Moderating Effects of Client-Counselor Racial/Ethnic Match on the Predictive Relationship between Counselor Multicultural Training, Multicultural Competence, and Multicultural Self-Efficacy in Counseling Professionals Working with Youth Living in At-Risk Circumstances

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Dedication

This dissertation is dedicated to my three grandmothers (Alma, Bernice and Dorothy), two grandfathers (Morris and Lonnie), and a very special angel (JB) who I truly believe are in heaven watching over me and have been every step of the way. Thank you for your path illuminating light.

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Abstract

Moderating Effects of Client-Counselor Racial/Ethnic Match on the Predictive Relationship Between Counselor Multicultural Training, Multicultural Competence, and Multicultural Self-Efficacy in Counseling Professionals Working with Youth Living in At-Risk Circumstances

Research has identified racial/ethnic mismatch, race alone, self-efficacy, and training as potential predictors of positive client outcomes and service continuity; however, research has not looked specifically at how these constructs work together (Chao, 2013; Ibaraki & Nagayama Hall, 2014; Levy, Thompson-Leonardelli, Grant Smith, & Coleman, 2005; Xu & Tracey, 2016). The purpose of this quantitative study was to investigate whether counselor multicultural training and multicultural competence predicted multicultural self-efficacy as well as whether client-counselor racial/ethnic match moderated the relationship in counseling professionals working with youth living in at-risk circumstances. Data was collected via online self-report surveys from 61 counseling professionals who work with youth living in at-risk circumstances in the Washington, D.C. Metropolitan area. Hierarchical multiple regression analyses indicated that client-counselor racial/ethnic match and counselor multicultural competence were statistically significant predictors of counselor multicultural self-efficacy. Additionally, counselor multicultural training, multicultural competence and client-counselor racial/ethnic match was found to be a statistically significant model in the prediction of counselor multicultural self-efficacy. Finally, client-counselor racial/ethnic match had moderating effects on the relationship between counselor multicultural training, multicultural competence, and multicultural self-efficacy. The current research provides further insight to the training needs of counseling professionals working with youth living in at-risk

circumstances, which can inform further research investigation of counselor preparation programs, training, and curriculum development.

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Chapter 1: Introduction

Researchers who have studied the outcomes of helping professions have identified a marked shift from an examination of intervention-level inquiries to a greater understanding of underlying factors that make therapy effective (Wampold, 2001). Further, multicultural counseling researchers have noted the requirement to assess cultural factors influencing treatment outcomes in lieu of assuming that all treatments work well for all clients (Atkinson, Bui, & Mori, 2001; Clark, Moe, & Hays, 2017). In efficacy studies, a major criticism has been that the lack of inclusion of ethnically and culturally diverse participants renders the findings of many studies nonuniversal (Sue, 2006).

Although the multicultural counseling movement has continued to gain momentum, only few studies have addressed outcomes of work with racial/ethnic minority clients, compared to general outcome studies (D'Andrea & Heckman, 2008). Consequently, research on treatment outcomes of minority youth living in at-risk circumstances is scarce. However, this continues to be an area of growing concern for places like the metropolitan Washington, DC area, where youth present with a heightened need for counseling services while service utilization remains low (U.S. Department of Health [USDOH], 2013). Very few studies have examined youth in the District of Columbia whose population is largely minority (63.8%). Further, research on counseling professionals working with youth who live in at-risk circumstances in the Washington, DC metropolitan area is also scarce.

The current study focused on the impact of multicultural training and multicultural competence on multicultural self-efficacy (MSE) among counseling

professionals working with youth living in at-risk circumstances[1] in the Washington, DC area. Literature addressing the need for culturally competent counseling professionals is abundant (Chao, 2013; Savitz-Romer, 2012; Swan, Schottelkorb, & Lancaster, 2015). Yet, counseling programs continue to require only one course on multicultural issues for successful program completion.

The topics under investigation in this study pertain to the impact of multicultural training and competency on counseling professionals' multicultural self-efficacy, with cultural congruence as a potential moderator in addressing the needs of at-risk youth. This chapter provides an overview of key related issues, including the country's racial and cultural demographics, challenges facing counseling professionals working with youth living in at-risk circumstances, the unique needs of youth living in at-risk circumstances in the District of Columbia, and the theoretical framework guiding this study. Key terms are also defined.

Background

Youth in the United States

In 2016, 73.6 million children and adolescents lived in the United States, making up roughly 23% of the population (Federal Interagency Forum on Child and Family Statistics, 2017). These numbers are projected to rise consistently in years to come. Further, public school enrollment for the 2017-2018 academic year was estimated at 50.7 million, with White students accounting for 48%. The remainder was comprised of

[1]Youth experiencing any of (but not limited to) the following: low socioeconomic status, single-parent home, any home, any household member experiencing incarceration, living in or originating from poor urban neighborhoods, having experienced traumatic events (to include but not be limited to physical abuse, sexual abuse, emotional abuse, physical or emotional neglect, etc.), exposure to systematic criminal activity, exposure to use and misuse (or dependency) of illicit drugs and/or alcohol, exposure to intimate partner violence, household mental illness, and a host of other characteristics associated with heightened likelihood of negative outcomes (Substance Abuse and Mental Health Services Administration [SAMHSA], 2015, 2018).

26.8% Hispanic students, 15.7% Black students, 5% Asian/Pacific Islander students, and 1% American Indian/Alaskan Native students. Approximately 3% of students identified as two or more races (National Center for Education Statistics [NCES], 2017). Further, data-surveying trends among youth experiencing adverse childhood experiences (ACEs) have found ACE prevalence to be lower among White and Asian (non-Hispanic) youth and higher among Black (non-Hispanic) and Hispanic youth (Sacks & Murphey, 2018).

Youth in the District of Columbia

For the 2016-2017 school year, Washington, DC's public and public charter schools housed 91,394 students. Of these students, 64% of the population were Black, 18% were Hispanic, 4% identified as "Other," and 13% were White (District of Columbia Public Schools [DCPS], 2017). The NCES (2017) noted that while high school dropout rates have decreased significantly overall, the rates for Black and Hispanic youth continued to be significantly higher than those for their White counterparts. The DCPS (2017) reported that while White students only accounted for 13% of their total population, they maintained a 93% graduation rate, compared to Black and Hispanic students who each held a graduation rate of 67%.

The "Needs and Assets Assessment of Washington, DC Youth" (conducted with youth in the Washington, DC area) identified area youth as "hard to reach." DC-area youth responded by noting they are not hard to reach; adults just refuse to meet them where they are (DC Children and Youth Investment Trust Corporation, 2011). In understanding the importance of work with this unique population of youth, it is equally important to understand the challenges these youth face. The assessment noted that 16.9% of DC youth aged 12 to 17 have one or more emotional, behavioral, or

developmental conditions, compared to the national average of 14.9%. Teen pregnancy continues to be a problem in the District with young mothers 19 years of age and below, accounting for 12.2% of total pregnancies city-wide. Asthma, obesity, HIV/AIDS, and the overall health of youth in the District remain above the national average. The assessment identified a depression rate of 27% among high school-aged youth, while the rate of attempted suicide among area youth rose to 12% and remained stable while rates nationwide decreased (DC Children, 2011). Examination of youth responses from the qualitative component of the needs assessment highlighted the youth's desire for strong competent adult examples, help, guidance, and a sense of belonging and meaning from others (DC Children, 2011). Based on the findings of the DC Children assessment, this study's urban youth were defined as those living in at-risk circumstances.

While the District of Columbia maintains its reputation as a resource hub for the country at large, youth native to the area do not greatly benefit from these expansive opportunities. An assessment of mental health service delivery noted that in 2013, only 3.85% of youth accessed mental health services through the Departments of Health (DOH) and Behavioral Health (DBH), while the district noted being home to approximately 91,394 school-aged children at the time (USDOH, 2013). Cultural and socioeconomic factors create barriers to their access to these services (i.e., general mistrust that ethnic minorities tend to feel toward helping professionals). These cultural norms often prevent youth from engaging in therapeutic resources and many youth do not perceive a need for therapeutic intervention (Copeland, 2006; Gamst, Dana, Der-Karabetian, & Kramer, 2004; Ibaraki & Nagayama Hall, 2014). Overall, when compared to lower-risk peers, youth living in

at-risk circumstances are less inclined to seek and obtain mental health services (Harmon, Hawkins, Lambert, Slade, & Whipple, 2005; Roberts, Alegria, Roberts, & Chen, 2005). Additionally, marginalized youth are seen as problematic and in need of intervention. This creates a negative view of clinical support which further stigmatizes therapeutic alliances for youth and families alike (Riele, 2006).

At-Risk Youth Determination Versus Youth Living in At-risk Circumstances

At-risk youth are often defined as those seen as vulnerable to decreased academic success, suspensions, expulsions, truancy, excessive tardiness, withdrawal from public school settings, abuse, neglect, exploitation, experiences of running away and/or homelessness, migrants, crime victimization, offenders, gang involvement, and abuse of drugs and alcohol (NCES, 2017). Youth in urban areas are at disproportionately higher risk (than their non-urban counterparts) for these risk factors (Mortenson, 2000; Newman, Myers, Newman, Lohman, & Smith, 2000; Slaten, Rivera, Shemwell, & Elison, 2016; Valdez, Lambert, & Ialongo, 2011; Yeh, Borrero, & Shea, 2011). These risk factors and vulnerabilities also leave affected youth more susceptible to school failure, involvement in the court and correctional systems, unemployment, and failed matriculation into healthy adult autonomy (Barr & Parrett, 2001). Touzard (2010) noted that while the need to serve these youth is undeniable, there is an overwhelming amount of information on what makes these youth marginalized (which in turn labels them), yet not enough information about ways to promote prosocial growth and healthy development. More insight from the youth themselves is necessary to truly understand the population's need (Sprenkle, 2002; Touzard, 2010). However, framing youth in a light that focuses on ways to better support them, rather than imposing labels which may

reinforce negative stereotypes and stigma, is as important as service provision. As such, this study referred to youth in question as youth living in at-risk circumstances instead, thereby highlighting the urgency of providing support without necessarily marginalizing youth or defining them by their barriers.

Youth in at-risk circumstances have a plethora of identifiers setting them apart as a group in high need of clinical intervention while also being a difficult population to reach. Youth living in at-risk circumstances are often distrusting of clinicians and are less likely (than their adult counterparts) to seek out the aid of a counseling professional on their own. Additionally, factors such as age, gender, race, and relatability impact a youth's willingness to engage adults, especially in times of need. With known challenges of unsuccessful academic matriculation, decreased postsecondary options, maladaptive social development, and many others, the requirement for competent, capable counseling professionals working with youth is key to the youth's short-term and future success (Burke, Hellman, Scott, Weems, & Carrion, 2011; Pérez-Gualdrón, Yeh, & Russell, 2016). The research underscores the need for competent professionals, given that the existence of competent and loving adults offers preventative effects on youth's engagement in maladaptive activities and, conversely, stands to increase youth involvement in more prosocial activities while also leading to better academic and social outcomes for youth (Tiet, Huzinga, & Byrnes, 2010).

Need for Consistency Versus High Staff Turnover

While research continues to show the power of at least one consistent helping adult in the lives of challenged youth (Savitz-Romer, 2012; Slaten, Elison, Hughes, Yough, & Shemwell, 2015; Slaten et al., 2015), staff turnover for institutions serving

them continue to be high (Clemens, Milsom, & Cashwell, 2009; Dillenburger, 2004). As the District of Columbia is such a small area, those in the helping professions seem to experience a series of revolving doors, leaving one role working with at-risk youth only to enter another doing very similar (if not the same) work. Yet, research on this phenomenon and the mechanisms responsible for it is scarce. Further, doing so without adequately assessing and addressing challenges to job satisfaction (like competence and adequate training) only stands to create more stress for counselors and youth alike who find themselves experiencing repetitive relationship disruptions with each adult transition (Aarons, Sommerfeld, Hecht, Silovsky, & Chaffin, 2009). This researcher hoped to assess the relationships between multicultural training (exposure and competence) and job satisfaction (self-efficacy and burnout) in an effort to contribute to existing literature on and insight into adequate counseling professional training.

Statement of Problem

Followers of the common factors model have done much to highlight the relevance of examining multicultural factors (like client-counselor ethnic match preference) among clients of color (Nissen-Lie et al., 2016). However, it is possible for a counseling professional to share an ethnic/racial identity with a client while also having very different personal or cultural experiences (Ibaraki & Nagayama Hall, 2014; Meyer, Zane, & Young, 2011; Xu & Tracey, 2016). While it is easy to assume that someone who looks like you is likely to understand your journey, it is often our experiences on a cultural level that relate us (which can either include or be completely independent of race and ethnicity). Further, research has identified racial/ethnic mismatch, race alone, self-efficacy, and training as potential predictors of positive client outcomes and service

continuity; however, research has not looked specifically at how these constructs work together (Chao, 2013; Ibaraki & Nagayama Hall, 2014; Levy, Thompson-Leonardelli, Grant Smith, & Coleman, 2005; Xu & Tracey, 2016). As such, creating training curricula around better understanding, relating to, and intervening with clients who are culturally different from us can work in favor of advancing the missions of counseling (advocacy through eliminating gaps in equity and achievement). Multicultural competence leads to better therapeutic outcomes, particularly when there are cultural and experiential differences between counseling professionals and the clients they serve (Ward, 2005).

In the case of youth in the District of Columbia, where minority youth make up 82% of the school-aged population (DCPS, 2017), there are often several barriers to access and reception of adequate counseling services. Being and feeling racially and culturally incongruent with counseling professionals can add to pre-existing stigmas (distrust) that at-risk youth and their families possess surrounding helping professions (Gelso, 2009). Training multiculturally competent counseling professionals is integral to closing the service reception gap for these youth and creating a culture that appeals to the unique needs of this population (Holcomb-McCoy, 2007). Clinicians working with youth living in at-risk circumstances become at risk for secondary trauma, decreased self-care, and stress-induced burnout (Jenkins, Mitchell, Baird, Whitfield, & Meyer, 2011; Whitfield & Kanter, 2014). These risk factors only stand to grow if we remain unable to gauge counseling professionals' preparedness adequately before sending them to work with such vulnerable clients. Prioritizing increased multicultural training for budding counseling professionals is the ethical responsibility of counselor education programs. Counseling professionals are expected to be capable of adequately working with clients

upon successful completion of a master's degree (Shaw, Remley, & Ward, 2014). As such, it is imperative to insure that counseling professionals receive everything necessary to be (and feel) prepared, competent, and efficacious in their service delivery. To facilitate this more effectively, counselor training programs must better understand the challenges that budding professionals face in working with culturally diverse clients and tailor curricula to include more robust multicultural training options to address multicultural experiential deficits and increase multicultural competence (Holcomb-McCoy, 2005), which will then increase counselor multicultural self-efficacy as well.

Purpose of Study

Client-Counselor Cultural Match

Some authors have stated that psychotherapy is not a value-neutral process (Frank & Frank, 1991; Tjelveit, 1999). How values are expressed and transferred in the therapeutic alliance when clients and counselors are culturally different is not clearly defined in the research. However, research has suggested that matching clients with counselors with similar values may lead to strong clinical outcomes (Beasley, 2012; Cho, 2007).

Research on how mental health values are expressed and negotiated over the course of the therapeutic alliance when the counselor and client are culturally different is scarce (Cho, 2007). Beasley (2012) found that Black clients experienced deterioration of symptoms and premature termination of counseling sessions when matched with White counselors, compared to those matched with Black or non-Black minority counselors. Research has further suggested that similarities between clinicians and clients can aid in fostering a positive therapeutic alliance and accelerate rapport building (Copeland, 2006;

Ibaraki & Nagayama Hall, 2014; Meyer et al., 2011; Xu & Tracey, 2016). The purpose of this study was to explore racial/ethnic match (as a function of culture) as assessed through a counseling professional's similarity (or lack thereof) with youth living in at-risk circumstances in the Washington, DC metropolitan area.

Counselor Multicultural Training and Exposure

While counseling and social work educators have acknowledged the requirement to train culturally competent counseling professionals (ACA, 2017), there has been no clear consistent way to implement and control for this training. Pieterse, Lee, and Fetzer (2016) noted that while the field has done a good job of addressing cultural factors like race and ethnicity, only a fraction of course syllabi have focused on other cultural factors like gender, social class, spirituality, or many other factors that contribute to a person's cultural identity. Moreover, while Sue and Sue (2016) suggested that a truly multiculturally competent professional never stops learning and is required to maintain multicultural competence, no mechanisms are in place to insure that counseling professionals fulfill this requirement. Further, Johnson and Jackson Williams (2014) have linked increased multicultural training to increased multicultural competence. Yet, research on the impact of deficient multiculturally trained, competent, and self-efficacious counseling professionals remains scarce.

Racial Connection to Multicultural Competence and Self-efficacy

Counseling services are needed across all racial and ethnic groups in the United States (Cabral & Smith, 2011). Despite this, minority populations seek and utilize counseling services less frequently than their White counterparts (Alegría et al., 2008). Despite this finding, diversity in the counseling profession is not reflective of this need

(USDOH, 2017). Research has also suggested that race impacts the multicultural counseling competence (MCC) of counseling professionals (Lent & Schwartz, 2012). Evidence has supported heightened MCC in counseling professionals belonging to marginalized racial/ethnic and cultural groups, when compared to their White counterparts (Chao, 2013; Constantine & Yeh, 2001). Additionally, Neville, Spanierman, and Doan (2006) found that colorblind racial attitudes are negatively correlated with MCC as a failure to acknowledge how discrimination perpetuates systemic racism. Current research has not identified the exact relationship between client-counselor racial/ethnic match and MCC (Chao, 2013; Constantine, 2002). Counselors who support urban and disadvantaged youth cited inadequate graduate training among the reasons for feeling less efficacious (Savitz-Romer, 2012).

These discrepancies have led to more research on the relationship between race/ethnicity and multicultural training, as clients reported more trust of counseling professionals who they perceived shared the same race/ethnicity (Cabral & Smith, 2011; Ponterotto, Casas, Suzuki, & Alexander, 2009). However, research has failed to address the relationship among multicultural competence, multicultural self-efficacy, and racial/ethnic match, and how this relationship affects the multicultural self-efficacy of counseling professionals working with youth living in at-risk circumstances.

Based on the preceding review of the literature, the purpose of this study was to examine the predictive relationship between multicultural training, multicultural competence, and multicultural self-efficacy among counseling professionals who work with youth and to investigate whether client-counselor racial/ethnic match moderates that relatonship.

Theoretical Framework

The conceptual framework for this study was derived from two major theoretical paradigms. First, Sue, Ivey, and Pedersen's (1996) multicultural counseling and therapy (MCT) theory uses a social constructivist lens to attempt to understand an individual's behavior within the context in which it occurs. MCT's theoretical orientation is based on the 31 multicultural counseling competencies that focus on knowledge, skills, and awareness (Sue & Sue, 2016).

As MCT theory suggests, counselors achieve cultural competence by examining their own beliefs and attitudes, enhancing their knowledge about culturally different clients, and obtaining the skills needed to create and use culturally appropriate interventions. This competency model is most often integrated into practice by counseling professionals (Clark et al., 2017; Constantine & Ladany, 2000; Fawcett, Briggs, Maycock, & Stine, 2010; Holcomb-McCoy, 2001; Jones, Kawena Begay, Nakagawa, Cevasco, & Sit, 2016; Worthington, Soth-McNett, & Moreno, 2007). Further, the model is most commonly used to assess multicultural training programmatically (D'Andrea, Daniels, & Heck, 1991; Neville et al., 2006; Smith, Constantine, Dunn, Dinehart, & Montoya, 2006; Vinson & Neimeyer, 2003).

The second theory guiding this study is Albert Bandura's (1977) social learning theory (SLT), which is heavily focused on the reciprocal relational system including environmental factors, personal factors, and behavior/action. SLT asserts all three aspects as interactive and heavily dependent on one another. The self-system, a set of cognitive structures regulating behavior, is at the core of the system. Further, the theory postulates that we model behavior we see. Therefore, modeling is an important factor in knowledge

translation and belief into action (Bandura, 1977; Ivey, D'Andrea, Ivey, & Simek-Morgan, 2012; McCarthy, 2014). SLT helped to frame this study; specifically, it served to explain the way counseling professionals learn and use what they have learned in their professional interactions with clients served. SLT examines how multicultural training and multicultural competence impact the work counseling professionals do in the field (action/behavior).

Among the most impactful concepts of Bandura's theory is the idea of self-efficacy, which explains human motivation, behavior, and the ability to perform tasks. Bandura (1977) described self-efficacy expectation as one's belief in one's own ability to perform a task successfully to completion. This is significant to this study as counseling professionals' beliefs surrounding their ability to support youth living in at-risk circumstances can impact the way they think, feel, and practice therapeutic interventions which, in turn, may impact client outcomes.

Related to self-efficacy is multicultural self-efficacy, defined as a counseling professional's beliefs in his or her own clinical abilities as related to issues of diversity and equity (Holcomb-McCoy, Harris, Hines, & Johnston, 2008). This may determine the capacity of a counseling professional working with youth living in at-risk circumstances to assess, recognize, and develop a plan to help overcome barriers inherent in this population that may impede healthy development and positive therapeutic outcomes. Counseling professionals must exercise appropriate planning, implement multiculturally sensitive interventions, and address multicultural issues with youth living in at-risk circumstances to be effective. As such, counseling professionals need MSE (Holcomb-McCoy , Harris, Hines, & Johnston, 2008).

This study also took the common factors theory into account, assuming commonalities among most psychotherapeutic and clinical interventions used by counseling professionals (Laska & Wampold, 2014). For example, therapeutic process elements like positive expectancies, role preparation, and collaborative goal formation are central to most clinical/therapeutic alliances and are all known contributors to enhanced therapeutic outcomes and decreased attrition (DeFife & Hilsenroth, 2011). As such, the study assumed that differences among counseling professionals' self-reported multicultural training, competence, and self-efficacy are attributed to factors other than applied modality, such as cultural match to the clients served.

Summary of Methodology

This study explored relationships between counselor multicultural training exposure, multicultural competency, and counselor multicultural self-efficacy among counseling professionals serving youth living in at-risk circumstances in the Washington, DC metropolitan area. Additionally, the study examined whether or not client-counselor race/ethnic match acted as a moderator in these relationships. The researcher used a survey designed to collect data and run a hierarchical multiple regression to explore these relationships. The survey was comprised of the following established instruments to assess the study's variables: counselor MCC was assessed by the Multicultural Awareness, Knowledge, and Skills Survey (MAKSS), while MSE was assessed via the Multicultural Counseling Self-Efficacy Scale-Racial Diversity (MCSE-RD) Form. Demographic questions were used to assess counselor training as well as other discriminant characteristics. Moderated hierarchical regression was used to examine the relationship between the pedictor variables (counselor training and counselor MCC) and

the criterion variable (MSE), while considering the impact of a moderator variable (client-counselor cultural match). Counseling professionals in the area who support youth were invited to participate in the study via various online listservs and professional organizations to which they belonged.

Significance

The study of self-efficacy within counseling is a significant area of inquiry because it has been previously shown to aid in achieving positive client outcomes and assisting youth (clients) with successful goal attainment (Holcomb-McCoy et al., 2008). Self-efficacy beliefs may be an essential factor in counseling action and decision making (Bodenhorn, Wolfe, & Airen, 2010). Despite its recognition as a significant factor for counseling professionals, there continues to be a lack of research that addresses counselor MSE in work with youth in urban and at-risk circumstances (Holcomb-McCoy et al., 2008). Research has not focused on counselors working with youth living in at-risk circumstances—a population whose challenges, barriers, and ethnic makeup predispose them to issues such as educational and occupational inequality, prejudice, and discrimination (Slaten et al., 2015). While researchers continue to highlight the importance of counseling professionals demonstrating MSE, the need for more research on and understanding of this construct persists (Constantine, 2002; Holcomb-McCoy et al., 2008; Sheu, Rigali-Oiler, & Lent, 2012). This gap in the research is of concern given the growing trend of racial and ethnic diversity among youth in the United States (Maxwell & Hennriksen, 2012). It is of even greater concern in the Washington, DC metropolitan area where the youth population continues to be predominantly minority (DCPS, 2017). Studies have also alluded to childhood (and, by proxy, adolescence) as a

culture of its own (Mullen, 2008), yet training and practice of counseling professionals working with youth are deficient in the effective integration of MCC (Jayne, Stulmaker, & Purswell, 2013; Swan et al., 2015). Research has shown that counseling professionals tend to gravitate toward clients with whom they feel they work most effectively (Lent & Schwartz, 2012; Lent et al., 2006), just as clients continue therapy and seek out therapists to whom they feel they relate (Farahmand et al., 2012; Ibaraki & Nagayama Hall, 2014; Levy et al., 2005). Similarly, counseling professionals are likely to avoid clients and issues where they feel less efficacious and effective, just as clients are likely to avoid counseling professionals with whom they do not feel connected. Often youth are experiencing issues devoid of the help, guidance, and resources others may have to lean on (Savitz-Romer, 2012) and cannot readily identify or articulate their needs. These concepts are significant because they support the need for increased MSE among counseling professionals working with youth living in at-risk circumstances as well as understanding the roles multicultural training exposure, MCC, and cultural match may play in increasing MSE for counseling professionals.

Research Questions

The current study explored the following demographic questions.

Descriptive Questions

- Do counseling professionals working with youth living in at-risk circumstances in the Washington, DC metropolitan area feel effective?
- How do counseling professionals working with youth living in at-risk circumstances in the Washington, DC metropolitan area rate their overall multicultural self-efficacy?

- What are the descriptive statistics for age, gender, and ethnicity (e.g., age mean, gender percentages, and ethnicity percentages by category) of counseling professionals working with youth living in at-risk circumstances in the Washington, DC metropolitan area?

What are the means and standard variances for counseling professionals' multicultural competence, multicultural training exposure, and multicultural self-efficacy? The current study explored the following inferential research questions.

Inferential Research Questions

1. Do counselor multicultural training and multicultural competence predict counselor multicultural self-efficacy in counseling professionals working with youth living in at-risk circumstances in the Washington, DC metropolitan area and does client/counselor racial/ethnic match moderate this relationship?
2. Is counselor multicultural training exposure a predictor for counselor multicultural self-efficacy in counseling professionals working with youth living in at-risk circumstances in the Washington, DC metropolitan area?
3. Is counselor multicultural competence a predictor for counselor multicultural self-efficacy in counseling professionals working with youth living in at-risk circumstances in the Washington, DC metropolitan area?
4. Does client-counselor race/ethnic match moderate the relationship between counselor multicultural training exposure and counselor multicultural self-efficacy in counseling professionals working with youth living I at-risk circumstances in the Washington, DC metropolitan area?

5. Does client-counselor race/ethnic match moderate the relationship between counselor multicultural competence and multicultural self-efficacy in counseling professionals working with youth living in at-risk circumstances in the Washington, DC metropolitan area?

Limitations

One limitation of this study is the representativeness of the sample. As in most survey research, the challenge was finding and recruiting participants from the target population. Linked to this was the use of an online survey that has its own distribution limitations (i.e., loss in ability to randomize sample resulting in reduced data variation). Further, survey research relies on self-report measures, which are subject to participants providing inaccurate information in hopes of attaining social desirability (Asuto, 2017). Further, participants may possess a different understanding of their skills than what is accurate.

Additionally, this study's target population was counseling professionals working with youth living in at-risk circumstances in the Washington, DC area. Such a specific group inherently inhibits its generalizability. This study was predicated upon the belief that certain characteristics set the District of Columbia apart from other urban areas, rendering it less generalizable.

Also, other variables are bound to contribute to counselor MSE. Selection of the current predictor variables (counselor multicultural training and MCC) did not account for these other potential influences.

Another limitation of the current study is the current cultural climate of the Washington, DC metropolitan area, as it is beginning to experience an urban renewal that

poses to cause a major shift in its demographic makeup. There has already been an influx of housing relocation, which heavily impacts the way all professionals (including counseling professionals) look and present (e.g., race, culture, socioeconomic status and background, clinical experiences, etc.). As such, current population data may not reflect the urgency of understanding the potential impact of counselor multicultural training, competence, and self-efficacy on counseling professionals who work with youth living in at-risk circumstances in the Washington, DC metropolitan area.

In the future, it may be helpful to gather ethnographic data from youth receiving support from counseling professionals in the Washington, DC area.

Operational Definitions

For the purpose of this study, the reader should understand the following frequently used terms according to their given definitions. While some terms are formally recognized in research, others have been created by this researcher.

Advocacy

According to the American Counseling Association's (ACA) definition, youth advocacy is the use of the following six skills: (a) negotiate relevant services and education systems on behalf of clients and students; (b) help clients and students gain access to needed resources; (c) identify barriers to the well-being of individuals and vulnerable groups; (d) develop an initial plan of action for confronting these barriers; (e) identify potential allies for confronting the barriers; and (f) carry out the plan of action (Lewis, Arnold, House, & Toporek, 2003). Further, advocacy is defined as any action that counseling professionals take to eliminate barriers that impede client development, create growth opportunities for all clients, and create access to equitable options; this

action addresses systems of oppression that negatively affect client development through community, individual, and systemic engagement. Advocacy includes (but is not limited to) educating/training clients to advocate for themselves, intervening on behalf of clients, and speaking out against inequitable systems whenever present. The ACA also requires counseling professionals to be continually self-aware, knowledgeable, skilled, and action-oriented in advocacy work with populations at risk for marginalization (Ratts Singh, Nassar-McMillan, Butler, & McCullough, 2016; Trusty & Brown, 2005).

At-Risk Youth (Youth Living in At-risk Circumstances)

Youth who experience any of (but are not limited to) the following: low socioeconomic status; single-parent home; experience of incarceration; living in or originating from poor urban neighborhoods; experience of traumatic events (including but not limited to physical abuse, sexual abuse, emotional abuse, physical or emotional neglect, etc.); exposure to systematic criminal activity; exposure to use and misuse of (or dependency on) illicit drugs and/or alcohol; exposure to intimate partner violence; household mental illness; and a host of other characteristics associated with heightened likelihood of negative outcomes (Substance Abuse and Mental Health Services Administration [SAMHSA], 2018).

Council for Accreditation of Counseling and Related Educational Programs (CACREP)

The agency that accredits master's and doctoral degree counseling programs.

Counseling Professional

Any master's-level professional offering clinical, academic, or personal support to youth living in at-risk circumstances to include (but not be limited to) LPCs, LGPCs,

social workers, school counselors, rehabilitation counselors, transition counselors, LICSWs, clinical psychologists, advocates, and therapists.

Council on Social Work Education (CSWE)

The agency responsible for accrediting baccalaureate and master's-level social work programs.

Multicultural Training (Exposure) (MTE)

Any and all master's (and/or post-master's) and/or doctoral (and/or post-doctoral) coursework related to work with culturally diverse clients, sociocultural dimensions of counseling, or cultural identity development (including but not limited to curriculum-based coursework, external trainings, workshops, etc.).

Multicultural Competence (MC)

According to Mio, Barker-Hackett, and Tumabing (2012), a multistep process in which counseling professionals develop an awareness of their own cultural values and biases, learn to value the worldviews of others (particularly those which differ from their own), and develop a set of culturally appropriate skills through which to engage those who differ from themselves. Additionally, MC includes the ability to identify and use culturally appropriate interventions when working with clients.

Multicultural Self-Efficacy (MSE)

A counseling professional's beliefs about his or her own ability and capacity to complete culturally appropriate tasks when working with clients (Holcomb-mcCoy, Harris, Hines, & Johnston, 2008).

Client-Counselor Race/Ethnic Match (CCM)

A counseling professional's perceived racial/ethnic match with the clients he or she serves.

Summary

The intent of the study was to expand the understanding of how counselors working with youth in at-risk circumstances view the adequacy of their training in preparation for the work they are expected to do beyond the current research on the topic. The study also sought to question the perceived efficacy of the professionals doing this work daily. This chapter outlined the overview of the study and background of prior research that has addressed the relevance of links to this study's variables: counselor multicultural training, counselor multicultural competence, counselor burnout, counselor multicultural self-efficacy, and client-counselor cultural match. The problem statement identified the need for the study, which is further supported by its purpose and significance. The research questions and hypotheses were presented along with the theoretical framework that guided this investigation. Finally, operational definitions were provided.

Chapter 2 next gives a detailed discussion of youth living in at-risk circumstances as well as the challenges they face that create barriers to their success. Additionally, social learning theory is discussed in depth to ground the theoretical framework for this study. Further, the roles of race, culture, and the clinical alliance are explored as well.

Chapter 2: Literature Review

This literature review covers the following aspects: a brief overview of the expectations set by accrediting bodies for counseling professionals regarding multicultural training, a discussion of multicultural competence, differences in the perceived multicultural counseling competence of White counseling professionals compared with those of minority counseling professionals, some discussion surrounding race and counselor self-efficacy as a result of preparedness (or lack thereof), barriers specific to counseling professionals working with youth living in at-risk circumstances, and perceived preparedness of professionals based on their graduate training. Also presented are arguments for common factors among counselors and clients in support of positive outcomes in the therapeutic alliance.

Youth Living in At-risk Circumstances

Adverse childhood experiences (ACEs) are widely accepted criteria to examine the link between the presence of childhood risk factors and lifespan outcomes as a result of said risk factors (SAMHSA, 2018). These experiences have a known connection to maladaptive patterns throughout the lifespan (such as imprisonment, dysfunctional interpersonal relationships, substance abuse, generational poverty, and a host of others). These risk factors include (but are not limited to) issues of neglect, abuse, familial dysfunction, and a host of others. They are also heavily linked to disease, disability, and early mortality (SAMHSA, 2018). Minority youth in urban areas, particularly of low socioeconomic status (SES), are found to be at higher risk for experiencing these risk factors during their transition to adulthood, rendering them a vulnerable population for which multiculturally competent and efficacious counseling professionals are necessary

(Savitz-Romer, 2012). Figure 2.1 illustrates the Adverse Childhood Experiences (ACEs) pyramid. This study framed the discussion around youth living in at-risk circumstances within the context of ACE factors, with the understanding that more ACE factors are highly correlated with increased need for intervention to circumvent potential youth outcomes.

In understanding the role ACEs may play in a person's lifespan development, Schilling, Aseltine, and Gore (2007) sought to examine the impacts of adverse experiences on emerging adulthood. As such, a two-wave longitudinal study of high school seniors (n = 1,093) from varying communities in Massachusetts was conducted. Youth received an initial interview over the phone and then participated in a follow-up interview 2 years later. The study focused on three mental health outcomes (depressive symptoms, substance abuse, and antisocial behavior). While the sample was random, researchers focused on details of race, gender, and socioeconomic status of youth as well as the types of communities in which youth resided. Previous studies on ACE's impacts were not generalizable to urban and minority populations, which had implications for understanding the phenomenon as it related to these youth. Researchers tested gender and race differences in the prevalence of ACE factors using chi-square tests. Results found ACEs to be strongly, significantly associated with all three investigated outcomes. Moreover, while adverse mental health impact was stronger for Whites than minority youth, minority youth in disadvantaged urban communities experienced more ACEs than their White counterparts.

Cronholm et al. (2015) also focused on urban, minority, low-SES youth in Philadelphia, PA in their work with ACEs. However, this study investigated the presence of conventional ACE indicators (those occurring within the home, such as abuse, neglect, dysfunction, etc.) as well as expanded ACE indicators (those occurring outside of the home, such as peer pressure, racism, community violence, etc.). Youth were asked to complete a survey consisting of the Philadelphia ACEs Survey and the Kaiser Survey (to assess neglect). Youth were then called for a subsequent phone interview. Ordinal logistic regression models were used to assess the association between conventional and extended ACE scores and demographic data. Of participants aged 18 and below (n = 1,784), 72.9% had at least one conventional ACE, 63.4% had at least one expanded ACE, and 49.3% had experienced both. There was also a small group (13.9%) who only experienced expanded ACEs who might have gone undetected if conventional ACEs were the only measure available. While some demographic characteristics were associated with higher risk of conventional ACEs, they were not proven to be predictors for expanded ACEs (and vice versa). The purpose of this study was not only to highlight some of the adversities urban youth experience separate from their nonurban counterparts, but also to expand the definition of adversity to include risk factors that only minority disenfranchised youth face.

While ACE research helps to provide a model for more readily identifying youth experiencing adversity in at-risk circumstances, it (alone) does not change what we already know about these youth. Urban minority youth are marked for poor attendance, low math and reading scores, low college attainment and preparedness, low college awareness, poor health outcomes, generational poverty, difficulty with academic

transitions, and a host of other negative characteristics (Copeland, 2006; Hines & Holcomb-McCoy, 2013; Savitz- Romer, 2012). As a result, these youth tend to rely heavily on the support of counseling professionals in an effort to access equitable options for a sustainable future and supplement deficits they may be experiencing elsewhere (Savitz-Romer, 2012). This only underscores the importance of the present study in highlighting the need for counseling professionals who are not only proficient in clinical skill use and development, but who are also capable of adequate integration of multicultural skills, knowledge, and awareness in their work with youth living in at-risk circumstances in the Washington, DC area. As such, working to insure that counseling professional training appropriately addresses the developmental needs of budding counseling professionals proves to be as crucial as ever to aid in positive outcomes for youth living in at-risk circumstances.

Counseling Services Offered to Youth and Associated Challenges Faced by Helping Professionals Providing Services to Youth

In understanding the challenges that face youth living in at-risk circumstances, it becomes equally important to survey relevant literature on the work done by counseling professionals who support them as well as the challenges that work may sometimes present.

When working with youth who live in at-risk circumstances, counseling professionals are often expected to serve many roles in their lives (Holcomb-McCoy, 2005). Research has continued to show that despite cases of decreased familial support, the presence of another strong positive adult in the lives of youth can dramatically enhance lifelong outcomes (Sterrett, Jones, McKee, & Kincaid, 2011).

Holcomb (2005, 2007) has conducted extensive research on counseling youth in urban settings as well as the training, competence, and self-efficacy of the counseling professionals serving them. In a 2005 study, Holcomb surveyed counseling professionals (n = 102) in six urban areas around the United States (New York, NY; Newark, NJ; Philadelphia, PA; Washington, DC; Trenton, NJ; Baltimore, MD). White/Caucasian counseling professionals were the ethnic majority (67%), while remaining professionals were African American (24%), Latino American (5%), "Other" (3%), and Asian (1%). The aim of the survey was to understand counseling professionals' perceptions of the most prevalent issues presenting challenges to positive youth outcomes. The study also sought to understand counseling professionals' perceptions of their own effectiveness in work with youth as well as the time allotted and spent performing tasks the American School Counseling Association (ASCA) deemed salient to their roles.

In terms of service delivery, 85 of the 102 counseling professionals noted spending their time providing counseling services (times ranging from 3% to 90%). Counseling professionals noted that consulting with teachers and other team members was another task required of them (time ranging from 1% to 70%). Some counseling professionals noted spending time coordinating services for youth (average of 8% of time spent). Other assigned duties involved test administration, advising, clerical/ administrative tasks, and scheduling. When asked about the top issues facing youth in urban settings based on their experience, professionals named low family functioning/ parenting, low academic achievement, and poverty as their top answers. Additionally, counselor caseloads ranged from 10 to 1,800 youth, with an average caseload of 362

students. When asked about their perceived effectiveness, however, most of the counseling professionals (81%) replied “yes.”

Savitz-Romer (2012) conducted a phenomenological study on 11 counseling professionals working with disadvantaged youth in urban high school settings. Counseling professionals were questioned about the work they did with youth perceptions of their ability to influence and impact the outcomes for the youth they served (self-efficacy), the meaning they made of the work they did (competence), and views on the adequacy of their graduate school training received in preparation for the work they did. Counseling professionals noted engaging students in postsecondary counseling, engaging youth in future planning and goal setting, advocating for education equity, and providing college readiness counseling (which included but was not limited to a review of strengths, weaknesses, and interests) as some of their daily tasks. Counseling professionals also noted that schools with the least adequate programming were serving youth in the lowest socioeconomic statuses with the highest risk factors. Further, counseling professionals saw themselves as key sources of social capital with the ability to influence the decisions and reach of the youth they served.

However, counseling professionals also noted the discrepancies between job expectations and level of support received to meet them. Barriers like high counselor-to-youth ratios, a curriculum deficient in lessons relatable to youth, and inadequate master’s-level preparation for the challenges urban youth face raised concerns with counseling professionals’ perceived effectiveness in their roles.

Need for Multicultural Competence and Training Exposure

In the past several years, the helping professions have greatly prioritized the need for culturally competent professionals equipped with handling the clinical needs of a rapidly diversifying world (D'Andrea & Heckman, 2008). Increased multicultural training has been found to be a strong contributing factor to increased multicultural counseling competence (Chao, 2012; D'Andrea & Daniels, 1991; Shi & Doud, 2017; Swan et al., 2015). Further, training counseling professionals to be multiculturally competent has been shown to improve therapeutic outcomes. While counseling programs appear successful in prioritizing issues of race and ethnicity and instructing trainees on best-practice models for counseling skills, they are less effective in identifying other (less obvious) elements of multiculturalism and diversity as well as ways to adapt and apply skills taught to the populations to be served (Savitz-Romer, 2012; Swan et al., 2015). These influencing factors can include (but are not limited to) elements of gender, sexual identity, age, religion, spirituality, ability, socioeconomic status, language, among a host of other characteristics contributing to the unique nature of individuals. Yet research surrounding these individual factors remains scarce, as are resources that highlight skills counseling professionals can employ to improve clinical outcomes for clients from diverse populations.

Evaluating the quality of education students in counselor education programs receive should remain a top priority of counselor educators. Such an evaluative process allows graduate programs to assess themselves in comparison to standards set by the authority of the program being run. In the case of professional counseling programs, that authority is the Council for Accreditation of Counseling and Related Educational Programs (CACREP). Even and Robinson (2013) recognized CACREP as the standard

for counselor education programs. Similarly, the Council on Social Work Education (CSWE) sets the standard for professional social work education programs. Both CACREP and CSWE have set requirements surrounding multicultural training which programs seeking their accreditation must follow. CACREP (2015) urges counseling professionals to maintain multicultural competence and trusts counseling faculties to weave diversity appropriately into the fiber of their instruction, while CSWE (2015) invites engagement with diversity and expects social workers to have an understanding of the role diversity can play in social injustice and inequity. In both cases, counselors and social work educators are expected to integrate these principles into the fibers of their curricula. There is no set minimum or maximum on course offerings nor the ways in which educators choose to infuse culturally competent material into the curricula. Additionally, each assigns a responsibility to faculty and clinicians alike to be fully aware of their own biases, but with no clear plans or checks and balances to insure such awareness. In surveying counseling students enrolled in CACREP-accredited programs, Holcomb-McCoy (1999) found that students, who could identify the presence of multicultural courses in their programs, did not feel multicultural content was adequately infused into their core coursework. Further, minority students and faculty continue to be underrepresented in counseling programs, which increases concern for adequate multicultural counseling training reception in accredited programs. Similarly, Jani, Pierce, Ortiz, and Sowbel (2011) found that CSWE-accredited programs have adapted a less prescriptive integration of diversity into their curricula in an effort to weave these teachings in more seamlessly. However, this has implications for the adequacy of training

if instructors, especially those who may have difficulty confronting their own biases, are left to their own devices in relaying diversity and multicultural instructional content.

In the Savitz-Romer (2012) study, the researcher noted counseling professionals reported feeling unprepared for the work they do with underserved, disadvantaged, urban youth. Though counselor training programs addressed clinical skills, they failed to bridge the gap in teaching clinicians to employ learned skills adequately and apply them in a way that might impact change. Further, there was no instruction about challenges facing youth who live in at-risk circumstances, such as high school dropout rates or other issues key to youth in urban settings. Counselors also noted that while multicultural counseling courses were offered, their content was not enough to address the needs of urban youth and "inner-city" children adequately. Counselors also reported clear gaps in the application of skills in content-specific areas for the challenges they would face as professionals. Some even referred to coursework that appropriately addressed the toolkit they might have benefitted from as "nonexistent." While these counseling professionals did not name it as such, the stress associated with the high demands of the job, along with their marked lack of preparedness to facilitate these demands, was palpable in Savitz-Romer's report of their views.

Use of Multicultural Counseling Competence and Training Exposure to Address Counselor Multicultural Self-efficacy

Barden and Green (2015) asserted that multicultural competence, multicultural awareness, and multicultural self-efficacy are ethical requirements of counseling professionals today. In investigating multicultural counseling competence, multicultural counseling self-efficacy, and demographic data of counselors in training (n = 118), the

researchers found that gender and ethnicity were not predictors for multicultural counseling self-efficacy or multicultural counseling competence. This finding was contrary to prior research findings. However, there was a strong (significantly significant correlational) relationship between multicultural counseling self-efficacy, multicultural counseling competence, and the amount of time students had been in their respective programs. More specifically, amount of time in graduate school was a stronger predictor of multicultural counseling competence when comparing master's-level students to doctoral-level students, as well as comparing master's-level students just beginning their program to those who were further along in their studies. Barden and Green attributed the inconsistency in findings (between their research and that of other studies) to the self-report limitation, interaction effect (strength of racial/ethnic identity moderating other relationships), and overall counselor identity development.

While Barden and Green (2015) appropriately addressed counseling professionals' self-reported multicultural counseling competence and self-efficacy, they did not look at the amount of culturally relevant courses taken or required on an individual and programmatic level, respectively. However, Barden and Green did address the need for more skill development as opposed to the current standard of building theoretical multicultural knowledge in trainees. They also noted that more time in graduate school (training) is an important predictor for increasing both MSE and MCC. Their research called for reframing and restructuring the current pedagogical practice by incorporating more experiential learning into multicultural skill development (Barden & Green, 2015). However, there was no support for this in the design and results of their study.

Pieterse et al. (2016) surveyed 131 counseling students and analyzed their responses using a mixed-methods approach. From their qualitative analysis, five major themes emerged: impact of classroom diversity, representation of one's own racial group, intense emotional experiences, safety impacting course experience, and personal/ professional growth. The findings of this study clarified that White students and students of color leave their multicultural counseling courses having two completely different experiences. Another interesting finding was that White students tended to dwell on specific class interactions or situations, but did not exit the course feeling significantly changed in any way. Further, while students of color and White students experienced overlap in themes, the manifestation of those themes looked very different among them. Students of color felt more connected to other races and less isolated. Conversely, White students felt more disconnected and saw students of color as either judgmental or sources of knowledge. Also, while students of color found safety in the connectedness they grew to feel with others in the course, White students looked to the instructor (authority figure) to feel safe.

The Pieterse et al. (2016) study found that students' racial membership played a major role in their experience in multicultural courses. However, it did not address any true resolution for these disparities. Further, if White counseling students were only required to take one course that addresses culture during their master's-level coursework and they left that course feeling isolated yet unchanged, one might be concerned for the implications this experience may have on those students' practice and interactions with diverse populations in the future.

While the literature has focused on which mechanisms definitively lead to more culturally competent counseling professionals, there is a clear interest in enhancing trainee skills and providing more cultural exposure to counseling curricula (Chao, 2013). Further, research has strongly suggested an ethical requirement for counseling professionals to gain as much applicable multicultural experience as possible prior to working with clients from diverse backgrounds, in addition to expected continued training. Further, Shaw et al. (2014) recognized the importance of counseling professionals leaving their master's programs as prepared as possible, particularly because receiving supervisors expect entry-level counselors leave master's programs adequately prepared to take on difficult and diverse cases (Shaw et al., 2014).

Client-Counselor Racial/Ethnic Match

Sue and Sue (2016) defined culture as the thoughts, beliefs, practices, and behaviors linking people with shared history, religion, social organization, economic organization, political organization, and collective production. These shared experiences define them in a way that creates commonality and (potentially) understanding. Because the present study specifically examined race as a function of culture, the following section examines current literature related to client-counselor racial/ethnic match in terms of multicultural competence and multicultural self-efficacy.

Whites/Caucasians continue to dominate the helping professions across the board; in short, the majority of counseling professionals and counseling professional trainees are White. Survey results from the American Psychological Association (APA) noted that 87.5% of doctoral-level helping professionals were White (APA Center for Workforce Studies, 2009). In 2009, 72% of first-year full-time doctoral students were White and

78% of first-year full-time master's-level students were White (APA Center for Workforce Studies, 2010). A more recent read of the field showed that while Asian, Black/African American, Hispanic, and "Other" counseling professionals have seen a spike in representation (increases of 79.5%, 100%, 47.4%, and 66.5%, respectively). Whites continue to dominate the field with 83.6% representation. Asian, Black, Hispanic, and "Other" representation remains scarce in the field (4.3%, 5.3%, 5%, and 1.7%, respectively) (APA Center for Workforce Studies, 2015). This rings true in the Washington, DC, metropolitan area as well, where White counseling professionals make up 64% of professional counselors and 60% of social workers, despite the population being nearly 50% (47.7% African American, 11% Hispanic, 4% Asian, and 4% "Other") (Census Bureau, 2016). Although minority counseling professionals have a higher representation in the DC metropolitan area, White clinicians continue to dominate, which increases their chances of working with minority clients. Further, the power of White counseling professionals transcends the therapeutic alliance because of their membership in the dominant racial group as well. As such, exploring their views on multicultural competence when working with racially and culturally diverse populations is especially important.

Many researchers have questioned whether or not working with culturally diverse clients requires a different toolkit and skillset than working with clients who are culturally similar (Coleman, 1998; Constantine, 2002; Fuertes & Brobst, 2002; Pedersen, 1991). While some researchers have argued that no special skills are necessary because all clients enter the therapeutic alliance with their own nuances and cultural experiences (as individuals) that will always separate them from the counselor on some level (Collins

& Arthur, 2010; Pedersen, 1991), the need to build more multiculturally competent professionals remains a growing priority of the field.

Constantine (2002) noted predictors of racial and ethnic minority clients' satisfaction with counseling outcomes with White counselors. She found that clients' opinions of a therapist's multicultural counseling competence were significant contributions to their favorability toward counseling overall, which qualified the marked difference between multicultural counseling competence and general competence. Constantine further asserted that while these two may overlap, they are very different; therefore, each should be emphasized in counselor training. Constantine used a hierarchical multiple regression to test the statistical significance of these variables, which allowed her to distinguish between the contributions of each to clients' overall satisfaction.

Fuertes and Brobst (2002) also looked at counselors' multicultural and general counseling competence based on client-reported opinions. Here, 84 graduate students in a counseling program who also had previous counseling experience were assessed on their views of a White therapist's multicultural counseling competence versus general counseling competence. Again, the results noted that the ethnic and racial minority students rated a higher level of satisfaction based on the multicultural counseling competence of the therapist.

The combined findings of these studies showed that while the two may overlap in characteristics, general counseling competence and multicultural counseling competence are two different constructs altogether and should be regarded as such.

In terms of how White counselors (and counselor trainees) compare to racial and ethnic minorities regarding multicultural counseling competency, research remains inconclusive. Constantine (2001) found Black and Latino counselors showed heightened levels of multicultural counseling competence, when compared to those of their White counterparts. Constantine and Gushue (2003) also noted that minority counselors had higher scores than White trainees regarding multicultural knowledge. Other researchers (Manese, Wu, & Nepomuceno, 2001; Smith et al., 2006) reported no statistically significant difference between the multicultural counseling competence of ethnic/racial minorities and White counselors.

Chao (2013) examined the relationships between counselor race/ethnicity, counselor multicultural training, counselor multicultural competence, and colorblind racial attitudes of counseling professionals. The theoretical basis for these questions stemmed from Sue and Sue's (2016) Multicultural Counseling Competency model that suggested racial and ethnic minorities are expected to have higher multicultural counseling competency (than their White counterparts), based on their personal experiences, socioeconomic status, and increased familiarity with cultural and racial issues as minorities. Chao theorized that multicultural training moderates the relationship between race/ethnicity and school counselor multicultural counseling competence, and whether there is a relationship between ethnicity, training, and colorblind racial attitudes. The study found support for all four research hypotheses. Race was found to interact significantly with multicultural training to predict school counselor multicultural competence. Additionally, multicultural training was positively associated with racial/ethnic identity. Further, racial/ethnic identity mediated the moderated association

by training between race/ethnicity and multicultural counseling competence. Finally, colorblind racial attitudes interacted with race/ethnicity and multicultural training to predict counselor multicultural counseling competence. At higher levels of training, White and minority school counselors exhibited heightened multicultural counseling competence, indicating that with more training, White counselors can be as multiculturally competent as minority counselors. Constantine and Yeh (2001) found that when training was low, ethnic/racial minority counselors exhibited higher multicultural counseling competence than White counselors. The results of Chao's (2013) study further suggested that White counselors with low levels of racial/ethnic identity may have less sensitivity to express emotion and affect toward multicultural clients (who may have experienced or may be experiencing racism), while those who received more multicultural training may not only be more competent, but also may be more aware of their own worldviews when working with the culturally diverse (Constantine, 2002; Spaniermen, Poteat, Wang, & Oh, 2008).

While psychotherapy as a whole is considered an efficacious venture (Wampold, 2001), research has supported decreased effectiveness for ethnic/racial minorities (Lapan, Gysbers, & Sun, 1997; Sue, 2006). Understanding the relationship between race/culture and barriers to seeking and receiving counseling services maintains its necessity in the current literature.

In assessing criticism for and against the common factors model of counseling (where research highlights the key similarities central to most treatment modalities; Wampold, 2005), ethnic match is an undeniably strong predictor for therapeutic success among White and minority clients. This commonality is linked to a stronger working

alliance and lower chances of premature termination on the side of the client. While a therapist's cultural competence is not currently linked to therapist ethnicity (Sue & Sue, 2016), there are links to ethnic match and therapist credibility (as perceived by minority clients) as well as client comfort in disclosing, and potentially links to client's willingness to seek clinical support in the absence of minority counselor representation (Chao, Steffen, & Heiby, 2012; Dixon & Vaz, 2005; Hayes et al., 2011; Parham, Ajuma, & White, 2011; Ridley, 1984). Above all, the link between ethnic match and client preferences has been clearly supported by literature (D'Andrea & Heckman, 2008; Karlsson, 2005). While the influence of ethnic match remains inconclusive according to the literature, its potential impact on the help-seeking behaviors of minority clients cannot be ignored.

Research on the Black community's preferences for and attitudes to ethnic match in help-seeking behavior has made a clear argument for motivations behind these preferences. While the present study sought to understand the impact of cultural similarities and differences on the attitudes of counseling professionals as related to counseling outcomes, it is important to understand how client perceptions and preferences may influence the course of the alliance and resulting outcomes. Research has asserted that members of the Black community may have a stronger allegiance to ethnic match than other races/ethnicities because of a general distrust of other ethnicities with sharing the intimate details of one's life (Parham et al., 2011). Beasley (2012) indicated that African Americans saw Black counselors who discussed culture as more effective than White counselors who discussed it.

Research as well as personal experience[2] has alluded to the clear presence of preference by minority clients to work with counselors who look like them. As a result, a goal of this present research was to better understand whether these preferences are actually a cultural preference embedded in the visual commonality presented through client-counselor ethnic match. Research has been plentiful in addressing the question of clients' race preference, while research on counselor attitude to client-counselor ethnic match remains ungeneralizable because of its rudimentary methodology (Beasley, 2012; Karlsson, 2005). Further, research has not begun to explain how levels of client resistance (due to preferences not being honored or scarcity in available minority counselors) impact counselor perceived self-efficacy and potential resulting stress. Moreover, as research has been inconclusive about the link between ethnic match and premature client termination among minority (particularly African American) clients, no studies have yet explored the relationship between early termination of a client who is culturally different from the counselor and its impact on the counselor's perceptions of self-efficacy and potential resulting stress.

Social Learning Theory and Multicultural Self-efficacy

Bandura (1982) asserted that having the knowledge or skill set to do something (alone) is not self-efficacy. Rather, self-efficacy requires a capacity to understand and organize one's thoughts, interactions, and behaviors into actions that advance an agenda or serve a purpose. Further, Larson (1998) noted that both intrinsic and extrinsic factors inform the way counselors learn, perform, and become self-efficacious in counseling practice. Larson further postulated that counseling self-efficacy is "one's beliefs or

[2] The researcher is an African American female clinician who has worked with youth living in at-risk circumstances in the Washington, DC area for over 10 years. The researcher is also a native Washingtonian.

judgements about his or her capabilities to effectively counsel a client in the near future" (p. 180). This self-efficacy is greatly influenced by counselor's (trainee's) environment as well as personal agency. These processes work together to create an internal feedback loop for counselors, which serves as the basis from which self-efficacy beliefs originate in counselors. Larson further argued that counselors with higher levels of self-efficacy are likely to have more self-affirming thoughts and view adversity or anxiety as challenges rather than agents of debilitation. They are also likely to set more realistic goals for themselves. However, this may be a fragile and ever-evolving system whose success is dependent on the variables of the feedback loop working together harmoniously. Given Larson's explanation, it stands to reason that counseling professionals with low self-efficacy might be more susceptible to burnout, and so create a new cycle for negative self-speak, unrealistic counseling goals and expectations, and negative therapeutic outcomes. Further, this theory suggests that these factors might be initiated by inadequate training. Thus, these questions related directly to the aims of the present study in better understanding the relationship between multicultural training and multicultural self-efficacy for counselors working with culturally diverse populations.

Johnson, Baker, Kopala, Kiselica, and Thompson (1989) found training contributed to an increase in counselor self-efficacy over time. Similarly, Melchert, Hays, Wiljanen, and Kolocek (1996) found that graduate student training level accounted for slightly more professional self-efficacy and competence than the amount of clinical experience students received. As such, it is safe to assert the shared importance of multicultural training and clinical experience relevant to the population that counseling

trainees will be working with in adequately preparing them to be competent and self-efficacious counseling professionals.

In accordance with Bandura's (1997) theory, if a counseling professional is to gain the agency to attain an outcome, that professional should believe in his or her own ability to accomplish (self-efficacy); this, in turn, impacts interventions used and motivation to keep trying, despite challenges. A counseling professional's multicultural self-efficacy is similarly fueled. While research has sometimes used the terms *self-efficacy* and *competence* interchangeably, it is important to note that they are related yet not synonymous. Bandura (1977) clarified competence as the capacity to not only possess and recall a skill set, but also to go the extra step of organizing and using said skills to orchestrate and manage task demands. In contrast, self-efficacy is one's hypothetical belief in one's own ability to execute tasks and is rooted solely in one's own perception of a personal skillset (Rodgers, Markland, Selzler, Murray, & Wilson, 2014). Liu, Sheu, and Williams (2004) found that MCC is the strongest predictor for MSE, followed by training and experience (which only strengthen competence). This is consistent with the hypotheses driving the present study in positing that a counseling professional with extensive multicultural training (theoretical and experiential) will also have high MCC, and this will be a strong predictor for MSE. Further, the agency and belief in one's ability to work effectively with diverse youth living in at-risk circumstances come directly from experiences, training, and—consequently—competence.

Summary

Research continues to support a need for ongoing training for counseling professionals who support the needs of youth living in at-risk circumstances, whereas

practice shows how counseling professionals become inundated with work and often do not have time to balance their daily tasks (Anderson, 2015; Leyba, 2009; Militello & Janson, 2014; Sander et al., 2016), let alone pursue more training for the demands the role entails. As such, examining the relationships between counselor multicultural training, multicultural competence, and self-efficacy can contribute to research as well as address gaps in the training of counseling professionals. Further, assessing the propensity for cultural match to moderate these relationships might allude to specific shifts in pedagogy and counselor preparation. The research reviewed here highlighted the gaps in the literature on client help-seeking behaviors. Studies have shown that minority clients (particularly African American clients) are less likely to seek out counseling services. Moreover, minority clients have expressed preference for minority counselors when seeking services. Research has even shown that when minority clients sought counseling services and received a minority therapist, they reported that therapist as being more multiculturally competent and felt more comfortable sharing intimate life details with this person. However, research has not clearly drawn the connection between these constructs and their predictive shared relationships. Further, research has not clearly identified counselor feelings and reactions to these phenomena.

In addition, while several studies have solidified the link between counselor multicultural training, multicultural competence, and self-efficacy (Constantine, 2001, 2002; Pope-Davis, Reynolds, Dings, & Nielson, 1995; Pope-Davis, Reynolds, Dings, & Ottavi, 1994), research on the impact of the lack of multicultural training, MCC, and MSE is scarce. One might assume these constructs are related to burnout (which is known to be high for counseling professionals working with traumatic and adverse

populations). However, the absence of relevant research on counselor multicultural training (and resulting competence) and its predictive relationship with multicultural self-efficacy in counselors working with youth living in at-risk circumstances in the Washington, DC metropolitan area has created a gap in the literature, which the present study hopes to fill. This study thus explored the predictive relationship between counselor multicultural training, multicultural competence, and multicultural self-efficacy; as well as the potential moderating effects of client-counselor match.

Chapter 3 next provides an in-depth view of the methodological plan for this study by revisiting the research questions, sharing the research hypotheses, and explaining the statistical analyses related to the examination of variable relationships.

Chapter 3: Methodology

This chapter provides the methodological context for this study. It begins with a restatement of the purpose and continues with a detailed description of the research questions and corresponding hypotheses. Participants, sampling criteria, recruitment, and research design are outlined as well. The remainder of the chapter presents this study's analysis methodology, procedures, instrumentation, and ethical assurances.

The purpose of this study was to determine the predictive relationships between counselor multicultural training (exposure and competence) and multicultural self-efficacy (MSE) in counseling professionals working with youth living in at-risk circumstances in the District of Columbia metropolitan area through the use of hierarchical multiple regression analysis. Client-counselor cultural match was also assessed for moderating effects on the relationships between counselor multicultural training and MSE. The researcher used a quantitative, non-experimental research design via an online survey instrument. The goal of this study was to determine if (a) a relationship exists between multicultural training (exposure and competence) and MSE in counselors working with youth living in at-risk circumstances; (b) client-counselor cultural match predicts counselor MSE; and (c) client-counselor cultural match moderates the relationship between counselor multicultural training and MSE.

Research Questions and Hypotheses

The researcher's intent for the study was to contribute to current literature on work with youth living in at-risk circumstances in the Washington, DC metropolitan area (and other similarly challenged areas) and to highlight the implications of the training of

counseling professionals serving these populations. This study explored the following research questions.

Descriptive Questions

- Do counseling professionals working with youth living in at-risk circumstances in the Washington, DC metropolitan area feel effective?
- How do counseling professionals working with youth living in at-risk circumstances in the Washington, DC metropolitan area rate their overall multicultural self-efficacy?
- What are the descriptive statistics for age, gender, and ethnicity (e.g., age mean, gender percentages, and ethnicity percentages by category) of counseling professionals working with youth living in at-risk circumstances in the Washington, DC metropolitan area?

What are the means and standard variances for counseling professionals' multicultural competence, multicultural training exposure, and multicultural self-efficacy? The current study explored the following inferential research questions.

Inferential Research Questions

1. Do counselor multicultural training and multicultural competence predict counselor multicultural self-efficacy in counseling professionals working with youth living in at-risk circumstances in the Washington, DC metropolitan area and does client/counselor racial/ethnic match moderate this relationship?

   H_1: *Counselor multicultural training and multicultural competence will predict counselor multicultural self-efficacy and client-counselor racial/ethnic match will moderate the relationship.*

2. Is counselor multicultural training exposure a predictor for counselor multicultural self-efficacy in counseling professionals working with youth living in at-risk circumstances in the Washington, DC metropolitan area?

   H_2: *Counselor multicultural training exposure will have a statistically significant main effect in the prediction of counselor multicultural self-efficacy.*

3. Is counselor multicultural competence a predictor for counselor multicultural self-efficacy in counseling professionals working with youth living in at-risk circumstances in the Washington, DC metropolitan area?

   H_3: *Counselor multicultural competence will have a statistically significant main effect in the prediction of counselor multicultural self-efficacy.*

4. Does client-counselor race/ethnic match moderate the relationship between counselor multicultural training exposure and counselor multicultural self-efficacy in counseling professionals working with youth living in at-risk circumstances in the Washington, DC metropolitan area?

   H_4: *Client-counselor race/ethnic match will moderate the relationship between counselor multicultural training exposure and counselor multicultural self-efficacy.*

5. Does client-counselor race/ethnic match moderate the relationship between counselor multicultural competence and multicultural self-efficacy in counseling professionals working with youth living in at-risk circumstances in the Washington, DC metropolitan area?

H_5: *Client-counselor race/ethnic match will moderate the relationship between counselor multicultural competence and counselor multicultural self-efficacy.*

Population and Sampling

The population of interest was counseling professionals providing clinical support to youth in the Washington, DC metropolitan area. While expansive, the inclusion criteria for the study were created with a specific purpose in mind. The choice to include multiple professions was based on (a) ensuring an ample sample size and (b) including other helping professionals who perform functions similar to those of counselors. Ultimately, this study sought to capture the responses of any helping professional in the DC metropolitan area who supported youth in a clinical capacity and who had also received a Master's degree or higher from either CACREP, CORE, CSWE, or APA. In the DC metropolitan area, the titles of counselor, social worker, clinical psychologist, and others are interchangeable and any of them are capable of intervening with youth living in at-risk circumstances at a given time. Clinical support workers or other helping professionals who have not received a Master's degree or higher were excluded from the study as key research criterion questions Master's-level training. As such, any person not attaining this level of training has been excluded. Current Master's-level counseling students were also excluded. Because this study focused on effects of current and previous work with youth living in at-risk circumstances, only participants who had completed at least a Master's program and worked with youth living in at-risk circumstances in the Washington, DC metropolitan area for a minimum of 1 month were invited to participate. Counseling professionals working with at-risk youth in areas outside of the Washington, DC metropolitan area (limited to Washington, DC, Maryland,

and Virginia) were excluded from the study to ensure that the researcher captured nuances unique to working with youth living in at-risk circumstances in the DC metropolitan area.

For the purposes of this study, a convenience sample was chosen to obtain the largest number of participants possible. Participants were recruited via emails sent to professional organizations, counseling-oriented social online groups, and local counseling programs at colleges and universities in the Washington, DC metropolitan area. In the initial email, organization liaisons were asked to assist in distributing study materials to qualifying staff or professionals. In addition, flyers advertising the study were provided to be posted on organizational websites or made physically available in some locations.

The researcher foresaw having limited access to resources in her attempt to obtain a desired sample size and used snowball sampling. In doing so, the researcher encouraged individuals who received the invitation to participate to distribute the survey to others who fit the sampling criteria as well. Snowball sampling is an informal means of researching a hard-to-reach population by creating opportunities with a circle of familiar acquaintances or colleagues (Cohen & Arieli, 2011), who might prove useful to this study.

Power Analysis

To determine the minimum recommended sample size for this study, an a priori power analysis was conducted using the G*Power program version 3.1.9.2 (Faul, Erdfelder, Lang, & Buchner, 2009). An α-level of.05, effect size of .15, and a power of .95 were used to calculate sample size based on the number of variables for hierarchical multiple regression analyses. Effect sizes of .2, .5, and .8 are recognized as small,

moderate, and large, respectively (Cohen, Cohen, West, & Aiken, 2003). A conservative effect size of .15 was selected in order to detect small to moderate impact for multiple regression analyses (Kissil, Davey, & Davey, 2015; Matthews, Barden, & Sherell, 2018). A minimum sample size of 119 participants was determined to be appropriate for this study.

Measures

Existing inventories were utilized for data collection and analysis: the Multicultural Awareness Knowledge and Skills Survey, Counselor Edition-Revised (MAKSS-CE-R) (Kim, Cartwright, Asay, & D'Andrea, 2003) measured counseling professionals' multicultural competence, while the Multicultural Counseling Self-Efficacy Scale—Racial Diversity (MCSE-RD) Form (Sheu, 2005) measured counseling professionals' multicultural self-efficacy. The survey also included demographic items.

Demographics

Participants were asked to respond to 15 demographic items to provide contextual information about the sample. Gender, age, race/ethnicity, education level, master's degree program type (e.g., CACREP, CSWE, APA), and socioeconomic status were used to describe participants. Participants were also posed a screening question asking if they worked (currently or in the past) with youth in the Washington, DC metropolitan area in at-risk circumstances; this question screened for eligible participants based on the inclusion criteria. Counseling professionals were also asked to identify whether they worked with youth in Washington, DC versus surrounding metropolitan area (e.g., MD and VA) youth to discern any differences present among the populations. Items inquiring about participants' master's-level training were included, specifically questions

pertaining to multicultural counseling courses taken during coursework (to identify how many master's- and/or doctoral-level multicultural counseling courses were taken as well as how many multicultural counseling trainings were taken post-degree) (Bragg, 2010; Gordillo, 2015) in addition to likeness of internship experience to current job functioning and/or population served in an effort to gauge participant experience with the population of interest. The researcher created an ordinal scale for courses completed and training experience for the purposes of analysis of the multicultural training exposure variable . These items were used to gauge the level of multicultural counseling training exposure (predictor variable) with values ranging between low (1training/workshop and high (2 or more courses/trainings/workshops). Finally, participants were asked whether they felt "racially/ethnically congruent" or matched with the youth living in at-risk circumstances to whom they provided services; a brief definition of Sue and Sue's (2016) definition of culture was offered for clarification. The purpose of this question was to identify moderating characteristics of the client-counselor racial/ethnic match.

Multicultural Competence

The Multicultural Awareness Knowledge and Skills Survey, Counselor Edition-Revised (MAKSS-CE-R; Kim et al., 2003) is a 33-item questionnaire given to assess the multicultural competency of counselors (specifically) based on three subscales (awareness, knowledge, and skills). This is a revised version of D'Andrea, Daniels, and Heck's (1991) initial Multicultural Awareness Knowledge and Skills Survey. The instrument is based on the well-known model for cross-cultural competence developed by Sue et al. in 1982. The MAKSS-CE-R measures participant responses to questions posed on one of two Likert scales, where a score of "1" represents either "very limited" or

"strongly disagree" and "4" corresponds with either "very good" or "strongly agree." Seven of the items are reverse-scored (items 1, 2, 3, 4, 6, 8, and 9) within the Awareness subscale. After reverse scoring, the sums of all responses are tallied to provide an overall score. The higher a participant's score, the higher his or her reported competence. Scores range from 33 to 132.

Kim et al. (2003) reported overall internal consistency for the MAKSS-CE-R as high (.81), with coefficient alphas for the Awareness, Knowledge, and Skills subscales of .8, .87, and .85, respectively, within a sample of 338 counseling graduate students.The survey's overall internal consistency was $\alpha = .79$. Further, analysis of the survey involved correlating scores of the MAKSS-CE-R with those of the Multicultural Counseling Inventory (MCI; Sodowsky, Kuo-Jackson, Richardson, & Corey, 1998) to examine convergent validity. The results noted the MAKSS-CE-R as having statistically significant positive correlation ($r = .51$, $p < .001$) with the MCI. Kim et al. (2003) also found the MAKSS-CE-R to have statistically significant positive convergent validity with the Multicultural Counseling Knowledge and Awareness Scale (MCKAS; Ponterotto, Gretchen, Utsey, Reiger, & Austin, 2002). The present study used the entire MAKSS-CE-R inventory to assess counseling professionals' multicultural competence.

Multicultural Self-efficacy

The Multicultural Counseling Self-Efficacy Scale-Racial Diversity (MCSE-RD; Sheu & Lent, 2007) was used to measure the criterion variable of counselor MSE. It was intended to assess a counseling professional's confidence in his or her own ability to provide counseling services to individuals who differed from them racially. While no scale has yet been developed to address cultural differences directly, the questions posed

in this scale speak to the thinking necessary to work with clients who may have different experiences than those of the counselor; this, then, requires the counselor to think critically about the interventions to be used as well as about his or her thoughts while interacting with clients. The MCSE-RD is a 37-item Likert self-report survey with three subscales: Multicultural Intervention (MI), Multicultural Assessment (MA), and Multicultural Session Management (MSM). The full-scale score is derived by finding the sum of all 37 responses. Questions posed pertain to the degree to which counseling professionals feel confident in their own ability to perform counseling tasks with clients who differ from them, on a scale from "0" or "no confidence at all" to "9" or "complete confidence." Higher scores indicate higher confidence in one's abilities and therefore higher self-efficacy. Scores range from 0 to 9.

Sheu and Lent (2007) used a sample of 181 graduate-level counseling students to examine the validity and consistency of the MSCE-RD. They asserted the scale to have high internal consistency with a total α score of .98 (subscales ranged from .92 to .98). Test-retest reliability was found to be .77 (subscales ranged from .69 to .88). Further, the three subscales correlated highly with each other and with the total score (.83). Researchers did note, however, that participants scored statistically significantly lower on MA than on MSM, which suggests that multicultural assessment tasks may be more challenging for participants overall. The present study used the entire MCSE-RD to assess the multicultural self-efficacy of counseling professionals.

Procedure

Research Design

The present study was non-experimental and employed a cross-sectional survey research design. Hierarchical multiple regression analyses were used to examine the predictive relationships of counselor multicultural training, counselor multicultural competency, and client-counselor cultural match on counselor multicultural self-efficacy. As a moderator variable, client-counselor cultural match was also examined to determine whether it had a significant predictive influence above and beyond those of multicultural training and multicultural competence with regard to counselor MSE.

A moderating effect of client-counselor cultural match was examined based on a procedure to evaluate moderator variables in social sciences research by Baron and Kenny (1986). Moderator variables "impact the direction and/or strength of the relation between a predictor variable and a dependent or criterion variable" (p. 1174). Further, moderator variables are usually passive (e.g.- demographics) whereas mediator variables are active and can change through intervention (e.g.- hours spent studying for a test). The present study investigated a moderating effect to determine if the relationships between counselor multicultural training and competence as well as counselor MSE are significantly affected and strengthened by the presence of client-counselor cultural match (as opposed to mediation, which would explain any existing relationship between the criterion and predictor variables in question). Figure 3.1 illustrates the relationship of the model and the variables this study assessed.

The researcher used an online self-report survey through to collect data. The purposes of using a survey are efficiency and accessibility. Online surveys allow a quick and convenient adaptation of existing social science instruments and methodologies, rendering them more user-friendly as well (Hewson, 2003). As counseling professionals

are often inundated with several tasks throughout the course of their day, a survey they can access and fill out at their leisure was the researcher's attempt to accommodate the flexibility needs of their schedules in requesting research participation. Further, compared to interview-administered surveys, the web-based counterparts of online surveys are more time- and cost-effective. Additionally, online surveys allow the researcher to gather information anonymously and preserve the privacy and confidentiality of the responses.

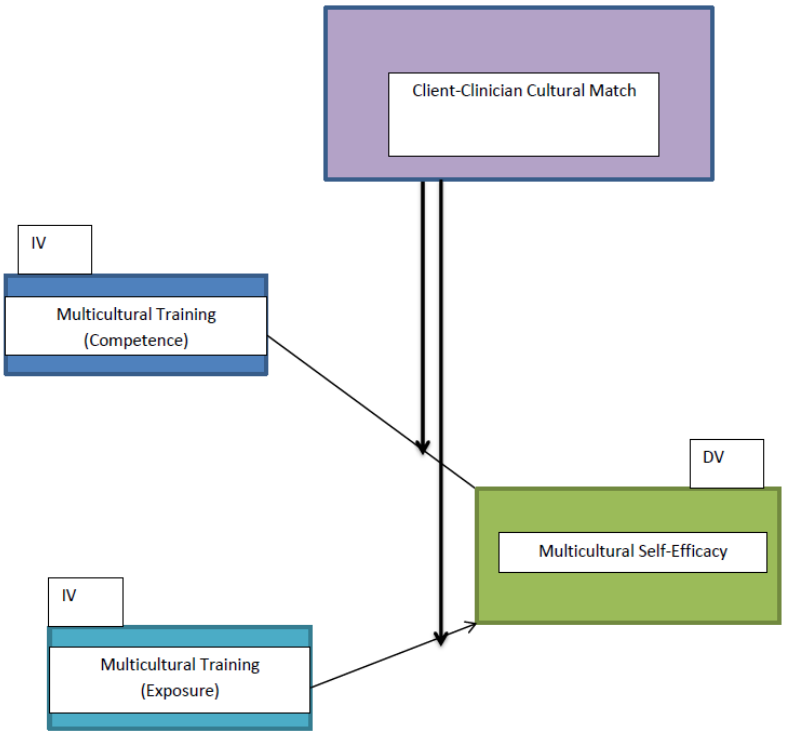


Figure 3.1. Moderation model

Data Collection

This study was reviewed by the George Washington University's Institutional Review Board (IRB) to insure it posed minimal risk to the group of counseling professionals who served as participants. Once this process was complete, a link for

participants to access the survey was sent to any and all applicable and accessible listservs whose participants were potential matches for this study's criteria (nonpublic schools, community organizations serving local youth, private practices working with youth, etc.). Those in receipt of the emails were asked for permission (where appropriate) to conduct the study and to circulate the survey email to counseling professionals who may be appropriate for the study.

On accessing the survey, the participants received a brief introduction to the researcher as well as the general purpose and description of this study. At this point, the participants received the aforementioned screening question and were provided with an anonymous link which gave them access to the actual survey and content.

Informed Consent

Prospective participants were provided with the following key information: purpose's introduction and study, inclusion criteria which dictated their eligibility to participate in the current study (counseling professional with a master's degree in counseling, clinical psychology, social work, or other human services field currently or previously working with youth in the DC metropolitan area in at-risk circumstances), the voluntary nature of participation, confidentiality, average survey completion time, participation risks and benefits, and contact information for the Principal Investigator (dissertation chair) and this researcher. Participants were also required to confirm their reading and understanding of the informed consent as well as their willingness to move forward with their participation in the research before responding to the survey.

Survey

The online survey was conducted through Qualtrics, an online platform utilized by the institution of origin. The survey consisted of a demographics section, followed by two self-report questionnaires: (a) MKASS-CE-R and (b) MSCSE-RD. The first section contained 15 demographic items which assessed participant age, gender, race/ethnicity, education level, socioeconomic status, master's degree type, whether participant was working or had worked with youth living in at-risk circumstances in the Washington, DC metropolitan area, length of time worked with youth, whether participant worked with youth directly in DC (versus surrounding metropolitan area or both), master's program accreditation, number of multicultural training courses taken during master's coursework, additional master's-level course offerings during master's training, additional multicultural training courses taken post-master's, likeness of practicum/internship experience to current job expectation, and perceived cultural congruence with youth living in at-risk circumstances in the Washington, DC metropolitan area. The second section consisted of 33 items from the MKASS which evaluated participant multicultural counseling competence. The third second consisted of 37 items from the MCSE-RD which assessed participant multicultural counseling self-efficacy for clients who differed from them. The complete survey was comprised of 85 items (see Appendix A).

Response Rates

To obtain the maximum response rate, reminder emails were sent out to follow up within 1 week of the initial email to all previous organizations and recipients. As all responses were anonymous, there was no way to discern between those who responded and those who did not. Counseling professionals were also asked to forward the emails to colleagues and peers they felt would fit the criteria for inclusion.

Analysis of Data

Preliminary Data Handling

The researcher exported survey data from the online platform (Qualtrics) into SPSS-22 for preliminary cleaning and coding. Demographic items were assessed to confirm that only those participants fitting inclusion criteria were included in the sample. Several participants did not complete the survey and were automatically identified by Qualtrics and removed rendering them ineligible. Further, participants who responded "no" to working (past or present) with youth in the Washington, D.C. area or whose master's level coursework was not in the fields of counseling, social work or psychology were also excluded as these were the primary inclusion criteria and made explicitly clear in both the invitation message and informed consent documents. Finally, data was assessed to insure that all included participants had answered the demographic questions, particularly those related to training and race/ethnicity as these were essential to the basis of the study.

Variables were cleaned and recoded as necessary to be consistent with the instrument's scaling. Total scores for the MKASS-CE-R were calculated by reverse-scoring (then summing) items 1, 2, 3, 4, 6, 8, and 9. The remaining items were summed to reach the final score. The MCSE-RD total scores were calculated by finding the mean.

Centering Data

Prior to conducting analyses, the predictor variables (counselor multicultural counselor training and counselor multicultural competence) was centered (Aiken & West, 1991). This was accomplished by subtracting the mean from each group of scores prior to conducting analyses. The purpose of centering variables was to increase interpretability

and reduce issues of multicollinearity (correlational interference of variables impacting analyses results; Aiken & West, 1991; Cohen et al., 2003).

Missing Data

Missing data is a common problem in survey design because it can reduce statistical power, invite bias inference, and increase the chances of committing a Type II error, or failure to reject a null hypothesis which is actually false (Graham, Hofer, Donaldson, MacKinnon, & Schafer, 1997). In the current study, missing data was considered to be missing at random, which implies that the probability that an observed value was missing may have depended on other observed variables (Shafer, 1997). Specific efforts were made to address missing data regarding the inventories (MKASS-CE-R and MSCSE-RD) using mean imputation, where substitute values were calculated using the observed data and inserted to replace the missing values. Means were calculated for each individual survey item, which were used for missing cases for those items. Due to the small sample size, this method was preferred to maximize results as much as possible without losing more data. For this reason, the researcher chose this method rather than deleting any more of the sample.

Descriptive Data

Descriptive data for demographic variables and each survey subscale and total scores were generated to include means, medians, modes, standard deviations, ranges, and frequency distributions. Correlational analyses were conducted to assess the relationships between the predictor, moderator, and criterion variables.

Hierarchical Multiple Regression

Hierarchical multiple regression analysis were used to evaluate the predictive relationships of counselor multicultural training (comprised of counselor multicultural training and counselor multicultural competence), client-counselor cultural match, and counselor multicultural self-efficacy. This method was chosen for its ability to determine how much variation in counselor MSE might be explained by both counselor training and client-counselor ethnic match, while accounting for the unique contribution of each predicting variable. Previous research found a statistically significant relationship between counselor training and self-efficacy (Holcomb-McCoy & Myers, 1999) as well as between race and competence and race and multicultural self-efficacy (Barden & Greene, 2015). The current researcher hypothesized that the effect counselor training has on counselor MSE for those working with youth living in at-risk circumstances would depend on client-counselor cultural match, thereby justifying the use of moderation analysis.

Moderation Effects

Analysis of moderating variables is recommended when a third variable is thought to strengthen or weaken the relationship between predictor and criterion variables (Frazier, Tix, & Baron, 2004). This method was chosen specifically to assess the influence of client-counselor cultural match on the relationship between counselor multicultural training and counselor job satisfaction in work with youth living in at-risk circumstances (a multicultural population; Cohen et al., 2003). The intent of examining moderation effects was to gain greater understanding of when counselor MSE is impacted by factors associated with counselor multicultural training, and for whom counselor job satisfaction (or dissatisfaction) is more likely. Moderation investigates interactions

among variables and assumes one variable affects the relationship between the other variables (Cohen et al., 2003) with regard to the strength of an effect between the predictor and criterion variables. The present study's moderation hypothesis was that the degree to which counselor multicultural training predicted counselor job satisfaction depended on client-counselor cultural match.

Human Participants and Ethical Precautions

This study was reviewed by the Office of Human Research and Institutional Review Board (IRB) of the George Washington University. They insured that participants would be treated in accordance with the George Washington University's Office of Human Research policies. While the researcher believed this study posed minimal risk to participants and would likely be found exempt from IRB oversight, she considered any vulnerabilities related to the nature of the study. Further, any concerns raised by the researcher's dissertation committee were carefully discussed to mitigate any potential harm to participants.

Design Limitations

There are a few design limitations worth addressing. First, online surveys require participants to have access to the internet. While the study only sought the input of current or previous counseling professionals who have experienced working with youth living in at-risk circumstances in the Washington, DC metropolitan area, one cannot assume all counseling professionals have access to the internet. Further, while it was safe to assume most counselors use the internet (via cell phones, tablets, computers, etc.) daily to complete occupational tasks, sensitivity to differences in access levels (via disability or any other pertinent factors) may create difficulty for some participants wishing to

participate in the study. While the goal of this study was to be as accessible as possible to the target population, the researcher openly acknowledged these limitations.

Additionally, while a survey's goal is to minimize differences between the sample and population, the sample is not always representative of the population at large (Fowler, 2013). Therefore, generalizability is likely to be compromised. Also, due to the narrow inclusion criteria of the sample, it could not be assumed that data from this study could be generalized to counseling professionals working with youth living in at-risk circumstances in other areas, even those which mirror the District of Columbia and surrounding areas in population and barriers to adolescent success.

Further, the survey relies on the counseling professional's retrospective self-report when assessing experiences with youth living in at-risk circumstances. This sort of reporting is vulnerable to memory decay and potential reporting biases that affect accuracy and reliability. This type of report is also vulnerable to responses based on counselor's social desirability, which can threaten accuracy and reliability. This is especially true in the cases of counseling professionals who no longer carry cases, yet have valuable input to contribute to the aims of this study. Any of these factors posed a threat to the internal validity of this study.

Summary

Chapter 3 described the participants, instrumentation, data collection procedures, and data analyses for the current study. The purpose of this study was to investigate the predictive relationships among counselor multicultural training, counselor multicultural competence, and counselor multicultural self-efficacy in counseling professionals working with youth living in at-risk circumstances in the Washington, DC metropolitan

area, in addition to the moderating effects of client-counselor cultural match on the relationships between counselor training (multicultural counseling training and multicultural counseling competence) and counselor multicultural self-efficacy.

Chapter 4: Results

The purpose of the current study was to examine the extent to which counseling professionals' multicultural training and multicultural competence predicted counseling professionals' multicultural self-efficacy among counseling professionals working with youth living in at-risk circumstances in the Washington, D.C. area. Additionally, this study intended to investigate any moderating effects client-counselor racial/ethnic match has on the relationship between counselor multicultural training, counselor multicultural competence, and counselor multicultural self-efficacy. Correlational analyses and hierarchical multiple regressions were utilized to analyze the study variables. This chapter will discuss the results of the study which will include: a.) a review of the research questions b.) descriptive statistics of the sample, c.) data preparation d.) descriptive statistics pf the measured variables and correlations and e.) hierarchical multiple regression analyses that addressed the research questions and hypotheses. Decisions for hypotheses are presented and overall findings are summarized.

Research Questions

The following questions were addressed in the research:

1. Do counselor multicultural training and multicultural competence predict counselor multicultural self-efficacy in counseling professionals working with youth living in at-risk circumstances in the Washington, DC metropolitan area and does client/counselor racial/ethnic match moderate this relationship?
2. Is counselor multicultural training exposure a predictor for counselor multicultural self-efficacy in counseling professionals working with youth living in at-risk circumstances in the Washington, DC metropolitan area?

3. Is counselor multicultural competence a predictor for counselor multicultural self-efficacy in counseling professionals working with youth living in at-risk circumstances in the Washington, DC metropolitan area?
4. Does client-counselor race/ethnic match moderate the relationship between counselor multicultural training exposure and counselor multicultural self-efficacy in counseling professionals working with youth living I at-risk circumstances in the Washington, DC metropolitan area?
5. Does client-counselor race/ethnic match moderate the relationship between counselor multicultural competence and multicultural self-efficacy in counseling professionals working with youth living in at-risk circumstances in the Washington, DC metropolitan area?

Descriptive Statistics

Sample

Of the 201 participants who clicked the survey link and agreed to the informed consent, 167 moved through the entire survey and submitted their results. Data was cleaned to eliminate any participants that did not fit the inclusion criteria. Seventeen participants were excluded from the study due to not working with youth living in at-risk circumstances in the Washington, D.C. metropolitan area. Five participants were excluded due to their master's level training being outside of the counseling, psychology, and social work fields. Another 84 of the remaining 150 participants were excluded due to not completing demographic items directly related to the variables included in the present analysis. Of these, 3 participants skipped questions related to race/ethnicity while the remaining 81 skipped questions related to training/training exposure. A total of 61

participants (N=61) remained. A post-hoc power analysis with n=61, alpha=.001, R^2 =.522, and 12 predictors indicated an achieved power of .98. As excluding these participants posed no threat to power, further analyses continued.

Descriptive statistics of the sample were analyzed with means and standard deviations and are presented on Table 1. These demographic variables are categorical and were dummy-coded[3] for the purpose of analyses. Because of sampling inclusion parameters, 100% of the participants were master's level clinicians or above (*n*= 61). Further analysis of participant education level showed that 67% (*n*=41) held at least a master's degree while 33% (*n*=20) had at least some doctoral coursework. Approximately 84% (*n*=51) of the sample was female. Age groups of participants ranged between 18 and 55+ for the sample with 47.5% falling within the 18-34 range (*n*=29), 47.5% falling within the 35-54 range (*n*=29) and approximately 5% reporting the 55+ range (*n*=3). The sample was not racially diverse as 73.8% of participants identified as Black/African American (*n*= 45), while 14.8% identified as White/Caucasian (*n*=9), and 11.5% identified as Other (*n*=7). Over half the sample was licensed (59%, *n*=36). The majority of the sample (68.9%, *n*= 50) reported a perceived racial/ethnic match between themselves and the youth living in at-risk circumstances, which they serve.

[3] Demographic variables were categorical and dummy-coded for analytic purposes in the following way: Gender (0= female, 1= male), Age (0=18-34, 1= 35-54, 2= 55+), Race (0= White, 1= Black, 2= Other), Education (0= Master's Level, 1= Some or More Doctoral Level), Income (0= less than $75,000, 1= $75,000 or above), Licensure (0=No, 1= Yes)

Table 1. Participant Demographic Frequencies

Variables	N (M)	% (SD)
Gender		
Male	10	16.4
Female	51	83.6
Age		
18-34	29	47.5
35-54	29	47.5
55+	3	4.9
Race		
White	9	14.8
Black	45	73.8
Other	7	11.5
Income		
$75,000 and above	30	49.2
$75,000 and below	31	50.8
Degree Class		
CACREP	34	55.7
CSWE	16	26.2
APA	9	14.8
Other	2	3.3
Education		
Master's	41	67.2
Some Doctoral	20	32.8
Licensed		
Yes	36	59
No	25	41
Matching		
Yes	42	68.9
No	19	31.1

N=61

Study Variables

The predictor variables in this study were counselor multicultural training (exposure), counselor multicultural competence, and client-counselor racial/ethnic match. Multicultural training measures came from looking at total number of training courses counseling professionals took both during and after the completion of their master's level training programs. Counselor multicultural competence (MCC) was assessed using the Multicultural Awareness, Knowledge, and Skills Survey – Counselor Edition - Revised (MAKSS-CE-R; Kim et al., 2003). The moderator variable of client-counselor racial/ethnic match was assessed by the self-report response of participants in identifying whether or not (yes or no) they matched with the youth they served. The criterion variable was counselor multicultural self-efficacy (MCSE), assessed by the Multicultural Counseling Self-Efficacy Scale- Racial Diversity Form (MCSE-RD; Sheu & Lent, 2007). Descriptive data of the study variables was inclusive of means, standard deviations, and ranges as presented in Table 2.

The exposure variable was computed by dichotomizing the three exposure variables (number of courses required during master's coursework, number of additional multicultural courses taken during master's program, and number of courses/trainings taken post-master's program) into "Low" and "High" categories. In all three cases, 1=Low and all other values= High. As such the minimum was set to 1 while the maximum total reported was 3.00 (M=1.54, SD=1.00).

The Multicultural Awareness Knowledge and Skills Survey (MAKSS-CE-R) measure examined counselor multicultural competence on a 1-4 Likert scale with higher scores representing higher multicultural competence. Summed scores for the current

sample ranged from 72 to 123 (*M*=96.46, *SD*= 11.58). The highest possible score is 132. Reliability analysis of the MAKSS-CE-R with the current sample was high (α=.86).

The Multicultural Counseling Self-Efficacy Scale- Racial Diversity form (MCSE-RD) measure examined counselor multicultural self-efficacy with 37 items on a 0-9 Likert scale with higher scores representing higher multicultural self-efficacy. For the full scale score, items are summed then divided by 37. MCSE scores for the current sample ranged from 2 to 8.95 (*M*=6.88, *SD*= 1.52). Reliability analysis of the MCSE-RD with the current sample was high (α=.98).

As mentioned, 84 counseling professionals were excluded due to not completing demographic items directly related to the variables included in the present analysis. Mean multicultural competence and self-efficacy were compared between responding (n= 61) and nonresponding (n= 84) participants. Nonresponding counselors reported lower MCC and MCSE (*M*=90.8 and *M*= 6.45 at the *p*<.001 level, respectively) than responding counseling professionals. Differences in mean MCC and MCSE between responding and nonresponding participants were statistically significantly different, implications of which will be discussed in Chapter 5.

Table 2. Means and Standard Deviations Summary of Variables

Scale	Min	Max	N (M)	% (SD)
Self-Efficacy	2.00	8.95	(6.88)	(1.52)
Competency	72.00	123.00	(96.46)	(11.58)
Exposure	1.00	3.00	(1.54)	(1.00)

N=61

Bivariate correlation analyses examined the strength and direction of the relationships among key study variables (Table 3). Pearson's correlations revealed significant relationships among most variables except for the relationships between client-counselor racial/ethnic match and MCC, MCSE, and MCTE. The relationships between MCTE and MSE, MCTE and MCC, MSE and Match x MCC, MCC and Match x MCC, MSE and Match x MCTE, and MCC and Match x MCTE were all significant at the .05 level. The relationships between MCC and MSE, Match and Match x MCC, MCTE and Match x MCTE, Match and Match x MCTE, and Match x MCC and Match x MCTE were all significant at the .01 level. Observed correlations ranged from small to large. These findings are consistent with previous finings which is discussed further in Chapter 5.

Table 3 Bivariate Correlations

	MSE	MCC	MCTE	Match
MSE				
MCC	.712**			
MCTE	.309*	.302*		
Match	.166	.113	.045	

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

Note: *MSE = Multicultural self-efficacy (measured by MCSE-RD); MCC = Multicultural Competence (measured by MAKSS-CE-R); MCTE = Multicultural Training Exposure (measured by high= 2 or more. Low=1); Match= Client-Counselor Racial/Ethnic Match*

Hierarchical Multiple Regression Analyses

To test the research inquiries of the predictive influences of counseling professional multicultural training and counseling professional multicultural competence on counseling professional multicultural self-efficacy, and more specifically whether client-counselor racial match had any moderating effects on the relationship, hierarchical multiple regressions were calculated. Predictor and moderator variables were centered prior to analysis, per recommendation by Aiken and West (1991) to avoid multicollinearity. Separate regression models were conducted for each potential predictor variable (counseling professional multicultural training, counseling professional multicultural competence), moderator variable (client-counselor racial/ethnic match), and the interaction terms between the predictor and moderator variables. Statistical significance was determined at the .05 level.

The regression equations allowed for comparisons of each set of variables with regard to the prediction of the criterion variable. Evidence of moderation was explored by examining the full models where the interaction terms were included. Moderation is likely to have occurred if an interaction term is a statistically significant contributor to the final regression equation (Baron & Kenny, 1986). In addition, the final regression equations should explain more variance in the criterion variable than any of the preceding

regression models. The individual variables were also examined for statistically significant contributions in the prediction of the criterion variable.

Assumptions

The researcher tested the following assumptions necessary for regression analysis: normal distribution of the predictor and criterion variables, linear relationships between predictor and criterion variables, reliability, and homoscedasticity (Cohen et al., 2003). Normality was assessed by visual inspection of a histogram and P-P plot. Both provided evidence of a normal distribution in the data and residuals. Linearity was assessed through partial regression scatter plots, which showed that both counselor multicultural training and competence were linear with multicultural self-efficacy. Homoscedasticity was satisfied based on the fact that the variance of residuals around the regression line was the same across levels of predictor variables. Also, the variance inflation factor (VIF) across all regression models were between 0 and 10 which satisfies the assumption (Cohen et al., 2003) with the exception of the interaction which is not unexpected and does not indicate a significant issue with multicollinearity.

Predictive Analysis

The researcher first tested predictive relationships among counselor multicultural training, counselor multicultural competence, demographic variables (age,gender, licensure, education level), and multicultural self-efficacy, as well as the moderating relationship between client-counselor racial/ethnic match and multicultural self-efficacy. This model was not statistically significant, $F(7, 53)= .654$, $p= .709$ and had a negative R^2 which indicates that the predictive relationship is below the accepted threshold for measuring statistical significance. . Therefore, the demographic variables included in the

analysis accounted for none of the variance in multicultural self-efficacy. Table 4 shows this model.

Table 4. Hierarchical Multiple Regression Analysis of Sample Demogrphics and Multicultural Self-Efficacy

Predictor	Beta	SE	β	R^2	ΔR^2
Constant	-6.17**	2.20			
Gender	-.175	.44	-.043		
Age					
35-54	-.056	.30	-.018		
55+	.379	.69	.054		
Race					
Black	-.860	.57	-.250		
Other	-.596	.59	-.126		
Education	.396	.31	.123		
Full Licensure	.198	.34	.064		
				.080	.080
Adjusted R^2		-.042			

Notes: * = p ≤ .05, ** = p ≤ .01 *** = p ≤ .001

The researcher then tested the predictive relationships among counselor multicultural training, counselor multicultural competence, client-counselor racial/ethnic match, and multicultural self-efficacy, as well as the relationship between client-counselor racial/ethnic match and multicultural self-efficacy. This hierarchical multiple regression analysis had the following steps:

Step 1: Counseling professional training exposure (high or low)

Step 2: Counseling Professional Competence

Step 3: Client-Counselor Racial/Ethnic Match

Counselor multicultural training, competence, match, and self-efficacy. Adding counselor multicultural training, multicultural competence, and client-counselor racial/ethnic match produced a statistically significant model for predicting multicultural self-efficacy, $F(12, 48)= 6.453$, $p<.001$. This model accounted for a total of 52% of the variance in multicultural self-efficacy, all of which is attributable to the predictor variables of interest, as the $\Delta R^2 = .538$. The model also included three statistically significant predictor predictors of counseling professionals' multicultural self-efficacy, after controlling for all background variables. Table 5 shows this model.

Table 5. Hierarchical Multiple Regression Analysis of Counselor Multicultural Training Exposure, Multicultural Competence, Client-Counselor Race/Ethnic Match, and Multicultural Self-Efficacy

Predictor	Beta	SE	β	R^2	ΔR^2
Step 1					
Constant	-6.17**	2.20			
Gender	-.175	.44	-.043		
Age					
35-54	-.056	.30	-.018		
55+	.379	.69	.054		
Race					
Black	-.860	.57	-.250		
Other	-.596	.59	-.126		
Education	.396	.31	.123		
Full Licensure	.198	.34	.064		
				.080	.080
Step 2					
Competency	.135***	.02	1.02		
Exposure	.051	.32	.033		
Matching	7.88**	2.71	2.41		
Step 3					
Match X Competency	-.075**	.03	-2.30		
Match X Exposure	.108	.38	.082		
				.617	.538
Adjusted R^2		.52			

Notes: * = p ≤ .05, ** = p ≤ .01 *** = p ≤ .001

Counseling professional multicultural competence. Multicultural competence was statistically significantly associated with counseling professional multicultural self-efficacy, t=5.92, p=<.001. As such, for every one-point increase in counselor multicultural competence, multicultural self-efficacy also increases by .135 points. This means that a one standard deviation increase in competency (SD=11.58) would increase multicultural self-efficacy by 1.56 points.

Client-counselor racial/ethnic match. Client-counselor racial ethnic match was also a significant predictor of multicultural self-efficacy, t=2.91, p=.006. Participants who reported that they were racially/ethnically matched with the youth they serve scored an average of 7.88 on the multicultural self-efficacy scale compared to their counterparts.

Client-Counselor Racial/Ethnic Match as a Moderator

Next, secondary analysis was conducted with client-counselor ethnic/racial match interacting with counselor multicultural competence as a moderator. Hierarchical multiple regression analysis was used to evaluate relationships among counselor training, counselor multicultural competence and multicultural self-efficacy to determine whether racial/ethnic match moderated the relationship between training, competence, and self-efficacy. Variables were entered using the same process as the primary analyses:

Step 1: Counseling professional training exposure (high or low)

Step 2: Counseling Professional Competence

Step 3: Client-Counselor Racial/Ethnic Match x Multicultural Competence

The interaction between multicultural competence and client-counselor racial/ethnic match was a significant independent predictor of counselor multicultural self-efficacy, t=-2.65, p=.01. To probe the interaction, the conditional effects of

multicultural competence with racial/ethnic match and mismatch were plotted. The simple slopes of multicultural competence for counselors who were racially/ethnically matched with their clients as well as those who were not were statistically significant (β=.465, p <.01 and β= .625, p <.01, respectively). Plotting a graph depicting this interaction using regression-produced predicted multicultural self-efficacy scores shows that the effect of multicultural competence is stronger for participants who were not racially/ethnically matched with the youth they served. The intercepts of the line produced by this interaction are -6.27 for participants reporting "No" to being matched and -.13 for the participants reporting "Yes" to being matched. For participants reporting "No" to ethnic matching, a one standard deviation increase in multicultural competency (SD= 11.58) would increase self-efficacy 1.62 points whereas that same standard deviation increase in multicultural competency for participants reporting "Yes" to being matched would increase self-efficacy .81 points. As such, increased multicultural competence has twice the effect on counseling professionals who report not being matched with the youth they serve as it does who report being matched. Figure 4.1 shows

this relationship.

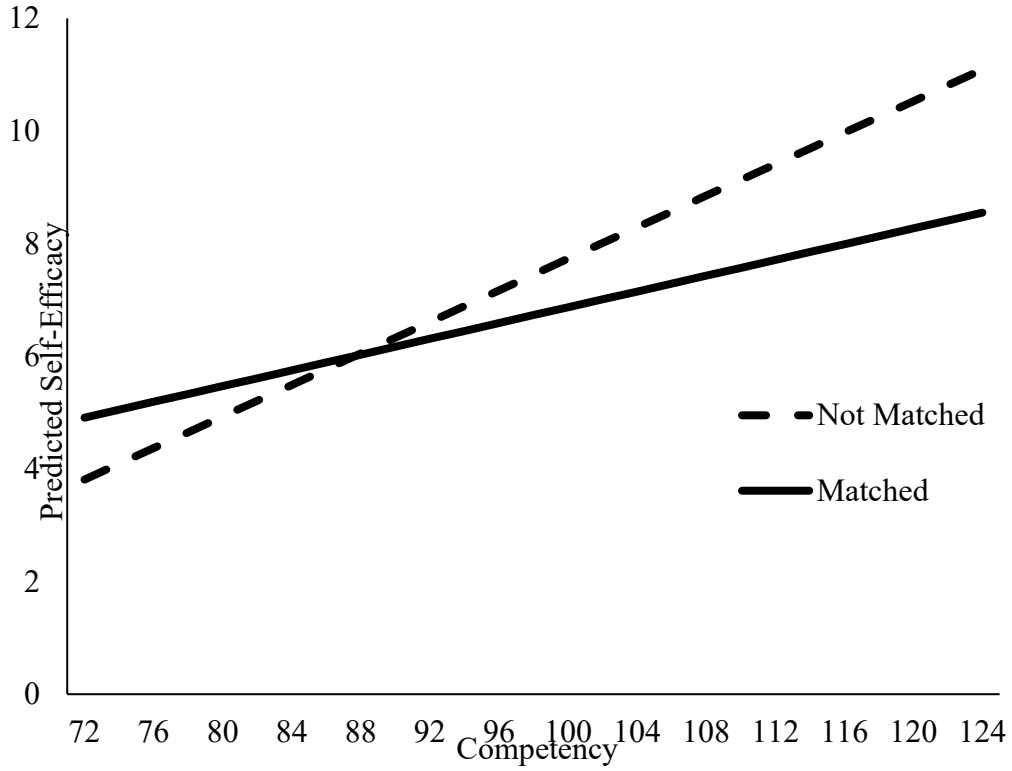


Figure 4.1. Slopes of multicultural competence as a predictor for multicultural self-efficacy with client-counselor race/ethnic match as a moderator

Summary of Research Questions and Hypothesis Testing

1. Do counselor multicultural training and multicultural competence predict counselor multicultural self-efficacy in counseling professionals working with youth living in at-risk circumstances in the Washington, D.C. metropolitan area and does client-counselor racial/ethnic match moderate this relationship?

   H_1: *Counselor multicultural training and multicultural competence will predict counselor multicultural self-efficacy and client-counselor racial/ethnic match will moderate the relationship.*

Decision: Results supported the hypothesis as counselor multicultural training,

multicultural competence, and client-counselor racial/ethnic match produced a statistically significant model for predicting multicultural self-efficacy, $F(12, 48) = 6.453$, $p < .001$.

2. Is counselor multicultural training exposure a predictor for counselor multicultural self-efficacy in counseling professionals working with youth living in at-risk circumstances in the Washington, DC metropolitan area?

   H_1: *Counselor multicultural training exposure will have a statistically significant main effect in the prediction of counselor multicultural self-efficacy.*

   Decision: Results did not support the hypothesis that counselor multicultural training exposure predicts counselor multicultural self-efficacy. However, counselor training exposure was a part of the statistically significant model to predict multicultural self-efficacy in conjunction with counselor multicultural competence and client-counselor racial/ethnic match.

3. Is counselor multicultural competence a predictor for counselor multicultural self-efficacy in counseling professionals working with youth living in at-risk circumstances in the Washington, DC metropolitan area?

   H_2: *Counselor multicultural competence will have a statistically significant main effect in the prediction of counselor multicultural self-efficacy.*

Decision: Results supported the hypothesis that counselor multicultural competence is a statistically significant independent predictor of counselor multicultural self-efficacy.

4. Does client-counselor race/ethnic match moderate the relationship between counselor multicultural training exposure and counselor multicultural self-efficacy in counseling professionals working with youth living in at-risk circumstances in the Washington, DC, metropolitan area?

   H_3: *Client-counselor race/ethnic match will negatively moderate the relationship between counselor multicultural training exposure and counselor multicultural self-efficacy.*

   Decision: Results did not support the hypothesis that client-counselor race/ethnic match negatively moderated the relationship between counselor multicultural training exposure and counselor multicultural self-efficacy.

5. Does client-counselor race/ethnic match moderate the relationship between counselor multicultural competence and multicultural self-efficacy in counseling professionals working with youth living in at-risk circumstances in the Washington, DC, metropolitan area?

   H_4: *Client-counselor race/ethnic match will positively moderate the relationship between counselor multicultural competence and counselor multicultural self-efficacy.*

Decision: Results supported this hypothesis. Client-counselor race/ethnic match did moderate the relationship between counselor multicultural competence and multicultural self-efficacy.

Analytic Summary

Hierarchical multiple regression analyses were conducted to investigate the predictive relationships of counselor multicultural training exposure, counselor multicultural competence, and counselor multicultural self-efficacy. In a sample of 61 counseling professionals working with youth living in at-risk circumstances in the Washington, D.C. metropolitan area, statistical results identified predictive relationships among all variables. Further, results identified that client-counselor race/ethnic match moderated the relationship between counselor multicultural competence and counselor multicultural self-efficacy. Chapter 5 will interpret the study results, identify limitations, discuss recommendations for future research, and make inferences regarding practice implications.

Chapter Five

Discussion

The purpose of this quantitative study was to investigate if counseling professionals' multicultural training and multicultural competence predicted multicultural self-efficacy in counseling professionals working with youth living in at-risk circumstance in the Washington, D.C. metropolitan area, and the extent to which client-clinician racial/ethnic match moderated the relationship between multicultural training, multicultural competence, and multicultural self-efficacy. Data for the study were obtained via online survey methods where a sample of 61 participants was obtained. Participants were counseling professionals serving youth living in at-risk circumstances in the Washington, D.C. metropolitan area. Participants were asked to complete an 85-item survey that gathered information about the demographics of the counseling professionals, counseling professionals' multicultural competence, and counseling professionals' multicultural self-efficacy. A series of moderated hierarchical linear regressions were analyzed for predictive relationships, followed by an investigation of moderating effects. Data analyses provided evidence that multicultural competence and racial/ethnic match serve as statistically significant predictors for multicultural self-efficacy. Further, racial/ethnic match moderates the relationship between multicultural competence and multicultural self-efficacy. This chapter provides a discussion of the results presented in Chapter 4. An interpretation of what these results mean in the larger context will be provided as well as a discussion of how these results compare to previous research on the topic. This chapter will also provide discussion of the limitations of the current study, and present ideas for future research.

Discussion of Descriptive Findings

The present study was non-experimental and employed a cross-sectional survey research design. Hierarchical multiple regression analyses were used to examine the predictive relationships of counselor multicultural training, counselor multicultural competency, and client-counselor cultural match on counselor multicultural self-efficacy. As a moderator variable, client-counselor cultural match was also examined to determine whether it had a significant predictive influence above and beyond those of multicultural training and multicultural competence with regard to counselor MSE. Online, self-report surveys were disbursed to counseling, social work, and psychology listservs and returned results from 150 counseling professionals serving youth in the Washington, D.C. area. After cleaning the data, a sample of 61 participant surveys were analyzed. The following sections will discuss the findings of this study in the context of past and current counseling and counselor education literature.

Sample

While counseling professionals' multicultural training, multicultural competence, and multicultural self-efficacy are important factors in effectively serving youth, research on the constructs is limited in literature related to youth living in at-risk circumstances in the Washington, D.C. area. Literature is also limited in assessing which factors influence these constructs. In the current study, most of the participants identified as female. Further roughly half of the participants fell in the 18-34 age range while the other half fell between the ages of 35 and 54. A small percentage was 55 or older. The majority of this sample identified as Black or African American, while some identified as White and

some identified as other. In terms of educational experience, most of participants were Master's level while a third have had at least some doctoral level training. Also, most of this sample was fully licensed. Pertaining to client-counselor racial/ethnic match, most of the participants reported a perceived match with the youth they served.

The multicultural training exposure variable for this study was dichotomized into the qualifiers low (1 or less multicultural trainings) and high (two or more). The highest amount of training courses taken by any participant was 3. The average for participant training exposure was low. Regarding multicultural counseling competency, scores can range from 33 to 132 per the MAKSS-CE-R. In this study, MCC scores ranged from 72 to 123. The average multicultural counseling competency score was 96.46 amongst the participants of this study. Multicultural self-efficacy scores can range from 0 to 9 according to the MCSE-RD. In this study, MCSE scores ranged from 2 to 8.95. The average multicultural self-efficacy score for participants in this study was 6.88.

Multicultural Training Exposure and Multicultural Self-Efficacy

Research Question 1 focused on the predictive relationship between counselor multicultural training exposure and counselor multicultural self-efficacy. The current study hypothesized that counselor multicultural training would have a statistically significant main effect in the prediction of counselor multicultural self-efficacy. The findings of the analyses revealed that for this study, counselor multicultural training exposure was not statistically significant predictor of counselor multicultural self-efficacy. In the past, research surrounding counselor training has examined the curricular experiences of trainees to support self-efficacy theory as well as understand the methods used to improve counselor self-efficacy (Barnes, 2004; Johnson et. al., 1989; Larson et.

al., 1999). For the purposes of this study, counselor training exposure looked specifically at the number of multicultural courses and workshops participants were required to take for Master's level completion, additional multicultural courses and workshops taken during master's level coursework, and multicultural courses taken since completing their master's level training. While counselor multicultural training exposure was not found to be a statistically significant predictor of counselor multicultural self-efficacy based on this study's participants, the impact of training on counselor self-efficacy has had varying results in past research (Pieterse et al., 2016; Savitz-Romer, 2012). Counselors working with youth living in at-risk circumstances have reported feeling underprepared by their master's level training which has impacted feelings of adequacy and effectiveness (Savitz-Romer, 2012). Further, past research has found that White and non-White students leave their multicultural training courses with two different experiences with students of color leaving courses feeling more connected and efficacious and white trainees reporting leaving courses without feeling any significant changes regarding beliefs (Pieterse et al., 2016).

While current and past research supports a need for increased counselor multicultural training exposure as a vehicle for increased counselor multicultural competence and (by proxy) multicultural self-efficacy (Holcomb-McCoy, 1999; Piererse et al., 2016; Savitz-Romer, 2012) it does not adequately address the mechanism through which competence influences self-efficacy. Counseling professionals who work with youth living in at-risk circumstances in the Washington, D.C. area reported high training exposure after dichotomizing (1=low, all other values=high) the variable. However, the relatively low average suggests that overwhelmingly, the participants of this study did not

take a high number of multicultural training courses or workshops during or after their master's level training. This might be the result of the high ethnic match rate of the participants with their clientele and a general sense that further multicultural training would not be as pertinent as other training needs (e.g.- trauma, child/adolescent development, ethics) which also may be more readily consistent with local licensure requirements. Further, it is possible that given the low average for the training exposure variable in this study, training of these participants did not yield a statistically significant predictive relationship because the variable was dichotomized for analytic purposes, thus interfering with any potentially significant results that not dichotomizing the variable might have yielded.

This, however, should not suggest that increased multicultural training exposure is unnecessary. This construct should continue to be explored in future research. Particularly as counselor multicultural training is a strong predictor for counselor multicultural competence (Chao, 2012), which was found to have a statistically significant predictive relationship with counselor multicultural self-efficacy in this study. Further, it is important to note that while training on its own was not a significant predictor of multicultural self-efficacy for the counselors in this sample, the entire model (multicultural training, multicultural competence, and client-counselor racial/ethnic match as predictors for counselor multicultural self-efficacy with client-counselor match as a moderator) was found to be statistically significant which means that this model accounted for over half of the variance in self-efficacy amongst these participants. This is consistent with previous research that reports a strong statistical correlational relationship between counselor multicultural training exposure, multicultural competence, and

multicultural self-efficacy (Barden and Green, 2015). While hypothesis 1 was not supported, counselor multicultural training exposure plays a clear role in the multicultural self-efficacy of counseling professionals working with youth living in at-risk circumstances. Further research on this variable will be necessary to discern the exact role this construct serves.

Multicultural Competence and Multicultural Self-Efficacy

Research Question 2 focused on the predictive relationship between counselor multicultural competence and counselor multicultural self-efficacy. The current study hypothesized that counselor multicultural competence would have a statistically significant main effect in the prediction of counselor multicultural self-efficacy. In this study, counselor multicultural competence was found to be a statistically significant predictor for counselor multicultural self-efficacy Counseling professionals working with youth living in at-risk circumstances in the Washington, DC area reported an average multicultural competency score which suggests that on average, they are fairly multiculturally competent despite low levels of multicultural training exposure within the context of this study's parameters (1= low, 2 or more = high). Additionally, these same professionals reported a moderate self-efficacy score which suggests that they also feel relatively multiculturally self-efficacious. Again, this might be the direct impact of the role race and racial/ethnic match plays in the model. While this notion is contrary to Barden and Green's (2015) finding that ethnicity was not a significant predictor of counselor multicultural competence or multicultural self-efficacy, the idea is worthy of further exploration. There will be more discussion regarding the roles of race and racial/ethnic matching in the sections that follow.

The relationship between counselor multicultural competence and counselor multicultural self-efficacy is well-documented in counseling literature (Barden & Green, 2015; Constantine, 2002b; Liu, Sheu, & Williams, 2004; Rodgers, Markland, Seltzer, Murray, & Wilson, 2014). Further, research has found that increased multicultural competence indicates stronger working alliances with clients and increased client satisfaction (Constantine, 2007), which contributes to how efficacious counseling professionals feel. Research hypothesis 2 was supported as counselor multicultural competence had a statistically significant main effect on the prediction of counselor multicultural self-efficacy.

Client-Counselor Racial/Ethnic Match and Multicultural Self-Efficacy

In the current study, client-counselor racial/ethnic match was found to be a statistically significant predictor for counselor multicultural self-efficacy. Counseling professionals who identified themselves as being racially/ethnically matched with the youth they served scored higher on the multicultural self-efficacy scale than their counterparts. As such, independent of multicultural competence, being racially/ethnically matched with clients contributed to how efficacious counseling professionals felt in their work with the youth they served. While researchers vary in their findings of the role race/ethnicity and racial/ethnic match has in the therapeutic alliance (Coleman, 1998; Constantine, 2002; Fuertes & Brobst, 2002; Pedersen, 1991), its function as an initial basis for rapport building and commonality is well-documented (Alston & Bell, 1996; Atkinson, Morton, & Sue, 2004; Bellini, 2003; Kearney, Draper, & Baron, 2005). Sue and Sue (2016) note that counseling professionals of color are expected to have heightened multicultural competence as their life experiences socioeconomic status, and

increased familiarity with cultural and racial issues as minorities lend themselves to deeper cultural understanding.

As the current study has shown, multicultural competence can be a strong predictor of multicultural self-efficacy. Accordingly, as counselor race/ethnicity acts as a predictor for inherent multicultural competence, it is simultaneously impacting counselor multicultural self-efficacy as well. Also, as is the statistical trend across the United States, youth living in at-risk circumstances in the Washington, D.C. area share the general mistrust of the counseling profession and of the counseling professionals who serve in any capacity (Beasley, 2012; Parham et al., 2011). Therefore, it is understandable that commonality, rapport building, and other related constructs based on external factors (like perceived race and ethnicity) would contribute to overall feelings of effectiveness in counseling professionals who were racially/ethnically matched with the youth they served.

Client-Counselor Racial/Ethnic Match as a Moderator between Multicultural Competence and Multicultural Self-Efficacy

Research Question 4 focused on whether or not client-counselor racial/ethnic match moderated the relationship between counselor multicultural competence and counselor multicultural self-efficacy. The current study hypothesized that client-counselor racial/ethnic match would positively moderate the relationship between counselor multicultural competence and counselor multicultural self-efficacy. In this study, client-counselor racial/ethnic match statistically significantly moderated the relationship between counselor multicultural competence and counselor multicultural self-efficacy. At lower reported levels of multicultural competence, counseling

professionals who reported being racially/ethnically matched with their clients reported higher multicultural self-efficacy than their non-matched counterparts with similar multicultural competence. However, at higher levels of multicultural competence, reported levels of multicultural self-efficacy for non-matched counselors were higher than those of their matched counterparts. Research hypothesis 4 was supported by the results of this study.

While there is a myriad of possibilities that explain the interaction effect racial/ethnic matching had on the relationship between MCC and MCSE, understanding what exactly occurred is difficult absent any qualitative data from participants. However, other research on the topic of racial/ethnic matching, competence, and self-efficacy offers varying explanations. Constantine and Yeh (2001) found that at low levels of training, minority counselors reported higher levels of MCC than their white counterparts. In studying minority client outcomes in work with white counseling professionals, Constantine (2002) found that clients' favorable opinions of white counselors' MCC contributed to favorability toward counseling overall. Further, Chao (2013) found that with heightened levels of multicultural training, white and minority counseling professionals can attain similarly high levels of MCC. As such, research supports this interaction effect in that at heightened levels of multicultural training white counseling professionals can achieve heightened levels of multicultural competence. At heightened levels of multicultural competence, white counseling professionals can be and feel equally as multiculturally efficacious as their minority counterparts.

Findings in Relation to Theoretical Framework

The theoretical frameworks that guided the current study were Sue, Ivey, and Pedersen's (1996) multicultural counseling theory (MCT) and Bandura's (1977) social learning theory (SLT). Through these lenses, the findings of this study are illuminated. A counselor's self-reported knowledge, awareness, and skillset (MCC) were able to act as statistically significant predictors for their beliefs in their own mastery and execution of counseling skills through a multicultural lens. Further, with enhanced training and practice, the capacity for growth in these skill areas increases the capacity for growth in one's own belief in his/her ability to perform well clinically. This is especially true in the case of white counseling professionals who may begin with low levels of multicultural counseling competence but grow their awareness, knowledge, skills and perceived effectiveness through training and practice. As a result of this increased competence, white clinicians feel more multiculturally self-efficacious.

When examining the results of this study through these lenses, the results support both theories by demonstrating the important role enactive mastery experiences (the experiential learning of a person in which one uses successes and failures as guides for mastery and therefore the building of self-efficacy) play in shaping counselor (and counselor trainee) beliefs of multicultural self-efficacy (Bandura, 1997). Here, a counseling professional is taught a skill (training), given the opportunity to see that skill practiced and in turn practice it on their own (competence building), and then utilize these skills in real-world/ non-simulated experiences to gauge mastery (or lack thereof) of said skill(s) as a means to increased or decreased self-efficacy.

Within this study, counseling professionals were multiculturally self-efficacious. Counselor multicultural competence and client-counselor racial/ethnic match were shown

to have statistically significant predictive relationships with counselor multicultural self-efficacy. Further counselor multicultural training, counselor multicultural competence, and client-counselor racial/ethnic match (with ethnic match as a moderator) was found to be a statistically significant model for predicting counselor multicultural self-efficacy. Through the interaction of these variables, counselors are provided with opportunities to engage in enactive mastery experiences which in turn impact beliefs of being culturally self-efficacious. For example, licensed counseling professionals are required to take a certain amount of continuing education credits in order to maintain their licenses. Through some of these course/training offerings, counseling professionals may have been exposed to varying modes of induction (e.g.- modeling or performance exposure) that may have led to enhanced counseling performance. Additionally, other less formal experiences like active engagement with other counseling professionals with differing views and experiences could have potentially influenced their beliefs of cultural efficacy as well.

Another key concept associated with Bandura's work is that of agency (one's command over one's own, intentional behavior) and how self-efficacy influences agency (Bandura, 1982). Through this lens, we recognize that the more efficacious a counseling professional feels, the more agency he or she takes over their clinical decision making, which results in seizing more clinical opportunities during client engagement. Further, heightened positive experiences counseling professionals have in client engagement leads to heightened perceived mastery which creates a cycle of elevated skill development. As such, both theory and the results of this research support enhanced opportunities for multicultural clinical experiences in master level training. Creating a safe space for

budding professionals to learn, practice, and grow will in turn yield heightened competence and agency simultaneously. Building these into master level programming is among the first steps to insuring that counseling professional graduate programs in possession of the competence, agency, decision-making, and perceived mastery that contribute to multicultural self-efficacy. Doing so in a safe, monitored, regulated space (like college counseling labs or under faculty/professional supervision) provides opportunity for feedback and correction via formal evaluation (which in turn yields a more accurate assessment of clinical mastery).

To summarize, this study's findings support MCT and SLT by underscoring the relationship between counselor multicultural training, multicultural competence, and multicultural self-efficacy. The current study supports the idea that as counselors become more aware of themselves and the ways in which they are similar to and differ from the clients they serve through varying forms of multicultural training (vicarious interaction, modeling, formal instruction, etc.), their cultural competence (knowledge, skillset, awareness) grows which in turn grows their multicultural self-efficacy as well. Further, counseling professionals bring with them their inherent thoughts, values, and beliefs which color their experiences and engagement with those they serve. In being open to this process, they simultaneously open themselves up to continued learning, multicultural competence, and multicultural self-efficacy post-master's degree. Further when provided with more cultural training, counseling trainees also gain an opportunity to become more culturally competent and by proxy, more multiculturally self-efficacious.

Limitations

There were several limitations within the current study. Therefore, caution should be exercised when interpreting the results. Aside from known shortcomings in areas of generalizability, and validity or conclusions, the biggest limitations were the small sample size and (nearly) racial homogeneity of the sample. The participants were all counseling professionals who are known to be inundated with work-related task management. This might explain why many participants failed to answer some of the key questions as they may have had to rush through the survey in order to move on to complete other tasks. Alternatively, analysis of independent t-tests comparing mean MCC and MCSE between responsive and unresponsive participants revealed a statistically significant difference between both average MCC and average MCSE. This implies that missing data is not random and is instead potentially indicative of a potential underlying construct or demographic factors (e.g.- "0" additional training courses which was not presented as an option, the potential for a particular profile of participants being excluded from the study). Additionally, while the sample of counseling professionals (73.8% Black, 14.8% White, and 11.5% other) more closely mirrored the racial/ethnic makeup of youth living in at-risk circumstances in the Washington, D.C. area (64% Black, 18% Hispanic, 4% "Other," and 13% White), this sample is not representative of the current counseling climate in the United States (83.6% White). A more racially diverse sample might yield different statistical results.

Further, given the way the constructs were measured, it is difficult to discern if counseling professionals who reported being racially/ethnically matched to their clientele are actually culturally competent versus being aware very aware of their own culture (a culture they may reasonably share with the population served) and unaware of cultures

outside of their own. Equally plausible, the difficulty and inherent barriers of work with youth living in at-risk circumstances might attract a certain type of counseling professional which shows further support for the racial/ethnic homogeneity of the sample.

Similarly, another limitation to the current study was the inability to accurately assess cultural nuances in counseling professionals and the populations they serve. In assessing race/ethnicity alone, many cultural characteristics can be lost. For example, a counseling professional and client may both identify as black (race). However, the counseling professional may also identify as Hatian-American growing up in an affluent two-parent home while the youth he/she serves may identify as a low-socioeconomic status African American living with a single parent in an urban neighborhood. Through this lens, the dyad may have very little in common culturally. Conversely, a white counseling professional may also be from an urban low- socio-economic neighborhood with a single parent. In this case, the white counseling professional might be more culturally similar to the youth than the black professional. Given the current assessment of client-counselor match, there is no way to account for the cultural characteristics present here that may have influenced the statistical significance of the moderator variable.

Another limitation of this study was the narrow inclusion criteria for counseling professionals invited to participate in the research. Opening up the inclusion criteria to include other urban areas whose characteristics are similar to those of the District of Columbia might have potentially diversified the sample and yielded more participants. This is a step that may be taken in future research.

Additionally, the way the demographic questionnaire assessed counseling exposure presented a major limitation to the study. Participants were asked to share how many additional multicultural counseling courses they had taken post-master's training and the responses ranged from "1" to "3 or more" though an option of "0" might have provided interesting results as well. While the decision to convert training exposure into a dichotomous, categorical variable is supported by the lack of an absolute zero, there was much information to be gained from assessing training exposure as a continuous variable (e.g.- understanding the way counseling professionals take advantage of additional training courses as well as the competence and self-efficacy of those who take no additional courses/trainings. Missing out on the population of participants who have taken no additional multicultural courses or workshops, yet works with a culturally challenging population may have been a missed research opportunity.

There was an additional limitation in utilizing multicultural training as a predictor for multicultural self-efficacy in conjunction with competence. While the hope was to note the connection between training and competence, then competence and self-efficacy, this did not reveal itself in the findings of this research. Instead, MCC and MCT were shown to work together in overall prediction multicultural self-efficacy while training on its own was not a significant predictor of MCSE. This was perhaps due to the clear connection between MCT and MCC and the fact that MCT and MCC may have ultimately been measuring the same construct in this case. This might also explain the rejection of the null hypotheses related to training. Again though, in the absence of an absolute zero (and treatment of this construct as a continuous variable), it is difficult to

say whether or not MCT might have had a statistically significant predictive relationship with MCSE which is why future research on the topic is vital.

Reliance on self-report measures was also a limitation to the study. For starters, participants' potential for bias can occur due to susceptibility to social desirability which is a participant's desire to appear/present themselves in a more positive light than what is accurate. Additionally, a counselor's perceived competence or efficacy may not necessarily align with actual competence or efficacy which can only be observed through the actual work they do with the youth they serve. Absent a mechanism to assess this, this study had to rely on measures of self-report solely. Additionally, participants may have wanted to answer questions in accordance with what they believed was expected since the focus of the study was to understand predictive factors for multicultural self-efficacy in providing services to youth living in at-risk circumstances. In this way, counseling professionals may have answered questions in a way that more closely aligned with what they should do in a situation more so than what they have done. Similarly, there is no way to account for counseling professionals' personal interpretations of questions versus their intended meanings.

The final key limitation in this study was the lack of empirically supported instruments to assess the multicultural competence or self-efficacy of professionals working with youth living in at-risk circumstances. As such, I asked all participants to answer the questions posed with respect to the work they currently do with youth living in at-risk circumstances. The survey instruments used in this study were deemed to be the best available at the time, despite this limitation.

Implications for Practice

Given that multicultural training, multicultural competence, and client-counselor racial/ethnic match served as a statistically significant model for predicting counselor multicultural self-efficacy, the findings have certain implications for counseling professional educators, school districts, clinical supervisors, and counseling professionals alike. Moreover, the findings suggest the importance of multicultural training requirements for counseling professionals who work with (or plan to work with) youth living in at-risk circumstances in the Washington, D.C. area and otherwise.

For counseling professional educators, the findings suggest the importance of training standards and increased multicultural coursework in developing counseling professional multicultural competence which greatly impacts multicultural self-efficacy. According to the results, many counseling professionals are either taking the bare minimum multicultural training requirement or very little past that. However, increased multicultural competence predicts increased multicultural self-efficacy. Therefore increasing competence through increased training predicts increased multicultural self-efficacy. Further, as this would be of benefit to all counseling students, the results of this study suggest this to be especially true for white counseling students who stand to benefit from increased multicultural self-efficacy through increased multicultural training and competence which will continue to serve them even after their master's training is complete. As such, the results of this study suggest that accrediting and standardizing bodies (e.g.- CACREP, APA, and CSWE) increase the multicultural training standards in their programs as a direct way to increase multicultural competence and multicultural self-efficacy in counseling professional trainees.

In addition, the findings of my study suggest that an increase in multicultural assignments in coursework may promote greater counselor multicultural self-efficacy. This requires a diversification of the way counselor trainees engage academic material so that they become more exposed to diversity concepts more often. As such, in addition to requiring and offering more diversity-based content courses, making diversity a more integral part of all coursework and internship experience. This also includes providing increased opportunities for counseling professional trainees to engage diverse populations where traditionally there are none and stretching their comfort zones. This will allow counseling professional trainees to learn how multicultural topics are an important aspect of all counseling coursework and professional engagement as well as how to begin to approach these issues ethically and responsibly. Further, providing more hands-on and experiential opportunities to begin enactive mastery before entering the field will assist in building multicultural competence and self-efficacy in counseling trainees earlier. This will also provide a safe space to for counseling professional trainees to explore their own cultural beliefs, values, and norms in developing their counseling style and understanding. By increasing the multicultural experiential components of coursework throughout counseling training programs, trainees will be exposed to current cultural issues and topics and will allow counselor educators to serve as more effective gatekeepers while also engaging their own cultural values and beliefs as well.

Additionally, the results of this study suggest the importance of population-specific training for counseling professionals working with youth living in at-risk circumstances by creating experiential learning that more closely mirrors the professional settings and populations they will serve. This is especially necessary in cases where the

youth they serve will be racially/ethnically or culturally different from them. This insures their chance to start building multicultural competence, preparedness, and multicultural self-efficacy before the demands of their professional roles increase.

For school districts, state agencies, and other entities employing counseling professionals who work with youth living in at-risk circumstances, the findings of this research suggests the importance of multicultural trainings and workshops in developing counselors' multicultural self-efficacy. More specifically, it is important for employing agencies and entities to recognize and support counseling professionals' attendance to such training as well as the beneficial impact doing so can have on the outcomes of the youth being served. Attending such trainings can not only enhance a professional's knowledge and skills bases, but can also present new and beneficial opportunities for counseling professionals to interact with other professionals with differing experiences and to learn vicariously. In doing so, counseling professionals will have their toolkits continually updated with any changes and advances in the field. In turn, they can bring this new knowledge back with them to support the entity as well as the youth that entity serves while also increasing their own multicultural self-efficacy in the process.

As mentioned, my current findings also indicate that an increase in cultural training and competence are related to counseling professional multicultural self-efficacy. This underscores the importance of counseling professionals themselves continuing to seek out opportunities for continued cultural engagement, growth, and education. These opportunities can present themselves in the form of pursuing advanced degrees, pursuing licensure, or finding additional trainings and workshops outside of the academic setting that provide any form of continued education in multicultural-related topics.

Additionally, the findings of my research encourage counseling professionals to continually check themselves for culturally relevant biases, self-awareness, competence, skills, and understanding in an attempt to check-in on their own beliefs and values as they relate to multicultural competence and self-efficacy. This allows counseling professionals to remain aware of their own assumptions in an effort to maintain continued growth in the areas of multicultural competence and multicultural self-efficacy. Doing this can also aid counseling professionals as they foster cultural identity development in the youth they work with as well in addition to maintaining a multicultural lens in their engagement with youth who are culturally similar and different from them.

My findings also provide support for increased supervisory oversight and advocacy to provide room for many of the implications for practices noted. While it is fair to hope counseling professionals can be simultaneously aware of and in command of their inherent biases for every situation that may ever come while also knowing how to execute culturally appropriate tactics to be effective; hope alone is not enough to create this phenomenon. Clinical supervision plays a major role in the training, practice, and advocacy of counseling professionals. Supervision is intended to be a process through which a superior (more experienced) counseling professional oversees and evaluates less experienced counselors and counselors in training. However, as it stands, supervision posts are often appointed by way of seniority and/or availability (not necessarily skill). Further, supervisors may still be case-carrying and those who are exceptional in the field are often called upon to complete tasks in addition to the provision of clinical supervision. This level of responsibility makes it difficult to assess/evaluate the cultural competence of others let alone tend to one's own continued education and competence

building. Currently, once a clinician has attained licensure, there is little to no oversight of their clinical skills (which are ethically required to remain current). This is especially true if said counseling professional decides to go into private practice where supervisory oversight is not required. Training more culturally competent professionals, requiring clinical supervision at every level of the counseling process, and creating a culture of supervisory advocacy are all necessary in the training and maintenance of more multiculturally competent and efficacious counseling professionals.

By similar justification, this research implies increased programmatic oversight at the university level via accrediting bodies. Presently accredited programs receive infrequent, scheduled visits which provide prescriptive feedback to current programmatic performance based on what evaluators observe. These evaluators, like supervisors, are often selected based on a multifactorial approach and often have several programs to visit and provide feedback on/to which keeps them inundated with task delivery more so than meaningful implementation and cultural efficacy. This research supports a need for increased oversight and space provision for program evaluators to spend more time evaluating and providing feedback to training programs and curricula. Training more culturally competent counseling professionals leads to the creation of more culturally competent supervisors, gatekeepers, and evaluators who can more accurately assess the effectiveness and needs of training programs which will (eventually) work to evoke change in the counseling profession overall.

Suggestions for Future Research

This study focused on the predictive relationship between counseling professional multicultural training, multicultural competence, and multicultural self-efficacy with

client-counselor racial/ethnic match as a moderator. Given that research in this area is limited, future research can focus on distinct aspects not covered within this inquiry as well as those that may have been unattainable due to the limitations mentioned above. Because this is the first known study examining the role of client-clinician racial/ethnic match as it relates to multicultural training, multicultural competence and multicultural self-efficacy, the findings should be considered preliminary. Future research is recommended to further understand the impact of racial/ethnic match on multicultural training, multicultural competence, and multicultural self-efficacy in counseling professionals working with youth living in at-risk circumstances. It is recommended that this study be expanded and replicated to create more reliable and generalizable results, and to gain heightened understanding of the importance of counseling professionals' multicultural self-efficacy

For example, due to the limitations based on assessing client-counselor match through race, future researchers can attempt to study the relationship between client-counselor cultural match and multicultural self-efficacy. Additionally, future researchers can look at the training-seeking behaviors of counselors who are culturally matched with the youth they serve in comparison to those who are not culturally matched.

In addition, future researchers could attempt conduct a qualitative inquiry of the experiences of clinicians serving youth living in at-risk circumstances with cultural match as the primary lens for inquiry. Similarly, future researchers could conduct qualitative inquiry of the experiences of clinicians from the Washington, D.C. Metropolitan area who serve youth living in at-risk circumstances in the Washington, D.C. area and their perceived cultural self-efficacy in their work with said youth. In doing these, a clear

connection can be drawn between the experiences of these clinicians and the differences and similarities between their perceived cultural efficacy. Qualitative inquiry gives way the nuances of the counseling profession which cannot be captured through quantitative research (like feelings, motivations, anecdotal accounts, and individual voice).

Another idea would be for future researchers to examine counselor multicultural self-efficacy as a predictor for burnout with client-counselor racial/ethnic or cultural match as a potential moderator in counseling professionals supporting youth living in at-risk circumstances. Exploring this predictive relationship may offer additional information surrounding the perceived negative impacts some theorists suspect as it relates to racial or cultural mismatch in counseling dyads.

Finally, future researchers could replicate this study and expand the inclusion criteria to include counseling professionals who work with youth living in at-risk circumstances outside of the Washington, D.C. area. Doing so might diversify the sample and generalize the findings of said research.

Conclusion

Research findings make a clear case for the importance of culturally sound, multiculturally competent, and multiculturally efficacious counseling professionals in the United States (Barden, Sherrell, & Matthews, 2017; Chao, 2012; D'Andrea& Heckman, 2008; Matthews, Barden, &Sherrell, 2018). It has further recognized multicultural training as a vehicle to multicultural competence (Chao, 2012; Shi & Doud, 2017; Matthews, Barden, & Sherrell, 2018) and multicultural competence as a vehicle to multicultural self-efficacy (Barden & Green, 2015; Barnes, 2004; Mullen, Uwamahoro, Blount, & Lambie, 2015; Urbani et al., 2002), and how differences in race/ethnicity

might influence these relationships (Pieterse et al., 2016; Rothman, Malott, & Paone, 2012). In studying the predictive relationship between counselor multicultural training, multicultural competence, and multicultural self-efficacy with client-counselor racial/ethnic match as a moderator; multicultural competence and client-counselor racial/ethnic match were the most statistically significant predictors of counseling multicultural self-efficacy. Additionally, the predictor variables in conjunction with one another presented a statistically significant model in predicting counseling multicultural self-efficacy.

The findings of my study strongly indicate for counseling professional educators, school districts, clinical supervisors, and counseling professionals alike, the importance of increased multicultural training and experiential requirements for counseling professional trainees. This requires more clear training standards to be upheld and enforced by accrediting bodies responsible for preparation of counseling professional trainees in an effort to start the process of increasing counseling professionals' multicultural self-efficacy before they leave training programs in preparation for work with youth living in at-risk circumstances. My results also strongly encourage employing entities to understand the importance and lasting benefits of strengthened counselor multicultural competence and self-efficacy through continued education. This requires employing entities to create and support space, opportunities, and resources for counseling professionals to attend training opportunities as often as possible in hopes of continually enhancing and replenishing the multicultural self-efficacy of professionals currently serving youth living in at-risk circumstances.

Further, existent literature is extensive in its coverage of the multicultural training, competence, and self-efficacy of counselor trainees; yet not as vast in exploration of training outcomes once training is complete (Matthews, Barden, & Sherrell, 2018). The primary aim of the current study was to add to current research on counselor preparedness and effectiveness to contribute to development of curricula and training development for counselor education programs.

References

Aarons, G. A., Sommerfeld, D. H., Hecht, D. B., Silovsky, J. F., & Chaffin, M. J. (2009). The impact of evidence-based practice implementation and fidelity monitoring on staff turnover: Evidence for a protective effect. *Journal of Consulting and Clinical Psychology, 77*(2), 270–280. http://doi.org/10.1037/a0013223

Aiken, L. S., & West, S. G. (1991). *Multiple regression: Testing and interpreting interactions.* Newbury Park, CA: Sage.

Alegría, M., Chatterji, P., Wells, K., Cao, Z., Chen, C., Takeuchi, D., & Meng, X. (2008). Disparity in depression treatment among racial and ethnic minority populations in the United States. *Psychiatric Services, 59,* 1264–1272. doi:10.1176/appi.ps.59.11.1264

Alston, R. J., & Bell, T. J. (1996). Cultural mistrust and the rehabilitation enigma for African Americans. *Journal of Rehabilitation, 62,* 16–21.

American Counseling Association (ACA). (2016). Mental health professional counts. Retrieved on November 1, 2017, from https://www.counseling.org/knowledge-center/ licensure-requirements/mhp-stats

American Counseling Association (ACA). (2017). Messaging around competence. Retrieved from https://www.counseling.org/docs/default-source/competencies/competencies-for-counseling-the-multiracial-population-2-2-15-final.pdf?sfvrsn=c7ba412c_14 -ACA Messaging around Competence (accessed in 2017)

American Psychological Association (APA) Center for Workforce Studies. (2009). Doctoral psychology workforce fast facts. Retrieved on December 17, 2011, from http://www.apa.org/workforce/snapshots/2009/fast-facts.pdf

American Psychological Association (APA) Center for Workforce Studies. (2010). 2010 graduate study in psychology: Master's- and doctoral-level students in U.S. and Canadian graduate departments of psychology, 2008-2009. Retrieved on December 17, 2011, from http://www.apa.org/workforce/publications/10-grad-study/students.aspx

American Psychological Association (APA) Center for Workforce Studies. (2015). 2005-2013 demographics of the U.S. psychology workforce. Retrieved on November 1, 2017, from http://www.apa.org/workforce/publications/13-demographics/index.aspx?tab=1

Anderson, D. L. (2015, January 1). *An exploration of the actual role of the school counselor framed within the California public school counseling standards*. ProQuest LLC. Retrieved from http://proxygw.wrlc.org/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=ED571699&site=ehost-live

Atkinson, D. R., Bui, U., & Mori, S. (2001). Multiculturally sensitive empirically supported treatments—An oxymoron? In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (2nd ed., pp. 542–574). Thousand Oaks, CA: Sage.

Atkinson, D. R., Morton, G., & Sue, D. W. (2004). C*ounseling American minorities: A cross-cultural perspective* (6th ed.). New York, NY: McGraw-Hill.

Balmforth, J. (2009). 'The weight of class': Clients' experiences of how perceived differences in social class between counsellor and client affect the therapeutic relationship. *British Journal of Guidance and Counselling*, *37*(3), 375–386. doi:10.1080/03069880902956942

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review, 84*(2), 191.

Bandura, A. (1982). Self-efficacy mechanism in human agency. *American Psychologist, 37*(2), 122.

Bandura, A. (1986). *Social foundations of thought and action: A social cognitive approach.* Englewood, NJ: Prentice Hall.

Bandura, A. (1994). *Self-efficacy.* New York, NY: John Wiley & Sons.

Bandura, A. (1997). *Self-efficacy: The exercise of control.* New York, NY: Worth.

Bandura, A. (2001). Social cognitive theory: An agentic perspective. *Annual Review of Psychology, 52*(1), 1–26.

Bandura, A. (2006). Guide for constructing self-efficacy scales. In F. Pajares & T. Urdan (Eds.), *Self-efficacy beliefs of adolescents*. Greenwich, CT: Information Age Publishing.

Barden, S. M., & Greene, J. H. (2015). An investigation of multicultural counseling competence and multicultural counseling self-efficacy for counselors-in-training. *International Journal for the Advancement of Counselling, 37*(1), 41–53. doi:http://dx.doi.org.proxygw.wrlc.org/10.1007/s10447-014-9224-1

Barden, S. M., Sherrell, R. S., & Matthews, J. J. (2017). A National Survey on Multicultural Competence for Professional Counselors: A Replication Study.

Journal of Counseling & Development, 95(2), 203–212. https://doi-org.proxygw.wrlc.org/10.1002/jcad.12132

Barnes, K. L. (2004). Applying self-efficacy theory to counselor training and supervision: A comparison of two approaches. *Counselor Education and Supervision, 44*(1), 56–69.

Baron, R. M., & Kenny, D. A. (1986). The moderator-mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology, 51*(6), 1173–1182.

Barr, R. D., & Parrett, W. (2001). *Hope fulfilled for at-risk and violent youth: K–12 programs that work.* Boston, MA: Allyn & Bacon.

Beasley, B. N. (2012). *The influences of counselors' race, multicultural counseling competency, and clients' racial identity on African Americans' counselor preference* (Unpublished master's thesis). Southern Illinois University, Carbondale.

Bellini, J. (2003). Counselors' multicultural competencies and vocational rehabilitation outcomes in the context of counselor–client racial similarity and difference. *Rehabilitation Counseling Bulletin, 46,* 164–173. doi:10.1177/00343552 030460030501

Bodenhorn, N., Wolfe, E. W., & Airen, O. E. (2010). School counselor program choice and self-efficacy: Relationship to achievement gap and equity. *Professional School Counseling, 13*(3), 165–174.

Bragg, S. (2010). *Mental health professionals' education and training effects on personal and professional beliefs with a culturally diverse population* (Dissertation). Retrieved from ProQuest Dissertations and Theses database. (UMI No: 3390947)

Burke, N. J., Hellman, J. L., Scott, B. G., Weems, C. F., & Carrion, V. G. (2011). The impact of adverse childhood experiences on an urban pediatric population. *Child Abuse and Neglect, 35*(6), 408–413. doi:10.1016/j.chiabu.2011.02.006

Cabral, R., & Smith, T. (2011). Racial/ethnic matching of clients and therapists in mental health services: A meta-analytic review of preferences, perceptions, and outcomes. *Journal of Counseling Psychology, 58*(4), 537–554.

Caputo, A. (2017). Social desirability bias in self-reported wellbeing measures: Evidence from an online survey. *Universitas Psychologica, 16*(2), 241–253. doi:10.11144/ Javeriana.upsy16-2.sdsw

Census Bureau. (2016). Quick facts. Retrieved from https://www.census.gov/ quickfacts/dc

Chao, P. J., Steffen, J. J., & Heiby, E. M. (2012). The effects of working alliance and client clinician ethnic match on recovery status. *Community Mental Health Journal, 48*(1), 91–97. doi:10.1007/s10597-011-9423-8

Chao, R. (2012). Managing perceived stress among college students: The roles of social support and dysfunctional coping. *Journal of College Counseling, 15*(1), 5–21. doi:10.1002/j.2161-1882.2012.00002.x

Chao, R. C. (2013). Race/ethnicity and multicultural competence among school counselors: Multicultural training, racial/ethnic identity, and color-blind racial attitudes. *Journal of Counseling and Development*, *91*(2), 140–151. doi:10.1002/j.1556-6676.2013.00082.x

Chi-Yue, C., Gelfand, M. J., Yamagishi, T., Shteynberg, G., & Ching, W. (2010). intersubjective culture: The role of intersubjective perceptions in cross-cultural research. *Perspectives on Psychological Science, 5*(4), 482–493. doi:10.1177/1745691610375562

Cho, Y. (2007). *Mental health values, culture, and the therapeutic process: A systematic investigation of value-related discourse between a White American counselor and a Korean client* (Order No. 3297087). Available from ProQuest Dissertations & Theses Global. (304855296). Retrieved from http://proxygw.wrlc.org/login?url=https://search-proquest-com.proxygw.wrlc.org/docview/304855296?accountid=11243

Clark, M., Moe, J., & Hays, D. G. (2017). The relationship between counselors' multicultural counseling competence and poverty beliefs. *Counselor Education and Supervision, 56*(4), 259–273. doi:10.1002/ceas.12084

Clemens, E. V., Milsom, A., & Cashwell, C. S. (2009). Using leader-member exchange theory to examine principal–school counselor relationships, school counselors' roles, job satisfaction, and turnover intentions. *Professional School Counseling, 13*(2), 75–85.

Cohen, J., Cohen, P., West, S. G., & Aiken, L. S. (2003). *Applied multiple regression/correlation analysis for the behavioral sciences* (3rd ed.). Mahwah, NJ: Lawrence Erlbaum.

Cohen, N., & Arieli, T. (2011). Field research in conflict environments: Methodological challenges and snowball sampling. *Journal of Peace Research.* https://doi.org/10.1177/0022343311405698

Coleman, H. L. K. (1998). General and multicultural counseling competency: Apples and oranges? *Journal of Multicultural Counseling and Development, 26,* 147–156.

Coleman, H. L. K., Wampold, B. E., & Casali, S. L. (1995). Ethnic minorities' ratings of ethnically similar and European American counselors: A meta-analysis. *Journal of Counseling Psychology, 42,* 55–64.

Collins, S., & Arthur, N. (2010). Culture-infused counseling: A fresh look at a classic framework of multicultural counseling competencies. *Counseling Psychology Quarterly, 23*, 203–216. doi:10.1080/09515071003798204

Constantine, M. G. (2000). Social desirability attitudes, sex, and affective and cognitive empathy as predictors of self-reported multicultural counseling competence. *The Counseling Psychologist, 28*, 857–872.

Constantine, M. G. (2001). Predictors of observer ratings of multicultural counseling competence in Black, Latino, and White American trainees. *Journal of Counseling Psychology, 48,* 456–462.

Constantine, M. G. (2002a). Predictors of satisfaction with counseling: Racial and ethnic minority clients' attitudes toward counseling and ratings of their counselors' general and multicultural counseling competence. *Journal of Counseling Psychology, 49*, 255–263.

Constantine, M. G. (2002b). The relationship between general counseling self-efficacy and self-perceived multicultural counseling competence in supervisees. *Clinical Supervisor*, *20*(2), 81.

Constantine, M. G. (2007). Racial microaggressions against African American clients in crossracial counseling relationships. *Journal of Counseling Psychology, 54,* 1–16.

Constantine, M. G., & Gushue, G. V. (2003). School counselors' ethnic tolerance attitudes and racism attitudes as predictors of their multicultural case conceptualization of an immigrant student. *Journal of Counseling and Development, 81*, 185–190.

Constantine, M. G., & Ladany, N. (2001). New vision for defining and assessing multicultural counseling competence. In J. G. Ponterorro, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (2nd ed., pp. 482–498). Thousand Oaks, CA: Sage.

Constantine, M. G., & Sue, D. W. (2007). Perceptions of racial microaggressions among black supervisees in cross-racial dyads. *Journal of Counseling Psychology, 54*, 142–153.

Constantine, M. G., Warren, A. K., & Miville, M. L. (2005). White racial identity dyadic interactions in supervision: Implications for supervisees' multicultural counseling competence. *Journal of Counseling Psychology, 52,* 490–496.

Constantine, M. G., & Yeh, C. J. (2001). Multicultural training, self-construal, and multicultural competence of school counselors. *Professional School Counseling, 4,* 202–207.

Copeland, V. (2006). Disparities in mental health service utilization among low-income African American adolescents: Closing the gap by enhancing practitioner's competence. *Child and Adolescent Social Work Journal, 23*(4), 407–431. doi:10.1007/s10560-006-0061-x

Cordoba, L., Tamayo, J. A., Gonzalez, M. A., Martinez, M. I., Rosales, A. & Barbato, S. H. (2011). Adaptation and validation of the Maslach Burnout Inventory–Human Services Survey in Cali, Colombia. *Colombia Medica, 42*(3), 286–293. Retrieved from http://www.scielo.org.co/scielo.php?script=sci_serial&pid=1657-9534

Council for Accreditation of Counseling and Related Educational Programs (CACREP). (2015). *2016 CACREP standards.* Alexandria, VA: Author.

Council on Social Work Education (CSWE). (2015). *Educational policy and accreditation standards for baccalaureate and master's social work programs.* Alexandria, VA: Author.

Cronholm, P. F., Forke, C. M., Wade, R., Bair-Merritt, M. H., Davis, M., Harkins-Schwarz, M., ... & Fein, J. A. (2015). Adverse childhood experiences: Expanding the concept of adversity. *American Journal of Preventive Medicine, 49*(3), 354–361. doi:10.1016/j.amepre.2015.02.001

D'Andrea, M., & Daniels, J. (1991). Exploring the different levels of multicultural counseling training in counselor education. *Journal of Counseling and Development, 70*(1), 78–85.

D'Andrea, M., Daniels, J., & Heck, R. (1991). Evaluating the impact of multicultural counseling training. *Journal of Counseling and Development, 70*(1), 143–150. doi:10.1002/j.1556-6676.1991.tb01576.x

D'Andrea, M., & Heckman, E. (2008). A 40-year review of multicultural counseling outcome research: Outlining a future research agenda for the multicultural counseling movement. *Journal of Counseling and Development, 86*(3), 356–363. doi:10.1002/j.1556-6678.2008.tb00520.x

Day-Vines, N. L., & Holcomb-McCoy, C. (2007). Wellness among African American counselors. *Journal of Humanistic Counseling, Education and Development, 46*(1), 82–97.

DC Children and Youth Investment Trust Corporation. (2011). *Needs and assets assessment of Washington, DC Youth* (Rep.). doi:http://dctrust.org/wp-content/uploads/2014/06/Needs-Assessment.pdf

DeFife, J. A., & Hilsenroth, M. J. (2011). Starting off on the right foot: Common factor elements in early psychotherapy process. *Journal of Psychotherapy Integration, 21*(2), 172–191. Retrieved January 18, 2018, from https://www.psychologytoday.com/sites/default/files/attachments/2259/2011jpicommonfactorsearlyprocess defifehilsenroth.pdf

Dillenburger, K. (2004). Causes and alleviation of occupational stress in child care work. *Child Care in Practice, 10*(3), 213–224. doi:10.1080/1357527042000244356

District of Columbia Public Schools (DCPS). (2017). Enrollment at a glance. Retrieved from https://dcps.dc.gov/page/dcps-glance-enrollment

Dixon, C. G., & Vaz, K. (2005). Perceptions of African Americans regarding mental health counseling. In D. A. Harley & J. M. Dillard (Eds.), *Contemporary mental health issues among African Americans* (pp. 163–174). Alexandria, VA: American Counseling Association.

Duncan, B. L. (2002). The legacy of Saul Rosenzweig: The profundity of the dodo bird. *Journal of Psychotherapy Integration, 12*(1), 32–57. doi:10.1037/1053-0479.12.1.32

Duncan, B. L., Miller, S. D., Wampold, B. E., & Hubble, M. A. (2010). *The heart and soul of change: Delivering what works in therapy* (2nd ed.). Washington, DC: American Psychological Association. doi:10.1037/12075-000

Duncan, L. E. (2003). Black male college students' attitudes toward seeking psychological help. *Journal of Black Psychology, 29*(1), 68–86. doi:10.1177/0095798402239229

Efron, B. (1979). Bootstrap methods: Another look at jackknife. *Annual Statistics, 7*, 1–26.

Even, T. A., & Robinson, C. R. (2013). The impact of CACREP accreditation: A multiway frequency analysis of ethics violations and sanctions. *Journal of Counseling and Development, 91*(1), 26–34. doi:10.1002/j.1556-6676.2013.00067.x

Farahmand, F. K., Duffy, S. N., Tailor, M. A., DuBois, D. L., Lyon, A. L., Grant, K. E., … & Nathanson, A. M. (2012). Community-based mental health and behavioral programs for low-income urban youth: A meta-analytic review. *Clinical Psychology: Science and Practice, 19*(2), 195–215. doi:10.1111/j.1468-2850.2012.01283.x

Faul, F., Erdfelder, E., Lang, A.-G. & Buchner, A. (2009). G*Power 3: A flexible statistical power analysis program for the social, behavioral, and biomedical sciences. *Behavior Research Methods, 39,* 175–191.

Fawcett, M. L., Briggs, C. A., Maycock, G., & Stine, E. (2010). Multicultural counseling competency development with a Guatemala travel study. *Journal for International Counselor Education, 2*, 1–18.

Federal Interagency Forum on Child and Family Statistics. (2017). Child statistics. Retrieved from https://www.childstats.gov/pdf/ac2017/ac_17.pdf

Fowler, F. J. (2013). *Survey research methods.* Thousand Oaks, CA: Sage.

Frank, J. D., & Frank, J. B. (1991). *Persuasion and healing: A comparative study of psychotherapy* (3rd ed.). Baltimore, MD: Johns Hopkins University Press.

Frazier, P. A., Tix, A. P., & Barron, K. E. (2004, January). Testing moderator and mediator effects in counseling psychology research. *Journal of Counseling Psychology, 51*(1), 115–134.

Fuertes, J. N., & Brobst, K. (2002). Clients' ratings of counselor multicultural competency. *Cultural Diversity and Ethnic Minority Psychology, 8*, 214–223. doi:10.1037/1099-9809.8.3.214

Gamst, G., Dana, R. H., Der-Karabetian, A., & Kramer, T. (2004, Fall). Ethnic match and treatment outcomes for child and adolescent mental health center clients. *Journal of Counseling and Development, 82*(4), 457–465. http://proxygw.wrlc.org/login?url=https://search-proquest-com.proxygw.wrlc.org/docview/219026588?accountid=11243 (accessed October 25, 2017)

Gelso, C. J. (2004). A theory of the real relationship in psychotherapy. Paper presented at the International Conference of the Society for Psychotherapy Research, Rome.

Gelso, C. J. (2009). The real relationship in a postmodern world: Theoretical and empirical explorations. *Psychotherapy Research, 19,* 253–264.

Gelso, C. J. (2011). Recollections of a secure based in psychotherapy: Considerations of the real relationship. *Psychotherapy, 48*(4), 368–373. doi:10.1037/a0022421

Gelso, C., Choi, J., Majors, R., Mallery, C., Markin, R., & Marmarosh, C. (2009). The real relationship in psychotherapy: Relationships to adult. *Journal of Counseling Psychology, 56*, 337–350.

Gordillo, R. (2015). *The influence of counselor demographics, work experience, and training on counselor self-efficacy and multicultural counseling self-efficacy*

among urban school counselors (Dissertation). Retrieved from ProQuest Dissertations and Theses database. (UMI No: 3681192)

Graham, J. W., Hofer, S. M., Donaldson, S. I., MacKinnon, D. P., & Schafer, J. L. (1997). Analysis with missing data in prevention research. In K. J. Bryant, M. Windle, & S. G. West (Eds.), *The science of prevention: Methodological advances from alcohol and substance abuse research* (pp. 325–366). Washington, DC: American Psychological Association.

Harmon, C., Hawkins, E. J., Lambert, M. J., Slade, K., & Whipple, J. S. (2005). Improving outcomes for poorly responding clients: The use of clinical support tools and feedback to clients. *Journal of Clinical Psychology, 61*(2), 175–185.

Hayes, J. A., Soo Jeong, Y., Castonguay, L. G., Locke, B. D., McAleavey, A. A., & Nordberg, S. (2011). Rates and predictors of counseling center use among college students of color. *Journal of College Counseling, 14*(2), 105–116.

Hewson, C. (2003). Conducting research on the internet. *Psychologist (Leicester), 16*(6), 290–293.

Hines, E. M., & Holcomb-McCoy, C. (2013). Parental characteristics, ecological factors, and the academic achievement of African American males. *Journal of Counseling and Development, 91*(1), 68–77. doi:10.1002/j.1556-6676.2013.00073.x

Holcomb-McCoy, C. (2007). Transitioning to high school: Issues and challenges for African American students. *Professional School Counseling, 10*(3), 253–260.

Holcomb-McCoy, C., Harris, P., Hines, E. M., & Johnston, G. (2008). School counselors' multicultural self-efficacy: A preliminary investigation. *Professional School Counseling, 11*(3), 166–178.

Holcomb-McCoy, C., & Mitchell, N. (2005). A descriptive study of urban school counseling programs. *Professional School Counseling, 8*(3), 203–208.

Holcomb-McCoy, C., & Myers, J. E. (1999). Multicultural competence and counselor training: A national survey. *Journal of Counseling and Development, 77,* 294–302.

Holcomb-McCoy, C. C. (2001, February). Exploring the self-perceived multicultural counseling competence of elementary school counselors. *Professional School Counseling, 4*(3)*,* 195.

Holcomb-McCoy, C. C. (2005). Investigating school counselors' perceived multicultural competence. *Professional School Counseling, 8*(5), 414–423.

Hui, X., & Tracey, T. G. (2016). Cultural congruence with psychotherapy efficacy: A network meta-analytic examination in China. *Journal of Counseling Psychology, 63*(3), 359–365. doi:10.1037/cou0000145

Hunt, T. K., Slack, K. S., & Berger, L. M. (2017). Adverse childhood experiences and behavioral problems in middle childhood. *Child Abuse and Neglect, 67,* 391–402. doi:10.1016/j.chiabu.2016.11.005

Hussar, W. J., & Bailey, T. M. (2013). Projections of education statistics to 2021. NCES 2013-008. *National Center for Education Statistics*.

Ibaraki, A. Y., & Nagayama Hall, G. (2014). The components of cultural match in psychotherapy. *Journal of Social and Clinical Psychology, 33*(10), 936–953.

Ivey, A. E., D'Andrea, M., Ivey, M. B., & Simek-Morgan, L. (2012). *Theories of counseling and psychotherapy: A multicultural perspective* (6th ed.). Boston, MA: Allyn & Bacon/Longman.

Jani, J. S., Pierce, D., Ortiz, L., & Sowbel, L. (2011). Access to intersectionality, content to competence: Deconstructing social work education diversity standards. *Journal of Social Work Education*, *47*(2), 283–301.

Jayne, K. M., Stulmaker, H. L., & Purswell, K. E. (2013). Multicultural dimensions in child counseling research: A systematic review. *Journal of Professional Counseling: Practice, Theory and Research, 40*(2), 15–32.

Jenkins, S. R., Mitchell, J. L., Baird, S., Whitfield, S. R., & Meyer, H. L. (2011). The counselor's trauma as counseling motivation: Vulnerability or stress inoculation? *Journal of Interpersonal Violence, 26*(12), 2392–2412. doi:10.1177/0886260 510383020

Johnson, A., & Jackson Williams, D. (2015). White racial identity, color-blind racial attitudes, and multicultural counseling competence. *Cultural Diversity and Ethnic Minority Psychology, 21*(3), 440.

Johnson, E., Baker, S. B., Kopala, M., Kiselica, M. S., & Thompson, E. C. (1989). Counseling self-efficacy and counseling competence in prepracticum training. *Counselor Education and Supervision, 28*(3), 205–218.

Jones, J. M., Kawena Begay, K., Nakagawa, Y., Cevasco, M., & Sit, J. (2016). Multicultural counseling competence training: Adding value with multicultural consultation. *Journal of Educational and Psychological Consultation, 26*(3), 241–265. doi:10.1080/10474412.2015.1012671

Karlsson, R. (2005). Ethnic matching between therapist and patient in psychotherapy: An overview of findings, together with methodological and conceptual issues.

Cultural Diversity and Ethnic Minority Psychology, 11(2), 113–129. doi:10.1037/1099-9809.11.2.113

Kearney, L. K., Draper, M., & Barón, A. (2005). Counseling utilization by ethnic minority college students. *Cultural Diversity and Ethnic Minority Psychology, 11*(3), 272–285. doi:10.1037/1099-9809.11.3.272

Kim, B. S. K., Cartwright, B. Y., Asay, P. A., & D'Andrea, M. J. (2003). A revision of the Multicultural Awareness, Knowledge, and Skills Survey—Counselor Edition. *Measurement and Evaluation in Counseling and Development, 36,* 161–180.

Kissil, K., Davey, M., & Davey, A. (2015). Foreign-Born Therapists: How Acculturation and Supervisors' Multicultural Competence Are Associated With Clinical Self-Efficacy. *Journal of Multicultural Counseling & Development*, *43*(1), 38–57. https://doi-org.proxygw.wrlc.org/10.1002/j.2161-1912.2015.00063.x

Landrum, B., Knight, D. K., Becan, J. E., & Flynn, P. M. (2015). To stay or not to stay: Adolescent client, parent, and counselor perspectives on leaving substance abuse treatment early. *Journal of Child and Adolescent Substance Abuse, 24*(6), 344–354.

Lapan, R. T., Gysbers, N. C., & Sun, Y. (1997). The impact of more fully implemented guidance programs on the school experiences of high school students: A statewide evaluation study. *Journal of Counseling and Development, 75*(4), 292–302.

Larson, L. M. (1998). The social cognitive model of counselor training. *The Counseling Psychologist, 26*(2), 219–273.

Larson, L. M., Clark, M. P., Wesely, L. H., Koraleski, S. F., Daniels, J. A., & Smith, P. L. (1999). Videos versus role-plays to increase counseling self-efficacy in prepractica trainees. *Counselor Education and Supervision, 38*(4), 237–248.

Larson, L. M., & Daniels, J. A. (1998). Review of the counseling self-efficacy literature. *The Counseling Psychologist, 26*(2), 179–218.

Larson, L. M., Suzuki, L. A., Gillespie, K. N., Potenza, M. T., Bechtel, M. A., & Toulouse, A. L. (1992). Development and validation of the Counseling Self-estimate Inventory. *Journal of Counseling Psychology, 39*(1), 105.

Laska, K. M., & Wampold, B. E. (2014). Ten things to remember about common factor theory. *Psychotherapy, 51*(4), 519–524. Retrieved January 18, 2018, from https://www.apa.org/pubs/journals/features/pst-a0038245.pdf

Lauricella, M., Valdez, J. K., Okamoto, S. K., Helm, S., & Zaremba, C. (2016). Culturally grounded prevention for minority youth populations: A systematic review of the literature. *The Journal of Primary Prevention, 37*(1), 11–32.

Lent, J., & Schwartz, R. C. (2012). The impact of work setting, demographic characteristics, and personality factors related to burnout among professional counselors. *Journal of Mental Health Counseling*, *34*(4), 355–372.

Lent, R. W., Hoffman, M. A., Hill, C. E., Treistman, D., Mount, M., & Singley, D. (2006). Client-specific counselor self-efficacy in novice counselors: Relation to perceptions of session quality. *Journal of Counseling Psychology, 53*(4), 453–463.

Levy, J., Thompson-Leonardelli, K., Grant Smith, N., & Coleman, N. (2005). Attrition after intake at a university counseling center: Relationship among client race, problem type, and time on a waiting list. *Journal of College Counseling, 8*, 107–117.

Lewis, J., Arnold, M. S., House, R., & Toporek, R. (2003). Advocacy competencies [Electronic version]. Retrieved from http://www.counseling.org/Publications

Leyba, E. G. (2009). Tools to reduce overload in the school social worker role. *Children and Schools, 31*(4), 219–228.

Liu, W. M., Sheu, H., & Williams, K. (2004). Multicultural competency in research: Examining the relationships among multicultural competencies, research training and self-efficacy, and the multicultural environment. *Cultural Diversity and Ethnic Minority Psychology, 10*(4), 324–339. doi:10.1037/1099-9809.10.4.324

Manese, J. E., Wu, J. T., & Nepomuceno, C. A. (2001). The effect of training on multicultural counseling competencies: An exploratory study over a ten-year period. *Journal of Multicultural Counseling and Development, 29,* 31–40.

Mascari, J. B., & Webber, J. (2013). CACREP accreditation: A solution to license portability and counselor identity problems. *Journal of Counseling and Development*, *91*(1), 15–25. doi:10.1002/j.1556-6676.2013.00066.x

Matthews, J. J., Mehta Barden, S., & Sherrell, R. S. (2018). Examining the Relationships Between Multicultural Counseling Competence, Multicultural Self-Efficacy, and Ethnic Identity Development of Practicing Counselors. Journal of Mental Health Counseling, 40(2), 129–141. https://doi-org.proxygw.wrlc.org/10.17744/mehc.40.2.03

Maxwell, M. J., & Henriksen Jr., R. C. (2012). Counseling multiple heritage adolescents: A phenomenological study of experiences and practices of middle school counselors. *Professional School Counseling, 16*(1), 18–28.

McCarthy, A. K. (2014). Relationship between rehabilitation counselor efficacy for counseling skills and client outcomes. *Journal of Rehabilitation, 80*(2), 3–11.

Melchert, T. P., Hays, V. L., Wiljanen, L. M., & Kolocek, A. K. (1996). Testing models of counselor development with a measure of counseling self-efficacy. *Journal of Counseling and Development, 74*(6), 640–644.

Meyer, O., Zane, N., & Young, C. (2011). Understanding the psychological processes of the racial match effect in Asian Americans. *Journal of Counseling Psychology, 58*(3), 335–345. doi:10.1037/a0023605

Militello, M., & Janson, C. (2014). The urban school reform opera: The obstructions to transforming school counseling practices. *Education and Urban Society, 46*(7), 743–772. doi:10.1177/0013124512468007

Mio, J. S., Barker-Hackett, L. & Tumambing, J. (2012). *Multicultural psychology: Understanding our diverse communities*. New York, NY: Oxford University Press.

Mondi, C. F., Reynolds, A. J., & Ou, S. (2017). Predictors of depressive symptoms in emerging adulthood in a low-income urban cohort. *Journal of Applied Developmental Psychology, 50,* 45–59. doi:10.1016/j.appdev.2017.03.009

Mortenson, T. G. (2000). Poverty, race, and the failure of public policy: The crisis of access in higher education. *Academe, 86*(6), 38.

Mullen, J. A. (2008). Through a cross-cultural lens: How viewing childhood as a distinct culture impacts supervision. In A. A. Drewes & J. A. Mullan (Eds), *Supervision can be playful: Techniques for child and play therapist supervisors* (pp. 69–76). Lanham, MD: Jason Aronson.

Mullen, P. R., Uwamahoro, O., Blount, A. J., & Lambie, G. W. (2015). Development of counseling students' self-efficacy during preparation and training. *The Professional Counselor, 5*(1), 175–184. doi:http://dx.doi.org.proxygw.wrlc.org/10.15241/prm.5.1.175

National Center for Education Statistics (NCES). (2017). The NCES Fast Facts Tool provides quick answers to many education questions. Retrieved April 5, 2018, from https://nces.ed.gov/fastfacts/display.asp?id=16

Neville, H., Spanierman, L., & Doan, B. (2006). Exploring the association between color-blind racial ideology and multicultural counseling competencies. *Cultural Diversity and Ethnic Minority Psychology, 12,* 275–290. doi:10.1037/1099-9809.12.2.275

Newman, B. M., Myers, M. C., Newman, P. R., Lohman, B. J., & Smith, V. L. (2000). The transition to high school for academically promising, urban, low-income African American youth. *Adolescence, 35*(137), 45–66.

Parham, T. A. (1989). Cycles of psychological Nigrescence. *The Counseling Psychologist, 17*(2), 187–226. doi:10.1177/0011000089172001

Parham, T. A., Ajamu, A., & White, J. L. (2011). *The psychology of Blacks: Centering our perspectives in the African consciousness.* Boston, MA: Pearson Education.

Parham, T. A., & Helms, J. (1981). The influence of Black students' racial identity attitudes on preferences for counselor's race. *Journal of Counseling Psychology, 28*(3), 250–257. doi:10.1037/0022-0167.28.3.250

Pedersen, P. B. (1991). Multiculturalism as a generic approach to counseling. *Journal of Counseling and Development, 70*(1), 6–12.

Pérez-Gualdrón, L., Yeh, C., & Russell, L. (2016). Boys II Men: A culturally-responsive school counseling group for urban high school boys of color. *Journal of School Counseling, 14*(13). Retrieved from http://proxygw.wrlc.org/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ1126013&site=ehost-live

Pieterse, A. L., Lee, M., & Fetzer, A. (2016). Racial group membership and multicultural training: Examining the experiences of counseling and counseling psychology students. *International Journal for the Advancement of Counselling, 38*(1), 28–47. doi:10.1007/s10447-015-9254-3

Ponterotto, J., Casas, M., Suzuki, L., & Alexander, C. (Eds.). (2009). *Handbook of multicultural counseing* (3rd ed.). Thousand Oaks, CA: Sage.

Ponterotto, J. G., Gretchen, D., Utsey, S. O., Rieger, B. P., & Austin, R. (2002). A revision of the Multicultural Counseling Awareness Scale. *Journal of Multicultural Counseling and Development, 30*, 153–180. doi:10.1002/j.2161-1912.2002.tb00489.x

Pope-Davis, D. B., Reynolds, A. L., Dings, J. G., & Nielson, D. (1995). Examining multicultural competencies of graduate students in psychology. *Professional Psychology: Research and Practice, 26,* 322–329.

Pope-Davis, D. B., Reynolds, A. L., Dings, J. G., & Ottavi, T. M. (1994). Multicultural competencies of doctoral interns at university counseling centers: An exploratory investigation. *Professional Psychology: Research and Practice, 25*, 466–470.

Ratts, M. J., Singh, A. A., Nassar-McMillan, S., Butler, S. K., & McCullough, J. R. (2016). Multicultural and social justice counseling competencies: Guidelines for the counseling profession. *Journal of Multicultural Counseling and Development, 44*(1), 28–48.

Ridley, C. R. (1984). Clinical treatment of the nondisclosing Black client: A therapeutic paradox. *American Psychologist, 39*(11), 1234–244.

Riele, K. T. (2006). Youth 'at risk': Further marginalizing the marginalized? *Journal of Education Policy, 21*(2), 129–145. doi:10.1080/02680930500499968

Roberts, R. E., Alegria, M., Roberts, C. R., & Chen, I. G. (2005). Concordance of reports of mental health functioning by adolescents and their caregivers: A comparison of European, African and Latino Americans. *The Journal of Nervous and Mental Disease, 193*(8), 528–534.

Rodgers, W. M., Markland, D., Selzler, A., Murray, T. C., & Wilson, P. M. (2014). Distinguishing perceived competence and self-efficacy: An example from exercise. *Research Quarterly for Exercise and Sport, 85*(4), 527–539. doi:10.1080/02701367.2014.961050

Rothman, T., Malott, K. M., & Paone, T. R. (2012). Experiences of a course on the culture of Whiteness in counselor education. *Journal of Multicultural Counseling and Development, 40*(1), 37–48.

Sacks, V., & Murphey, D. (2018, February 12). The prevalence of adverse childhood experiences, nationally, by state, and by race or ethnicity. Retrieved November 10, 2018, from https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity

Sander, J. B., Hernández Finch, M. E., Pierson, E. E., Bishop, J. A., German, R. L., & Wilmoth, C. E. (2016). School-based consultation: Training challenges, solutions and building cultural competence. *Journal of Educational and Psychological Consultation, 26*(3), 220–240. doi:10.1080/10474412.2015.1042976

Savitz-Romer, M. (2012). The gap between influence and efficacy: College readiness training, urban school counselors, and the promotion of equity. *Counselor Education and Supervision*, *5*(2), 98–111. doi:10.1002/j.1556-6978.2012. 00007.x

Schilling, E. A., Aseltine, J. H., & Gore, S. (2007). Adverse childhood experiences and mental health in young adults: A longitudinal survey. *BMC Public Health, 7*(1), 30–10. doi:10.1186/1471-2458-7-30

Shaw, B. M., Remley Jr., T. P., & Ward, C. (2014). The preparation of master's-level professional counselors for positions in college and university counseling centers. *Journal of College Counseling*, *17*(3), 236–248. doi:10.1002/j.2161-1882.2014. 00060.x

Sheu, H. (2005). *Development and initial validation of the multicultural counseling self-efficacy scale-racial diversity form* (Order No. 1427385). Available from ProQuest Dissertations & Theses Global. (304992817). Retrieved from

http://proxygw.wrlc.org/login?url=https://search-proquest-com.proxygw.wrlc.org/docview/304992817?accountid=11243

Sheu, H., Rigali-Oiler, M., & Lent, R. W. (2012). Multicultural Counseling Self-efficacy Scale—Diversity Form: Factor structure and test of a social cognitive model. *Psychotherapy Research, 22*(5), 527–542. doi:10.1080/10503307.2012.683344

Sheu, H. B., & Lent, R. W. (2007). Development and initial validation of the Multicultural Counseling Self-Efficacy Scale—Racial Diversity Form. *Psychotherapy: Theory, Research, Practice, Training, 44*(1), 30.

Shi, Q., & Doud, S. (2017). An examination of school counselors' competency working with lesbian, gay and bisexual and transgender (LGBT) students. *Journal of LGBT Issues in Counseling, 11*(1), 2–17.

Slaten, C. D., Elison, Z. M., Hughes, H., Yough, M., & Shemwell, L. D. (2015). Hearing the voices of youth at risk for academic failure: What professional school counselors need to know. *Journal of Humanistic Counseling, 54*(3), 203–220. doi:10.1002/johc.12012

Slaten, C. D., Rivera, R. C., Shemwell, D., & Elison, Z. M. (2016). Fulfilling their dreams: Marginalized urban youths' perspectives on a culturally sensitive social and emotional learning program. *Journal of Education for Students Placed at Risk, 21*(2), 129–142. doi:10.1080/10824669.2015.1134331

Smith, T. B., Constantine, M. G., Dunn, T. W., Dinehart, J. M., & Montoya, J. A. (2006). Multicultural education in the mental health professions: A meta-analytic review. *Journal of Counseling Psychology, 53*, 132–145. doi:10.1037/0022-0167.53.1.132

Sodowsky, G. R., Kuo-Jackson, P. Y., Richardson, M. F., & Corey, A. T. (1998). Correlates of self-reported multicultural competencies: Counselor multicultural social desirability, race, social inadequacy, locus of control racial ideology, and multicultural training. *Journal of Counseling Psychology, 45,* 256–264. doi:10.1037/0022-0167.45.3.256

Spanierman, L. B., Poteat, V. P., Wang, Y.-F., & Oh, E. (2008). Psychosocial costs of racism to White counselors: Predicting various dimensions of multicultural counseling competence. *Journal of Counseling Psychology, 55*, 75–88. doi:10.1037/0022-0167.55.1.75

Sterrett, E. M., Jones, D. J., McKee, L. G., & Kincaid, C. (2011). Supportive non-parental adults and adolescent psychosocial functioning: Using social support as a theoretical framework. *American Journal of Community Psychology, 48*(3–4), 284–295.

Sprenkle, D. H. (2002). *Effectiveness research in marriage and family therapy.* Alexandria, VA: American Association for Marriage and Family Therapy.

Substance Abuse and Mental Health Services Administration (SAMHSA). (2015). *Behavioral health barometer, District of Columbia 2014.* Rockville, MD: Author.

Substance Abuse and Mental Health Services Administration (SAMHSA). (2018). Practicing effective prevention. Retrieved from https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences

Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Multicultural Counseling and Development, 20*, 64–88.

Sue, D. W., Bernier, J. E., Durran, A., Feinberg, L., Pedersen, P., Smith, E. J., & Vasquez-Nuttal, E. (1982). Position paper: Crosscultural counseling competencies. *The Counseling Psychologist, 19,* 45–52. doi:10.1166/00110000 82102008

Sue, D. W., Ivey, A., & Pederson, P. (1996). *Multicultural counseling and therapy.* Pacific Grove, CA: Brooks/Cole.

Sue, D. W., & Sue, D. (1990). *Counseling the culturally different: Theory and practice* (2nd ed.). New York, NY: Wiley.

Sue, D. W., & Sue, D. (2016). *Counseling the culturally diverse: Theory and practice* (7th ed.). New York, NY: Wiley.

Sue, S. (2006). Cultural competency: From philosophy to research and practice. *Community Psychology, 34*(2), 237–245.

Swan, K. L., Schottelkorb, A. A., & Lancaster, S. (2015). Relationship conditions and multicultural competence for counselors of children and adolescents. *Journal of Counseling and Development, 93*(4), 481–490. doi:10.1002/jcad.12046

Tatar, M. (2012). School counsellors working with immigrant pupils: Changes in their approaches after 10 years. *British Journal of Guidance and Counselling*, *40*(5), 577–592. doi:10.1080/03069885.2012.718738

Terrell, F., & Terrell, S. L. (1981). An inventory to measure cultural mistrust among Blacks. *The Western Journal of Black Studies, 5*(3), 180–184.

Tiet, Q. Q., Huizinga, D., & Byrnes, H. F. (2010). Predictors of resilience amongst inner city youths. *Journal of Child and Family Studies, 19,* 360. https://doi.org/10.1007/s10826-009-9307-5

Tjeltveit, A. C. (1999). *Ethics and values in psychotherapy.* Florence, KY: Taylor & Francis.

Touzard, R. S. (2010). *A critical constructionist view of "at-risk" youth in alternative education.* Loma Linda University.

Trusty, J., & Brown, D. (2005, February). Advocacy competencies for professional school counselors. *Professional School Counseling, 8*(3), 259–265.

Urbani, S., Smith, M. R., Maddux, C. D., Smaby, M. H., Torres-Rivera, E., & Crews, J. (2002). Skills-based training and counseling self-efficacy. *Counselor Education and Supervision, 42*(2), 92. Retrieved from http://proxygw.wrlc.org/login?url= https://search-proquest-com.proxygw.wrlc.org/docview/201115831? accountid=11243

U. S. Department of Health and Services (USDOH). (2017). Sex, race and ethnic diversity of U.S. health occupations (2011-2015). Washington, DC: Author.

Valdez, C., Lambert, S., & Ialongo, N. (2011). Identifying patterns of early risk for mental health and academic problems in adolescence: A longitudinal study of urban youth. *Child Psychiatry and Human Development, 42*(5), 521–538. doi:10.1007/s10578-011-0230-9

Vinson, T. S., & Neimeyer, G. J. (2003). The relationship between racial identity development and multicultural counseling competency: A second look. *Journal of Multicultural Counseling and Development, 31*(4), 262–277.

Wampold, B. E. (2001). *The great psychotherapy debate: Models, methods, and findings.* Mahwah, NJ: Lawrence Erlbaum.

Wampold, B. E. (2005). Establishing specificity in psychotherapy scientifically: Design and evidence issues. *Clinical Psychology: Science and Practice, 12*(2), 194–197.

Wampold, B. E., Imel, Z. E., Laska, K. M., Benish, S., Miller, S. D., Flűckiger, C., & ... Budge, S. (2010). Determining what works in the treatment of PTSD. *Clinical Psychology Review, 30*(8), 923–933. doi:10.1016/j.cpr.2010.06.005

Ward, E. C. (2005). Keeping it real: A grounded theory study of African American clients engaging in counseling at a community mental health agency. *Journal of Counseling Psychology, 52*(4), 471–481. doi:10.1037/0022-0167.52.4.471

Whitfield, H. W., Venable, R., & Broussard, S. (2010). Are client-counselor ethnic/racial matches associated with successful rehabilitation outcomes? *Rehabilitation Counseling Bulletin, 53*(2), 96–105. doi:10.1177/0034355 209338526

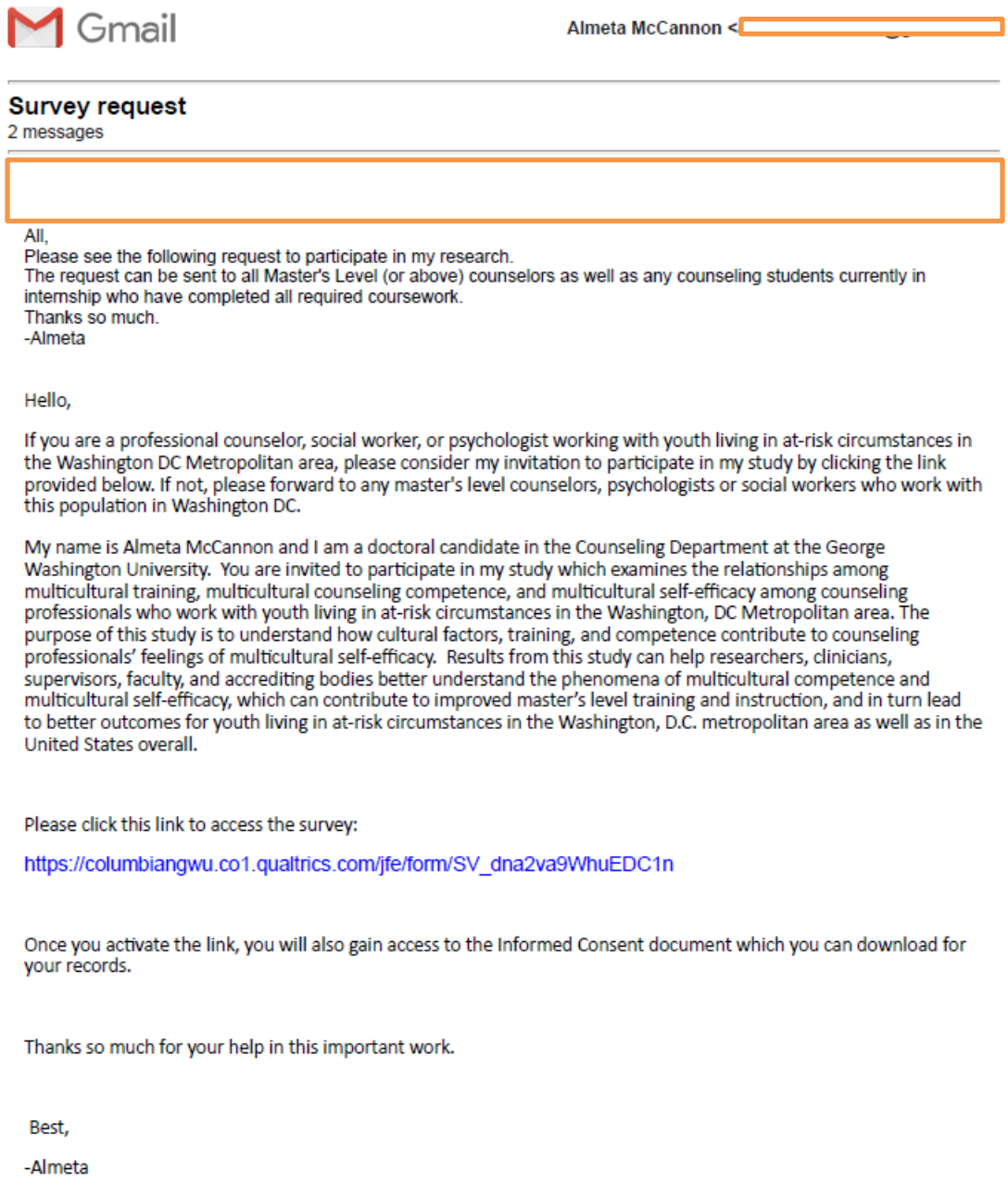
Whitfield, N., & Kanter, D. (2014). Helpers in distress: Preventing secondary trauma. *Reclaiming Children and Youth, 22*(4), 59–61.

Worthington, R. L., Soth-McNett, A. M., & Moreno, M. V. (2007). Multicultural counseling competencies research: A 20-year content analysis. *Journal of Counseling Psychology, 54*(4), 351.

Xu, H. & Tracey, T. (2016). Cultural congruence with psychotherapy efficacy: A network meta-analytic examination in China. *Journal of Counseling Psychology, 63*(3), 359–365.

Yeh, C. J., Borrero, N. E., & Shea, M. (2011). Spirituality as a cultural asset for culturally diverse youth in urban schools. *Counseling and Values, 55*(2), 185–198.

Appendix A: Recruitment Email



Gmail Almeta McCannon <

Survey request
2 messages

All,
Please see the following request to participate in my research.
The request can be sent to all Master's Level (or above) counselors as well as any counseling students currently in internship who have completed all required coursework.
Thanks so much.
-Almeta

Hello,

If you are a professional counselor, social worker, or psychologist working with youth living in at-risk circumstances in the Washington DC Metropolitan area, please consider my invitation to participate in my study by clicking the link provided below. If not, please forward to any master's level counselors, psychologists or social workers who work with this population in Washington DC.

My name is Almeta McCannon and I am a doctoral candidate in the Counseling Department at the George Washington University. You are invited to participate in my study which examines the relationships among multicultural training, multicultural counseling competence, and multicultural self-efficacy among counseling professionals who work with youth living in at-risk circumstances in the Washington, DC Metropolitan area. The purpose of this study is to understand how cultural factors, training, and competence contribute to counseling professionals' feelings of multicultural self-efficacy. Results from this study can help researchers, clinicians, supervisors, faculty, and accrediting bodies better understand the phenomena of multicultural competence and multicultural self-efficacy, which can contribute to improved master's level training and instruction, and in turn lead to better outcomes for youth living in at-risk circumstances in the Washington, D.C. metropolitan area as well as in the United States overall.

Please click this link to access the survey:

https://columbiangwu.co1.qualtrics.com/jfe/form/SV_dna2va9WhuEDC1n

Once you activate the link, you will also gain access to the Informed Consent document which you can download for your records.

Thanks so much for your help in this important work.

Best,

-Almeta

Appendix B: Informed Consent

The following study is being conducted by Almeta McCannon, a doctoral student, under the direction of Dr. Jorge Garcia in the Counseling department at The George Washington University. You are invited to participate in a study examining the relationships among multicultural training, multicultural counseling competence, and multicultural self-efficacy among counseling professionals who work with youth living in at-risk circumstances in the Washington, DC Metropolitan area. The purpose of this study is to understand how cultural factors, training, and competence contribute to counseling professionals' feelings of multicultural self-efficacy. Results from this study can help researchers, clinicians, supervisors, faculty, and accrediting bodies better understand the phenomena of multicultural competence and multicultural self-efficacy, which can contribute to improved master's level training and instruction, and in turn lead to better outcomes for youth living in at-risk circumstances in the Washington, D.C. metropolitan area as well as in the United States overall.

Because this study is focused on counseling professionals who have worked with youth living in at-risk circumstances in the Washington, D.C. metropolitan area, the researcher requests that only

Individuals who identify with following criteria complete the survey:

- individuals who have received at least a master's level degree in counseling, social work, or psychology
- individuals fitting the aforementioned criteria who have worked (past or present) in a counseling capacity supporting youth (aged 2-20) living in the Washington, D.C. metropolitan area (Washington, D.C., Maryland, and Virginia) experiencing at least one of the following criteria:
    - low socioeconomic status
    - single parent home
    - any household member experiencing incarceration
    - living in or originating from poor urban neighborhoods
    - having experienced traumatic events (to include but not limited to physical abuse, sexual abuse, emotional abuse, physical or emotional neglect, etc.)
    - exposure to systematic criminal activity
    - exposure to use and misuse (or dependency) of illicit drugs and/or alcohol
    - exposure to intimate partner violence
    - household mental illness
    - a host of other characteristics associated with heightened likelihood of negative outcomes (SAMHSA, 2015).

Voluntary Participation and Withdrawal:

Participation in this research study is voluntary and you have the right to stop at any time without penalty.

Confidentiality:

Your participation in this research and responses during the study will be kept strictly confidential. No identifying information will be associated with any of your responses.

All responses will be anonymous and will be stored in a secure database system that is password protected. Participation is voluntary, and you will not be penalized should you decide to discontinue participation at any point in the study.

Procedure:

By clicking on the link to the survey, you acknowledge receiving this information and agree to participate in the study. The survey consists of 3 sections, which will consist of items inquiring about demographic information in addition to items related to your master's level training, multicultural counseling competence (MCC) and multicultural self-efficacy. The entire survey will take you approximately 25-30 minutes to complete.

Risks:

Please note that no identifying information (name, identification number, phone number, email address, etc.) will be collected, and all data collected will remain anonymous. Any risks to you associated with this study are not expected to be greater than anything you encounter in everyday life.

Benefits:

While you will not experience any direct benefits from participation, information collected in this study may benefit others in the future by helping to provide insight about counseling professionals' master's level training experiences, multicultural competence, and multicultural self-efficacy in hopes of informing training practices for professionals working with youth living in at-risk circumstances.

If you have any questions regarding the survey or this research project in general, please contact the principal investigator, Jorge Garcia, at Garcia@gwu.edu or the researcher, Almeta McCannon, at atm131@gwmail.gwu.edu.

If you have any questions about your rights as a research participant, please contact the George Washington University IRB at (202) 994-2715 or ohrirb@gwu.edu.

By completing and submitting this survey, you are indicating your consent to participate in this study.

Appendix C: Demographic Questionnaire

1. What gender do you identify with?
    a. Male
    b. Female
    c. Other _____
    d. Prefer not to disclose
2. What is your age in years? _____
3. What is your race/ethnicity? (Check all that apply)
    a. White/Caucasian
    b. Black/ African American
    c. Asian/Asian American
    d. Hispanic/Latino
    e. American Indian/Native American
    f. Biracial
    g. Multiracial
    h. Other: _____
4. What is the highest level of education you have earned?
    a. Master's Degree
    b. Some Doctoral coursework
    c. Doctoral Degree
5. Which of the following best describes your current licensing status?
    a. Not licensed
    b. Graduate License
    c. Full License
6. What was the classification of your master's level degree?
    a. CACREP
    b. CSWE
    c. APA
7. What is your annual income before taxes?
    a. Less than $5000
    b. $5000 to $15,999
    c. $16,000 to $24,999
    d. $25,000 to $34,999
    e. $35,000 to $49,999
    f. $50,000 to $74,999
    g. $75,000 to $99,999
    h. $100,000 or more
    i. Do not know
    j. No Response
8. Do you (currently) or have you ever (in the past) worked with youth in the Washington, D.C. Metropolitan area who live(d) in or experience(d) at-risk circumstances?
    a. Yes
    b. No

9. Please identify which of the following best describes the youth in the Washington, D.C. Metropolitan area you work(ed) to support:
    a. Youth living in Washington, D.C.
    b. Youth living in metropolitan areas surrounding Washington, D.C. (e.g.- Maryland and Virginia)
10. How many multicultural courses were required to complete your master's coursework?
    a. 1
    b. 2
    c. 3
    d. 4 or more
11. How many additional multicultural courses/trainings/workshops did you take during your master's coursework?
    a. 1
    b. 2
    c. 3
    d. 4 or more
12. How many post-master's multicultural courses/trainings/workshops have you taken (including doctoral level multicultural courses and courses/trainings/workshops in which you are currently enrolled)?
    a. 1
    b. 2
    c. 3
    d. 4 or more
13. On a scale from 1-5 (1 being low, 5 being high), how similar was your master's internship experience to your current job functioning? _____
14. On a scale from 1-5 (1 being low similarity, 5 being high similarity), how similar is the population you currently serve to the population served during your master's internship experience? _____
15. Are you ethnically/racially matched with the Washington, DC Metropolitan area youth you serve?
    a. Yes
    b. No

Appendix D: Multicultural Awareness, Knowledge, and Skills Survey – Counselor Edition – REVISED (MAKSS-CE-R)

1. Promoting a client's sense of psychological independence is usually a safe goal to strive for in most counseling situations.

Strongly Disagree Disagree Agree Strongly Agree

2. Even in multicultural counseling situations, basic implicit concepts such as "fairness" and "health", are not difficult to understand.

Strongly Disagree Disagree Agree Strongly Agree

3. How would you react to the following statement? In general, counseling services should be directed toward assisting clients to adjust to stressful environmental situations.

Strongly Disagree Disagree Agree Strongly Agree

4. While a person's natural support system (i.e., family, friends, etc.) plays an important role during a period of personal crisis, formal counseling services tend to result in more constructive outcomes.

Strongly Disagree Disagree Agree Strongly Agree

5. The human service professions, especially counseling and clinical psychology, have failed to meet the mental health needs of ethnic minorities.

Strongly Disagree Disagree Agree Strongly Agree

6. The effectiveness and legitimacy of the counseling profession would be enhanced if counselors consciously supported universal definitions of normality.

Strongly Disagree Disagree Agree Strongly Agree

7. Racial and ethnic persons are under-represented in clinical and counseling psychology.

Strongly Disagree Disagree Agree Strongly Agree

8. In counseling, clients from different ethnic/cultural backgrounds should be given the same treatment that White mainstream clients receive.

Strongly Disagree Disagree Agree Strongly Agree

9. The criteria of self-awareness, self-fulfillment, and self-discovery are important measures in most counseling sessions.

Strongly Disagree Disagree Agree Strongly Agree

10. The difficulty with the concept of "integration" is its implicit bias in favor of the dominant culture.

Strongly Disagree Disagree Agree Strongly Agree

At the present time, how would you rate your understanding of the following terms:

11. "Ethnicity"

Very Limited Limited Good Very Good

12. "Culture"

Very Limited Limited Good Very Good

13. "Multicultural"

Very Limited Limited Good Very Good

14. "Prejudice"

Very Limited Limited Good Very Good

15. "Racism"

Very Limited Limited Good Very Good

16. "Transcultural"

Very Limited Limited Good Very Good

17. "Pluralism"

Very Limited Limited Good Very Good

18. "Mainstreaming"

Very Limited Limited Good Very Good

19. "Cultural Encapsulation"

Very Limited Limited Good Very Good

20. "Contact Hypothesis"

Very Limited Limited Good Very Good

21. At this point in your life, how would you rate your understanding of the impact of the way you think and act when interacting with persons of different cultural backgrounds?

Very Limited Limited Fairly Aware Very Aware

22. At this time in your life, how would you rate yourself in terms of understanding how your cultural background has influenced the way you think and act?

Very Limited Limited Fairly Aware Very Aware

23. How well do you think you could distinguish "intentional" from "accidental" communication signals in a multicultural counseling situation?

Very Limited Limited Good Very Good

24. How would you rate your ability to effectively consult with another mental health professional concerning the mental health needs of a client whose cultural background is significantly different from your own?

Very Limited Limited Good Very Good

25. How well would you rate your ability to accurately assess the mental health needs of lesbian women?

Very Limited Limited Good Very Good

26. How well would you rate your ability to accurately assess the mental health needs of older adults?

Very Limited Limited Good Very Good

27. How well would you rate your ability to accurately assess the mental health needs of gay men?

Very Limited Limited Good Very Good

28. How well would you rate your ability to accurately assess the mental health needs of persons who come from very poor socioeconomic backgrounds?

Very Limited Limited Good Very Good

29. How would you rate your ability to identify the strengths and weaknesses of psychological tests in terms of their use with persons from different cultural/racial/ethnic backgrounds?

Very Limited Limited Good Very Good

30. How would you rate your ability to accurately assess the mental health needs of men?

Very Limited Limited Good Very Good

31. How well would you rate your ability to accurately assess the mental health needs of individuals with disabilities?

Very Limited Limited Good Very Good

32. How would you rate your ability to effectively secure information and resources to better serve culturally different clients?

Very Limited Limited Good Very Good

33. How would you rate your ability to accurately assess the mental health needs of women?

Very Limited Limited Good Very Good

Hello Almeta:

Thank you for your interest in the MAKSS-CE-R. Attached is the scale and its scoring instructions. Good luck with your research!

Bryan Kim

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Appendix E: Multicultural Counseling Self-Efficacy Scale-Racial Diversity Form (MCSE-RD)

Instructions: The following questionnaire consists of 37 items asking about your perceived ability to perform different counselor or therapist behaviors in individual counseling with clients who are **racially different** from you. Using the 0-9 scale, please indicate how much confidence you have **at the present time** in your ability to do each of these activities, rather than how you might perform in the future. Please circle the number that best reflects your response to each item.

	No Confidence at all				Some Confidence				Complete Confidence	
	0	1	2	3	4	5	6	7	8	9
When working with a client who is *racially different* from yourself, how confident are you that you could do the following tasks effectively over the next week?										
1. Openly discuss cultural differences and similarities between the client and yourself.	0	1	2	3	4	5	6	7	8	9
2. Address issues of cultural mistrust in ways that can improve the therapeutic relationship.	0	1	2	3	4	5	6	7	8	9
3. Help the client to articulate what she or he has learned from counseling during the termination process.	0	1	2	3	4	5	6	7	8	9
4. Where appropriate, help the client to explore racism or discrimination in relation to his or her presenting issues.	0	1	2	3	4	5	6	7	8	9
5. Keep sessions on track and focused with a client who is not familiar with the counseling process.	0	1	2	3	4	5	6	7	8	9
6. Respond effectively to the client's feelings related to termination (e.g., sadness, feeling of loss, pride, relief).	0	1	2	3	4	5	6	7	8	9
7. Encourage the client to take an active role in counseling.	0	1	2	3	4	5	6	7	8	9
8. Evaluate counseling progress in an on-going fashion.	0	1	2	3	4	5	6	7	8	9
9. Identify and integrate the client's culturally specific way of saying good-bye in the termination process.	0	1	2	3	4	5	6	7	8	9
10. Assess the client's readiness for termination.	0	1	2	3	4	5	6	7	8	9
11. Select culturally appropriate assessment tools according to the client's cultural background.	0	1	2	3	4	5	6	7	8	9
12. Interpret standardized tests (e.g., MMPI-2, Strong Interest Inventory) in ways sensitive to cultural differences.	0	1	2	3	4	5	6	7	8	9
13. Deal with power-related disparities (i.e., counselor power versus client powerlessness) with a client who has experienced racism or discrimination.	0	1	2	3	4	5	6	7	8	9
14. Use non-standardized methods or procedures (e.g., card sort, guided fantasy) to assess the client's concerns in a culturally sensitive way.	0	1	2	3	4	5	6	7	8	9

	No Confidence at all					Some Confidence				Complete Confidence
	0	1	2	3	4	5	6	7	8	9
When working with a client who is *racially different* from yourself, how confident are you that you could do the following tasks effectively over the next week?										
15. Take into account the impact that family may have on the client in case conceptualization.	0	1	2	3	4	5	6	7	8	9
16. Assess relevant cultural factors (e.g., the client's acculturation level, racial identity, cultural values and beliefs).	0	1	2	3	4	5	6	7	8	9
17. Take into account cultural explanations of the client's presenting issues in case conceptualization.	0	1	2	3	4	5	6	7	8	9
18. Repair cross-cultural impasses that arise due to problems in the use or timing of particular skills (e.g., introduce the topic of race into therapy when the client is not ready to discuss).	0	1	2	3	4	5	6	7	8	9
19. Conduct a mental status examination in a culturally sensitive way.	0	1	2	3	4	5	6	7	8	9
20. Help the client to develop culturally appropriate ways to deal with systems (e.g., school, community) that affect him or her.	0	1	2	3	4	5	6	7	8	9
21. Manage your own anxiety due to cross-cultural impasses that arise in the session.	0	1	2	3	4	5	6	7	8	9
22. Assess culture-bound syndromes (DSM-IV) for racially diverse clients (e.g., brain fag, neurasthenia, nervios, ghost sickness).	0	1	2	3	4	5	6	7	8	9
23. Help the client to set counseling goals that take into account expectations from her or his family.	0	1	2	3	4	5	6	7	8	9
24. Help the client to identify how cultural factors (e.g., racism, acculturation, racial identity) may relate to his or her maladaptive relational patterns.	0	1	2	3	4	5	6	7	8	9
25. Manage your own racially or culturally based countertransference toward the client (e.g., over-identification with the client because of his or her race).	0	1	2	3	4	5	6	7	8	9
26. Encourage the client to express his or her negative feelings resulting from cross-cultural misunderstanding or impasses.	0	1	2	3	4	5	6	7	8	9
27. Assess the salience and meaningfulness of culture/race in the client's life.	0	1	2	3	4	5	6	7	8	9
28. Take into account multicultural constructs (e.g., acculturation, racial identity) when conceptualizing the client's presenting problems.	0	1	2	3	4	5	6	7	8	9
29. Help the client to clarify how cultural factors (e.g., racism, acculturation, racial identity) may relate to her or his maladaptive beliefs and conflicted feelings.	0	1	2	3	4	5	6	7	8	9

	No Confidence at all					Some Confidence				Complete Confidence
	0	1	2	3	4	5	6	7	8	9
When working with a client who is *racially different* from yourself, how confident are you that you could do the following tasks effectively over the next week?										
30. Respond in a therapeutic way when the client challenges your multicultural counseling competency.	0	1	2	3	4	5	6	7	8	9
31. Admit and accept responsibility when you, as the counselor, have initiated the cross-cultural impasse.	0	1	2	3	4	5	6	7	8	9
32. Help the client to develop new and more adaptive behaviors that are consistent with his or her cultural background.	0	1	2	3	4	5	6	7	8	9
33. Resolve misunderstanding with the client that stems from differences in culturally based style of communication (e.g., acquiescence versus confrontation).	0	1	2	3	4	5	6	7	8	9
34. Remain flexible and accepting in resolving cross-cultural strains or impasses.	0	1	2	3	4	5	6	7	8	9
35. Treat culture-bound syndromes (DSM-IV) for racially diverse clients (e.g., brain fag, neurasthenia, nervios, ghost sickness).	0	1	2	3	4	5	6	7	8	9
36. Help the client to utilize family/community resources to reach her or his goals.	0	1	2	3	4	5	6	7	8	9
37. Deliver treatment to a client who prefers a different counseling style (i.e., directive versus non-directive).	0	1	2	3	4	5	6	7	8	9

Almeta,

Thanks for requesting the MCSE-RD!! Attached please find the instrument, its scoring protocol, and some additional information. You have my permission to use the MCSE-RD for your dissertation project. Best luck on your research!!!

Hung-Bin

Hung-Bin Sheu, Ph.D.

Associate Professor

Department of Educational and Counseling Psychology

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From: Almeta [mailto:almetamccannon@gmail.com]
Sent: Monday, October 30, 2017 5:54 AM
To: Sheu, Hung-Bin
Subject: Re: Requesting Permission to use survey

[Quoted text hidden]

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