Qualitative Investigation of Graduate-Student Changes Associated with Multicultural Counseling Courses. *The Counseling Psychologist*, 36, 814-838.

Sodowsky, G. R., Taffe, R. C., Gutkin, T. B., and Wise, S. (1994). Development of the Multicultural Counseling Inventory. A Self-Report Measure of Multicultural Competencies. *Journal of Counseling Psychology*, 41, 137-148.

Sommers-Flanagan, J. and Sommers-Flanagan, R. (2004). Counseling and Psychotherapy Theories in Context and Practice: Skills, strategies, and techniques. New Jersey, John Wiley and Sons, Inc.

Sue, D. W., Arredondo, P. and McDavis, R. J. (1992). Multicultural Counseling Competencies and Standards: A Call to the Profession. Journal of Multicultural Counseling and Development, 20, 64-88.

Squire, C. (2000). Culture in Psychology. Philadelphia, Taylor and Francis, Inc.

Tseng, W. and Streltzer, J. (2001). Culture and Psychotherapy: A guide to clinical practice. Washington, American Psychiatric Press, Inc.

Walsh, W. B. (2008). Biennial Review of Counseling Psychology (Volume 1) New York, Taylor and Francis Group.

Walsh, W. B. (2003). Counseling Psychology and Optimal Human Functioning. New Jersey, Lawrence Erlbaum Associates, Inc.

White, J. L. and Henderson, S. J. (2008). Building Multicultural Competency: Development, training, and practice. Maryland, Rowman and Littlefield Publishers, Inc

Vacc, N. A., Devany, S. B., and Brendel, J. M. (2003). Counseling Multicultural and Diverse Populations: Strategies for practitioners (4th ed.). New York, Brunner-Routledge.

Appendix

Addis Ababa University
School of Graduate Studies
Department of Psychology

The attached two questionnaires are designed to evaluate your competence in multicultural counseling and social desirable nature of responses. Your participation is completely voluntary and responses will be kept anonymous and confidential. No attempt will be made to identify or contact participants. Results will be reported and/or published using group data. By completing the attached questionnaires, you are agreeing to participate in this study. Thank you for agreeing to complete these brief questionnaires. Your participation should take approximately 10 to 20 minutes. Before completing the attached questionnaires, please fill out the following information as completely as possible. Remember, all responses are kept completely anonymous and confidential.

1. What is your age? _____
2. What is your gender? Male _____ Female _____
3. What is the highest degree you have completed?
 - a. Bachelor's
 - b. Master's
 - c. Doctorate
4. Do you have a master's or above degree in counseling? _____

5. How many years have you worked as a professional counselor? _____
6. What type of multicultural or cross-cultural training have you attended in your study? (Read all choices before selecting one)
- a. Have never completed a multicultural or cross-cultural counseling course
 - b. Have never completed a multicultural or cross-cultural counseling course but have these topics covered in other counseling courses
 - c. Have completed one multicultural or cross-cultural counseling course
 - d. Have completed two or more multicultural or cross-cultural counseling courses
2. Have you ever attended workshops or seminars on multicultural or cross-cultural counseling outside of your psychology/counseling psychology training program? _____
3. Have you ever received supervision which specifically addressed the delivery of counseling services to diverse ethnic clients? _____
4. Have you ever participated in multicultural/diversity research activities? _____

Multicultural Counseling Inventory (MCI)

The following statements cover counselor practices in multicultural counseling. Indicate how accurately each statement describes you as a counselor/psychologist when working with multicultural clients (clients from various ethnic groups of Ethiopia). Take your time and give ratings that you actually believe to be true rather than those that you wish were true.

The scale ranges from 1 (very inaccurate) to 4 (very accurate). The scale indicates the following:

- 1- very inaccurate
- 2- somewhat inaccurate
- 3- somewhat accurate
- 4- very accurate

No.	Counselor Practices in Multicultural Counseling	1	2	3	4
1.	I perceive that my cultural orientation may cause the clients having different cultural backgrounds to mistrust me.				
2.	I have feelings of overcompensation, oversolicitation, and guilt when working with clients of different cultural backgrounds although I do not have when working with clients of the same culture.				
3.	I am confident that my conceptualization of client problems does not consist of stereotypes and value-oriented biases.				

4.	I find that differences between my worldviews and those of the clients impede the counseling process.				
5.	I have difficulties communicating with clients who use a perceptual, reasoning, or decision-making style that is different from mine.				
6.	I include the facts of age, gender roles, and socioeconomic status in my understanding of clients' problems.				
7.	I use innovative concepts and treatment methods.				
8.	I manifest an outlook on life that is best described as 'world-minded' or pluralistic.				
9.	I examine my own cultural biases.				
10.	I tend to compare client behaviors with those of other group members.				
11.	I keep in mind research or other related findings about various clients' preferences in counseling.				
12.	I know what are the changing practices, views, and interests of people at the present time.				
13.	I consider the range of behaviors, values, and individual differences with in diverse cultural groups.				
14.	I make referrals or seek consultations based on the clients' cultural identify development.				
15.	I feel my confidence is shaken by the self-examination of my personal limitations.				
16.	I monitor and correct my defensiveness (e.g., anxiety, denial, anger, minimizing, overconfidence)				
17.	I apply the sociopolitical history of the clients' respective cultural groups to understand them better.				

18.	I am successful at seeing 50% of the clients more than once, not including intake.				
19.	I experience discomfort because of the clients' different physical appearance, dress, or socioeconomic status.				
20.	I am able to quickly recognize and recover from cultural mistakes or misunderstandings.				
21.	I use several methods of assessment (including free response questions, observations, and varied sources of information, in addition to standardized tests).				
22.	I have experience at solving problems in unfamiliar settings.				
23.	I learn about clients' different ways of acculturation to a particular society to understand the clients better.				
24.	I understand my own philosophical preferences.				
25.	I have a working understanding of the cultures in the country.				
26.	I am able to distinguish between those who need brief, problem-solving structured therapy and those who need long-term, process-oriented, unstructured therapy.				
27.	I can conduct counseling with any clients from culturally diverse backgrounds.				
28.	My professional or collegial interactions with ethnically diverse individuals are extensive.				
29.	I recognize the increase in multicultural counseling case loads.				
30.	I enjoy multicultural interactions as much as interactions with people of my own culture.				

31.	I am involved in advocacy efforts against institutional barriers in mental health services for culturally diverse clients (e.g., lack of multiculturally skilled counselors)				
32.	I am familiar with nonstandard languages (new dialects to the official working language).				
33.	My life experiences with culturally diverse individuals are extensive (e.g., via ethnically integrated neighborhoods, marriage, and friendship).				
34.	In order to be able to work with diverse clients, I frequently seek consultation with multicultural experts and attend multicultural workshops or training sessions.				
35.	I am effective at crisis interventions (e.g., suicide attempters, tragedy, and broken relationship).				
36.	I use varied counseling techniques and skills.				
37.	I am able to be concise and to the point when reflecting, clarifying, and probing.				
38.	I am comfortable with exploring ethnic issues.				
39.	I am skilled at getting a client to be specific in defining and clarifying problems.				
40.	I make my nonverbal and verbal responses congruent.				

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

On the following items, please select TRUE or FALSE.

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

Declaration

I the undersigned, declare that this thesis is my original work, has not been presented for a degree in any other university and that all sources of materials used have been duly acknowledged.

Name: Abraham Tarekegn

Signature: 

Date: July 10/09

This thesis has been submitted for examination with my approval as a university advisor.

Name: Dr. Sentayehu Tadesse

Signature: _____

Date of Approval: _____