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The effect of multicultural counseling training on multicultural sensitivity of graduate students.

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THE EFFECT OF MULTICULTURAL COUNSELING TRAINING
ON MULTICULTURAL SENSITIVITY
OF GRADUATE STUDENTS

A Dissertation
Presented to
The School of Graduate Studies
Department of Counseling
Indiana State University
Terre Haute, Indiana

In Partial Fulfillment
of the Requirements for the Degree
Doctor of Philosophy

by
Lucy Fukasawa Field
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APPROVAL SHEET

The dissertation of Lucy F. Field, Contribution to the School of Graduate Studies, Indiana State University, Series III, Number 461, under the title A Study of the Effect of Multicultural Counseling Training on Multicultural Sensitivity of Graduate Students is approved as partial fulfillment of the requirements for the Doctor of Philosophy Degree.

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ABSTRACT

This study was designed to investigate the effect of five weeks (45 hours) of multicultural counseling training on the multicultural sensitivity of graduate level students. The treatment group (12 students) received five weeks of intensive training designed to increase their awareness of multicultural issues and personal biases and limitations. The control group (13 students) did not receive multicultural training, but did receive experiential training, related to leadership roles, in small groups.

The Cross-Cultural Adaptability Inventory (potential for cross-cultural effectiveness, Inventory of Cross-Cultural Sensitivity (level of cross-cultural sensitivity and experience) and 10 selected difficult critical incidents (ability to perceive cross-cultural interactions from a more open point of view) were administered pre- and post-test. The Multicultural Counseling Survey (knowledge of special therapy needs and general cultural information about Blacks, Native Americans, Asian-Americans, and Hispanics) was administered post-test only.

Two-tailed t tests were used to determine whether differences between treatment and control group means were statistically significant at the .05 confidence level. No differences were found between the treatment and control groups on ability to perceive cross-cultural interactions from a more open point of view, in levels of cross-cultural

sensitivity and experience, or potential for cross-cultural effectiveness. The treatment group was found to have more knowledge of special therapy needs and general cultural information about Blacks, Native Americans, Asian-Americans, and Hispanics. It was concluded that a longer period of training may be necessary for behavioral manifestations of attitude change to become apparent and that useful information focusing on ethnic/minority groups can be conveyed to trainees systematically and in a relatively short period of time.

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Chapter 1

INTRODUCTION

Statement of the Problem

Twenty years ago, more than one-half of all immigrants to the U.S. were European and Canadian but now most are Mexican, Filipino, Vietnamese, Korean, Indian, Chinese, Dominican, and Jamaican (Morrow, 1985). Each year one-half million immigrants are allowed to enter the U.S. legally, but officials can only estimate the number of illegal immigrants who arrive undetected. The U.S. Immigration and Naturalization Service apprehended 1.3 million illegal immigrants in 1984 and the U.S. Census Bureau estimated that there were between 3.5 and 6 million illegal immigrants residing in the U.S. in 1978 (Friedrich, 1985). Approximately 23.3 percent of the U.S. population in 1980 was comprised of ethnic minorities (de Anda, 1984), consisting mostly of American Indians, Asian-Americans, Blacks, or Hispanics (S. Sue, Akutsu, & Higashi, 1985). The remaining 76.7 percent consisted of what are usually referred to as "White," as though they are a homogeneous group rather than a group who differ with respect to ethnicity, social class, economic level, and educational level, among other things. Thus, in addition to recognition of the radical changes in the U.S. population, there needs to be increased sensitivity to those who are not readily identifiably "different."

Along with the increased ethnic diversity of the U.S. population, concern for the mental health needs of ethnic minorities and recent immigrants to the U.S. has grown among mental health professionals (Green, 1982; LaFromboise & Foster, 1987; Owan, 1985). Immigration status, poverty, culture shock, prejudice, and discrimination are among the environmental stressors minorities and recent immigrants experience. Psychological services available to minorities and immigrants have neither been effective nor responsive to their specific needs (Axelson, 1985; Bernal & Padilla, 1982; D. W. Sue et al., 1982; S. Sue, Akutsu, & Higashi, 1985).

One of the most frequently quoted statistics concerning early termination of therapy due to racial and/or ethnic factors is that approximately 50 percent of Asian-Americans, Blacks, Hispanics, and Native Americans do not continue with therapy after one session, compared to a 30 percent dropout rate for White clients (S. Sue, Allen, & Conaway, 1975; S. Sue & McKinney, 1975; S. Sue, McKinney, Allen, & Hall, 1974). Some researchers have posited that premature termination of treatment by non-Whites may be accounted for by inappropriate interpersonal interactions which occur as a result of cultural variations in verbal and nonverbal communication between counselor and client (Ivey, 1977; S. Sue & McKinney, 1975; S. Sue, McKinney, Allen, & Hall, 1974; Tsui & Schultz, 1985; Yamamoto, James, & Palley, 1968).

Much of the mental health literature from the 1970s to the early 1980s focused on culture-specific techniques,

variables, and information. For example, there are numerous articles, chapters of books, and entire books devoted to describing cultural characteristics of specific ethnic groups and what kinds of counseling techniques might be more helpful for a particular group (Brower, 1980; Green, 1982; McGoldrick, Pearce, & Giordano, 1982; Pedersen, Draguns, Lonner, & Trimble, 1981; D. Sue, Ino, & D. W. Sue, 1983; D. W. Sue & Kirk, 1972; D. W. Sue & S. Sue, 1972). An assumption of mental health practitioners seems to be that they can learn to be effective with culturally different clients by simply reading appropriate journal articles or books. In following this line of thinking, therapists discover that even when they succeed in learning how to work effectively within a specific cultural group, their skills may not be applicable to other cultural groups (Pedersen, 1983).

Although mental health professionals have been aware of and have written about multicultural issues for more than 20 years, recent surveys of psychological/mental health training programs indicate that few offer a separate course covering multicultural topics, much less a comprehensive multicultural approach which is reflected in coursework, clinical practice, research training, and language requirements (Arredondo-Dowd & Gonsalves, 1980; Bernal & Padilla, 1982; Wyatt & Parham, 1985).

Supporters of multicultural training for mental health professionals have had, for the most part, an intuitive

basis for their belief in the benefits of multicultural training. There is as yet little empirical research concerning the efficacy of such training and this may be one of the reasons directors of training programs in psychology appear to be reluctant to expose trainees to multicultural materials in a systematic manner. Measurement of multicultural sensitivity has been, and continues to be, a major problem in that instrumentation to date has been imprecise and largely intuitive.

Background of the Problem

The melting pot image of America is increasingly viewed by mental health professionals as neither viable nor desirable (LaFromboise & Foster, 1987; McGoldrick, Pearce, & Giordano, 1982). The idea that immigrants and minorities should be completely assimilated into American society is impractical and based on a belief in cultural homogenization that resulted in the development of the cultural deficit model by social scientists in the 1960s (de Anda, 1984). In the cultural deficit model, it is postulated that norms and cultural patterns that deviate from those of the majority culture are inferior and destructive. The cultural deficit model was succeeded by the cultural difference model which emphasizes the uniqueness of each minority culture (de Anda, 1984). Each culture is viewed as a system to be understood in its own context rather than to be compared favorably or unfavorably with the majority culture. One researcher, de Anda (1984), has examined the idea of

bicultural socialization, a dual socialization process for members of minority ethnic groups who learn to function in varying degrees within the minority culture and the majority society.

Traditional approaches to therapy tend to stress insight-oriented approaches based on individual resources, individual responsibility, and emotional independence. Mental health professionals who use only traditional approaches to therapy often encourage minority, immigrant, and lower socioeconomic (SES) class clients to take full responsibility for their own lives. Lack of sensitivity to racial issues and/or overlooking the realities of sociopolitical factors that may be beyond their clients' control leads therapists to conclude that if their clients do not progress well in therapy, they are simply not working hard enough. Clients who suspect that they were not hired for a job because of racial prejudice may be thought to be making excuses and blaming others for their own shortcomings. Clients who receive more money from welfare payments than they could earn in a job commensurate with their skills and education may be viewed as lazy. Such clients may leave therapy sessions with the feeling that somehow they are to blame for being poor, uneducated, and/or a member of a minority racial or ethnic group.

Therapists who act on the assumption that everyone should be assimilated will only add to clients' feelings of frustration, helplessness, and low self-esteem. People from


minority groups who whole-heartedly adopt the majority population's values and reject their own cultural background pay a heavy price for conformity, especially when their physical features make it impossible for them to avoid being labeled as "different." These people are neither receptive to support from their own cultural group, nor able to gain total acceptance from the majority group. They are susceptible to feelings of frustration and self-hatred because they cannot change their physical appearance (E. J. Smith, 1985). Traditional therapy approaches might increase the pressure these people feel to conform to the majority group's values and lead to increased feelings of frustration, anger, and alienation. }

Many mental health professionals believe that counselors who have not been exposed to multicultural training are less effective with culturally different clients. (Arredondo, 1983; Ponterotto & Casas, 1987; LaFromboise & Foster, 1987; Pedersen, 1977; D. W. Sue et al., 1982). In addition, Katz (1985) has stated that "... similarities between White culture and the cultural values that form the foundations of traditional counseling theory and practice exist and are interchangeable" (p. 619). Therapists who have not been exposed to multicultural training may inadvertently inflict psychological damage on vulnerable minority clients, particularly when White middle class values and behaviors are used to determine whether a client is "normal." }

There are mental health training programs that do not address the issue of whether traditional counseling theory is a reflection of White middle class values. In such programs, trainees learn how their personal values might affect setting treatment goals for clients, but not how the underlying value assumptions of one of the counseling theories to which they adhere might bias their perception of client problems as well as their choice of treatment strategies.

Several studies have demonstrated that some therapists tend to rate clients as more deviant or less healthy when their case files are labeled either non-White or lower SES (Bloombaum, Yamamoto, & James, 1968; DiNardo, 1975; Lorion, 1973; Yamamoto, James, & Palley, 1968). There are also studies which reported that there are therapists who either recommend a less preferred treatment choice, such as medication rather than psychotherapy, or assign less experienced therapists, such as social work or psychology interns, to work with non-White or lower SES clients (Lorion, 1973; S. Sue, McKinney, Allen, & Hall, 1974).

On the other hand, Merluzzi and Merluzzi (1978) reported that White counselors-in-training rated case summaries labeled as those of Black clients more positively than those labeled as White clients. The end result of both overly positive and negative evaluations is that culturally different clients may receive inappropriate evaluation of and treatment for their psychological problems.

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A review of mental health literature from the 1970s to the present indicates strong support for the need to provide more culturally sensitive psychological services to minorities and recent immigrants to the United States (Arredondo, 1983; Arredondo-Dowd & Gonsalves, 1980; Axelsson, 1985; Casas, 1985; Ivey, 1977; LaFromboise & Foster, 1987; Pedersen, 1977; D. W. Sue, 1977; D.W. Sue & D. Sue, 1977; D. W. Sue et al., 1982; S. Sue, Akutsu, & Higashi, 1985). The consensus seems to be that ethnic minorities and recent immigrants do not currently receive appropriate psychological evaluation or treatment. The definition of "more appropriate" varies from writer to writer, but most frequently includes psychological services and/or service providers that (a) can accommodate non-English speaking clients; (b) are provided by therapists with training in multicultural counseling; and (c) have had experience working with multicultural populations (Arredondo-Dowd & Gonsalves, 1980; Ivey, 1977; Katz, 1985; D.W. Sue & D. Sue, 1977; D. W. Sue et al., 1982; S. Sue, Akutsu, & Higashi, 1985).

The variety of terms used to refer to counseling in a multicultural setting is a reflection of the field's ill-defined position in the mental health area as a whole. Cross-cultural, transcultural, intercultural, pluralistic, multi-ethnic, trans-national, and non-traditional are some of the most common terms for describing "any counseling relationship in which two or more of the participants differ

with respect to cultural background, values, and lifestyle" (D. W. Sue et al., 1982, p. 47). This definition by Sue et al. emphasizes the need for sensitivity to cultural differences, which is insufficiently stressed in counselor training programs that fail to provide multicultural training or experiences.

Purpose of the Study

The purpose of this study was to assess the effect of multicultural counseling training on the development of multicultural sensitivity of graduate students. Increased sensitivity to multicultural issues as well as awareness of personal biases and limitations, would appear to be essential for developing multicultural counseling competence.

The most recent mental health literature, authored by those interested in multicultural issues, reflects the concern among mental health professionals that general multicultural competencies need to be developed by counselor trainees (LaFromboise & Foster, 1987; Lefley 1985; S. Sue, Akutsu, & Higashi, 1985; Ponterotto & Casas, 1987). The general multicultural competencies most frequently mentioned for trainees are: (a) self-awareness with regard to their own cultural heritage, values, biases, and limitations; (b) sensitivity to and acceptance of differing cultural values; (c) possession of specific knowledge about the particular group with which the therapist is working; (d) awareness of sociopolitical factors that may affect the therapy relationship; and (e) the ability to draw from a large repertoire of

counseling strategies (Arredondo, 1983; Green, 1982; McGoldrick, Pearce, & Giordano, 1982; D. W. Sue et al., 1982).

Multicultural counseling training varies greatly and can range in length from one- or two-day workshops at professional meetings to a full graduate psychology program that offers a cross-cultural-counseling specialty. Brislin, Landis, and Brandt (1983) described six basic approaches to cross-cultural training that have been used for prospective overseas workers and travelers. The information or fact-oriented approach emphasizes lecture, group discussion, videotapes of the target country, and reading materials. The attribution approach focuses on the use of intercultural sensitizing instruments or critical incidents that help trainees understand why people from a specific culture might behave the way they do. The cultural awareness approach concentrates on self-awareness and sensitivity to cultural differences. The cognitive-behavior modification approach applies principles of learning theory to the problems of adjustment to other cultures. The experiential learning approach consists of experiencing a different culture through field trips or a functional simulation of a different culture. Finally, the interaction approach emphasizes trainee interaction with people from other cultures as well as people who have had first-hand experiences in other cultures. These approaches have been modified and used in a variety of combinations for different types of cross-cultural training.

In the related area of intercultural training for people planning to work, visit, or live in another country, some of the positive effects of intercultural training that would be relevant to mental health professionals are (Brislin, Landis, & Brandt, 1983):

- (a) development of complex thinking about another culture, as well as increased knowledge about other cultures;
- (b) longer programs (approximately 10 weeks) produce an increase in "world-mindedness," as well as greater knowledge about the trainee's own culture;
- (c) interpersonal relationships are improved in work groups where people are from different cultures.

These findings were obtained in studies in which differing combinations of training approaches were used and they support the need to examine such training in the context of counselor education.

Multicultural research, in general, has been difficult to conduct because of the complexity of the variables and the relative newness of the area to be studied. In the present study, the effect of a five-week (45 hour) multicultural training program on counselor trainees from a variety of backgrounds was examined. This training program was based on Pedersen's (1988) conceptualization of awareness, knowledge, and skill as three essential stages of multicultural development. The awareness stage focuses on the assumptions trainees use to contrast their behavior,

attitudes, and values with those of other people. The knowledge stage increases the trainees' fund of information about culturally learned assumptions. The skills stage helps trainees to synthesize their clarified assumptions and accurate knowledge in order to interact more effectively with people of different cultures. In this study the impact of the awareness, knowledge, and skills components in the multicultural training course was assessed. Behavioral demonstrations of multicultural counseling skills were not assessed in this study, however, knowledge of multicultural counseling skills were assessed.

Delimitations

Participants in this study were delimited to graduate students enrolled in either an established Multicultural Counseling or Group Dynamics Laboratory course during a summer session at Indiana State University, Terre Haute, Indiana.

Because summer session courses are only of five weeks' duration, there was no emphasis on developing multicultural counseling skills in the Multicultural Counseling course. People from diverse backgrounds (e.g., counseling, sociology, psychology, criminology, and teaching) were enrolled in the course and not all had counseling training or experience. Knowledge of multicultural counseling skills, knowledge of special therapy needs, and general cultural knowledge of Blacks, Asian-Americans, Native Americans, and Hispanics were addressed. Cultural awareness and

sensitivity were stressed throughout the course. In the Group Dynamics Laboratory course, experiential exercises designed to enhance sensitivity to particular aspects of group interactions were used. As was the case for the Multicultural Counseling course, individuals from diverse backgrounds (e.g., counseling, psychology, sociology, teaching, and educational administration) were enrolled in this course. Cultural awareness was not stressed or presented in a systematic manner in this course.

Limitations

1. Subjects were not randomly assigned. Group membership was determined by the course in which they were enrolled.
2. The Inventory of Cross-Cultural Sensitivity is a recently developed research instrument with limited technical information available at this time.
3. The Cross-Cultural Adaptability Inventory (CCAI) is a new instrument that is being prepared for publication. Reliability and validity data for use of the CCAI as a training instrument are very limited. Reliability and validity data for the CCAI used as a research instrument are not yet available.
4. Use of Critical Incidents from Intercultural Interactions (Brislin, Cushner, Cherrie, & Yong, 1986) as a research instrument has only been reported in two known studies to date.
5. The Multicultural Counseling Survey (MCS) was developed by this investigator and a co-instructor of a Multicultural

Counseling course taught at Indiana State University in 1987. The MCS is not a standardized instrument and information gained from its use will be of limited applicability.

Definition of Terms

To facilitate a better understanding of several important terms used in this study, operational definitions are presented below.

1. Multicultural Counseling: any counseling relationship in which two or more of the participants differ with respect to cultural background, values, and lifestyle (D. W. Sue et al., 1982). It is an attempt to integrate and synthesize the therapist's assumptions with potentially contrasting assumptions of persons from different cultures (Pedersen, (1988)).
2. Multicultural Counseling Course: a course in which multicultural issues and topics are presented in an integrated and systematic manner through assigned readings, class lecture and discussion, and experiential exercises.
3. Cultural Sensitivity: an awareness of the cultural experience of people as defined by scores obtained on the Inventory of Cross-Cultural Sensitivity (Cushner, 1986), and the Cross-Cultural Adaptability Inventory (Unpublished, Kelley & Meyers, 1987).

Assumptions

1. Multiple-choice test items can measure mastery of knowledge about special therapy needs and general.

cultural information of four minority ethnic groups (Blacks, Native Americans, Asian-Americans, and Hispanics).

2. Self-report instruments can measure sensitivity to cultural differences.

Chapter 2

REVIEW OF RELATED LITERATURE AND RESEARCH

Cross-Cultural Counseling Literature

Multicultural counseling research has, in general, been difficult to conduct. Cross-cultural counseling literature has generally focused on specific client/counselor characteristics, such as race or gender, and how such variables might affect the outcome of therapy. These variables have usually been conceptualized as one-dimensional in nature, such as people are Black or they are not. Carkhuff and Pierce (1967) reported that race and social class of both client and therapist are significantly related to patient depth of self-exploration. In their study, the more similar the backgrounds of the therapist and client, the more likely the client was to engage in self-exploration. Similarly, Harrison (1975) and Berman (1979) demonstrated that Black therapists prefer to work with Black clients. Bryson and Cody (1973) reported that Black counselors understand Black clients better, but that White counselors are preferred by both Black and White clients. In his review of research on ethnic similarity in counseling psychology, Atkinson (1983) reported that there were almost as many studies reporting an ethnic similarity effect as there were reporting no such effect. For the studies reporting an ethnic similarity effect, Black clients were found to prefer Black counselors.

These seemingly contradictory findings may be attributable to the possibility that multicultural variables are multidimensional and more complex than had been previously thought. Parham and Helms (1981) seemed to follow this line of thought when they reported that people with a strong commitment to an ethnic group are more likely to prefer counselors from the same ethnic background. These authors posited that Black college students experienced developmental stages in establishing their cultural ethnic identity, and that their preference for a Black or White therapist was dependent upon which stage they were passing through. This emphasis on individual differences within a group is a welcome departure from the tendency in psychological research to overlook within-group differences.

Cross-Cultural Training Literature

With respect to research on cross-cultural counseling training, there is very little available on the efficacy of such training. Lefley (1985) noted that contributors to the "Evaluation" section of A.J. Marsella and P. Pedersen's Cross-Cultural Counseling and Psychotherapy (1981) wrote about approaches for evaluating expectancy effects, process, and outcome variables, but did not provide findings on efficacy. Lefley cited her own study, conducted with Urrutia in 1982, to demonstrate that ". . . knowledge acquisition and changes in social distance attitudes, and values were accompanied by significant improvement in therapeutic skills with a client of contrasting culture . . ."

(p. 264). In this study, therapists who received cross-cultural training had a significant reduction in client dropout rate. Although the current study did not include practicum experience for trainees, Lefley and Urrutia provided support for the emphasis on the awareness and knowledge stages of Pedersen's (1988) conceptualization of multicultural awareness development.

Pedersen (1988) reported on the results of testing his Triad Model in 1978 and concluded that pre-practicum students at the University of Hawaii trained with the model scored significantly higher on a multiple-choice test designed to measure counselor effectiveness; reported fewer discrepancies between real and ideal self-descriptions as counselors; and selected more positive adjectives when describing themselves as counselors than did students not trained with the Triad Model.

It was also reported that students showed significant gains on Carkhuff measures of empathy, respect, and congruence. Other than the Carkhuff instrument and the seven-level Gordon scales measuring communication of affective meaning, the instruments used by Pedersen were constructed by the author and were, in his opinion, in need of much refinement.

In 1980 Derald Sue (cited in Fukuyama, Neimeyer, Bingham, Hall, & Mussenden, 1984) tested the effectiveness of the anti-counselor and pro-counselor variations of Pedersen's Triad Model with counselors-in-training at California

State University, Hayward. In the anti-counselor variation, the third person in the role-play triad acted out a subversive role and sought to undermine the work of the counselor. This subversive role was accomplished by forming a coalition with the client, by supplying negative feedback to the client about the counselor, or by becoming an active participant in the counseling interaction and attacking the counselor. In the pro-counselor variation, the third person acts out a facilitative role and seeks to provide support for the counselor's work in the triad. For both variations, this third person highlights relevant multicultural issues by pointing out unique cultural values and their impact on the interaction. Sue reported that the anti-counselor model was more effective than the pro-counselor model with respect to achieving self-awareness, development of cultural sensitivity for differing cultural values, and understanding of socio-political ramifications of cross-cultural counseling. The pro-counselor model was more effective in helping students learn specific information about ethnic groups and actually developing multicultural counseling skills.

Fukuyama, Neimeyer, Bingham, Hall, and Mussenden (1984) compared the anti-counselor and pro-counselor variations of Pedersen's Triad Model with counselor trainees. They reported that trainees who experienced the anti-counselor variation reported feeling less competent, less in control of the session, and more confused than their counterparts who experienced the pro-counselor variation. Objective

ratings of videotaped segments, based on the Counselor Rating Form by Barak and Lacross, indicated that trainees who experienced the anti-counselor variation were viewed as less expert and trustworthy but not less attractive than those who experienced the pro-counselor version. No differences in objective ratings of response effectiveness were noted. It was concluded that the pro-counselor model "might be more appropriate for beginning counselors in order to provide them with a success experience in cross-cultural interactions" (p. 6). It was also concluded that the anti-counselor model might be put to better use after trainees had received basic micro-counseling skills training as outlined by Ivey and Authier.

In 1986, Hernandez evaluated Pedersen's Triad Model in his dissertation study. Twenty-five graduate students enrolled in a counseling or related program, were randomly assigned to three groups. The groups received one of the following types of training: 1) didactic experience; 2) didactic experience with traditional role-play and feedback; or 3) didactic experience with the triad training model. Following completion of training, students were videotaped in a counseling session with a confederate Mexican-American/Chicano "client." The videotaped sessions were randomly assigned to six professionals known to be familiar with cross-cultural counseling, who rated the students on the Global Rating Scale (GRS), the Counselor Rating Form-Short (CRF-S), and the Cross-Cultural

Counseling Inventory (CCCI). The CCCI, developed by Hernandez and LaFromboise in 1983, has a validation sample of 54 counselor educators and counseling students. Each video-taped counseling session was approximately 15 to 20 minutes long and was rated independently by two raters. Students, after being videotaped, also rated themselves on the Self-Assessment Survey (SAS). No statistically significant differences among groups were observed, but some important trends were noted. The triad group obtained the highest mean scores on four of the six measures while the control group obtained the lowest mean scores on five of the six dependent measures. From these trends Hernandez concluded that experiential training may be more helpful than non-experiential training in developing more culturally sensitive and effective counselors. Again, it must be emphasized that trends rather than statistically significant differences among groups were reported by Hernandez.

Parkay (1983) reported that an experience-based multicultural program significantly reduced dogmatism of graduate students enrolled in a multicultural counseling course. Students were given opportunities to interact with students from a federally funded, residential, work-study program that served Black, Mexican-American, Laotian, Vietnamese, and White youth from urban and rural areas throughout the U.S. Counseling students participated in informal discussions with the work-study program students, role-played counseling sessions, discussed prejudice

and personal ethnocentric attitudes in class, and participated in structured group exercises designed to enhance intercultural communication. Overall, results seem to indicate that changes do occur among counselor trainees as a result of exposure to experiential methods of helping individuals develop a more open attitude toward the culturally different. In the aforementioned studies, many of the instruments constructed by the authors for a particular study were not deemed suitable for use by other researchers.

Most instruments currently available are either still being prepared for publication or, at best, have minimal validity or reliability data to support their use in research. Some instruments, such as the Culture-General Assimilator and the Cross-Cultural Adaptability Inventory, were designed for use for the intercultural training of persons planning to work and live overseas, but have been pressed into service as research instruments to gather pre- and post-test data. It was hoped that the results of the present study would contribute to an understanding of the effect of a five-week (45 hour) multicultural training course, based on Pedersen's (1988) conceptualization of multicultural awareness development. In the process, the data generated by some of the instruments utilized may be helpful for future studies in this area.

The following discussion will provide background information about several of the instruments used in this study.

Intercultural Training

In 1986 Broaddus investigated the use of the Culture-General Assimilator for facilitating more effective interaction with the culturally different. The Culture-General Assimilator was published in the form of a book, Intercultural Interactions, authored by Brislin, Cushner, Cherrie, and Yong (1986). The introduction of the book provides instructions for using the critical incidents for intercultural training. This instrument was designed to be applicable across any number of cultural groups and was composed of 100 critical incidents. Each critical incident consists of one or two paragraphs describing a problematic cross-cultural situation and four or five possible explanations for the situation. In a later chapter, rationales are provided for each of the possible alternatives. Within each chapter, the critical incidents are presented in order of difficulty (easy to hard). Difficulty was determined by whether people experienced in multicultural interactions found it difficult to determine which alternative was the "best." The critical incidents were written by Brislin et al., and then submitted to a validation sample of 60 people, each of whom had at least two years of cross-cultural experience. Of the 150 original vignettes, 100 were retained for publication.

Participants of the Broaddus (1986) study were 102 undergraduates from a social psychology class at the University of Hawaii, Manoa, who were randomly assigned to

either a treatment or control group. There were seven one-hour-and-20-minute training sessions conducted over a period of approximately one week. In the first session participants were given pretest materials to complete. During the remaining six sessions the participants read and discussed the critical incidents with the experimenter. The eighth session was used as an assessment session. Comparisons of control and treatment groups resulted in a significant difference between group means in performance on 15 selected difficult critical incidents. Other dependent measures failed to produce significant differences, which led the author to conclude that a significantly longer training period might be needed to allow for more intensity in the training experience and for more time to integrate new information.

Cushner (1987) used the Culture-General Assimilator with a group of adolescent foreign-exchange students to determine whether short-term training with the instrument would increase their knowledge about factors relevant to cross-cultural interaction. In addition, he sought to determine whether increased knowledge would affect the students' adjustment to the host country of New Zealand. A total of 50 secondary school exchange students from 14 countries participated in the study. The participants were randomly assigned to treatment and control groups, with approximately six persons per group. A total of 28 students received six hours of Culture-General Assimilator

training during four, one-and-one-half-hour training sessions conducted over two weekend post-arrival orientation retreats. Treatment groups discussed 20 critical incidents taken from 48 critical incidents which Cushner adapted to be consistent "with the experiences, interests, settings, and expectations of adolescents" (p. 56). The 48 slightly modified critical incidents were revalidated by 12 New Zealanders. Control groups participated in discussion groups that followed American Field Service New Zealand orientation guidelines.

All participants were asked to respond to 10 unfamiliar and difficult critical incidents. They were also asked to generate and explain a personal experience involving a cross-cultural misunderstanding that occurred since their arrival in New Zealand. Three months later, all participants completed the Inventory of Cross-Cultural Sensitivity (Cushner, 1987), the Culture Shock Adjustment Inventory, and a self-rating instrument. Six months later, treatment and control groups also completed the Means-Ends Problem-Solving test.

Cushner (1987) reported a significant difference in group means on four of the six dependent variables of the study. He concluded that subjects who received training with the Culture-General Assimilator were: a) more knowledgeable about concepts relevant to cross-cultural interaction and adjustment; b) better able to personalize concepts relevant to cross-cultural interaction and

adjustment; c) better adjusted to their new environments; d) and more skilled in processing hypothetical interpersonal, problem-solving situations.

Broaddus (1986) and Cushner (1987) used the Inventory of Cross-Cultural Sensitivity (ICCS) as a dependent measure in their studies. Neither author reported a significant difference between group means on total scores on the ICCS; however, in both studies the amount of time allowed for treatment group training was brief (approximately nine hours in Broaddus' study and six hours in Cushner's study). Broaddus reported a significant difference between treatment and control group means on the E Scale (empathy) and speculated that using a longer training period might have resulted in significant differences on several of the dependent measures used.

The Cross-Cultural Adaptability Inventory (CCAI) was developed by Kelley and Meyers (1987) to help individuals explore their general abilities to adapt to any culture. On the CCAI, individuals are asked to respond to 50 questions with answers ranging from "6" (definitely true about me right now) to "1" (definitely not true about me right now). The total maximum possible score on each of five dimensions is 60 points. The scores are reflective of relative strengths in characteristics that influence success in a new culture. The authors cited research on cross-cultural adaptability supporting their conceptualization of those characteristics and condensed them into the following:

flexibility/openness; emotional resilience; personal autonomy; perceptual acuity; and positive regard for others. Flexibility/openness has been associated with an ability to maintain an open mind and a tolerance for ambiguity. Emotional resilience has to do with the ability to tolerate strong emotion and cope with stress. Personal autonomy is related to the ability to be self-reliant and self-reinforcing. Perceptual acuity is related to attentiveness, verbal and nonverbal behaviors and interpersonal relations. Positive regard for others has been associated with the tendency to show respect and diplomacy when dealing with people. These five dimensions are presented as aspects of individuals that can be modified by training and experience.

When used for training, individuals self-score their responses to the CCAI and discuss their results in group interactions and with a trainer. In particular, areas needing action or growth are the focus of training. The stated purpose of the CCAI is to assist individuals to assess the extent to which they have acquired those characteristics that have been correlated with successful adaptability to other cultures.

The CCAI has not yet been published and the authors are still in the process of gathering validity and reliability data on the instrument. Other researchers have begun to use the CCAI as a dependent measure but as of July 1988, there were no data available to support this use.

Research on the efficacy of multicultural counseling training has been scarce. Much of this research has focused on Pedersen's (1978) Triad Model. All of the research tends to support the use of experience-based training methods designed to heighten awareness of cross-cultural issues.

A major obstacle for cross-cultural researchers has been instrumentation. To date, instruments used for cross-cultural research have been adapted from training material for persons preparing for overseas employment, "borrowed" from general counseling research (e.g., Counselor Rating Form), or constructed for a particular study. These newly constructed instruments have little or no reliability or validity data to support their use in further research, yet if they are not tested by other researchers, their potential usefulness may never be known.

Although the current study encountered the same problems with instrumentation as past researchers have, it was hoped that some useful conclusions could be drawn from results. As more research is conducted in the area of multicultural training, it is likely that more sensitive and accurate instruments will be developed.

Chapter 3

SAMPLE, INSTRUMENTATION, AND PROCEDURES

The literature on cross-cultural counseling research appears to support the use of experiential training methods and to indicate a need for more experimental research in this area. The purpose of this study was to promote additional research on the effect of multicultural counseling training on the development of multicultural sensitivity in counselor trainees in order to provide counselor educators and trainers with useful information on which to base their decision to include or exclude multicultural issues in their training programs.

SAMPLE

Both control and treatment group participants of this study were graduate level students majoring in counseling or a related field such as educational administration, education, educational psychology, school psychology, college student personnel, sociology, or criminology. Of the control group members, 10 of 13 had not been outside of the U.S., four were males, nine were females, and their ages ranged from 20 to 49 years. Nine of the control group members were U.S. citizens from a White, middle class background. The remaining four were composed of two persons from overseas (Germany, Italy) and two minorities (Puerto Rican, African/Indian).

Four control group members had master's degrees; the remaining nine, who had bachelor's degrees, were working toward a master's degree. Four control group members were employed as teachers and the others were full-time graduate students.

Of the 12 treatment group members, five had never been outside of the U.S., while the remaining seven had been overseas from less than one month to over three years. Five were males, and seven were females, whose ages ranged from 20 to 50 or more years. Treatment group members were all of U.S. citizenship, primarily of Western European descent, and engaged in work related to teaching or counseling. Nine treatment group members held a master's degree and three had completed a bachelor's degree.

Participants were selected from students who were enrolled in a mid-Western university during a summer session. All participants were volunteers who received no extra credit or any other kind of incentive for consenting to participate in the study. Treatment and control group membership was determined by the course in which participants were enrolled. The Group Dynamics Laboratory course (control) was thought to provide a fair comparison group for the Multicultural Counseling course (treatment) in that both courses rely on experiential training techniques (e.g., group discussion, role plays, small group exercises focusing on values and beliefs, and videotaped activities critiqued by fellow classmates). The two courses differ in content

and orientation, but provide similar participatory approaches to learning. Since the literature appears to support the use of experiential training methods for intercultural training, the more relevant questions to be answered seemed to be related to whether an emphasis on multicultural issues makes a difference in the development of multicultural sensitivity.

Research Questions and Null Hypotheses

Answers to the following questions were sought:

Question 1. As a function of participating in a multicultural counseling course, is there a difference between multicultural counseling course students (treatment group) and group dynamics course students (control group) in their ability to perceive cross-cultural interactions from a more open point of view, as measured by their performance on 10 selected difficult critical incidents?

Null Hypothesis 1. There is no difference between treatment and group members in ability to perceive cross-cultural interactions from a more open point of view, as measured by their performance on 10 selected difficult critical incidents.

Question 2. As a function of participating in a multicultural counseling course, is there a difference between treatment and control group members in levels of cross-cultural sensitivity and experience, as measured by their performance on the Inventory of Cross-Cultural sensitivity?

Null Hypothesis 2. There is no difference in performance between treatment and control group members in levels of cross-cultural sensitivity and experience, as measured by their performance on the Inventory of Cross-Cultural Sensitivity.

Question 3. As a function of participating in a multicultural counseling course, is there a difference between treatment and control group members in levels of knowledge of special therapy needs and general cultural information about Blacks, Native Americans, Asian-Americans, and Hispanics, as measured by their performance on the Multicultural Counseling Survey?

Null Hypothesis 3. There is no difference between treatment and control group members in levels of knowledge of special therapy needs and general cultural information about Blacks, Native Americans, Asian-Americans, and Hispanics, as measured by their performance on the Multicultural Counseling Survey.

Question 4. As a function of participating in a multicultural counseling course, is there a difference between treatment and control group members in levels of potential for cross-cultural effectiveness, as measured by their performance on the Cross-Cultural Adaptability Inventory?

Null Hypothesis 4. There is no difference between treatment and control group members in levels of potential for cross-cultural effectiveness, as measured by their performance on the Cross-Cultural Adaptability Inventory.

Multicultural Course Content

The five-week (45 hour) multicultural counseling course addressed the three stages of multicultural development conceptualized by Pedersen (1988); for example, to increase participants' general cultural knowledge about Blacks, Hispanics, Asian-Americans, and Native Americans, readings were assigned from textbooks and reserved library materials. Class discussion was used to heighten awareness of cultural differences and similarities to raise participants' consciousness about the socio-political realities and environmental stressors with which ethnic minority group members must deal on a daily basis. Participants engaged in experiential exercises designed to help them clarify their own values. They then compared and contrasted their value orientation with that of groups different from their own. Participants viewed films, were exposed to professionals involved in multicultural work (e.g., the Director of the International Student Center), and completed exercises, such as writing a journal that was reviewed by the instructor of the course twice during the five-week period.

Participants were required to read a professional journal containing several articles on conceptualizations of multicultural counseling, as well as reserved library material assignments on the topic of multicultural counseling theory and technique. Questions for the final examination were based on the readings required for the course.

Videotaped counseling role-plays were critiqued and discussed as a classroom experiential activity. Participants were required to submit written critiques of several journal articles related to multicultural issues. They were also asked to make daily entries in a personal log of their reactions to classroom activities and reading assignments. Logs were collected twice on predetermined dates by the instructor, who made written comments. The purpose of these comments was to help guide the participants' learning process and to provide emotional support. At the end of the course, participants submitted a written evaluation of their learning experience. This evaluation was from three to five pages long and addressed such issues as what helped or hindered their learning process.

Group Dynamics Laboratory Course Content

The five-week (45 hour) group dynamics laboratory course maintained its customary emphasis on group dynamics theory, with cross-cultural issues discussed only as they naturally arose. Participants were assigned readings from a group dynamics textbook and were required to participate in class discussions and experiential exercises. Readings related to multicultural issues were not assigned by the instructor. Participants worked on group projects during class time and presented the finished project at the end of the course. The focus of the experiential exercises was on self-exploration as well as a heightened awareness of how different leadership styles can facilitate or block the

smooth functioning of a group. Each individual was encouraged to examine the roles he or she customarily takes in group interactions and what functions those roles serve under differing circumstances.

INSTRUMENTATION

Multicultural Counseling Survey - Appendix A

The Multicultural Counseling Survey (MCS) was constructed by the author and a fellow doctoral student. It is an 80-item multiple-choice instrument with four options from which the correct answer must be selected. Questions were designed to test knowledge of special therapy needs and general cultural information about Blacks, Native Americans, Asian-Americans, and Hispanics. All questions are based on information contained in the required readings for the multicultural counseling course. This instrument was administered as a final examination for 10 students enrolled in a previous offering of a multicultural counseling course. Scores ranged from 54 to 76 correct answers. All copies of this previously administered test were returned to the instructor with no review of the correct answers with the ten students. This was done to ensure that later administrations of the instrument would not be compromised by participant access to test contents. Both groups received an experiential approach to learning course material. Therefore differences on the MCS should reflect the multicultural nature of the treatment group's course rather

than the instructional model. Reliability coefficients for the MCS were .94 for the split-half test and .96 for the Kuder-Richardson 20 test.

Inventory of Cross-Cultural Sensitivity

The Inventory of Cross-Cultural Sensitivity (ICCS) is a 32-item instrument developed by Cushner (1984) and used in his 1987 dissertation research. Responses are ranked on five subscales on the basis of high to low levels of sensitivity to cultural differences. Higher scores purportedly indicate a sensitivity to issues and experiences related to multicultural interaction. The score range on a Likert-type scale for this instrument is from one to seven for each item. For all items, the value of seven is used to indicate the highest level of sensitivity to cultural differences (some items are worded negatively and are scored accordingly).

Content validity is based on the responses of 82 people, divided into "known groups" (experienced, limited experience, inexperienced), to 96 statements. Thirty-two of the statements effectively differentiated individuals with varying amounts of multicultural experience and maintained eigenvalues greater than 1.0 when factor analyzed. Varimax rotation loaded highly on one dimension was used for the factor analysis. The instrument's ability to differentiate individuals with two years of intercultural experience (that is, living and/or working overseas) from those having little or no intercultural experience (ie, undergraduate

university students in Northeastern Ohio), and according to Cushner, was considered to be sufficient evidence of construct validity. In addition, Broaddus (1986) demonstrated the ICCS's ability to differentiate individuals who received cross-cultural training from control group members on the E Scale (empathy).

The five subscales of the ICCS are: Cultural Integration (C Scale); Behavioral Response (B Scale); Intellectual Interaction (I Scale); Attitude Toward Others (A Scale); and Empathy (E Scale). Scores on each subscale can range from 10 to 70 on the C Scale; from 6 to 42 on the B Scale; from 6 to 42 on the I Scale; from 5 to 35 on the A Scale; and from 5 to 35 on the E Scale. Scores on the total instrument can range from 32 to 224.

An internal consistency analysis of the ICCS was conducted using Cronbach's coefficient alpha. Reliability estimates of the instrument were considered to be stable and were reported for each subscale as follows:

C Scale - .9415
B Scale - .7009
I Scale - .8869
A Scale - .7860

Further reliability or validity data are not currently available for this instrument. The ICCS was not included in the appendix because it is copyrighted material.

Cross-Cultural Adaptability Inventory

The Cross-Cultural Adaptability Inventory (CCAI) is a 50-item self-scoring training instrument designed to assess

one's potential for cross-cultural effectiveness. The CCAI uses a six-point scale by which the level of agreement or disagreement with the statement is indicated. Higher total scores (sum of five dimensions) are presumed to indicate more sensitivity to cross-cultural issues. A Cronbach alpha reliability estimate of .89 is reported for this instrument. Validity data and further reliability data are not available at this time. The CCAI was not included in the appendix because it is copyrighted material.

Performance on 10 Critical Incidents

Treatment and control group performance on 10 difficult critical incidents were compared to assess the effectiveness of training of the treatment group on 10 less difficult critical incidents included among course requirements. Each critical incident consisted of a short description of a cross-cultural situation in which a misunderstanding took place, with one or both parties left feeling puzzled or upset. Four or five plausible explanations were offered and participants were asked to choose the best explanation for what happened in the vignette. Scoring consisted of a total of 10 possible best responses.

The training, pre-test, and post-test critical incidents were taken from Intercultural Interactions by Brislin, Cushner, Cherrie, and Yong (1986). Because of the short interval between administrations of the critical incidents and the possibility of participant discussion of pre-test critical incident responses, a different set of difficult

critical incidents was used for the post-test administration. The critical incidents were not included in the appendix because they are copyrighted material.

Participants able to choose the best response (as determined by the authors of Intercultural Interactions) more frequently than others, are presumed to demonstrate the ability to perceive cross-cultural interactions from a less ethnocentric point of view.

The decision to test participants' performance on 10 difficult critical incidents was based on the work of Malpass and Salancik (1977), who compared a linear with a branching method of presenting training materials used to train individuals for interaction in a new cultural environment.

The linear method or structure consists of presenting a critical incident described in from one to three paragraphs. The trainee is then asked to choose the best of four alternative explanations. After making a choice, the trainee is informed as to whether the choice was correct or incorrect. For each choice, a brief explanation of what is incorrect or what might have misled the trainee is given. This training method requires the individual to make an independent evaluation of each possible choice which, in turn, means that trainees are required judge the acceptability of individual alternatives rather than choosing the best of four. The authors posit that the linear method of training encourages the development of an

internalized standard of comparison that is not present in the training materials themselves.

With the branching training method, a trainee would see more alternatives only if an incorrect choice is made. The total amount of training the individual receives depends on how often an incorrect choice is made.

A comparison of linear and branching training methods reported by Malpass and Salancik (1977) demonstrated that those trained with the linear method were more accurate on difficult critical incidents than they were on easy critical incidents. Although the critical incidents used by these authors were based on one minority group, Broaddus (1986) used critical incidents with reference to a variety of ethnic groups and reported that individuals trained with the Culture-General Assimilator performed more accurately than untrained individuals on relatively difficult critical incidents.

Research Design

The untreated control group design with pretest and posttest (Cook & Campbell, 1979) was used in this study. The independent variable for this study is multicultural counseling training, the effect of which was measured in terms of the following dependent variables: a) ability to perceive cross-cultural interactions from a more open point of view; b) level of cross-cultural sensitivity and experience; c) level of knowledge of special therapy needs and general cultural information about Blacks, Native Americans,

Asian-Americans, and Hispanics; and d) potential for cross-cultural effectiveness. The design is diagrammed as follows:

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O	X	O
1		2
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O		O
1		2
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This design is perhaps the most frequently used design in social science research for quasi-experiments with nonequivalent control groups. Cook and Campbell state that the design can be recommended for research when nothing better is available. They specifically cite lack of control for four threats to internal validity: a) selection-maturation; b) instrumentation; c) differential statistical regression; and d) interaction of selection and history. The authors note that although the design usually does not permit strong tests of causal hypotheses, it is useful for suggesting new ideas and is considered to be generally interpretable.

PROCEDURES

After a brief presentation by the researcher (or a colleague) requesting that people participate voluntarily, informed consent forms were distributed along with the pre-test materials. Participants were given the option of withdrawing from participation in the study at any time. Data were collected prior to the presentation of any coursework and again after all classroom instruction was

completed. At pre-test, 10 difficult critical incidents, the Inventory of Cross-Cultural Sensitivity, and the Cross-Cultural Adaptability Inventory were administered. At post-test the same instruments were administered, with the addition of the Multicultural Counseling Survey, to both both the treatment and control groups.

Data Analysis

All comparisons used two-tailed t tests ($p < .05$) to determine whether any differences between treatment and control group means were statistically significant. A t test was used because the number of participants for each group was less than 30 and the distribution of t provides an appropriate statistical model (Ferguson, 1981). Research does not support selection of a particular direction, thus the decision was made to use two-tailed rather than one-tailed t tests.

Chapter 4

RESULTS

This study was designed to investigate the effect of five weeks (45 hours) of multicultural counseling training on the multicultural sensitivity of graduate level students. Assignment of the twenty-five students to control or treatment group was based on whether they enrolled in a Multicultural Counseling course or a Group Dynamics Laboratory course. Twelve students enrolled in the Multicultural Counseling course and thirteen students enrolled in the Group Dynamics Laboratory course. The thirteen students who were enrolled in the Group Dynamics Laboratory course received experiential training that was not related to multicultural issues on a pre-planned or systematic basis.

The first question of this study to which an answer was sought was the following:

Question 1. As a function of participating in a Multicultural Counseling course, is there a difference between Multicultural Counseling course students (treatment group) and Group Dynamics Laboratory course students (control group) in their ability to perceive cross-cultural interactions from a more open point of view, as measured by their performance on 10 selected difficult critical incidents?

Null Hypothesis 1. There is no difference between treatment and control groups in ability to perceive cross-cultural

interactions from a more open point of view, as measured by their performance on 10 selected difficult critical incidents.

Table 1 presents the means and standard deviations for the treatment and control conditions and the results of the t-test from the comparison of the treatment and control group performance on the 10 selected difficult critical incidents.

Table 1

Means, Standard Deviation Values, and Results of a t-Test for Independent Means for Experimental and Control Group Pre-test, Post-test, and Gain Scores for 10 Selected Difficult Critical Incidents.

	Experimental N=12		Control N=13		<u>t</u>
	Mean	SD	Mean	SD	
Pre-test	5.83	1.90	5.77	1.36	
Post-test	7.00	.85	5.92	1.61	
Gain	1.17	1.59	.15	2.27	1.35

Based on the results of the two-tailed t-test, the null hypothesis was retained for null hypothesis one because the obtained t statistic for independent means of 1.35 did not exceed the critical value of 2.069 needed to meet the .05 confidence level to reject the null hypothesis.

The total possible range for gain scores on the 10 critical incidents is from -10 to 10. Gain scores for the treatment group ranged from -1 to 4 while the control group gain scores ranged from -4 to 3. Of the treatment group gain scores, only one score was negative. On the other

hand, six of 13 control group gain scores were negative. One might expect that greater accuracy in identifying the best responses for the critical incidents would result in positive rather than negative gain scores. Negative gain scores, such as those of the control group, may be indicative of guessing rather than careful analysis of the cross-cultural situations presented in the 10 critical incidents.

The second question addressed in this study was:

Question 2. As a function of participating in a Multicultural Counseling course, is there a difference between Multicultural Counseling course students (treatment) and Group Dynamics Laboratory course students (control) in levels of cross-cultural sensitivity and experience, as measured by their performance on the Inventory of Cross-Cultural Sensitivity?

Null Hypothesis 2. There is no difference between Multicultural Counseling course students (treatment) and Group Dynamics Laboratory course students (control) in levels of cross-cultural sensitivity and experience, as measured by their performance on the Inventory of Cross-Cultural Sensitivity?

Table 2 contains the means, standard deviations, and t-test results for independent means for the treatment and control conditions on the Inventory of Cross-Cultural Sensitivity.

Table 2

Means, Standard Deviation Values, and Results of a t-Test for Independent Means for Experimental and Control Group Pre-test, Post-test, and Gain Scores for the Inventory of Cross-Cultural Sensitivity.

	Experimental N=12		Control N=13		<u>t</u>
	Mean	SD	Mean	SD	
Pre-test	145.92	20.30	150.38	16.01	
Post-test	153.25	14.14	151.92	19.81	
Gain	7.33	10.96	1.54	11.65	1.28

For the comparison of treatment and control group sensitivity to cross-cultural issues as measured by their performance on the Inventory of Cross-Cultural Sensitivity (ICCS), null hypothesis two could not be rejected on the basis of a two-tailed t-test for independent means. The obtained t statistic of 1.28 did not exceed the critical value of 2.069 needed for the .05 confidence level. The total possible range for gain scores on the ICCS is from -224 to 224. Gain scores for the control group ranged from -15 to 23, with six of the 13 scores being negative. Gain scores for the treatment group ranged from -7 to 29, with only two of the twelve scores being negative. The difference in course content may account for the differing directions the gain scores took for each group. As a result of multicultural training, one would expect the gain scores for the treatment group to be positive rather than negative. The higher frequency of negative gain scores for the control group was a surprise and will be discussed later in this chapter. The wide dispersion, as indicated by the standard

deviations of both treatment and control groups, along with the small number of participants in both groups may have contributed to the lack of statistical significance observed for the comparison of the treatment and control groups on the Inventory of Cross Cultural Sensitivity. There is also the possibility that the treatment had no effect.

The third question addressed in this study was:

Question 3. As a function of participating in a Multicultural Counseling course, is there a difference between treatment and control group members in levels of knowledge of special therapy needs and general cultural information about Blacks, Native Americans, Asian-Americans, and Hispanics, as measured by their performance on the Multicultural Counseling Survey?

Null Hypothesis 3. There is no difference between treatment and control group members in levels of knowledge of special therapy needs and general cultural information about Blacks, Native Americans, Asian-Americans, and Hispanics, as measured by their performance on the Multicultural Counseling Survey.

Table 3 presents the means, standard deviations, and t-test results for independent means for the comparison of the treatment and control conditions on the Multicultural Counseling Survey. Treatment and control group performances were significantly different on the Multicultural Counseling Survey. The obtained t statistic of 14.94, as shown in

Table 3, exceeds the critical value of 2.069, which allows rejection of null hypothesis three.

Table 3

Means, Standard Deviation Values, and Results of t-Tests for Independent Means for Experimental and Control Group Post-test Scores for the Multicultural Counseling Survey.

	Experimental	N=12		Control	N=13	
	Mean	SD		Mean	SD	t
Post-test	71.75	7.89		42.92	10.36	14.94

The Multicultural Counseling Survey was administered as a post-test only, to avoid possible gains in scores that could be attributed to a practice effect for either group. Of a possible total of 80, the scores for the treatment group ranged from 53 to 80 while the scores for the control group ranged from 21 to 57. It would be expected that the treatment group would obtain higher scores than the control group on questions covering reading material assigned to the Multicultural Counseling course participants, and the large difference in performance between the two groups makes it clear that multicultural counseling training positively affected the performance of the treatment group.

The fourth question addressed in this study was:

Question 4. As a function of participating in a Multicultural Counseling course, is there a difference between treatment and control groups in levels of potential for cross-cultural effectiveness, as measured by their performance on the Cross-Cultural Adaptability Inventory?

Null Hypothesis 4. There is no difference between treatment and control group members in levels of potential for cross-cultural effectiveness, as measured by their performance on the Cross-Cultural Adaptability Inventory.

The results of the t-test comparison of the treatment and control group performance on the Cross-Cultural Adaptability Inventory (CCAI) are shown in Table 4. The means and standard deviations for pre-, post-, and gain scores are also displayed.

Table 4

Means, Standard Deviation Values, and Results of a t-Test for Independent Means for Experimental and Control Group Pre-test, Post-test, and Gain Scores for the Cross-Cultural Adaptability Inventory.

	Experimental N=12		Control N=13		t
	Mean	SD	Mean	SD	
Pre-test	219.50	12.24	217.00	23.58	
Post-test	224.17	14.04	215.46	21.05	
Gain	4.67	15.88	-1.54	16.53	1.16

The obtained t statistic of 1.16 did not exceed the critical value of 2.069 needed for the rejection of null hypothesis four. The total possible range for gain scores on the CCAI is from -300 to 300. Gain scores for the treatment group ranged from -16 to 34, while the gain scores for the control group ranged from -28 to 17. The treatment group appears to have increased its scores on average while the control group scores went in a negative direction. Again, as a result of multicultural training, it would be expected that

the treatment group would have positive gain scores. The negative direction of the control group gain scores was not expected and will be discussed later in this chapter.

Discussion of Results

Overall, the differences between the treatment and control group mean gain scores were not statistically significant, with the exception of the results of the Multicultural Counseling Survey.

There are several possible explanations for the nonsignificant results for null hypothesis one. The small number of participants in each group may have limited the ability of the t-test to result in a statistical difference between the means of the treatment and control groups. Broaddus (1986) had 56 treatment and 46 control group members for his study in which he used 15 critical incidents as a post-test only (with randomized sampling) dependent variable. Cushner (1987) had 28 treatment and 22 control group members for his study in which he used 10 critical incidents as a post-test only (with randomized sampling) dependent variable. Both researchers reported a statistically significant difference between group means as a result of training with the Culture-General Assimilator (100 critical incidents).

Nonsignificance for null hypothesis one could also be attributed to the amount of time allowed for treatment group training was approximately nine hours for Broaddus and six hours for Cushner. For this study, treatment group members

received approximately three hours of training on critical incidents and three hours on class discussion of self-generated critical incidents derived from personal experience. Since less time was spent on discussion and analysis of the 10 critical incidents used for training than in the Broaddus or Cushner studies, it is possible the length of time for training was insufficient to produce a statistically significant difference. Finally, it may be possible that the training given in this study was not as effective as that given in the Broaddus and Cushner studies.

For null hypothesis two, the lack of statistical significance was not a great surprise. Both Broaddus (1986) and Cushner (1987) used the Inventory of Cross-Cultural Sensitivity (ICCS) as a dependent measure in their studies and neither one reported a significant difference between group means on total scores on the ICCS. Broaddus speculated that using a longer training period might have resulted in a significant difference. Speaking specifically about the process of change in intercultural interaction as a result of training with the Culture-General Assimilator (100 critical incidents), Broaddus proposed that there is a four-step process that could account for the lack of statistical significance obtained in his, Cushner's, and this study. The first step is marked by an increase in empathy and anxiety, resulting in the second step in which there is inhibited performance on attitude surveys related to cross-cultural interactions. In the third step, anxiety

becomes diffused over time and new learning is integrated. Finally, in the fourth step, there is a desire to learn more about cross-cultural interactions. Broadbush concluded that the nonsignificant results on the ICCS could have been influenced by the limited amount of time for training on the Culture-General Assimilator, resulting in an incomplete four-step process that is marked by increased anxiety about new learning about cross-cultural interactions. A longer training period might have allowed the participants to respond to the ICCS in a more relaxed and integrated frame of mind that could have affected the results of the ICCS in a positive manner.

Based on Pedersen's (1988) conceptualization of the development of multicultural sensitivity, the three-stage process may help explain the results on the ICCS obtained by this study. During the awareness stage, the counselor trainee becomes more aware of his or her own cultural heritage as well as his or her own values and biases. The counselor trainee also becomes more at ease with cultural differences and learns when to refer clients to members of the client's own culture. This stage of development requires much introspection and insight based on feedback from trainers and fellow trainees. It is not unusual for trainees to feel increased empathy for other cultural group members but at the same time feel confused about how to overtly demonstrate that empathy. The awareness stage is frequently marked by feelings of openness alternating with

feelings of defensiveness. It may be that five weeks is of insufficient duration for trainees to process the feelings of defensiveness which would then allow them to integrate their new learning with their personal beliefs and attitudes.

The difference in course content may account for the differing directions of the gain scores for each group (positive for the treatment group and negative for the control group). The control group participated in very intense group activities focused on an individual's relationship to a small group rather than to the world at large. Given the short period of time for the course, control group members may also not have had sufficient time to integrate insights and new learning which can only come after defensiveness abates.

For null hypothesis three, the statistical significance obtained on the comparison of the two groups on the Multicultural Counseling Survey (MCS) suggests that at least one component of the five-week training program was effective. The difference between the treatment and control group means on the MCS suggests that knowledge of general cultural information and specific therapy needs of Blacks, Hispanics, Asian-Americans, and Native Americans was gained as a result of the five-week multicultural counseling training the treatment group received.

The nonsignificant results of the testing of hypothesis four on the Cross-Cultural Adaptability Inventory,

which purports to measure potential for cross-cultural effectiveness, could perhaps be explained, in part, by the four-step process of change in intercultural interactions as a result of training with the Culture-General Assimilator (100 critical incidents). A short training period might not have allowed participants to move beyond the first step in the process that is marked by increased anxiety about new learning about cross-cultural interactions. Questions designed to sensitize participants to their potential for cross-cultural effectiveness may have elicited self-conscious responses due to lack of time for anxiety to become diffused in order for new learning to be integrated.

It must be noted that the Cross-Cultural Adaptability Inventory was developed to be a training instrument rather than a research instrument. It is possible that lack of discussion of multicultural issues may have led to a more defensive frame of mind for the control group members. Lack of time to integrate and synthesize new learning and awarenesses may have contributed to less change in attitudes in the treatment group.

The above findings tend to support Pedersen's (1988) ideas about the development of multicultural sensitivity, albeit weakly. The length of training provided may not have been of sufficient duration for attitudinal changes to occur in amounts detectable by any of the instruments. The actual time in minutes for the five-week class was the same

as would be available in a 15-week full semester class, but it may not be possible to absorb and integrate the material in a concentrated learning experience. The opportunity to reflect and consider new knowledge and challenges to long-held beliefs over an extended period may be more conducive to learning than the massed-practice effect that was offered.

Chapter 5

SUMMARY, CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS

The function of this chapter is to provide a summary of this study, present conclusions based upon study results, provide implications for practice, and offer recommendations based on current understanding and knowledge.

SUMMARY

The purpose of this study was to assess the effect of multicultural counseling training on the development of multicultural sensitivity of graduate students. Based on the conceptualization of multicultural development posited by Pedersen (1988), the study attempted to provide treatment group members (Multicultural Counseling course students) with five weeks of intensive training designed to increase their awareness of multicultural issues and personal biases and limitations. It also was structured to provide general cultural knowledge about Blacks, Hispanics, Asian-Americans, and Native Americans, and special therapy needs of the aforementioned minority groups. The control group (Group Dynamics Laboratory course students) did not receive multicultural training, but did receive experiential training, related to leadership roles, in small groups.

The questions for which answers were sought in this study were:

1. As a function of participating in a Multicultural Counseling course, is there a difference between Multicultural Counseling course students (treatment group) and Group Dynamics Laboratory course students (control group) in their ability to perceive cross-cultural interactions from a more open point of view, as measured by their performance on 10 selected difficult critical incidents?

2. As a function of participating in a Multicultural Counseling course, is there a difference between Multicultural Course students (treatment) and Group Dynamics Laboratory course students (control) in levels of cross-cultural sensitivity and experience, as measured by their performance on the Inventory of Cross-Cultural Sensitivity?

3. As a function of participating in a Multicultural Counseling course, is there a difference between treatment and control group members in levels of knowledge of special therapy needs and general cultural information about Blacks, Native Americans, Asian-Americans, and Hispanics as measured by their performance on the Multicultural Counseling Survey?

4. As a function of participating in a Multicultural Counseling course, is there a difference between treatment and control group members in levels of potential for cross-cultural effectiveness, as measured by their performance on the Cultural Adaptability Inventory?

The sample for this study consisted of 25 graduate students who participated on a voluntary basis. No

incentive such as extra credit was offered and participants were allowed to withdraw at any time. Assignment to treatment or control group was based on course enrollment rather than random assignment. Twelve participants were enrolled in the Multicultural Counseling Course (treatment group) and 13 participants were enrolled in the Group Dynamics Laboratory Course (control group). Participants from both groups were majoring in counseling or a related field such as educational psychology, school psychology, college student personnel, sociology, criminology, or teaching. Ages ranged from 20 to 50 or more years.

Data were collected at pre- and post-test for both the treatment and control groups. For pre-test, the Cross-Cultural Adaptability Inventory, Inventory of Cross-Cultural Sensitivity, and 10 selected difficult critical incidents were administered. At post-test, the Cross-Cultural Adaptability Inventory, 10 selected difficult critical incidents, Inventory of Cross-Cultural Sensitivity, and Multicultural Counseling Survey were administered.

Two-tailed t tests were used to determine whether differences between treatment and control group means were statistically significant at the .05 confidence level. No differences were found between the treatment and control groups on ability to perceive cross-cultural interactions from a more open point of view, in levels of cross-cultural sensitivity and experience, or potential for cross-cultural effectiveness. The treatment group was found to have more

knowledge of special therapy needs and general cultural information about Blacks, Native Americans, Asian-Americans, and Hispanics.

CONCLUSIONS

Based on the results of this study, the following conclusions were drawn:

1. The attitudes of counselors-in-training in the areas of perceived openness, cultural sensitivity, and cross-cultural effectiveness are resistant to change. While a five-week Multicultural Counseling course may begin the process of attitude change, a longer period of training may be necessary before behavioral manifestations of attitude change become apparent.

2. The results of this study support the notion that knowledge about specific minority/ethnic groups and their special therapy needs can be acquired through reading, class discussion, and exposure to people who are culturally different. Any single method may not be sufficient to ensure a clear recognition of the importance of differences within groups. This writer concludes that useful information focusing on ethnic/minority groups can be conveyed to trainees in a systematic manner and relatively short period of time.

IMPLICATIONS

This study has shown that a five-week (45 hour) multicultural training course does not result in a statistically

significant difference between treatment and control group means on measures of cross-cultural sensitivity and adaptability. However, it has also shown that five weeks of multicultural counseling training can result in increasing trainees' fund of cultural information about Blacks, Native Americans, Asian-Americans, and Hispanics, as well as their knowledge of special therapy needs. Though perhaps not the most important component of Pedersen's (1988) conceptualization of multicultural development, increased cross-cultural knowledge is a necessary step toward the development of multicultural sensitivity in trainees. The awareness stage is one that appears to require a longer period of training to allow trainees to absorb new information and integrate it with their beliefs and culture-based assumptions. This writer's observations of behaviors of multicultural counseling course students have led to the conclusion that in five weeks, Pedersen's stage of awareness is not achieved. Pedersen (1988) indicated that when trainees do not reach the point where they can incorporate their new learning and acquire a new repertoire of therapeutic behaviors, they become very frustrated. This has been borne out by reports from past multicultural counseling course students that they did not know what to do with their new-found sensitivity to multicultural issues. That is, they now knew a problem existed, but did not what to do about the problem.

Because the five-week course did not require behavioral demonstrations of multicultural counseling competence, many

students did express feelings of frustration and inhibition. Even with repeated admonitions that they would not be expert multicultural counselors at the end of five weeks, the students tended to want to find a way to translate their newly acquired information into useful actions. It would appear that a multicultural approach embedded in a counselor training program over a year or two might create an environment in which trainees could complete the three stages of multicultural development as posited by Pedersen (1988).

A five-week multicultural counseling training program appears to start the developmental process for multicultural sensitivity, but does not allow for the integration, much less the implementation, of newly acquired learning. The intent of the multicultural counseling course was to help students become aware of their values in the context of their own as well as the client's culture. If a high level of trust was not achieved in the group, such learning might have been inhibited by defensiveness. Even if trust was not a problem, time is needed to evaluate deeply held beliefs and attitudes that might affect counselor effectiveness with culturally different clients. To truly understand the ethical implications of working with a person whose cultural heritage elicits feelings of dislike, fear, or ridicule requires time for introspection in a non-threatening environment in order for the trainee to develop the ability to set realistic limitations on an appropriate counseling population with which to work.

It may be useful to note that culture-specific information and special therapy needs can be learned in a short, intensive, training interval. Short courses focusing on specific ethnic/minority groups could be easily incorporated in a counselor training program, based on the composition of the local population and/or general population statistics.

RECOMMENDATIONS

1. It is recommended that a longer training period be used for future studies on the development of multicultural sensitivity in counselor trainees. Intercultural training research shows that longer intercultural training programs (approximately 10 weeks) result in an increase in "world-mindedness," along with more knowledge of one's own culture (Brislin, Landis, & Brandt, 1983). Broaddus (1986) also recommended a longer period of training, particularly with the Culture-General Assimilator. More time to integrate new information with personal beliefs and attitudes might result in more measurable changes in trainees.

2. It is recommended that well-defined modules for a multicultural training program be developed in order for research to be more easily replicated. Such modules would need to have specific training goals, structured activities, and guidelines for the instructors.

3. It is recommended that future multicultural counselor training research include observational data to compare with self-report data. Self-report data require self-awareness, honesty, and an objectivity that many people

have difficulty achieving, even with the promise of anonymity.

REFERENCES

- Abramowitz, C. V., & Dokecki, P. R. (1977). The politics of clinical judgment: Early empirical returns. Psychological Bulletin, 84, 460-476.
- Arredondo, P. (1983) Professional responsibility in a culturally pluralistic society. In G. Walz, & L. Benjamin (Eds.), Shaping counselor education programs in the next five years. An experimental prototype for the counselor of tomorrow. (pp. 91-106). ERIC/CAPS.
- Arredondo-Dowd, P., & Gonsalves, J. (1980). Preparing culturally effective counselors. The Personnel and Guidance Journal, 59, 376-378.
- Atkinson, D. R. (1983). Ethnic similarity in counseling psychology: A review of research. The Counseling Psychologist, 11(3), 79-92.
- Axelson, J. A. (1985). Counseling and development in a multicultural society. Belmont, CA: Brooks/Cole.
- Bandura, A. (1977). Social learning theory. Englewood Cliffs, NJ: Prentice-Hall, Inc.
- Berman, J. (1979). Counseling skills used by black and white male and female counselors. Journal of Counseling Psychology, 26, 81-84.
- Bernal, M. E., & Padilla, A. M. (1982). Status of minority curricula and training in clinical psychology. American Psychologist, 37(7), 780-787.
- Bloombaum, M., Yamamoto, J., & James, Q. (1968). Cultural stereotyping among psychotherapists. Journal of Consulting and Clinical Psychology, 32(1), 99.
- Brislin, R. W., Cushner, K., Cherrie, C., & Yong, M. (1986). Intercultural Interactions. Beverly Hills: Sage Publications.
- Brislin, R. W., Landis, D., & Brandt, M. E. (1983). Conceptualizations of intercultural behavior and training. In D. Landis and R. W. Brislin (Eds.), Handbook of Intercultural Training (Vol. I) (pp. 1-35). Elmsford, NY: Pergamon Press.
- Broadbush, D. L. (1986). Use of the culture-general assimilator in intercultural training. (Doctoral

dissertation, Indiana State University.)

- Brower, I. C. (1980). Counseling Vietnamese. Personnel and Guidance Journal, 58(10), 646-652.
- Bryson, S., & Cody, J. (1973). Relationship of race and level of understanding between counselor and client. Journal of Counseling Psychology, 20, 495-498.
- Carkhuff, R. R., & Pierce, R. (1967). Differential effects of therapist race and social class upon patient depth of self-exploration in the initial clinical interview. Journal of Consulting Psychology, 31, 632-634.
- Casas, J. M. (1985). The status of racial- and ethnic-minority counseling: a training perspective. In P. Pedersen (Ed.), Handbook of cross-cultural counseling and therapy (pp. 267-274). Westport, CT: Greenwood Press.
- Cook, T. D., & Campbell, D. T. (1979). Quasi-Experimentation. Boston: Houghton Mifflin.
- Cushner, K. H. (1987). The use of a culture-general assimilator in the orientation of adolescent exchange students living in New Zealand. (Doctoral dissertation, University of Hawaii).
- de Anda, D. (1984). Bicultural socialization: Factors affecting the minority experience. Social Work, 29, 101-107.
- DiNardo, P. A. (1975). Social class and diagnostic suggestion as variables in clinical judgment. Journal of Consulting and Clinical Psychology, 43, 363-368.
- Ferguson, G. A. (1981). Statistical Analysis in Psychology and Education. New York: McGraw-Hill.
- Friedrich, O. (1985, July 8). The changing face of America. Time, pp. 26-33.
- Fukuyama, M. A., Neimeyer, G. J., Bingham, R. P., Hall, L. E., & Mussenden, M. E. (1984, August). Training cross-cultural counselors: An assessment of the triad model. Paper presented at the Annual Convention of the American Psychological Association, Toronto, Canada.
- Green, J. W. (1982). Cultural awareness in the human services. Englewood Cliffs, NJ: Prentice Hall.
- Harrison, D. K. (1975). Race as a counselor-client variable in counseling and psychotherapy: A review

- of the research. The Counseling Psychologist, 5(1), 124-133.
- Hernandez, A. G. (1987). Evaluating the triad model of cross-cultural counselor training. (Doctoral dissertation, University of Nebraska - Lincoln.)
- Ivey, A. E. (1977). Cultural expertise: Toward a systematic outcome criteria in counseling and psychological educations. The Personnel and Guidance Journal, 55, 296-302.
- Katz, J. H. (1985). The sociopolitical nature of counseling. The Counseling Psychologist, 13(4), 615-624.
- Kelley, C., & Meyers, J. E. (1987). The cross-cultural adaptability inventory. (Unpublished training instrument.)
- LaFromboise, T. D., & Foster, S. L. (1987, April). Cross-cultural training: Scientist-practitioner model and methods. Paper presented at the Division 17 National Conference for Counseling Psychology, Atlanta, GA.
- Lefley, H. P. (1985). Mental-health training across cultures. In P. Pedersen (Ed.), Handbook of cross-cultural counseling and therapy (pp. 259-266). Westport, CT: Greenwood Press.
- Lorion, P. (1973). Socioeconomic status and traditional approaches reconsidered. Psychological Bulletin, 79, 263-270.
- Malpass, R. S., & Salancik, G. R. (1977). Linear and branching formats in culture assimilator training. International Journal of Intercultural Relations, 1(2), 76-87.
- Marsella, A. J. & Pedersen, P. B. (1981). Cross-cultural counseling and psychotherapy. New York: Pergamon Press.
- McGoldrick, M., Pearce, J. K., & Giordano, J. (Eds.). (1982). Ethnicity and family therapy. New York: The Guilford Press.
- Merluzzi, B. H., & Merluzzi, T. V. (1978). Influence of client race on counselor's assessment of case materials. Journal of Counseling Psychology, 25, 399-404.
- Morrow, L. (1985, July 8). Immigrants. Time, pp. 24-25.
- Myers, J. L. (1979). Fundamentals of experimental design (3rd ed.). Boston: Allyn and Bacon.

- Owan, T. (Ed.). (1985). Southeast Asian mental health: Treatments, prevention, services, training, and research. Washington, D. C.: U. S. Dept. of Health and Human Services.
- Parham, T. A., & Helms, J. E. (1981). The influence of black students' racial identity attitudes on preferences for counselor's race. Journal of Counseling Psychology, 28(3), 250-257.
- Parkay, F. W. (1983). An experience-based multicultural program for reducing dogmatism among counselor trainees. Journal of College Student Personnel, 24, 160-162.
- Pedersen, P. (1977). The triad model of cross-cultural counselor training. The Personnel and Guidance Journal, 56, 94-100.
- Pedersen, P. (1978). Four dimensions of cross-cultural skill in counselor training. The Personnel and Guidance Journal, 56, 480-484.
- Pedersen, P. (1983). Cross-cultural training of mental health providers. In D. Landis and R. W. Brislin (Eds.), Handbook of Intercultural Training (Vol. I) (pp. 325-352). Elmsford, NY: Pergamon Press.
- Pedersen, P. (1988). A Handbook for Developing Multicultural Awareness. Alexandria, VA: American Association for Counseling and Development.
- Pedersen, P., Draguns, J. G., Lonner, W. J., & Trimble, J. (Eds.). (1981). Counseling across cultures, (2nd ed.). Honolulu: University Press of Hawaii.
- Ponterotto, J. G., & Casas, J. M. (1987). In search of multicultural competence within counselor education programs. Journal of Counseling and Development, 65, 430-434.
- Smith, E. J. (1982). Counseling psychology in the marketplace: The status of ethnic minorities. The Counseling Psychologist, 10(2), 61-68.
- Smith, M. J. (1985). Ethnic minorities: Life stress, social support, and mental health issues. The Counseling Psychologist, 13(4), 537-579.
- Sue, D., Ino, S., & Sue, D. W. (1983). Nonassertiveness of Asian Americans: An inaccurate assumption? Journal of Counseling Psychology, 30(4), 581-588.
- Sue, D. W. (1977). Counseling the culturally different: A conceptual analysis. The Personnel and Guidance Journal, 55, 422-426.

- Sue, D. W. (1981). Counseling the culturally different: Theory and practice. New York: Wiley and Sons.
- Sue, D. W., Bernier, J. E., Durran, A., Feinberg, L., Pedersen, P., Smith, E. J., & Vasquez-Nuttal, E. (1982). Position paper: Cross-cultural counseling competencies. The Counseling Psychologist, 10(2), 45-52.
- Sue, D. W., & Kirk, B. A. (1972). Psychological characteristics of Chinese-American students. Journal of Counseling Psychology, 19(6), 471-478.
- Sue, D. W., & Sue, D. (1977). Barriers to effective cross-cultural counseling. Journal of Counseling Psychology, 24(5), 420-429.
- Sue, D. W., & Sue, S. (1972). Counseling Chinese-Americans. Personnel and Guidance Journal, 50(8), 635-644.
- Sue, S. (1983). Ethnic minority issues in psychology: A reexamination. American Psychologist, 38, 583-592.
- Sue, S., Allen, D., & Conaway, L. (1975). The responsiveness and equality of mental health care to Chicano and Native Americans. American Journal of Community Psychology, 6, 137-146.
- Sue, S., Akutsu, P. D., & Higashi, C. (1985). Training issues in conducting therapy with ethnic-minority-group clients. In P. Pedersen (Ed.), Handbook of cross-cultural counseling and therapy (pp. 275-280). Westport, CT: Greenwood Press.
- Sue, S., & McKinney, H. (1975). Asian Americans in the community mental health care system. American Journal of Orthopsychiatry, 45, 111-118.
- Sue, S., McKinney, H., Allen, D., & Hall, J. (1974). Delivery of mental health services to black and white clients. Journal of Consulting and Clinical Psychology, 42, 794-801.
- Tsui, P., & Schultz, G. L. (1985). Failure of rapport: Why psychotherapeutic engagement fails in the treatment of Asian clients. American Journal of Orthopsychiatry, 55(4), 561-569.
- Wyatt, G., & Parham, W. (1985). The inclusion of culturally sensitive course materials in graduate school and training programs. Psychotherapy, 22, 461-468.
- Yamamoto, J., James, Q. C., & Palley, N. (1968). Cultural problems in psychiatric therapy. Archives of General Psychiatry, 19(1), 45-49.

Appendix A

MULTICULTURAL COUNSELING SURVEY

Blacks

1. There is disagreement in the psychological community as to whether or not traditional methods of psychotherapy are appropriate for the treatment of Blacks. Ethnic-minority psychologists state that therapy with Blacks..
 - a. should proceed along traditional psychotherapeutic lines.
 - b. involves complexities not always observed in traditional techniques.
 - c. should take into account the fluctuating nature of race relations in our society and the evolving sociocultural context.
 - d. b. and c. above.
2. Black clients can generally be said to:
 - a. constitute a particular clinical or diagnostic type.
 - b. demonstrate enormous intra-group variability.
 - c. have unique aspirations and goals in therapy.
 - d. Only b. and c.
3. The following should be of concern to the counselor when working with Black clients:
 - a. That psychometric instruments tend to be culturally biased.
 - b. That Blacks have a predisposition for resistance to change unlike Caucasian clients.
 - c. That Blacks are generally more wary than Caucasians about self-disclosure in treatment.
 - d. Only a. and c.
4. When taking individual differences into consideration for therapy with Black clients, one should be aware of the fact that:
 - a. Blacks in general can be measured as a group to discover commonalities.
 - b. Traits or attitudes that may be broadly characteristic of Blacks may or may not be manifested by the individual in therapy.
 - c. The concept of race is general and tailor-made for what is idiographically significant.
 - d. Only a. and c.

5. Counselors who work with clients who are different from themselves with respect to racial, ethnic, and social class background need to realize that:
 - a. Blacks from different social classes and economic levels will have differing values.
 - b. a comprehensive cultural understanding often does not exist.
 - c. resistance is usually within the therapist.
 - d. Only a. and b.
6. The cross-cultural intervention process with Black clients can also be affected by:
 - a. gender.
 - b. physical appearance.
 - c. personal experience.
 - d. all of the above.
7. Social images of Blacks still make them easier targets for counselors' projections, which increase the frequency of misunderstandings. Which of the following can help counselors go beyond the superficial to get at what might be called, "deep culture"?
 - a. Empathy and countertransference issues.
 - b. Sympathy and expression of solidarity.
 - c. Hypnosis and regression techniques.
 - d. All of the above.
8. In order for treatment of Black clients to be more likely to be successful, cultural understanding must be accompanied by _____ on the part of the counselor.
 - a. the admission of ignorance of Black history
 - b. nomothetic procedures
 - c. self-knowledge and self-awareness
 - d. sympathy and expressions of righteous indignation
9. Some psychologists believe that new counseling interventions need to be developed for Black, low income, and other minority clients who do not seem to respond well to traditional counseling methods. This belief is based on general observations made about these clients such as:
 - a. They are more pessimistic, passive, and fearful of therapy.
 - b. They want innovative counselors to work with them.
 - c. They want authoritative direction and concrete results.
 - d. Only a. and c.

10. The assumption that Black personality and social structure were formed in response to the pathogenic experience of historical isolation and continued economic and cultural deprivation is sometimes labeled:
- a. "The Black Experience."
 - b. "The Deficit Hypothesis."
 - c. "The Great Society."
 - d. "The Uncle Tom Syndrome."

Native Americans

11. Counselors treating Native Americans should take into account the following:
- a. Native Americans' value preferences lend insight into cultural variations.
 - b. Native Americans experience few value conflicts as a result of acculturation.
 - c. Native Americans have been pretty much assimilated.
 - d. physical appearance should alert the counselor to value orientations.
12. Which of the following statements least represents a strength when counseling a Native American?
- a. It is important for Native Americans to emerge and grow in the counseling relationship under their own terms.
 - b. It is important for Native Americans to be able to come from their own frame of reference.
 - c. It is important that counselors assert their own styles and personal value preferences in therapy.
 - d. It is important to be open to the Native American's perspective.
13. Many Native Americans are not accustomed to self-analysis or the process of discussing emotional conflict with a non-Native American. Counselors might _____ to open up the situation.
- a. avoid sharing their difficulties in trying to understand the Native American client.
 - b. assert their personal value preferences.
 - c. encourage the use of 3rd-party Native Americans in counseling to help clarify perspectives and orientations.
 - d. inform the client that a dyadic setting is crucial for effective counseling.
14. In order to help the client discuss perceived problematic situations the counselor might encourage:
- a. the client to find a counselor who has "been there".

- b. the use of colloquial speech and tribal dialect.
 - c. the client to take a course in Northern European philosophical traditions.
 - d. the use of a shaman to evoke a spiritual experience.
15. Fascination and preoccupation with the Native American client's cultural background can:
- a. help cement the therapeutic relationship.
 - b. prevent the counselor from becoming engrossed in cultural differences.
 - c. encourage acculturation.
 - d. keep the counselor from looking at the presenting problem.
16. In attempting to deal with the counselor's potential ethnocentric expectations, Native Americans might:
- a. exhibit "good-client" behaviors.
 - b. try to pass for another cultural group.
 - c. act hostile in order to prove that the counselor's technique and the client's cultural orientation are incompatible.
 - d. Only a. and b.
17. Key ingredients in successfully counseling Native Americans are:
- a. client permission, cultural sensitivity, appropriateness, and relevant information-gathering techniques.
 - b. tribal homogeneity and degree of acculturation.
 - c. client alertness, cultural assimilation, and counselor permissiveness.
 - d. Only b. and c.
18. When counseling Native Americans, the appropriate and strategic use of empathic techniques implies that:
- a. exposing inner thoughts and feelings is essential.
 - b. they will achieve insights on their own.
 - c. non-direct, client-centered approaches are important.
 - d. that non-directive approaches may elicit silence.
19. When counseling Native American youth, some mental health professionals recommend:
- a. focusing on family dynamics.
 - b. focusing on sibling rivalry.
 - c. family network counseling.
 - d. only a. and c.
20. Native American clients' values reflect wishes, desires,

goals, passions, morals, etc., and can:

- a. best be revealed through a detailed discussion of the values of the counselor.
- b. define for the individual or a social unit the most effective means of encouraging acculturation.
- c. define for the individual or social unit which ends or means to ends are desirable.
- d. Only a. and b.

Hispanics

21. In the Hispanic community, nuclear-extended families are usually important sources of emotional support. It has been discovered that:

- a. counselors should take every advantage possible of the family's assistance.
- b. involvement with the nuclear-extended family can add stress, and therefore, the quality of large-family support is in question.
- c. involvement of the extended family will yield significant gains in therapy.
- d. Only a. and c.

22. Bicultural, bilingual counselors may be helpful. Pluralistic counseling is also thought to be helpful in dealing with Hispanics because:

- a. therapeutic interventions must take into account Hispanics' culturally-based beliefs, values, behaviors, personal and family history.
- b. the goal of counseling is to help Hispanics clarify their personal and cultural beliefs.
- c. the goal of counseling is to help Hispanics orient their behavior according to their standards, values and beliefs.
- d. All of the above.

23. Knowledge of acculturation issues and bilingualism are important because:

- a. concepts of mental health and illness vary among Hispanics depending on whether they speak English or Spanish.
- b. some Hispanics do not know much about their own cultural background.
- c. Hispanics are often embarrassed about their foreign accent.
- d. folk healing is frequently used by Mexican-Americans in dealing with mal de ojo.

24. Hispanics seem to drop from therapy with a greater frequency than non-minority clients. This might be because:

- a. unmet role expectations are seen as a major problem.
 - b. often Hispanics do not perceive the therapist/therapy as positive and will not return for further sessions.
 - c. client resistance is higher in this population.
 - d. Only a. and b.
25. One way to prevent Hispanics from terminating treatment prematurely would be to have counselors:
- a. deal with the resistance as a trait factor.
 - b. provide information about the nature and process of therapy
 - c. give orientations to potential clients to help them understand the counselors' cultural background
 - d. express their feelings about potential resistance to the client.
26. With our current level of understanding about Hispanics, we can state that:
- a. we do not have enough information on how psychological distress is manifested in this population.
 - b. we have accurate prevalence and incidence information on psychological problems among Hispanics.
 - c. That Hispanics will increasingly utilize mainstream mental health facilities now that the language question has been settled.
 - d. none of the above.
27. Hispanics _____ use folk-healing practices when suffering from emotional distress.
- a. always
 - b. usually
 - c. may or may not
 - d. frequently
28. Curanderismo, santeria, espiritismo are:
- a. consistently used for medical as well as mental crises in the Hispanic community.
 - b. used in crisis healing, attracting people in times of interpersonal stress.
 - c. used relatively frequently in both urban and rural Hispanic communities.
 - d. more effective than mental health care.
29. Socio-economic factors, cultural factors, moral and social codes regulating family dynamics in the social context, intergenerational acculturation differences, and use of community resources in helping Hispanics can very effectively be addressed by using:

- a. a scientific cure for mal de ojo.
 - b. only c. and d.
 - c. bicultural effectiveness training.
 - d. structural family therapy.
30. Current crises in Hispanic communities include: abuse in the home, school drop-outs, adolescent sexuality issues, and dealing with the Hispanic elderly. Which of the following could help?
- a. Create culturally-relevant diagnostic instruments.
 - b. Help eliminate the stigma of emotional problems and mental illness.
 - c. Develop mental health prevention/education for the Hispanic community.
 - d. All of the above.

Asian Americans

31. In general, Asian Americans have strong cultural prohibitions against discussing personal problems with non-family members. The following is (are) associated with this phenomenon:
- a. Asian Americans prefer family therapy rather than individual therapy.
 - b. Lower rates of admission for treatment among Asian Americans are often interpreted as lower rates of disturbance.
 - c. Only b. and d.
 - d. revealing personal weaknesses to a counselor will bring dishonor on the individual and the entire family.
32. On personality inventories, Asian Americans have more frequently indicated feelings of _____ than Caucasian students:
- a. confidence, ambition, attention to task.
 - b. isolation, loneliness, anxiety.
 - c. aggression, hostility.
 - d. accomplishment, intellectual superiority.
33. Asian Americans who seek treatment are often described as:
- a. the most repressed of all clients.
 - b. the most expressive of all clients.
 - c. the most hostile of all clients.
 - d. the easiest clients to work with.
34. In one study, the following were observed in a comparison of Caucasians and Asian Americans in treatment:
- a. 52% of Asian Americans drop out of therapy after one session compared to 30% of Caucasians.

- b. Only a. and c.
 - c. Asian Americans average 2.35 treatment sessions.
 - d. Caucasians average 6.25 sessions.
35. In general, Asian Americans who are willing to see a counselor:
- a. expect more direction and are silent out of respect for authority.
 - b. express feelings freely in order to gain the respect of the therapist.
 - c. show open hostility when confronted.
 - d. expect freedom of expression in order to deal with the issues at hand.
36. Assuming that all Asian Americans will respond to counseling techniques and styles in a similar manner indicates:
- a. a fair representation of the dynamics at hand.
 - b. a lack of understanding.
 - c. an awareness of cultural phenomenology.
 - d. a. and c. above.
37. Many measures of personality characteristics reflect a cultural bias toward a Western value orientation. This means that on the basis of objective psychological instruments, Asian Americans might be perceived to be:
- a. more depressed than Caucasians
 - b. less aggressive than Caucasians
 - c. more passive than Caucasians
 - d. All of the above
38. The fact that Asian Americans generally seem to be more inhibited in counseling sessions than Caucasians can be attributed to:
- a. authority-mindedness.
 - b. being globally non-assertive.
 - c. their habitual strict control of their emotions.
 - d. Only a. and c.
39. Counselors in the U.S. find the general predisposition of Asian Americans for ____ as counter-productive at times.
- a. ethnocentrism
 - b. respect for authority
 - c. global non-assertiveness
 - d. attention to detail
40. The study of ____ of Asian Americans may lead to the development of more appropriate mental health services.

- a. the cultural history
- b. European traditions in mental health
- c. traditional family and community resources
- d. intelligence test scores

Asian Americans

41. Asian Americans include the following populations:
- a. Chinese, Japanese, and Korean.
 - b. Filipino, Guamians, and Malays.
 - c. Samoans and Indochinese refugees.
 - d. All of the above.
42. Within each ethnic group there are large differences in terms of:
- a. acculturation and primary language.
 - b. generational status (immigrants vs. 4th-5th generation in U.S.)
 - c. socioeconomic status and all of the above.
 - d. Only a. and b.
43. The Asian American population in the U.S. as of 1985 was approximately:
- a. 3.5 million
 - b. 6.2 million
 - c. 9.5 million
 - d. 908,000
44. The following act(s) of Congress reflected anti-Asian sentiment in the U.S.:
- a. The Exclusion Act of 1882 enacted to stem Chinese immigration.
 - b. The Sino-American Pact of 1900 guaranteeing the deportation of Chinese during the Boxer Rebellion.
 - c. The Gentlemen's Agreement of 1907 limiting the immigration of Japanese.
 - d. Only a. and c.
45. More than 110,000 Japanese Americans were:
- a. Given the opportunity to find work on the east coast during WWII.
 - b. Asked to refrain from mixing with the Los Angeles population during the Pacific war.
 - c. Forced into U.S. detention camps during WWII.
 - d. Relocated to Oklahoma for the safety of their families as anti-Japanese riots broke out on the west coast during WWII.
46. Asian American behaviors, cultures, and personality

characteristics can best be described as a product of:

- a. traditional cultural values.
 - b. interaction with Western values.
 - c. responses to discrimination and prejudice.
 - d. all of the above.
47. A general lack of governmental interest in and financial support for the Asian American population can best be attributed to:
- a. The successful image of the well-educated and high-achieving members of this group.
 - b. the knowledge that Asians are hard-working people.
 - c. A fear that given support Asian Americans will overpopulate the U.S.
 - d. b. and c. above.
48. The incidence of _____ of elderly Chinese (in the U.S.) is much higher than that for elderly Black or Spanish-speaking populations.
- a. affluence
 - b. poverty
 - c. illiteracy
 - d. poor health
49. Problems reported by Asian American refugees seem to reflect:
- a. language difficulties and feelings of isolation.
 - b. culture conflict, racism and discrimination experiences.
 - c. uncertainty about employment and the future.
 - d. All of the above.
50. In general, Asian Americans tend to:
- a. identify entirely with an Asian culture.
 - b. reject their Asian heritage and adopt the values of the larger society.
 - c. become bicultural.
 - d. All of the above.

Blacks

51. In general, Black families in urban communities have responded to powerlessness and caste isolation by:
- a. encouraging resistance to the larger culture in order to ensure economic viability for the Black community.
 - b. building strong kinship bonds among a variety of households and a high level of flexibility in family roles.

- c. encouraging the substitution of religious values for achievement in education and occupation.
 - d. Only a. and c.
52. Often, in Black families, both husband and wife work to ensure economic survival. Which of the following facilitate this arrangement?
- a. Older Blacks are asked to forego decision-making to avoid chaos in the family unit.
 - b. Child-rearing is turned over to outside agencies.
 - c. Decision-making and household tasks are often shared.
 - d. Home-ownership and a respectable appearance in the neighborhood.
53. Black single-parent families rely principally on:
- a. welfare.
 - b. the flexibility of the job market to ensure economic survival.
 - c. interhousehold kinship networks for financial help, services, and advice.
 - d. counseling services offered through agencies and universities.
54. The isolation of the Black community has permitted the parallel development of a distinctive system of values and family behavior. Black values:
- a. come from distinctive traits common to most poor people.
 - b. stress person-to-person relationships and their maintenance over a task orientation or task completion.
 - c. come from an African tradition that provides an alternative to the Northern European Puritan variant of work and family values.
 - d. Only b. and c.
55. Among the major lifestyles described in the urban Black community, the most problematic for the authorities tends to be:
- a. the socially-mobile.
 - b. the "swingers" or expressive individualists.
 - c. the "street-corner men".
 - d. the "street families".
56. Respectability, home-ownership, employment success, educational achievement, married, stable, nuclear families engaged in household maintenance and good appearances are the hallmark of a general Black lifestyle thought to have come from the tradition of upwardly-

mobile free Blacks from the days before the Civil War. These folks constitute what is commonly referred to as:

- a. the Black middle class.
 - b. the "mainstreamers"
 - c. Only a. and b.
 - d. the "White-man's burden" and a. and b.
57. According to the general stereotype, Black urban households with children share all but one of the following characteristics:
- a. insufficient concern for the welfare of the individual.
 - b. an adult "Momma" who struggles to keep the the unit together.
 - c. location in poor sections of cities.
 - d. lacking in education or employment skills.
58. The principle means of meeting emotional needs, of socializing children, and transmitting cultural values comes from the Black:
- a. street-corner comraderie.
 - b. "mainstreamers" who attempt to change the stereotypes of Blacks.
 - c. nuclear and extended family networks.
 - d. school systems, long known to be separate but equal.
59. Among the major difficulties facing the preparation of Blacks for competition in the larger community is:
- a. the diminishing but persistent social caste distinction which places Blacks in a role of submission to Whites.
 - b. the teaching of self-respect in the home.
 - c. the difficulty most Blacks face in relationships within their own communities.
 - d. the animosity, violence, revenge and crime common to the Black lifestyle.
60. Black culture generates among its individual members:
- a. psychological conflict common to the society at large.
 - b. a pathogenic experience derived from historical isolation.
 - c. specific behaviors consonant with mainstream cultural themes.
 - d. values crucial to the understanding of that culture.

Native Americans

61. Unified constructs in describing Native Americans are

hardly feasible. This implies that:

- a. Native Americans rarely recognize differences from the dominant culture.
- b. tribal heterogeneity and degree of acculturation are key elements in understanding the group.
- c. tribal assimilation into the mainstream will make demographics more comprehensible.
- d. Only b. and c.

62. Despite tribal uniqueness, in general, it can be stated that:

- a. Native Americans live only for the moment.
- b. Native Americans live in the present.
- c. Native Americans do not live for the future.
- d. None of the above.

63. In general the following may be said to be true:

- a. Native Americans lack a strict time-consciousness.
- b. Native Americans always have time . . .if it is not completed today, it will be completed tomorrow.
- c. Deadlines do not seem to be important to Native Americans and confusion and lack of reward can result when dealing with the dominant culture.
- d. All of the above.

64. Which of the following least represent Native American values?

- a. Generosity in the group.
- b. Status through giving.
- c. Respect and social mobility are acquired through material gain.
- d. Native Americans acquire prestige through sharing.

65. In general Native American cultures respect:

- a. youthful abilities over age.
- b. wisdom and knowledge of the world.
- c. age over youth.
- d. All except a.

66. As opposed to the Native Americans, the dominant culture in the U.S. thinks highly of:

- a. progress through competition.
- b. cooperation and conformity.
- c. giving of one's energies to the betterment of the group.
- d. b. and c. above.

67. In the Pueblo culture being first is:

- a. a constant concern among its youth.
- b. not valued over humility.
- c. considered valuable in the competitive arena.
- d. Only a. and c.

68. Native Americans generally regard nature as:

- a. something over which to gain mastery
- b. an entity or state to be accepted as it is
- c. Only a. and d.
- d. indivisible from the person

69. Manifest Destiny was the prevailing philosophy of:

- a. Northern Europeans desiring to conquer the North American continent.
- b. Native Americans in touch with a higher power.
- c. Advocates seeking to provide superior settlements for Native Americans
- d. Native Americans in search of a meaningful existence

70. Native Americans can best be described as having:

- a. given up their rights to hunt freely.
- b. been restricted from free movement as Northern Europeans moved westward.
- c. given up their religions and folkways in the face of a superior way of life.
- d. received what they deserved.

Hispanics

71. Several factors have been considered instrumental in the increased attention paid to Hispanics from the 1970's on. Which of the following should not be included:

- a. the community mental health movement of the last two decades ushered in an era of increasing resentment on the part of the larger population for expenditures on indigent populations.
- b. the community mental health movement of the '60s, and the focus on underserved populations.
- c. the dramatic increase in the Hispanic population in the past two decades.
- d. the ethnic mobilization of Hispanic professionals who began to advocate services for Hispanics.

72. The following might be said to be true regarding Hispanics:

- a. a Hispanic is, by definition, a resident of the U.S. whose cultural origins are Mexico, Puerto Rico, Cuba, or other Latin American countries.
- b. "Latino", "La Rasa", and "Spanish-American" are

labels rejected by the Hispanic community as a reflection of intolerance.

- c. Fewer than 15 million Hispanics live in the U.S. today. An estimate this high is a gross exaggeration.
 - d. b. and c. above.
73. Eighty-five percent of Hispanics living in the U.S. today live in large urban areas, with most holding unskilled or semiskilled jobs. This is most likely in part due to:
- a. the fact that 50-75% of Hispanics drop out of school before high school graduation.
 - b. the fact that the median number of years of education in the Hispanic community falls around 6.
 - c. the fact that 25-40% of Hispanics drop out of school before high school graduation.
 - d. b. and c. above.
74. Indigenous Hispanic social organizations serve as therapeutic alternatives to the larger community's mental health system. It is also believed that failure to acknowledge Hispanic language and culture is a major factor in the underuse of services by Hispanics. The following can therefore be inferred:
- a. A law declaring English as the language to be used in school and the community at large will help narrow the credibility gap.
 - b. Enforcement of immigration laws will help stem the tide of undesirables from Latin American countries.
 - c. Bilingualism in mental health centers will help narrow the credibility gap.
 - d. Therapists need to be multilingual in order to work effectively with multicultural clients.
75. Following WWII Hispanics became increasingly urbanized. It is important to recognize the following:
- a. That most urban Hispanics, despite popular myth, reside in relatively comfortable, though high-density, middle-class housing.
 - b. That Hispanics have increasingly turned to Hispanic political, social and religious organizations, parallel to those of the larger community, to gain a sense of identity.
 - c. That Hispanics have been subjected to the same Constitutional value system as any other American.
 - d. That Hispanics have been categorically denied the right to vote regardless of their legal status.
76. During the Great Depression of the 1930's, large numbers of Mexican-Americans were:

- a. given special status as a needy minority under the Roosevelt administration.
- b. burned out of their homes in the Chicago area for allegedly taking the jobs of Whites.
- c. repatriated to Mexico so that the "dole" could be reduced.
- d. issued WPA employment cards that were never honored.

77. Agribusiness:

- a. attracts, transports, sells and exploits Mexican laborers.
- b. provides safe transport for Mexican laborers to and from large, midwestern urban areas as a service to the growing Hispanic population.
- c. has served as a safety net for otherwise unemployable Mexican Americans.
- d. discriminates between poor workers of various origins.

78. The greatest flow of Mexicans into the U.S. began:

- a. in the early 1800's during the Polk administration
- b. in the early 1900's
- c. following the Mexican-American War
- d. as property values increased in the northern provinces of Mexico

79. A large number of Mexicans became a part of the U.S. as a result of land acquired from Mexico following the Mexican-American War. A treaty was signed containing explicit provisions for the rights of these people. Which of the following is (are) true?

- a. Hispanics, profiting from the value of these lands, were able to establish early networks for the welfare of immigrating Mexicans.
- b. Often these properties were auctioned off after exorbitant taxes were imposed on the remaining Mexicans.
- c. The Hispanic landholders were denied the rights of citizenship in the U.S.
- d. Only b. and c.

80. Hispanic family characteristics can be said to include:

- a. a high degree of cohesion, a hierarchical organization, exchange of emotional support, and interdependence.
- b. limited cohesion, a democratic organization, denial of emotional issues, and dysfunctional dependencies.
- c. a low degree of tolerance for financial stress.
- d. Only b. and c.

Appendix B
INFORMED CONSENT

If you agree to participate in this research study, any scores published as a result of this project will be in the form of grouped data only. All answer sheets and completed forms will be coded to keep individual participants anonymous to the researcher.

Your participation/nonparticipation will not have an impact on your grade for Counseling 666. The course instructor will use only the final examination scores as part of your course grade. Your performance on the remaining research instruments will not affect your evaluation and the course instructor will not have access to individual results from those instruments.

Please sign below if you wish to participate in this study.

Signature

Date

Appendix C

INFORMED CONSENT

If you agree to participate in this research study, any scores published as a result of this project will be in the form of grouped data only. All answer sheets and completed forms will be coded to keep individual participants anonymous to the researcher and to the instructor of the course.

Your participation/nonparticipation will not have an impact on your grade for Group Dynamics Lab 515. Your performance on the research instruments will not affect your evaluation for the course and the course instructor will not have access to individual results from those instruments.

Please sign below if you wish to participate in this study.

Signature

Date

Appendix D

GROUP DYNAMICS LABORATORY

COUN 4/515

Instructor: Glen J. Brown, Ed.D.
Professor of Ed. Adm.
1220 SOE
Extension 2905

Course Description: (3 hours) A workshop approach to increasing sensitivity, diagnostic, and action skills. Intensive small group experiences are supplemented by skill practice sessions and theory presentations. Focus is upon the properties of groups, awareness of personal factors in group interaction, dimensions of leadership behavior in achieving group effectiveness, characteristics of larger social systems, and the dynamics of change.

Textbook: R.W. Napier and M.K. Gershenfeld. Groups: Theory and Experience. (Third Edition). Boston: Houghton-Mifflin, 1985.

Attendance Policy: This is an experience oriented course. You are expected to be in attendance at all times. Situations you are unable to control, however, sometimes require you be absent. We do not want to be involved in judging the legitimacy of the absence. Consequently, we ask that you do something to gain an equivalent experience to make up for the time you missed. Observe decision-making in a work group, do a process observation with your family, encounter a friend, read a book, etc. and then write a short report about what you experienced.

Objectives:

1. Personal Growth. We expect you will gain appreciations and skills which you see as relevant to your interaction with others in groups at work or at play (e.g., listening, feedback) and relevant to your on-going learning about yourself (e.g., needs, values).
2. Process Awareness. We expect you will be more aware and be able to describe the patterns of how people interact in groups both interpersonally and normatively (e.g., leadership, communication, attraction, decision-making).
3. Formal Knowledge. We expect you will become familiar with the vocabulary associated with group dynamics and become more informed about group research and theory as well as the clinical experience of

"experts" relevant to understanding the nature of human group behavior (e.g., roles, functions, process, structures).

Values: The following values underlie this work. We value....(not in a special order)

1. the transfer of learning from the academic classroom to the "real world" of work and play.
2. learning which emerges from experience as well as more traditional academic learning, particularly that learning which is self-determined and structured by the learner.
3. everyone's right to say "no" without explanation when they decide an experience is one they are reluctant to have for any reason.
4. the willingness to say "yes," to give something a chance, to take a reasonable risk, to learn something new, to permit some discomfort in the learning to be all right.
5. the willingness to be open with others about what we want, our intentions, and what we are experiencing: to make more of ourselves available for learning in a context of respect for the self-determination of each person of what is O.K. for him/her to be open about.
6. the notion of options, meaning there are varieties of ways of doing things, that every decision is a compromise in terms of what people are willing to "live-with," and that all decisions are open to negotiation and change.
7. the enjoyment and the time and energy we put into planning this course and look forward to teaching and learning together with you. We like the structure we have developed, hope you do too, but expect there might be other good ways to achieve the course objectives, so we are open to your suggestions.
8. our own learning from this experience which comes at least in part from the attempt to carry out in our relationship and those with you what we would have you do and know.
9. the conflict which emerges from the attempt to implement goals and values. Conflicts has integrity because of the learning resulting.

Time Structure:

<u>Date</u>	<u>Topic</u>	<u>Napier & Gershenfeld</u>
July 19	Introduction to the course	
July 20	Perception and Communication	(pp. 1-31)
July 21	" "	(pp. 31-70)
July 22	Memberships	(pp. 73-100)
July 25	Norms, Group Pressure, and Deveavcy	(pp. 113-143)
July 26	Norms, Group Pressure, and Deveavcy	(pp. 143-161)
July 27	Goals	(pp. 181-210)
July 28	Leadership	(pp. 227-247)
July 29	" "	(pp. 247-267)
Aug. 1	Group Problem Solving and Decision Making	(pp. 299-330)
Aug. 2	Group Problem Solving and Decision Making	(pp. 330-359)
Aug. 3	The Use of Humor	(pp. 385-406)
Aug. 4	Meetings	(pp. 411-438)
Aug. 5	Evolution of Groups	(pp. 453-482)
Aug. 8	Small Group Processes	(pp. 503-531)
Aug. 9	Group Time - Special Project Reports	
Aug. 10	Group Time - Special Project Reports	
Aug. 11	Group Time - Special Project Reports	
Aug. 12	Group Time - Special Project Reports	
Aug. 15	Group Time - Special Project Reports	
Aug. 16	Group Time - Special Project Reports	
Aug. 17	Group Time - Special Project Reports	
Aug. 18	Group Time - Special Project Reports	
Aug. 19	EXAM	

Experiential Groups

Students will have a choice about whether to participate in an encounter groups. The more willing you are to be open about yourself, the more you are likely to gain from the experience.

Encounter - 10 to 15 students in an unstructured group facilitated by Dr. Brown. Recommended for students who are open to learning about themselves, who want to study the structure and process of groups, and/or who intend to lead groups themselves.

Structured Groups - 6 students in a leaderless group. Activities are structured in advance. Recommended for those who want an introduction to experiential groups and find neither of the above opportunities particularly attractive.

Evaluation - The final grade will be based on an evaluation by the instructor of the following written work.

1. Each task group will have a project to complete. The

specifics will be discussed later.

2. You are asked individually to use what you have learned to do a process assessment of your team. Examine its leadership, communication, cohesion and decision-making patterns, the influences on changing patterns, and relate task productivity and maintenance functions to the processes you observe. You may consult with your team on this project but each student is responsible for his/her own assessment. Assessment is descriptive (What happened?) and analytical (Why did it happen?) as well as evaluative (What goals were accomplished? To what extent were they accomplished?). You are advised to keep a journal to record your impressions over the course of the summer. (See suggested questions and criteria).

3. You are asked to write a short (5 to 7 typewritten pages, double spaced) description of your learnings relative to the personal growth objectives of the course. (See Self-Appraisal of Teamwork Skills.)

4. An examination on the last day will cover the text. Short answer essay questions will comprise this one hour exam.

5. Graduate Students are asked to extend their theoretical and/or practical understandings by reviewing either a or b (2-3 typewritten pages, double-spaced).

a. Four research studies on groups in an area of interest to you. Summarize these and discuss their implications for you.

b. Four articles on groups from the literature of your professional field or area of interest. Summarize and discuss their implications for you.

Criteria and Percent of Grade

	<u>Undergraduates</u>	<u>Graduates</u>
1. Group Project	25	20
2. Process assessment of Project grp	25	20
3. Personal growth paper	25	20
4. Final Exam	25	20
5. Abstracts	--	20

Suggested Questions for Process Assessment

(you may want to re-read the pages noted to further clarify this assignment.)

I. Perception (pp. 1-20)

Describe your needs upon entering the group. How did they affect your perceptions of the group members?

How did they change over time? What influenced those changes?

II. Goals (pp. 181-204)

How do your group goals affect individuals? How do individual goals affect the group? How explicit or hidden are individual goals in this group? How do group goals affect group processes? How were differences in goals handled?

III. Productivity (pp. 204-211)

How clear is the group about its purposes? How does this change over time? To what extent does the group pay attention to its process? How does this affect behavior? What are the process of maintenance issues? To what extent does the group utilize the resources of its members? How does this change over time? Does the group have a way of utilizing evaluative data? How effective was the group in its use of time?

IV. Membership (pp. 73-100)

Describe the group in terms of: its properties (pp. 75-76); type(s) of membership (pp. 76-80); what needs are being met by the group and what are not; and according to cohesiveness factors. What makes this a group instead of a collection of individuals?

V. Leadership (pp. 227-267)

Who influenced whom? How do members influence one another? Who takes what roles? Discuss effectiveness of group in terms of how members fulfilled their roles. Discuss maturity of group.

VI. Norms (pp. 113-161)

Discuss the norms of the group in terms of its informal operations. What norms were most important? How visible were these norms? How did the group develop its norms? What did the group do when they were violated?

VII. Communication (pp. 20-53)

Who tended to talk to whom? Were there any special characteristics of how member(s) talked to one another? What group factors rewarded communication? Inhibited communication? Did the group develop any code words or other communication rituals? Describe pertinent nonverbal behavior.

VIII. Group Development (pp. 453-482)

Describe the stages the group went through in its development. Discuss the conditions (p. 458+) which were involved in the group's development. Discuss the times when there was tension or you were uncomfortable. What issues were involved?

IX. Problem Solving and Decision Making (pp. 299-358)

Discuss the factors involved in how the group went about problem solving and decision making. Were decisions made by a group or by individuals? To what extent was the group effective in its problem solving and decision making? How do you define effectiveness? How did the group deal with conflict?

Criteria for Process Assessment

1. Extent to which student deals appropriately with the suggested process questions.
2. Extent to which the student provides concrete descriptions of what occurred (without violating confidentiality) in the group.
3. Extent to which the student is able to generalize about what happened in terms of group dynamics principles.
4. Extent to which the writing is clear.

Criteria for Graduate Student Abstracts

1. Are articles about groups or concepts directly relevant to groups?
2. Is summary clear and to the point?
3. Are appropriate implications drawn which refer to groups?

Appendix E

COUNSELING 666: MULTICULTURAL COUNSELING

Summer 1988

INSTRUCTOR:

Arthur M. Horne

Department of Counseling
1507 Statesman Towers West
(812) 247-2865

CATALOGUE STATEMENT;

This course is designed to explore cultural self-awareness of counselor and other professionals in related fields in multicultural situations and to develop sensitivity to the special needs of persons with different cultural backgrounds. Emphasis will be placed on a multi-dimensional approach to multicultural interaction.

TEXT:

The Counseling Psychologist, Vol. 13, October 1985.

COURSE OVERVIEW:

For the purposes of this course, culture is defined broadly according to Paul Pedersen's tripartite conceptualization. The first level considers international differences between persons from different countries. Here, a variety of cultural viewpoints tend to be more expected. At a second level, intercultural differences exist among underrepresented ethnic groups who have their independent, unique heritages that may be contrary to more "mainstream" national values. A major focus of the course will be on counseling particular American minority groups: Black, Asian-American, Native American, and Hispanic clients. The third level is more subtle. Independent of nationality or ethnicity, there is a differentiation of roles according to religion, sex role, life style, or social status. Two such groups include women and the aged population. It is hoped that students will be able, via the course, to experience "difference" at these various levels in a more understanding and less judgmental way.

The structure of the course is based on the assumption that the best way to become sensitive to the need for understanding oneself and others from a multicultural perspective is to talk about and experience it through case studies, simulations, and controlled real-life situations. Therefore the class will draw heavily on learning in which participants will be asked to experience a certain situation

in order to identify a series of issues or problems, analyze their causes and consequences, search for possible solutions, and then test out these solutions. However, the learning model isn't solely experiential but rather has an integrated cognitive/experiential focus. Reserve reading will be used in place of a required text for the course. Students will be expected to demonstrate their newly acquired knowledge through active participation in class discussions. The instructor(s) will serve as facilitators and will make inputs to aid the process. Each phase of the process encourages students to learn "how to learn" - a vital skill for multicultural effectiveness. A variety of learning techniques will be employed: case studies, simulations, role plays, self-assessments, group and individual exercises, etc.

COURSE OBJECTIVES:

By the end of the course, students should have enhanced their ability to "learn how to learn" - i.e.,

- A. Raised questions about experiences. Broken conceptual sets and habitual modes of perceiving. Identified and evaluated alternative explanations for phenomena. Generalized from experiences to future situations.
- B. Identified and explored concepts and issues relevant to the following areas: phenomenology of culture; culture shock; intercultural communication; problem solving across cultures; social attributions and intergroup relations.
- C. Identified their own personal cultural values, beliefs, and expectations regarding their perception of the counselor's role, the nature of the helping process, and attitudes toward members of other cultural groups.
- D. Increased their awareness of their life orientation and values of other cultural groups.
- E. Identified appropriate techniques for the delivery of culturally relevant counseling services to culturally different clients.

COURSE REQUIREMENTS:

- A. Class attendance and participation. Since the course makes extensive use of experiential learning, it is vital that students attend class in order to participate in the various class activities. The expression of opinions and ideas is important.

B. Reading and Article Analyses

1. Text: Read the text and be prepared to discuss the materials covered in class discussions. See the scheduled reading assignments below.

2. Articles: Identify four (4) articles on multicultural counseling. For each of the four:

- a. Provide a complete citation of the article.
- b. Develop a brief overview of the article.
- c. Explain how the information in the article is relevant to a multicultural perspective in counseling.
- d. Describe how the information in the article has affected how you think as a professional and as a person. Give your reaction to and opinion about the material presented and ways you could apply the material personally and professionally. Be specific.

The article reports should be no longer than three pages, typewritten and double-spaced.

3. Required and recommended reading (citations in bibliography and handouts):

a. REQUIRED:

The Counseling Psychologist, Vol. 13 (4), October 1985, pp. 531-707.

Pedersen, Handbook of Cross-Cultural Counseling and Therapy, pp. 29-61; 93-98; 141-145; 157-162; 173-178; 239-244.

Pedersen, Draguns, Lonner & Trimble, Counseling Across Cultures, Chapters 2,7,9,10,11,12.

D.W. Sue, Counseling the Culturally Different, Chapters 1,2,4,5.

J.W. Green, Cultural Awareness In Human Services, pp. 105-121; 184-209.

P. Arredondo, "Professional Responsibility in a Culturally Pluralistic Society."

b. RECOMMENDED:

D.W. Sue, Counseling the Culturally Different, Chapters 3,6,7,8,9.

deAnda, "Bicultural Socialization: Factors Affecting the Minority Experience."

McGoldrick, Pearce, and Giordano, Ethnicity and Family Therapy. (Introduction and chapters of interest.

C. Process Journal/Log and Evaluation Paper.

1. Starting immediately, keep a daily log of your reactions to class discussions, experiences (in and out of class), reading material, video-taping, role-plays, and group activities. Pay close attention to the process you are going through.

2. Logs are to be turned in at the mid-point of the term. They will be returned with supportive or thought-provoking comments. Keep writing through the term. The logs will be treated as confidential information, and you are not required to share their contents with other class members.

3. Write an evaluation paper 3-5 pages in length. In the evaluation paper:

a. Describe yourself as you were at the beginning of the course. What did you perceive to be your biases and limitations? What assumptions did you make about people who are different from you? Where did these assumptions come from?

b. Describe instances of course-related activities and readings that helped you look at yourself and your interactions with other people in a new light.

D. Critical Incident - Case Study

Each student will produce a case study which will be an account of an intercultural interaction whose outcome was problematic. In developing your critical incident refer to the following guidelines:

1. The situation or incident should represent an area of conflict of cultures, values, standards or goals.

2. The situation should be one where the solution is not obviously apparent, or where there might be considerable controversy regarding the most appropriate or effective action to be taken (depending on one's background and philosophy).

3. The discussion should include the conditions under which the situation occurred and the action that was taken.

4. The situation should be described in concise language.

5. Type your account: 2-3 pages.

6. Make copies for class members and instructor(s).

E. Audio-taped Interview (details to be announced in class - see schedule for date due).

F. Final Examination (last week of class, format to be announced).

GRADING

Class attendance and participation (oral and written) are prerequisites for any evaluation. Poor attendance and/or

participation can reduce any grades. Plan to be present.

a. Article-reaction papers	20%
b. Class participation, attendance Evaluation Paper, and Process Journal	40%
c. Critical Incident	20%
d. Audio-taped interview	10%
E. Final Examination	10%